

# Pwyllgor Llywodraethu A Diogelwch Digidol - Cyhoeddus

Mon 15 November 2021, 13:00 - 16:00

Virtual

## Agenda

13:00 - 13:05  
5 min

### 1. MATERION RHAGARWEINIOL

#### 1.1 Croeso a chyflwyniadau

I'w Nodi Cadeirydd

#### 1.2 Ymddiheuriadau absenoldeb

I'w Nodi Cadeirydd

#### 1.3 Datganiadau o Fuddiannau

I'w Nodi Cadeirydd

#### 1.4 Blaengynllun Gwaith a Sganio'r Gorwel

I'w Nodi Ysgrifennydd y Bwrdd

📄 1.4 Forward WorkPlan Report.pdf (4 pages)

13:05 - 13:15  
10 min

### 2. AGENDA GYDSYNIO

#### 2.1 Diweddariad Statws Setliad yr EU

I'w Nodi Pennaeth Llywodraethu Gwybodaeth

📄 2.1 EU Settlement Status Update Final.pdf (4 pages)

#### 2.2 Fframwaith Ansawdd a Diogelwch Llywodraeth Cymru

I'w Nodi Ysgrifennydd y Bwrdd

📄 2.2 Welsh Government Quality and Safety Framework.pdf (5 pages)

📄 2.2 Appendix Quality and Safety Framework\_Learning & Improving\_E (1).pdf (20 pages)

#### 2.3 Diweddariad Rheoli Gwybodaeth Cleifion

I'w Nodi Pennaeth Llywodraethu Gwybodaeth

📄 2.3 Control of Patient Information Update.pdf (7 pages)

#### 2.4 Cynllun Strategol 2021-25 Technoleg Iechyd Cymru

I'w Nodi Cyfarwyddwr Meddygol Gweithredol

📄 2.4 Health Technology Wales Strategic Plan 2021-25.pdf (4 pages)

📄 2.4i Appendix A - 20210611-HTW-Strategic-Plan-2021-2025-ENGLISH.pdf (8 pages)

#### 2.5 Rheoliadau Gweithio i Wella – Diweddariad

I'w Nodi Ysgrifennydd y Bwrdd

13:15 - 15:45  
150 min

## 3. PRIF AGENDA

### 3.1 Cofnodion y Cyfarfod DiwethafCyhoeddusPreifat

*I'w Gymeradwyo* *Cadeirydd*

-  3.1 Digital Governance and Safety Committee Minutes 20210512 - PUBLIC.pdf (17 pages)
-  3.1i Digital Governance and Safety Committee Minutes - August PRIVATE Abridged.pdf (4 pages)

### 3.2 Cofnodion Gweithredu

*I'w drafod* *Cadeirydd*



-  3.2 Action Log .pdf (1 pages)

### 3.3 Polisïau

-  3.3 Policy Update Report .pdf (4 pages)




#### 3.3i. Polisi Gwrthfaleiswedd

*I'w drafod* *Pennaeth Llywodraethu Gwybodaeth*

-  3.3i POL-CG-11 Anti-Malware Policy d0.1.pdf (12 pages)
-  3.3i POL-CG-11 Anti-Malware Policy EQIA d0.1.pdf (10 pages)



### 3.4 Adroddiad Rheoli Risg yn cynnwys y Gofrestr Risg Corfforaethol

*I'w drafod* *Ysgrifennydd y Bwrdd*

-  3.4 Risk Management Report.pdf (5 pages)
-  3.4i Appendix A Risk Assessment Considerations.pdf (2 pages)
-  3.4ii Appendix B DHCW Corporate Risk Register.pdf (7 pages)



#### 3.4.1 Gwraidd y Mater - Risgiau Y Gyfarwyddiaeth Gwasanaethau Gwybodaeth

*I'w drafod* *Cyfarwyddwr Cynorthwyol Gwybodaeth*

-  3.4iii DHCW 0260 Shielded Patient List.pdf (2 pages)
-  3.4iii DHCW0269 Switching Service.pdf (2 pages)

#### 3.4.2 Gwraidd y Mater - Risgiau Llywodraethu Gwybodaeth

*I'w drafod* *Pennaeth Llywodraethu Gwybodaeth*

-  3.4iv DHCW0263 DHCW functions.pdf (2 pages)
-  3.4iv DHCW0264 Data Promise.pdf (2 pages)

### 3.5 Adroddiad Adolygu Digwyddiadau a Dysgu Sefydliadol

*Ar gyfer Sicrwydd* *Prif Swyddog Gweithredol*

-  3.5 Incident Review and Learning Group Report.pdf (23 pages)

#### 3.5i. Cylch Gorchwyl

*I'w Gymeradwyo*

### 3.6 Adroddiadau Sicrwydd


### 3.6i. Adroddiad Sicrwydd Llywodraethu Gwybodaeth

*Ar gyfer Sicrwydd*      *Pennaeth Llywodraethu Gwybodaeth*

 3.6i Information Governance Assurance Report.pdf (20 pages)


### 3.6ii. Adroddiad Sicrwydd Gwybodeg

*Ar gyfer Sicrwydd*      *Cyfarwyddwr Meddygol Gweithredol*

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

### 3.6iii. Adroddiad Sicrwydd Gwasanaethau Gwybodaeth

*Ar gyfer Sicrwydd*      *Dirprwy Gyfarwyddwr Gwybodaeth*

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

## Egwyl

### 3.7 Trosolwg y Rhaglen Ddigidol

*Ar gyfer Sicrwydd*      *Prif Swyddog Gweithredol*

 3.7 DHCW Programme Overview Update Cover Report.pdf (4 pages)

 3.7i DHCW Programme Overview Update Report .pdf (4 pages)

### 3.8 Cynllun Gwaith Prosiect Adnodd Data Cenedlaethol

*I'w drafod*      *Cyfarwyddwr Rhaglen yr Adnodd Data Cenedlaethol (NDR)*

 3.8 National Data Resource Project Report.pdf (5 pages)

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15:45 - 15:50  
5 min

## 4. MATERION I GLOI

### 4.1 Unrhyw Faterion Brys Eraill

*I'w drafod*      *Cadeirydd*

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

*I'w Nodi*      *Cadeirydd*

### 4.3 Dyddiad y cyfarfod nesaf: Dydd Mercher 16 Chwefror 2022

*I'w Nodi*      *Cadeirydd*

## DIGITAL HEALTH AND CARE WALES FORWARD WORKPLAN AND HORIZON SCANNING

Agenda Item	1.4
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	15 November 2021

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

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

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

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

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

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

## 1 SITUATION/BACKGROUND

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

## 2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

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

## 3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 The result of the horizon scanning work between independent members and officer members of the Committee has resulted in a Digital Programme Overview Report included in this meeting at item 3.7, this will be presented to each Committee meeting to provide an update on key areas of work for the organisation.
- 3.2 Please see attached the updated forward workplan at item 1.4i Appendix 1.

## 4 RECOMMENDATION

The Committee is being asked to:

**NOTE** the content of the report.

## 5 IMPACT ASSESSMENT

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

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

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

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

<b>APPROVAL/SCRUTINY ROUTE:</b>		
Person/Committee/Group who have received or considered this paper prior to this meeting		
COMMITTEE OR GROUP	DATE	OUTCOME
Digital Governance and Safety Committee	May 2021	Initial workplan approved

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

IMPLICATION/IMPACT	to the activity outlined in this report

## DIGITAL HEALTH AND CARE WALES

### EU SETTLEMENT STATUS UPDATE

Agenda Item	2.1
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	15 November 2021

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

Executive Sponsor	Rhidian Hurle, Medical Director and Caldicott Guardian
Prepared By	Marcus Sandberg, DHCW Information Governance
Presented By	Darren Lloyd, Head of Information Governance and Data Protection Officer

Purpose of the Report	For Noting
Recommendation	
<p>The Committee is being asked to:</p> <p><b>NOTE</b> the content of the report outlining the completion of all Information Governance actions in relation to the EU Settled Status.</p>	

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

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



Acronyms			
DHCW	Digital Health & Care Wales	EUSS	European Union Settled Status
EU	European Union	NHS	National Health Service
NHSD	National Health Service Digital	DHSC	Department of Health and Social Care in England
CEO	Chief Executive Officer	POSA	Provision of Service Agreement

## 1 SITUATION/BACKGROUND

- 1.1 This paper is intended to provide an update to the Committee on information related to European Union Settled Status (EUSS).
- 1.2 EUSS information is used in a post-Brexit world to determine if EU citizens receiving Healthcare from the NHS in Wales should be charged or not.
- 1.3 At the Demographics Service Management Board in November 2020, two individuals from Welsh Government attended to discuss EU residents' Settled / Non-Settled Status, and how NHS Wales Health Boards and Trusts could access this information as part of healthcare delivery in Wales.
- 1.4 In essence, details of the Settled Status are collected and held by the Home Office, who make it available in a variety of forms including an on-line look-up service. For healthcare purposes they have been in discussion with National Health Service Digital (NHSD) and Department of Health and Social Care in England (DHSC). Welsh Government were aware that an arrangement was being put in place for the Status identifiers to be added to NHS Digital's Spine Services<sup>1</sup>, and wanted to understand how NHS Wales should take advantage of this.
- 1.5 Subsequent contact with NHSD and DHSC has revealed that, following extensive discussion between DHSC and Home Office legal teams, Welsh residents stored on the Spine do not currently have their records updated with the EUSS information from the Home Office, so the information is required via a separate feed direct to a hosting body in NHS Wales such as Digital Health & Care Wales.
- 1.6 The Digital Governance and Safety Committee received a paper to the May 2021 meeting outlining the background and discussions held regarding the EU Settlement Status. The Committee requested an update to be provided at a future meeting (action reference 20210512-A05). This paper provides this update.

<sup>1</sup> Spine supports the IT infrastructure for health and social care in England, joining together over 23,000 healthcare IT systems in 20,500 organisations - <https://digital.nhs.uk/services/spine#further-information>

## 2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 All Information Governance actions such as the Section 255 request, IG comments on Provision of Service Agreement (POSA) and the Memorandum of Understanding with Home Office and NHSD have been completed.
- 2.2 The POSA contains the overall arrangements we have with NHS Digital which we receive from them on Welsh Residents. This includes the new EUSS data (including arrangements and associated cost) and business as usual services provided to DHCW by NHSD (including the provision of data for the Welsh Demographic Services and those Welsh resident treated in English hospitals and all of the secondary uses data that flows into Information Services.) The action on the POSA is currently with DHCW Commercial Services team from a service agreement perspective for them to agree and approve.
- 2.3 The EUSS data from NHS Digital is required by Health Boards and Trusts to confirm individual patients' settlement status. This action is with Software Development to deal with the technical aspect which will provide EUSS data to Health Boards and Trusts via their existing access to the Welsh Demographic Services.

## 3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 All outstanding Information Governance / Clinical Directorate actions have been completed. The remaining actions are with respective parts of the business (i.e. Commercial Services and Software Development). Approval of the Memorandum of Understanding and Provision of Service Agreement is planned for the DHCW SHA Board in November 2021, if ready by this date.

## 4 RECOMMENDATION

The Committee is being asked to:

**NOTE** the content of the report outlining the completion of all Information Governance actions in relation to the EU Settled Status.

## 5 IMPACT ASSESSMENT

<u>STRATEGIC OBJECTIVE</u>	Mobilising digital transformation and ensuring high quality health and care data
CORPORATE RISK (ref if appropriate)	
<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A healthier Wales

If more than one standard applies, please list below:

**DHCW QUALITY STANDARDS**

N/A

If more than one standard applies, please list below:

**HEALTH CARE STANDARD**

Governance, leadership and accountability

If more than one standard applies, please list below:

**EQUALITY IMPACT ASSESSMENT STATEMENT**

Date of submission: N/A

Yes, applicable

Outcome:

Statement:  
N/A

[Workforce EQIA page](#)

**APPROVAL/SCRUTINY ROUTE:**

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

COMMITTEE OR GROUP	DATE	OUTCOME
DG&S Committee	12/05/21	Noted the position re EU Settlement Status and asked for a further Committee update in November 2021

**IMPACT ASSESSMENT**

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

## DIGITAL HEALTH AND CARE WALES

# WELSH GOVERNMENT QUALITY AND SAFETY FRAMEWORK UPDATE

Agenda Item	2.2
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	15 November 2021

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

Executive Sponsor	Rhidian Hurle, Executive Medical Director
Prepared By	Sophie Fuller, Corporate Governance and Assurance Manager
Presented By	Chris Darling, Board Secretary

Purpose of the Report	For Noting
Recommendation	
The Committee is being asked to: <b>NOTE</b> the content of the report.	

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

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

Acronyms			
SHA	Special Health Authority	DHCW	Digital Health and Care Wales

## 1 SITUATION/BACKGROUND

- 1.1 The Senedd passed the Health and Social Care (Quality and Engagement) Act 2020 to introduce a strengthened Duty of Quality and Duty of Candour for the NHS in Wales, as well as create a Citizen Voice Body to strengthen the voice of our population. This legislation, together with the need to learn from recent system failings in the NHS, and to recover from the COVID-19 pandemic are the principle drivers in developing this Quality and Safety Framework.
- 1.2 The Framework states that organisations at every level should function as a quality management system to ensure that care meets the six domains of quality; care that is safe, effective, patient-centred, timely, efficient and equitable.
- 1.3 It sets out the need for a robust quality assurance framework that brings all the information surrounding quality together, so it is utilised to implement effective change and improvement in care.

## 2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 A number of high-level actions are described in the framework, these provide a summary of actions expected by NHS Organisations in order to meet the requirements of the framework, they are:
  - Action 1: NHS organisations to ensure harm (both direct and indirect) associated with the COVID-19 pandemic is minimised. Organisations should implement a risk and benefit focussed approach to recovery of other services, and measure, monitor and learn from any harm.
  - Action 2: Welsh Government to work with key stakeholders to review and update Health and Care standards reflecting the strengthened duty of quality.
  - Action 3: Welsh Government to work with key stakeholders on implementation of the duties of quality and candour to enable NHS organisations to be ready when the duties come into force.
  - Action 4: Welsh Government to work with key stakeholders to develop a new National Incident Reporting framework focussing on maximising and sharing learning from incidents.
  - Action 5: National work to be undertaken to develop a learning from deaths framework, building on the continued national roll out of the Medical Examiner Service and processes already in place for reviewing mortality.
  - Action 6: National work to be undertaken to lead an all-Wales improvement approach to maximise the opportunity for learning from independent reviews of maternity and neonatal

services.

- Action 7: Welsh Government to work with NHS organisations to implement vital electronic systems to support safe care, such as Electronic Prescribing and Medication Administration, Scan for Safety and the Medical Devices Information System.
- Action 8: NHS organisations demonstrate through their plans that patient care and experience is central to their approach and delivery and that their governance arrangements support this requirement.
- Action 9: Healthcare organisations to ensure they have the capacity and capability for continuous improvement and learning.
- Action 10: National work to be undertaken in conjunction with key stakeholders to develop a Quality Assurance Framework to help capture all the elements of a quality management system. This will include a refreshed Framework for Assuring Service User Experience and help prepare the way for the duties of quality and candour.
- Action 11: Work to be undertaken nationally and locally to develop a measurement framework to inform a quality management system, underpinned by improved information about the quality of care.
- Action 12: NHS organisations to review and consider what needs to be in place in order to develop a fully functioning quality management system, including ensuring
- the Board have the appropriate skills and knowledge to provide effective leadership of the system.
- Action 13: National work to be undertaken to develop a toolkit that organisations can use to gain assurance of an effective Quality Management System.
- Action 14: Health organisations to engage their workforce with the quality agenda and empower all to get involved to help make the NHS in Wales a quality-led system.
- Action 15: A Quality and Safety programme will be established to drive forward the national actions set out in this Framework. This programme will be overseen by a new Quality and Safety Board facilitated by an NHS Executive function. This board will work to drive the quality and safety agenda and be led in partnership with the NHS. It will have a multi-disciplinary approach with participation from different professional groups.

### 3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 The Quality and Safety Programme of work will be overseen by a new National Quality and Safety Board to drive the high-level actions described in the Framework. The National Quality and Safety Board will enable strong clinical leadership with a multi-disciplinary approach to help drive the NHS organisations in Wales along their journeys to being truly quality led.
- 3.2 DHCW will ensure adherence to the new framework with any plans being led by the Executive Medical Director supported by the Head of Quality and Regulatory.

### 4 RECOMMENDATION

The Committee is being asked to:

**NOTE** the content of the report.

## 5 IMPACT ASSESSMENT

<b><u>STRATEGIC OBJECTIVE</u></b>	Delivering High Quality Digital Services
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<b>CORPORATE RISK</b> (ref if appropriate)	DHCW0237, DHCW0259
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<b><u>WELL-BEING OF FUTURE GENERATIONS ACT</u></b>	A healthier Wales
If more than one standard applies, please list below:	

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

<b><u>HEALTH CARE STANDARD</u></b>	Safe Care
If more than one standard applies, please list below: Effective Care Timely Care Staff & Resources	

<b><u>EQUALITY IMPACT ASSESSMENT STATEMENT</u></b>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: A quality approach to care ensure equal care.	

[Workforce EQIA page](#)

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

<b>IMPACT ASSESSMENT</b>	
<b>QUALITY AND SAFETY</b> IMPLICATIONS/IMPACT	Yes, please see detail below The actions detailed in the quality and safety framework have a positive impact on the quality and safety of care, although DHCW do not provide direct care, a quality approach in our design and development of solutions ensures quality and safety is at the heart of any solution.
	Yes, please see detail below

<b>LEGAL</b> IMPLICATIONS/IMPACT	There could be a legal impact should the framework not be adopted appropriately.
<b>FINANCIAL</b> IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report
<b>WORKFORCE</b> IMPLICATION/IMPACT	Yes, please see detail below There could be impact on working practices.
<b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	Yes, please detail below A quality approach has a positive impact on socio economic related outcomes for patients.





Llywodraeth Cymru  
Welsh Government

# Quality and Safety Framework:

## Learning and Improving

Welsh Government 2021

Mae'r ddogfen yma hefyd ar gael yn Gymraeg / This document is also available in Welsh.

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## Foreword

In 2016, the OECD commented that quality is at the heart of the NHS in Wales, a point reiterated by the publication of A Healthier Wales, with quality and safety being highlighted as a priority above all else. As a citizen in Wales, I recognise the key importance of being able to access a safe, effective service that provides an excellent user experience.

Despite the progress that has been made in terms of establishing the NHS as a quality-led system, there is further work to do. Senedd members last year passed the Health and Social Care (Quality and Engagement) Act 2020 to introduce a strengthened Duty of Quality and Duty of Candour for the NHS in Wales, as well as create a Citizen Voice Body to strengthen the voice of our population. This legislation, together with the need to learn from recent system failings in the NHS, and to recover from the COVID-19 pandemic are the principle drivers in developing this Quality and Safety Framework.

The Framework states that organisations at every level should function as a quality management system to ensure that care meets the six domains of quality; care that is safe, effective, patient-centred, timely, efficient and equitable.

It sets out the need for a robust quality assurance framework that brings all the information surrounding quality together so it is utilised to implement effective change and improvement in care.

The COVID-19 pandemic has been the biggest challenge the NHS has faced since its creation by Aneurin Bevan, and our workforce has responded in the most incredible ways. However, despite these efforts, this new disease has caused avoidable harm, and will continue to do so unless quality and safety are placed at the heart of our approach to recovery. It is very much a priority for me that we innovate and transform as part of this recovery, and the six domains of quality provide a framework within which we can do this.

A Quality and Safety Programme overseen by a new National Quality and Safety Board will be developed to drive the high level actions described in this Framework. This Board will enable strong clinical leadership with a multi-disciplinary approach to help drive the NHS organisations in Wales along their journeys to being truly quality led.

Now, perhaps more than ever in the history of the NHS, we need to ensure a relentless focus on quality and safety, as a priority above all else. It needs to be the central focus of any decision made with regards to the care of the population as well as the design of services. I am pleased to endorse this framework and will be investing in a Quality and Safety Programme with the aim of ensuring that we have a quality-driven NHS.

Eluned Morgan, Minister for Health and Social Services

## Document purpose

An overarching goal of the NHS is to improve outcomes for people, whoever they are and wherever they live, by providing people with access to high-quality health and care, delivered through a sustainable culture of learning and improvement.

Although well recognised, health and care quality can be difficult to define. This framework provides an overview of what quality looks like, highlights the key principles that underpin it and the arrangements that need to be in place to be assured of high quality services at all times. There will need to be a strong focus on quality and safety as we emerge from the Covid-19 pandemic, trying to understand the true harm that has occurred over the past eighteen months and, moving forward, to ensure we meet the needs of our population.

Many areas of the NHS are recognised for providing exceptional high quality services. This framework provides guidance and direction for all NHS organisations with a focus on having a strong quality management system in place at all levels, in turn reducing variation in quality. This is key in meeting the aspirations set out in A Healthier Wales for a quality-driven NHS in Wales, and in readiness for meeting the expectations of the new and strengthened duty of quality.

Everyone has a role in improving quality and the framework shows what needs to be in place to ensure how everyone's voice can be heard. This document replaces the now expired Welsh Government Quality Delivery Plan, and describes a way forward, learning from recent system failures in Wales, as well as the coronavirus pandemic and its associated potential for harm. It also serves to provide a stepping stone to the new duties of quality and candour expected in 2023.

## 1. Context and background

### 1.1 Strategic background

[A Healthier Wales](#) (AHW) sets out a long-term vision that everyone in Wales should have longer, healthier and happier lives. It proposes a whole-system approach to health and social care which is equitable, and where services are designed around individuals and groups based on their unique needs and what matters to them, as well as quality and safety outcomes. The first NHS Wales core value described in A Healthier Wales is "Putting quality and safety above all else – providing high-value evidence-based care for our patients at all times."

Healthcare organisations in Wales are focused on meeting the quadruple aim of excellence in population health and wellbeing, personal experiences of care, best value from resources and an engaged and committed workforce. Our philosophy of value-based, prudent, health and care underpins this and will continue to be a distinctive feature of the Welsh system. The recent [Health and Social Care \(Quality and Engagement\) \(Wales\) Act 2020](#) which places both an enhanced duty of quality and an organisational duty of candour will strengthen the approach to high quality, safe care.

To achieve the aspiration of having a quality-led health service, all organisations need to operate within an effective quality management system. This Quality and Safety Framework describes the interlinked key elements that must always be working together to ensure continuous improvement in quality: planning; improvement; and control; and to provide overall assurance that the system is working effectively to deliver the outcomes that we need for the people of Wales.

In line with the direction set in A Healthier Wales, work continues to bring the quality agendas within health and social care together. However, this framework focuses largely on NHS organisations in Wales, fully recognising that partnership working is key to success.

The recently-published [National Clinical Framework](#) provides a clinical interpretation of A Healthier Wales and describes a learning health and care system, centred on clinical pathways that focus on the patient, grounded in a life-course approach. In recent years, major health condition delivery plans set out policy expectations for high priority clinical services. These plans came to an end in December 2020 and as described in the National Clinical Framework, will gradually be replaced by Quality Statements. These successor arrangements will help to set out what stakeholders think are important quality attributes of high priority clinical areas, such as cancer, heart disease and stroke services; as well as services such as critical care and end of life care.

## 1.2 Recovery from COVID-19 Pandemic

Over the last year, the NHS has faced its biggest challenge since its inception, with the unprecedented COVID-19 pandemic. The staff and leadership of NHS organisations have responded to this challenge in an extraordinary way by developing new ways of working to support our population. During the pandemic we saw wonderful examples of high-quality care, including the retraining and redeployment of staff to the highest risk areas, effective team working and communication and, above all, arrangements centred on the new and changing needs of people.

As we emerge from the pandemic, NHS organisations are considering how to adapt services and learn from the innovative practice and outstanding clinical leadership that we have seen. Quality and safety are going to be of paramount importance in this recovery process and it is essential there is this quality and safety focus at every level. Patients waiting for treatment will be exposed to widely varying levels of symptoms and risk, so the limited clinical resource now available must be targeted at those likely to gain the most benefit. A co-productive approach to clinical care and decision making will be essential to gain and maintain public understanding and confidence.

Welsh Government has recently published [Looking forward](#) to help health and social care emerge from the pandemic, describing the challenge as building the integrated health and social care service that we want going forward and to deal with the long-term impacts of COVID-19. The opportunity is to change for the better, recognising that COVID-19 is still with us.

A key aspect to this recovery is ensuring that care is as safe as possible, and that harm is minimised. The five harms we describe in health and care in Wales, are:

1. Direct harm from COVID-19 itself
2. Indirect harm from COVID-19 due an overwhelmed health and social care system and reduction in healthcare activity as a result
3. Harm from population based health protection measures i.e. educational harm
4. Economic harm both directly and indirectly as a result of COVID-19 i.e. unemployment as a result of lockdown
5. Harm as a result of exacerbation or introduction of new inequalities in society

There is no doubt that people and their loved ones will have come to harm as a result of the pandemic, and when it comes to harm from healthcare, areas such as nosocomial transmission and delayed healthcare due to reduction in normal services, together with people trying to not over-burden the NHS, will have already, or may in the months ahead, result in harm for some individuals.

Understanding the true level of harm that has occurred, or which may still occur without mitigating actions, is a significant yet hugely important task as we recover from this pandemic. Sadly, there will be situations where harm, and possibly death have occurred, and we need to make sure that in such cases the care provided is reviewed thoroughly, to understand if harm was at all preventable and also that we learn and ensure that our policies (particularly infection control and prevention) evolve as a result.

**Action 1: NHS organisations to ensure harm (both direct and indirect) associated with the COVID-19 pandemic is minimised. Organisations should implement a risk and benefit focussed approach to recovery of other services, and measure, monitor and learn from any harm.**

The co-production of services going forward is also a vital aspect of recovery. As “Looking forward” describes, we need to build on the innovative ways of delivering services particularly using technology. This will be key to be able to keep in touch with individuals awaiting treatment and ensuring that robust arrangements are in place so those at greatest risk are prioritised. It will be important to take stock and ensure that any interventions are of high value and improve outcomes for people.

### 1.3 Quality in Wales and the Quality and Engagement Act (2020)

We have previously published several policy documents on quality within the NHS in Wales. The previous Quality Delivery Plan (2012) set out actions to drive continuous service improvement and transparency, including the introduction of Annual Quality Statements. In 2013, ‘*Delivering Safe Care, Compassionate Care*’ provided a national governance framework. This framework builds on and now replaces these previous documents.

The [OECD Review of Health Care Quality](#) published in 2016 commented that quality is at the heart of the healthcare system in Wales however it did make recommendations to strengthen what has already been built. These include a

stronger relationship between health boards and Welsh Government, more visible accountability within health boards, with the technical, managerial and leadership capacity to drive up standards.

In June 2020 new legislation gained royal assent: the Health and Social Care (Quality and Engagement) (Wales) Act. The Act introduces a new duty of quality placed on NHS bodies and Welsh Ministers (in relation to their health-related functions). This enhanced legal duty sets out that all decisions that are made are done so as to secure improvement in the quality of the services provided within the Welsh NHS, and to deliver improved outcomes for the people of Wales. This legislation emphasises the need for organisations to go beyond simply maintaining their services, and to strive for continuous improvement and excellence with as much focus on health improvement and protection as sickness management.

Reframing the duty of quality in this way, moving beyond the current duty, will shift the focus of decision-making and represent a further step on the journey towards ever higher standards of person-centred health services in Wales.

To reinforce the emphasis we wish to place on person-centred services and the importance of patient experience as a determinant of a quality service, the Act specifically lists patient experience as a core component of the new duty of quality.

The Welsh Government's [Health and Care Standards](#) must also be taken into account by organisations in their discharging of the duty of quality. This framework of standards is designed to support the NHS and partner organisations in providing quality services across all healthcare settings. These standards describe what the people of Wales can expect when they access health services.

The standards were last updated in 2015 and to ensure alignment with the new legal duty of quality, these standards will now be reviewed and updated.

## **Action 2: Welsh Government to work with key stakeholders to review and update Health and Care standards reflecting the strengthened duty of quality.**

The duty of quality mandates the requirement for NHS organisations to commit to and deliver improvements in the quality of health services. NHS organisations will be required to publish an annual report setting out the steps they have taken to secure these improvements, and include an assessment of the extent to which any improvements in outcomes that have been achieved. This new report will replace the current Annual Quality Statement.

In turn, and for the first time, Welsh Ministers will be required to present their own annual report to the Welsh Parliament, Senedd Cymru about the actions they have taken to secure improvements that will lead to higher quality care for the Welsh population. A programme of work is underway to prepare for the implementation of the new duty.

As well as a duty of quality, the 2020 Act also introduces a new organisational duty of candour. The duty will apply to NHS organisations, primary care providers in respect of their NHS services, and independent health care providers. The duty will



apply when a person who has received healthcare has suffered an adverse outcome and the provision of health care was or may have been a factor. In this context an adverse outcome will mean if the individual has experienced, or could experience, any unexpected or unintended harm that is more than minimal.

There is a clear link between candour and quality of services. There is evidence that increased openness, transparency and candour are associated with the delivery of higher quality health and social care. Organisations with open and transparent cultures are more likely to spend time learning from incidents, and they are more likely to have processes and systems in place to support staff and service users if things go wrong. This is of vital importance in a health and care setting where patients often have ongoing relationships with their health and care providers. In general, patients and service users want to be told honestly what happened and be reassured that everything is being done to learn from what went wrong.

Placing a duty of candour on NHS organisations, including providers of primary care, will improve service user experience, communication and engagement between the NHS and its service users. It will build on the work that has already been undertaken through the [Putting Things Right](#) arrangements for dealing with concerns, complaints and incidents.

**Action 3: Welsh Government to work with key stakeholders on implementation of the duties of quality and candour to enable NHS organisations to be ready when the duties come into force.**

The 2020 Act, when commenced, will also establish a new Citizen Voice Body (CVB) for Health and Social Care. The CVB's general objective is to represent the interests of the public in matters related to health and social services. The CVB will also have the ability to make representations about such matters to NHS organisations and local authorities, and there are duties of co-operation placed on NHS organisations, local authorities and the CVB under the Act. We envisage the new CVB developing a close working relationship with the NHS and local authorities. It will be a tremendously useful source of feedback from service users and the wider public. Our aspiration is for NHS leaders to see the CVB as a source of information and advice about what people think of health services at both national and local level. As a Body exercising functions across health and social services it also helps to deliver on the recommendations of the Parliamentary Review of Health and Social Care for the integration of health and social care services alongside more integrated citizen engagement.

This framework recognises that enabling people to access services using the Welsh language is an intrinsic part of the quality of care, and helps to ensure the safety, dignity and experience of Welsh speakers. Actions described within this framework will be developed in line with this principle and the [More than just words](#) framework.

## 2. A quality system

## 2.1 What does good quality look like?

There are various ways to describe quality in healthcare. In 1999, the then Institute of Medicine described six characteristics of quality:

- Safe - avoid harm
- Effective - evidence based and appropriate
- Person-centred - respectful and responsive to individual needs and wishes
- Timely – at the right time
- Efficient - avoid waste
- Equitable – an equal chance of the same outcome regardless of geography, socioeconomic status etc.

These characteristics of quality align with our prudent health and care principles:

- Achieve health and wellbeing with the public, patients and professionals as equal partners through co-production (person centred)
- Care for those with the greatest health need first, making most effective use of all skills and resources (timely, efficient, effective)
- Do only what is needed - do no less, do no harm (safe, efficient)
- Reduce inappropriate variation using evidence-based practices consistently and transparently (equitable, effective, efficient)

Prudent health and care is being taken forward through the concept of Value-Based Health Care, to ensure care is not only high quality but also the most effective it can be for each individual.

## 2.2 Safety

### 2.2.1 Patient Safety

One domain of quality that particularly resonates with the public and staff is patient safety. Several health systems focus almost exclusively on this. The NHS in Wales has a long-standing commitment to safety, since the 1000 lives programme that ran between 2008 and 2010. That commitment remains evident in many of our processes and practices, including mortality reviews, national incident reporting and many ongoing programmes including for example those on acute kidney injury, neuro-axial connectors and medication safety.

Patient safety can be examined in two general ways. Safety I describes the traditional approach which considers safety as the absence of unsafe acts. In healthcare, a Safety I approach has led to a focus on the minority of events in care in which something has gone wrong. In Wales, we want to move towards a Safety II approach, where safety is viewed as what happens when things go right. A Safety II approach will encourage more consideration and learning from what has gone well, in addition to what has gone wrong, providing a more holistic view of safety. Every day, despite complex environments, staffing pressures and ever-changing evidence and new treatments, the staff of the NHS adapt to provide great care. It is important



to understand how they are able to overcome these issues, to celebrate that achievement and spread that learning.

Another aspect to patient safety is that of harm to patients, not due to healthcare intervention but due to the lack of treatment - harm by omission. As described previously, many routine services paused during the pandemic in order to prioritise the provision of acute care to people with COVID-19. However the population may suffer harm if these services are not re-started. Essential Services, described as life-limiting or life-impacting services, were maintained during the pandemic. The essential services quality assurance framework issued by Welsh Government focuses on the need for local accountability, governance, guidance and evidence-based assurance.

The reporting and investigation of incidents play an important role in terms of changing culture, transparency and shared learning from when harm occurs. The current Welsh incident reporting framework is being reviewed to ensure it helps develop those areas, creates a focus on immediate make safes, drives improvement and aligns with duty of candour. Investigations must be targeted for most impact, and be effective in identifying system issues. Incidents in the healthcare system can occur anywhere in Wales and there needs to be a strong focus on sharing learning that takes place across Wales, striving to make care as safe as possible. The new framework must enable learning from Safety I and Safety II type events.

**Action 4: Welsh Government to work with key stakeholders to develop a new National Incident Reporting framework focussing on maximising and sharing learning from incidents.**

In Wales, mortality reviews have been mandated for hospital deaths since 2013 and have been crucial in confirming important areas for continuous improvement, including sepsis and recognition of the unwell patient. A medical examiner service is now being implemented across Wales with commitments to improving patient safety and end of life care. Medical examiners independently scrutinise all deaths that are not investigated by the coroner. Their scrutiny includes asking the person's loved ones about any concerns. Where the medical examiner service detect potential issues in patient care, they will highlight these to NHS organisations to review. This will build on what has already been developed with mortality reviews in Wales and highlight areas for learning.

**Action 5: National work to be undertaken to develop a learning from deaths framework, building on the continued national roll out of the Medical Examiner Service and processes already in place for reviewing mortality.**

### 2.2.2 System Safety

It is also important that we learn from specific patient safety and care issues that may emerge. In 2020, [First Do No Harm](#), the report from the Independent Medicines and Medical Devices Safety Review, looked at the use of pelvic mesh as well as the use of sodium valproate and the harm caused to women and children as a result of these interventions. This report was specifically looking at the use of these interventions in England, but has valuable learning for the NHS in Wales. It has

highlighted that the healthcare system as a whole did not respond quickly enough to listen to concerns raised by patients and act more rapidly.

Maternity and neonatal services are an example of systems that need a strategic approach when it comes to safety, and to maximise learning on an all-Wales basis from where harm has occurred and where the need for improvements have been identified. We want to build on the all-Wales learning that has already taken place following the Royal College of Obstetricians and Gynaecologists and Royal College of Midwives review of maternity services in the former Cwm Taf University Health Board and other similar reviews in the UK to ensure consistent and constant improvements are made and sustained.

**Action 6: National work to be undertaken to lead an all-Wales improvement approach to maximise the opportunity for learning from independent reviews of maternity and neonatal services.**

The implementation of the new duties of quality and candour and the Citizens' Voice Body will significantly strengthen our system defences against such difficult experiences being repeated, particularly in terms of how critical it is that we listen to patients, their families and staff when things go wrong.

Safety in healthcare needs to go beyond individual patient safety and consider the safety of our systems. As services evolve beyond organisational boundaries to create systems of healthcare, we need to ensure that these whole systems are safe. The Safety I / Safety II concept needs to be applied to systems as a whole with reflection on what we can learn from systems that are safe and apply that learning to all our systems. We also need to consider areas such as ensuring the medical devices used are safe and that where there are concerns, these are escalated to the Medicines and Healthcare products Regulatory Agency (MHRA). We need to invest in electronic systems that ensure consistency of practice. We also need to monitor use of these systems and measure outcomes from clinical interventions including device implantation. These electronic systems include those such as electronic prescribing.

**Action 7: Welsh Government to work with NHS organisations to implement vital electronic systems to support safe care, such as Electronic Prescribing and Medication Administration, Scan for Safety and the Medical Devices Information System.**

## 3. The Quality Cycle

### 3.1 The Quality Cycle – A quality management system

People need public services to be organised around their needs and experiences. The culture in these services needs to be open, trusting and supportive, and planning, improvement and measurement processes need to be connected and focused on quality and learning. The elements that make up a cycle of improvement must form the backbone of an organisation, driven from the top. It is essential that

organisations create the conditions for this, through a clear vision and strong leadership.

The board must drive an effective quality management system across the organisation. When services such as maternity or frail elderly care have failed there has usually been a wider organisational weakness, in Wales as elsewhere.

Across the world, there is concern that boards can prioritise finance and performance over quality. These are easier to monitor and use in accountability discussions, but can be delivered at the expense of quality.

The boards of organisations can be at different stages of maturity in their governance approach to improvement. Organisations with high levels of maturity for quality tend to prioritise quality improvement with a long-term focus, to use data for improvement, not just for assurance or control, and engage staff and patients in quality improvement with an open culture of continuous improvement and true clinical leadership.

Quality Improvement is a common concept discussed in healthcare but it needs to be part of a bigger process - a Quality Management System.

Fig 1



This quality cycle needs to be intact and connected at local, regional and national levels to enable and drive the greatest improvement. Everyone must understand their role in this quality system. Staff as well as the public and patients must be able to contribute to each part of the cycle, through co-design and co-production, to ensure actions are relevant and meaningful to those who must benefit.

Central to the quality management system is continuous learning. It is not enough to simply repeat the cycle, each time we must capitalise on what was learnt from the previous round, gaining intelligence from all sources and improving the process.

## 3.2 Quality Planning

The NHS in Wales is a planned healthcare system. Organisations must plan to improve the health of the population they serve. This responsibility starts with the most crucial part, prevention, to keep people healthy and at home, whenever possible, and ultimately to improve health outcomes for the population as a whole. Good quality, timely information is needed to identify where improvement is required at every level within our systems; this includes the views of staff and patients. The duty of quality also sets out this expectation and the organisational annual reports will need to confirm how improvements in quality are being realised.

Prior to the COVID-19 pandemic, health boards were required annually to submit to Welsh Government for Ministerial approval, their Integrated Medium Term Plan (IMTP) for the following three years. During the pandemic, NHS planning changed with a more immediate focus on reducing harm and the response to COVID-19. IMTPs were temporarily replaced with a quarterly planning process. The Welsh NHS remains a planned care system but this still needs to be a dynamic process. As longer-term planning, including the return to IMTP processes, resumes, NHS organisations should build on the learning from the experience of the pandemic, to improve planning, and ensure that quality remains fundamental throughout all that they do.

NHS organisations continue to use the Wellbeing of Future Generations Act and the five ways of working as the context in which they plan. This will ensure that how organisations work, who they involve and what decisions are made will impact positively both now and in the future. Quality must always be a central to these decisions.

Wales is a bi-lingual country and it is vital our health services reflect that and develop with that principle in mind. People using the health service and staff within the service should be able to communicate in Welsh if they choose.

**Action 8: NHS organisations demonstrate through their plans that patient care and experience is central to their approach and delivery and that their governance arrangements support this requirement.**

## 3.3 Quality Improvement

There is world-wide evidence on how to support improvement, and NHS organisations must ensure their staff have the right skills, support and permission to make improvements in their everyday work, and to speak up when there are areas for improvement outside of their role or expertise. It is not enough to teach the workforce improvement theory, the workforce needs the capacity to carry out improvement and build it into every day work. Equally, frontline improvements must be balanced with a number of planned strategic improvements linked to the organisations' priorities if there is to be truly transformational, organisation-wide change.

The Health Foundation has outlined the need for an organisational approach to quality improvement. Without board-level leadership, system improvement will fail. It is critical to create the conditions for quality improvement at all levels within an organisation.

However organisations may not yet be fully equipped to improve. Planning, measurement and improvement teams must be strongly connected. There are areas where effective change is delivered and we need to focus on how to scale up effective change across Wales and ensure people are receiving equitable care.

In response to A Healthier Wales, Improvement Cymru, our national improvement support service, is changing to support the quality cycle across organisations, using a consistent approach to the spread of improvement and learning. Within A Healthier Wales six key areas for improvement were identified: medicines management; surgery and surgical pathways; frail elderly care; acute illness; equitable health and social care; and end of life care. Whilst responding to the COVID-19 pandemic has impacted on these plans, the areas remain relevant and a focus for Improvement Cymru as we move into recovery.

Improvement skills and behaviours needs to be built into the work of everyone working in healthcare, so the culture becomes one of continual personal and positive challenge as to how can we do better. The satisfying personal experience of leading improvement builds confidence and starts to create the leaders of the future.

**Action 9: Healthcare organisations to ensure they have the capacity and capability for continuous improvement and learning.**

## 3.4 Quality Control

Quality control occurs at the frontline of our services. People providing services need to agree, maintain and monitor the desired quality of the services they provide, and be able to detect and react when there is variation from that desired quality. Organisations need to create the processes and culture for staff to manage and standardise their daily work. This must be enabled by a systems view of the organisation and clear and consistent measures and communication throughout the organisation.

## 3.5 Quality assurance

Quality assurance is essential for organisational boards to understand the quality of services being provided, including those commissioned from others, how it compares with others and that, if identified, improvement work is making a difference. A systematic approach to quality planning, quality improvement and quality control can provide this. As well as the numbers, quality assurance needs to accommodate 'qualitative intelligence', such as the lived experiences of staff, patients and carers, as these often highlight problems before the measurement does. The existing [Framework for Assuring Service User Experience](#) sets out a range of methods to be used.

There are therefore many factors that contribute to quality assurance, including patient / user feedback, concerns and compliments, learning from deaths, incidents including serious incident reporting, clinical audit, and quality indicators and benchmarking. We need a quality assurance system that brings together intelligence on all aspects of the quality management cycle to present a coherent picture of the quality of care that organisations provide.

While regulators and inspectors also play a key role in quality assurance, they are not there in place of needing a strong organisational assurance framework

**Action 10: National work to be undertaken in conjunction with key stakeholders to develop a Quality Assurance Framework to help capture all the elements of a quality management system. This will include a refreshed Framework for Assuring Service User Experience, and help prepare the way for the duties of quality and candour.**

### 3.6 Information throughout the quality cycle

Intelligence is fundamental to improvement and assurance, and information should be consistent and widely available. Timely data is key to both understanding what is happening in organisations at any point in time but also to look at outcomes, identify areas for improvement as well as for benchmarking. Organisations need to be transparent when it comes to data and share this across Wales, striving to make care equitable. The National Data Resource, currently being developed, will facilitate this.

Value in healthcare is realised when we achieve the best possible healthcare outcomes for our population with the resources that we have. These outcomes should be comparable with the best in the world, and Prudent Healthcare has already provided a strong foundation for healthcare improvement in Wales. Realising value in healthcare requires better reporting and collection of outcome data to try to understand which interventions provide the most value to people and where there is unwarranted variation. It is vital that we provide care that is equitable and uses an evidence-based approach with implementation of NICE guidelines to help ensure high-value care.

Changes in health are important milestones in the lives of patients and we should use Patient Reported Outcome Measures (PROMs) to measure them. This can help us assess and meet patient needs, and to understand their experience of care, and to improve services.

The Once for Wales Concerns Management System (OfWCMS) is a new approach to how NHS organisations in Wales consistently report, record, learn and monitor improvements following incidents, complaints, claims and other adverse events that occur in healthcare. By bringing all this vital data together there is an opportunity for a platform that allows shared learning and will help to improve patient safety as well as patient experience. Though in early stages there is potential that data captured from OfWCMS can be used by health organisations as part of their routine management information on quality, identifying areas where improvement work is needed and helping with cultural change.



We need to harness the information that is available to us across all aspects of quality management systems to measure the quality and outcomes of care. This can be used locally and nationally, and can inform a framework for measurement and benchmarking. Quality measures need to be on at least an equal footing with performance and finance measures.

**Action 11: Work to be undertaken nationally and locally to develop a measurement framework to inform a quality management system, underpinned by improved information about the quality of care.**

### 3.7 Having an effective organisational quality management system

The Institute for Healthcare Improvement (IHI) has described a framework for effective quality governance. They found little evidence of education for independent members on effective quality management and, where it did exist, it was often focused on patient safety (just one of the six domains of healthcare quality) and also hospitals, as opposed to community and population health. Although this research was based on the American healthcare system, it is likely that similar issues would be found in the NHS.

NHS organisations should review their current quality management systems, and consider where they are, and where they need to develop, to ensure they maximise the effectiveness of their quality management system.

**Action 12: NHS organisations to review and consider what needs to be in place in order to develop a fully-functioning quality management system, including ensuring the Board have the appropriate skills and knowledge to provide effective leadership of the system.**

**Action 13: National work to be undertaken to develop a toolkit that organisations can use to gain assurance of an effective Quality Management System.**

## 4. Values, culture and leadership

In order to have a quality-led system, NHS Wales needs to ensure it has the right values underpinning it, with a just culture and compassionate leadership. It needs to demonstrate active listening to truly understand the views of its staff, the patients using the services and their families, and incorporate that active listening into the quality cycle. Board members need to have a presence, both in the community and within hospitals. They need to be prepared to disrupt and encourage open feedback from citizens and members of staff as to how care can be improved.

Leaders need to be relentlessly focused on a sense of common purpose, values and quality, continually improving and showing compassion to all. Compassionate leadership - “compassionate leadership for compassionate health services” - can

include attending (paying attention to staff); understanding (finding a shared understanding of the situation); empathising; and helping (taking intelligent action to help).

[Compassionate leadership](#) has been vital during the pandemic. Healthcare workers have faced unprecedented pressures both in terms of the risk and fear of getting COVID-19 from the workplace but also the desire to provide the best possible care to patients in difficult circumstances. Strong leadership has never been more important and now needs to continue with everyone contributing.

An open culture of learning and improvement is essential. We need to celebrate what goes well and acknowledge the truly amazing care and services provided by all staff within healthcare in Wales.

However, when something fails or goes wrong staff must feel safe, supported and able to speak up, having confidence that they will be listened to. If concerns are raised about the quality of care, they need to be listened to, acknowledged and acted upon. The staff of the NHS need to know that concerns are taken seriously, indeed they are welcomed. When an organisation is open and honest, staff feel able to raise concerns and to implement improvement actions. No health service is perfect and this must be acknowledged in order to feel confident in a continually improving service. The introduction of the duty of candour will support this as an approach.

When errors do occur, they need to be investigated to understand how the system failed, with rapid action taken to prevent the risk being repeated. This approach needs to not apportion blame. Even if the key action was an individual error, there will have been multiple steps that contributed and must be understood. Adequate support needs to be provided both to the patient and their loved ones but also to the members of staff involved, to know that they remain valued and supported throughout any investigation. A punitive environment is a powerful barrier to fair and authentic reflection. A just and learning culture balances fairness, justice and learning with responsibility and accountability.

Patients also need to be encouraged to speak up when things go wrong and know that their concerns and experiences are listened to and not dismissed. This is crucial in a truly learning system.

The whole workforce needs to be engaged fully in the need to improve. Personal wellbeing is a fundamental requirement for this to take place. If members of staff are suffering from burnout or feeling disengaged from the organisation, service improvement will inevitably drop off, but if wellbeing is prioritised, patient care will be safer and of higher quality and continual service improvement will occur.

Implementing the action points contained within the HEIW workforce strategy, [A Healthier Wales: Our Workforce Strategy for Health and Social Care](#) will help organisations address staff shortages by improving staff retention as well as recruitment. The Strategy aims to enrich wellbeing and working experience for those who currently provide health and social care, including volunteers and carers, and to promote health and social care as the sector of choice for the future workforce. The overarching aim for 2030 is to provide the right number of motivated, dynamic and



appropriately skilled people to help meet the health care needs of the population they serve in a sustainable, cost-effective way.

Ultimately, quality is everyone's business and needs a multi-disciplinary approach at both a local and national level. This concept needs to be embedded within the culture of our workforce, understanding and improving the quality of care we provide.

**Action 14: Health organisations to engage their workforce with the quality agenda and empower all to get involved to help make the NHS in Wales a quality-led system.**

## 5. Accountability

In order for the NHS to develop along its quality journey, strong accountability is required for all aspects of the quality management system as well as through the quality assurance framework, with as much focus on quality as there is for performance and finance. The accountability structures will strengthen with the NHS Executive function, ensuring there is always a strong focus on quality.

We need to assure that any data obtained, be it through clinical audit, peer review or errors in healthcare, is used to drive change for the better. The NHS needs to be held accountable to assure that change is happening and that data will lead to meaningful and improved outcomes for our population.

## 6. Going forward

Quality needs to be everyone's business with strong leadership throughout NHS in Wales. The broad actions set out in this framework are the start of the next phase of the quality journey, and the implementation work for the duties of quality and candour will build on these actions and help to ensure that we have the effective quality management system at all levels in Wales. Organisations now need to be considering how to implement and improve a quality management system, especially in light of the pandemic, and accelerate our journey.

To facilitate this, existing national quality governance structures need to be reviewed to ensure there is strong governance of quality and safety and to drive the NHS along its journey.

**Action 15: A Quality and Safety programme will be established to drive forward the national actions set out in this Framework. This programme will be overseen by a new Quality and Safety Board facilitated by an NHS Executive function. This board will work to drive the quality and safety agenda and be led in partnership with the NHS. It will have a multi-disciplinary approach with participation from different professional groups.**

The COVID-19 pandemic has demonstrated what an amazing health service we have in Wales, with a workforce we are extremely proud of. The challenges are far from over. A nationwide approach to quality management with an enhanced

commitment under a new duty of quality will move the NHS in Wales along its journey to become a truly quality-driven system, providing the best care for the people of Wales.

## Summary of Actions

Action 1: NHS organisations to ensure harm (both direct and indirect) associated with the COVID-19 pandemic is minimised. Organisations should implement a risk and benefit focussed approach to recovery of other services, and measure, monitor and learn from any harm.

Action 2: Welsh Government to work with key stakeholders to review and update Health and Care standards reflecting the strengthened duty of quality.

Action 3: Welsh Government to work with key stakeholders on implementation of the duties of quality and candour to enable NHS organisations to be ready when the duties come into force.

Action 4: Welsh Government to work with key stakeholders to develop a new National Incident Reporting framework focussing on maximising and sharing learning from incidents.

Action 5: National work to be undertaken to develop a learning from deaths framework, building on the continued national roll out of the Medical Examiner Service and processes already in place for reviewing mortality.

Action 6: National work to be undertaken to lead an all-Wales improvement approach to maximise the opportunity for learning from independent reviews of maternity and neonatal services.

Action 7: Welsh Government to work with NHS organisations to implement vital electronic systems to support safe care, such as Electronic Prescribing and Medication Administration, Scan for Safety and the Medical Devices Information System.

Action 8: NHS organisations demonstrate through their plans that patient care and experience is central to their approach and delivery and that their governance arrangements support this requirement.

Action 9: Healthcare organisations to ensure they have the capacity and capability for continuous improvement and learning.

Action 10: National work to be undertaken in conjunction with key stakeholders to develop a Quality Assurance Framework to help capture all the elements of a quality management system. This will include a refreshed Framework for Assuring Service User Experience, and help prepare the way for the duties of quality and candour.

Action 11: Work to be undertaken nationally and locally to develop a measurement framework to inform a quality management system, underpinned by improved information about the quality of care.

Action 12: NHS organisations to review and consider what needs to be in place in order to develop a fully-functioning quality management system, including ensuring

the Board have the appropriate skills and knowledge to provide effective leadership of the system.

Action 13: National work to be undertaken to develop a toolkit that organisations can use to gain assurance of an effective Quality Management System.

Action 14: Health organisations to engage their workforce with the quality agenda and empower all to get involved to help make the NHS in Wales a quality-led system.

Action 15: A Quality and Safety programme will be established to drive forward the national actions set out in this Framework. This programme will be overseen by a new Quality and Safety Board facilitated by an NHS Executive function. This board will work to drive the quality and safety agenda and be led in partnership with the NHS. It will have a multi-disciplinary approach with participation from different professional groups.

## DIGITAL HEALTH AND CARE WALES

### CONTROL OF PATIENT INFORMATION UPDATE

Agenda Item	2.3
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	15 November 2021

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

Executive Sponsor	Rhidian Hurle, Medical Director and Caldicott Guardian
Prepared By	Marcus Sandberg, DHCW Information Governance
Presented By	Darren Lloyd, Head of Information Governance and Data Protection Officer

Purpose of the Report	For Noting
<b>Recommendation</b>  Committee is being asked to: <b>NOTE</b> the update provided on the Control of Patient Information Regulations.	

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

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

Acronyms			
COPI	The Health Service (Control of Patient Information) Regulations 2002	CLDC	Common Law Duty of Confidentiality
CAG	Confidentiality Advisory Group	UK GDPR	UK General Data Protection Regulation

## 1 SITUATION/BACKGROUND

- 1.1 The Health Service (Control Of Patient Information) Regulations 2002 (COPI) is a law that allows the Secretary of State for Health and Social Care the ability to make notices in writing where it is necessary and in the public interest that patient information is processed for specified purposes.
- 1.2 The Secretary of State has issued notices under COPI which provide organisations a legal way of setting aside the common law duty of confidence for processing patient information in response to the Covid-19 outbreak.
- 1.3 Normally when processing information, organisations would be required to comply with both Data Protection Legislation and the Common Law Duty of Confidentiality (CLDC). Under the CLDC, organisations for non-direct care purposes will often require patient consent or to obtain another legal mechanism such as approval from the Confidentiality Advisory Group (CAG) under a section 251. The notice issued by the Secretary of State, therefore, sets this aside such additional requirement for processing.
- 1.4 COPI does not set aside an organisations responsibility under UK General Data Protection Regulation (UK GDPR) or the Data Protection Act 2018.

## 2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 In April 2020, Welsh Government supported the Secretary of State for Health and Social Care's notice by writing to organisations providing health services in Wales who support to manage and mitigate the spread and impact of the current outbreak of Covid-19. This letter asked these organisations to process confidential patient information for the purposes set out in Regulation 3(1) of COPI in order to support the response to Covid-19.
- 2.2 Since April 2020, Welsh Government have continued to ask organisations providing health services in Wales to continue to use the provision under regulation 3(1) of COPI to process

confidential patient information where required for a Covid-19 purpose and processed solely for that Covid-19 purpose in accordance with Regulation 7 of COPI.

### 3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 Welsh Government's most recent letter to organisations providing health services in Wales regarding COPI is provided at Appendix A.
- 3.2 This request is due to expire on 31 March 2022 unless a further extension is provided by Welsh Government. The decision on further extensions will depend on the management of the Covid-19 outbreak across the United Kingdom.

### 4 RECOMMENDATION

- 4.1 The Committee is being asked to:  
**NOTE** the update provided on the Control of Patient Information Regulations.

### 5 IMPACT ASSESSMENT

<b>STRATEGIC OBJECTIVE</b>	Mobilising digital transformation and ensuring high quality health and care data
<b>CORPORATE RISK</b> (ref if appropriate)	
<b>WELL-BEING OF FUTURE GENERATIONS ACT</b>	A healthier Wales
If more than one standard applies, please list below:	
<b>DHCW QUALITY STANDARDS</b>	N/A
If more than one standard applies, please list below:	
<b>HEALTH CARE STANDARD</b>	N/A
If more than one standard applies, please list below:	
<b>EQUALITY IMPACT ASSESSMENT STATEMENT</b>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: N/A	

[Workforce EQIA page](#)

**APPROVAL/SCRUTINY ROUTE:**

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

COMMITTEE OR GROUP	DATE	OUTCOME

**IMPACT ASSESSMENT**

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



## 6 APPENDIX A – COPY OF LETTER FROM WELSH GOVERNMENT

**Llywodraeth Cymru - Grŵp Iechyd a Gwasanaethau Cymdeithasol**  
**Welsh Government - Health & Social Services Group**



**Llywodraeth Cymru**  
**Welsh Government**

To:  
 Organisations providing health services  
 General Practices  
 Local Authorities

15 July 2021

Annwyl / Dear All,

### **Covid-19 – Request for processing of confidential patient information for Covid-19 purposes**

I have previously written to you regarding processing of confidential patient information for Covid-19 purposes. This is a further update to my previous letters.

The health and social care system is continuing to take action to manage and mitigate the spread and impact of the current outbreak of Covid-19. To support the response to the Covid-19 outbreak the processing and sharing of confidential patient information amongst health organisations and other bodies engaged in disease surveillance may be necessary for the purposes of protecting public health, providing healthcare services to the public, research and monitoring and managing the Covid-19 outbreak and incidents of exposure.

I am therefore writing to request you continue to use the provision under regulation 3(1) of the Health Service (Control of Patient Information) Regulations 2002 (COPI) to process confidential patient information. Further detail of this request is set out below.

#### **1. Purpose of this request**

Regulation 3 of COPI provides that confidential patient information can be used and shared appropriately and lawfully for specified purposes. The purpose of this request is to ask organisations to process confidential patient information for the purposes set out in Regulation 3(1) of COPI in order to support the Minister for Health and Social Services' response to Covid-19 (Covid-19 Purpose). "Processing" for these purposes is defined in Regulation 3(2) and includes dissemination of confidential patient information to persons and organisations permitted to process confidential patient information under Regulation 3(3) of COPI.



Parc Cathays • Cathays Park  
 Caerdydd • Cardiff  
 CF10 3NQ

Gwefan • website: [www.wales.gov.uk](http://www.wales.gov.uk)

## 2. Request to Process Confidential Patient Information

2.1. This request to process confidential patient information, includes disseminating that information to a person or organisation permitted to process confidential patient information under Regulation 3(3) of COPI.

2.2. Organisations are only requested to process such confidential patient information:

a) where the confidential patient information to be processed is required for a Covid-19 Purpose and will be processed solely for that Covid-19 Purpose in accordance with Regulation 7 of COPI; and

b) from the date of this request until 31 March 2022.

2.3 I wish to particularly highlight that this request still requires organisations to comply with relevant and appropriate data protection standards and to ensure that they operate within statutory and regulatory boundaries.

## 3. Covid-19 Purpose.

3.1 A Covid-19 purpose includes but is not limited to the following:

- understanding Covid-19 and risks to public health, trends in Covid-19 and such risks, and controlling and preventing the spread of Covid-19 and such risks;
- processing to support delivery of the NHS Wales Test Trace Protect Programme;
- identifying and understanding information about patients or potential patients with or at risk of Covid-19, information about incidents of patient exposure to Covid-19 and the management of patients with or at risk of Covid-19 including: locating, contacting, screening, flagging and monitoring such patients and collecting information about and providing services in relation to testing, diagnosis, self-isolation, fitness to work, treatment, medical and social interventions and recovery from Covid-19;
- understanding information about patient access to health services and adult social care services and the need for wider care of patients and vulnerable groups as a direct or indirect result of Covid-19 and the availability and capacity of those services or that care;
- monitoring and managing the response to Covid-19 by health and social care bodies and the Government including providing information to the public about Covid-19 and its effectiveness and information about capacity, medicines, equipment, supplies, services and the workforce within the health services and adult social care services;
- delivering services to patients, clinicians, the health and adult social care services workforce and the public in connection with Covid-19; including the provision of information, fit notes and the provision of health care and adult social care services;
- delivering the Covid-19 Vaccination Programme; and
- research and planning in relation to Covid-19.

## 4. Recording of processing

A record should be kept of all data processed under this request.

## 5. Review and Expiry of this Request

This request will be reviewed on or before 31 March 2022. If no further request is sent to you by me, this request will expire on 31 March 2022.

Yn Gywir / Yours Sincerely



**Ifan Evans**  
[ifan.evans@gov.wales](mailto:ifan.evans@gov.wales)

**Cyfarwyddwr –Technoleg, Digidol a Thrawsnewid**  
**Director – Technology, Digital & Transformation**

**Llywodraeth Cymru - Grwp Iechyd a Gwasanaethau Cymdeithasol**  
**Welsh Government - Health & Social Services Group**

## DIGITAL HEALTH AND CARE WALES HEALTH TECHNOLOGY WALES STRATEGIC PLAN 2021-25

Agenda Item	2.4
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	15 November 2021

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

Executive Sponsor	Rhidian Hurle (MD)
Prepared By	Rhidian Hurle (MD)
Presented By	Rhidian Hurle (MD)

Purpose of the Report	For Noting
<b>Recommendation</b> The Committee is asked to: <b>NOTE</b> the 2012-2025 HTW strategic plan (Appendix A) and consider how DHCW works with government sponsored agencies in the health and technology space.	

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

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

Acronyms			
HTW	Health Technology Wales	DHCW	Digital Health and Care Wales

## 1 SITUATION/BACKGROUND

- 1.1 HTW is a national body working to improve the quality of care in Wales. HTW collaborate with partners across health, social care and the technology sectors to ensure an all-Wales approach. HTW are funded by Welsh Government and hosted within NHS Wales, but independent of both. HTW remit covers any health technology that isn't a medicine, such as medical devices, surgical procedures, psychological therapies, tele-monitoring or rehabilitation.
- 1.2 HTW undertake 'horizon scanning' to identify upcoming technologies that are expected to have a major impact on future health and care in Wales and are responsive to the needs and interests of service users, health and care providers and technology partners across Wales.
- 1.3 HTW support technology innovation and development in Wales by acting as an initial contact point for technology developers. HTW technology innovators signpost to the relevant organisations within Wales who can provide advice and support.
- 1.4 HTW assess non-medicine health and care technologies and issue independent, authoritative guidance based on the best available evidence and expertise. HTW appraise technologies throughout their lifecycle, from innovation to obsolescence.
- 1.5 HTW aims to improve the quality of health and social care in Wales, by assessing the value and optimising the use of clinically- and cost-effective healthcare technologies

## 2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 DHCW leads on the procurement, management, support, design, development and implementation of digital systems across NHS Wales. DHCW needs to consider how it works with key partners, stakeholders and government sponsored agencies to facilitate the development and implantation of digital innovation that improve the quality of health and social care in Wales

## 3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 There is a risk of overlap of functions and confusion within the innovation market place if numerous government sponsored agencies, SHAs, Local health boards and Trusts do not work

collaboratively. Furthermore, failure to collaborate may lead to competition rather than collaboration and an inefficient use of resources across a number of sectors.

## 4 RECOMMENDATION

The Committee is asked to:

**NOTE and REVIEW** the 2021-2025 HTW strategic plan (Appendix A) and consider how DHCW works with government sponsored agencies in the health and technology space. Consider allocating responsibility to the Deputy Director of Information, Intelligence & Research under the auspices of the Executive Medical Director.

## 5 IMPACT ASSESSMENT

<b>STRATEGIC OBJECTIVE</b>	Mobilising digital transformation and ensuring high quality health and care data
<b>CORPORATE RISK</b> (ref if appropriate)	
<b>WELL-BEING OF FUTURE GENERATIONS ACT</b>	A healthier Wales
If more than one standard applies, please list below:	
<b>DHCW QUALITY STANDARDS</b>	N/A
If more than one standard applies, please list below:	
<b>HEALTH CARE STANDARD</b>	Safe Care
If more than one standard applies, please list below: Effective Care	
<b>EQUALITY IMPACT ASSESSMENT STATEMENT</b>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: N/A	

[Workforce EQIA page](#)

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

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IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below
	Innovation can improve health and social care outcomes
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below
	DHCW may incur a cost in working with strategic partners such as HTW
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below
	DHCW workforce resources will be required to engage with strategic partners such as HTW
SOCIO ECONOMIC IMPLICATION/IMPACT	Yes, please detail below
	Digital Innovation leading to improved outcomes can reduce harm, improve citizen well being and productivity



**Technoleg Iechyd Cymru**  
**Health Technology Wales**

# **Strategic Plan 2021-2025**



**Better Health | Evidence Driven**



# HTW Strategic Plan 2021-2025

## Developed by Health Technology Wales (HTW) in consultation with key stakeholders

HTW’s establishment phase is now complete. The HTW Strategic Plan 2021-2025 sets out our organisation’s immediate and medium-term strategic goals and objectives.

This Strategic Plan was developed iteratively, using a mixed methods approach, inviting contributions from key HTW stakeholders including: Welsh Government; key opinion leaders within the Welsh health and social care system; and members of key HTW decision-making groups including the Executive Group, Appraisal Panel, Assessment Group, Patient and Public Involvement Group and Stakeholder Forum. A series of internal workshops and discussions were also held with the HTW team. Finally, the Strategic Plan was posted for public consultation on the HTW website with communications activities to encourage feedback.

The HTW Strategic Plan should be regarded as a living document. It will be continually refined to reflect changing priorities and demands on HTW resources.

### Contents

- P3 Strategic context
- P4 About HTW
- P5 Mission, vision and values
- P6 Strategic goals and objectives
- P8 Implementation proposals

Our partners:



# 1. Strategic context

Health Technology Wales (HTW) was established in the context of an ambitious and evolving health and social care policy agenda for Wales, which sets out a clear plan to:

- Ensure the principles of prudent care are firmly embedded in all health and social care services ([PHC 2013](#)).
- Recognise the central role that technology has to play in improving the delivery of health and social services ([HSCC 2014](#)).
- Improve the well-being of people and carers who need support, and transfigure social services in Wales ([SSWBA 2014](#)).
- Enhance the future social, economic, environmental and cultural well-being of citizens ([WFGA 2015](#)).
- Introduce a socio-economic duty, requiring public bodies to have due regard to the need to reduce the inequalities of outcome that result from socio-economic disadvantage ([WA45 2017](#)).
- Transform services to provide care of the highest quality that is seamless, proactive and delivered as close to people's home as possible ([PRHSCW 2018](#)).
- Re-design a whole system approach emphasising prevention, encouraging self-management, supported by integrated health and social care services that utilise the benefits new technologies offer ([AHW 2019](#)).
- Foster a learning health and care system, developing modernised, resilient clinical services that are grounded in a life course approach and tackle cross-cutting priorities to deliver prudent and value based care across Wales ([NCF 2021](#)).



HTW will contribute significantly to delivering this plan for health and social care in Wales by appraising the scientific evidence to inform technology adoption and disinvestment decisions. This will encourage best use of the scarce resources available to invest in health and social care technologies, and maximise the health gain they offer for the people of Wales.



## 2. About HTW

HTW is a national health technology assessment (HTA) body working to improve the quality of health and social care in Wales. Established in 2017, our remit is to **“provide a strategic, streamlined and nationally coordinated approach for the identification, appraisal and adoption of medical technologies into practice across Wales.”** ([MHSS 2015](#))

“HTA is a multidisciplinary process that uses explicit methods to determine the value of a health technology at different points in its lifecycle. The purpose is to inform decision-making in order to promote an equitable, efficient, and high-quality health system.”

[INAHTA 2020](#)

We research and evaluate the best available clinical and cost-effectiveness evidence about a health or social care technology. Based on this evidence, we publish national guidance on whether the technology should be adopted for use in Wales.

HTW was established to address recommendation 3 of the 2014 Inquiry into Access to Medical Technologies in Wales, which recommended establishment of **“... an all-Wales medical technologies appraisal mechanism....”** ([HSCC 2014](#)).

We are funded by Welsh Government and hosted within NHS Wales, but are independent of both. Our remit covers any health or social care technology that isn't a medicine, such as medical devices, diagnostic tests, implants, surgical procedures, assistive technologies, digital innovations and changes in care pathways.

We collaborate with partners across the health, social care and technology sectors to ensure an all-Wales approach, and anyone can suggest a technology topic for us to appraise.

An [independent expert review](#) of HTW's progress in our first three years of operation concluded that **“... HTW is unequivocally fulfilling its core function of providing a dedicated centre of expertise in Wales for the identification, appraisal and adoption of health technologies....”** The review made improvement suggestions, which have helped to inform the 2021-2025 strategic objectives.



# 3. Vision, mission and values

## 3.1 Vision

To be a world-class HTA organisation that facilitates the identification, appraisal and adoption of innovative health and social care technologies that offer most promise to deliver improved health, well-being and value for the people of Wales.

## 3.2 Mission

To drive improvements in population health and social care services, by applying the best available evidence to inform decisions on the appropriate use of health and social care technology innovations in Wales.

## 3.3 Values

Three key values - **quality, responsiveness and collaboration** - underpin all of HTW's work.

### Quality

HTW produces authoritative, independent guidance, developed by applying rigorous and transparent evidence synthesis methods, to promote the use of health and social care technologies that offer the most benefit and value for Wales.

### Responsiveness

HTW offers timely input to support the decision needs of service users, carers, policy makers, health and care providers and technology developers across Wales.

### Collaboration

HTW works in partnership with others, engaging with stakeholders across the Welsh health, social care and technology sectors to support evidence-informed decision making.



# 4. Strategic goals and objectives

Our four strategic goals for 2021-2025 are outlined below, alongside our top five priority objectives for 2021-2022.



## 4.1 Strategic goal: Identification

Identify the technologies that are expected to have major impact on health and care services, and have the most benefit for the people of Wales.

### Objectives

- Expand HTW’s topic identification, prioritisation and selection efforts.
- Develop and promote direct topic referral mechanisms for Local Health Boards, Regional Partnership Boards, Local Authorities, Social Care Wales, Digital Health and Care Wales, care providers and relevant Care Inspectorates.
- Prioritise the identification of topics with a significant expected impact on health and social care services.
- Ensure topic identification and selection processes are appropriate for innovative social care and digital technology interventions.
- Agree mechanisms between HTW and other UK HTA bodies to ensure a collaborative approach to topic identification and prevent duplication of effort.
- Ensure a complete life-cycle approach, identifying both technology investment and disinvestment topics for appraisal.





## 4.2 Strategic goal: Appraisal

Deliver a step change in the volume of HTW evidence outputs, promoting a coordinated national approach to evidence-informed decision making on non-medicine technologies across Wales.

### Objectives

- Significantly increase HTW's evidence appraisal and guidance output.
- Target social and digital care innovations for appraisal.
- Support time-critical COVID-19 care and policy decision making.
- Explore collaborative opportunities with other UK HTA bodies to co-produce, adapt and co-brand technologies guidance.
- Provide evidence support to key Welsh decision-making committees.
- Ensure continuous improvement in HTW appraisal methods and compliance with best international practice.



## 4.3 Strategic goal: Adoption

Improve the quality of health and social care in Wales, by disseminating evidence-based national guidance that encourages adoption of technologies expected to have a major impact in Wales.

### Objectives

- Pilot and roll-out the HTW technology adoption audit function.
- Develop an adoption monitoring plan for each piece of national HTW guidance.
- Position the HTW Scientific Advice Service (SAS) to support the Welsh life science sector and innovation landscape.
- Agree and implement a national commissioning process for technologies with supportive HTW guidance.
- Establish greater parity between medicine and non-medicine technologies, levelling up incentive mechanisms and representation within key health and social care sector policies and structures.

# 4. Strategic goals and objectives

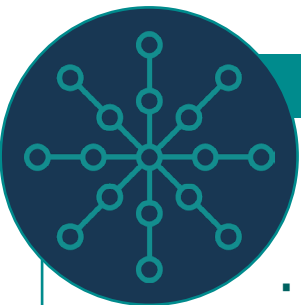


## 4.4 Strategic goal: Engagement

Promote greater understanding and use of HTW’s HTA outputs with key Welsh health and social care stakeholders.

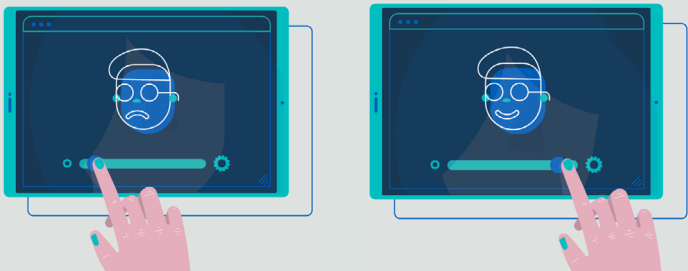
### Objectives

- Update the HTW Communications Strategy to extend and optimise HTW’s stakeholder engagement.
- Improve and publish HTW’s methods and processes.
- Build HTA capacity in Welsh health and social care systems.
- Support research of national and international importance.
- Provide continued professional development for members of HTW decision-making groups.



## 4.5 Top five Priority Objectives 2021-2022

- Expand HTW’s topic identification, prioritisation and selection efforts.
- Significantly increase HTW’s evidence appraisal and guidance output.
- Target social and digital care innovations for appraisal.
- Support time-critical COVID-19 care and policy decision making.
- Pilot and roll-out the HTW technology adoption audit function.



Detailed implementation proposals – outlining key activities proposed to deliver the HTW Strategic Plan and a prioritised timeline – is available on request.

## DIGITAL HEALTH AND CARE WALES PUTTING THINGS RIGHT REGULATIONS UPDATE REPORT

Agenda Item	2.5
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	15 November 2021

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

Executive Sponsor	Rhidian Hurle, Executive Medical Director
Prepared By	Sophie Fuller, Corporate Governance and Assurance Manager
Presented By	Chris Darling, Board Secretary

Purpose of the Report	For Noting
<b>Recommendation</b> The Digital Governance and Safety Committee is being asked to: <b>NOTE</b> the content of the update.	

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

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



Acronyms			
DHCW	Digital Health and Care Wales	NWSSP	NHS Wales Shared Services Partnership
PTR	Putting Things Right	SHA	Special Health Authority

## 1 SITUATION/BACKGROUND

- 1.1 Special Health Authorities (SHA) are not named bodies within the Putting Things Right regulations, as the regulations were initiated before the establishment of any SHA in Wales. Instead, DHCW worked with Welsh Government Policy Leads, and consulted NWSSP Legal and Risk Services and the Public Service Ombudsmen in developing a Policy for dealing with Concerns and Complaints, in the absence of being recognised by the PTR regulations, which was approved by the DHCW Board on the 1<sup>st</sup> April, this can be found via the link: [Handling Concerns and Complaints](#).
- 1.2 However, in order to be consistent in approach with other NHS organisations DHCW have committed to adopting the principles of the Putting Things Right regulations.
- 1.3 Putting Things Right (PTR) is guidance created for NHS organisations for dealing with concerns about serviced received from the NHS that reflect the content of The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011, more information on the PTR can be found via the link: [Putting Things Right Guidance](#)
- 1.4 The inclusion of SHA's in the regulations would explicitly name a SHA as a Responsible Body (as a Welsh NHS Body) within the PTR regulations. The Welsh Risk Pool position is that it generally expects DHCW (Special Health Authorities), where they are involved in a complaint / claim / redress matter, to be a supporting body within an investigation. It is generally felt that the Health Board or Trust who is responsible for the provision of patient care to the patient(s) affected is best placed to be the lead body and these organisations are more likely to have complaints-handling infrastructure which is patient facing.

## 2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 At the last Committee meeting the progress was reported with regard to DHCW or Special Health Authorities more specifically being named within the PTR regulations. There are a number of steps required in order for to happen:
  - Putting advice to the Minister to gain permission to change the legislation
  - If permission is given, instruct Welsh Government Legal Services to draft necessary amendment legislation
  - 12-week public consultation on the regulations (if required)
  - Get the Regulations checked, translated and laid

### 3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 Welsh Government policy leads are currently undergoing discussions with Health Education and Improvement Wales as the other SHA in Wales, these discussions will inform the next steps.
- 3.2 DHCW remain committed to following the principles of PTR in the interim for managing concerns and complaints and have initiated work on creating a Putting Things Right Policy ready for publication for if the legislation amendments are made. This will include a consultation period in line with requirements for all DHCW policies. Until any changes are made, DHCW will continue to use the approved Policy for the Handling of Concerns and Complaints.

### 4 RECOMMENDATION

The Digital Governance and Safety Committee is being asked to:

**NOTE** the content of the update

### 5 IMPACT ASSESSMENT

<b>STRATEGIC OBJECTIVE</b>	Delivering High Quality Digital Services
<b>CORPORATE RISK</b> (ref if appropriate)	
<b>WELL-BEING OF FUTURE GENERATIONS ACT</b>	A healthier Wales
If more than one standard applies, please list below:	
<b>DHCW QUALITY STANDARDS</b>	N/A
If more than one standard applies, please list below:	
<b>HEALTH CARE STANDARD</b>	Safe Care
If more than one standard applies, please list below: Effective Care Timely Care Governance, Leadership and Accountability	
<b>EQUALITY IMPACT ASSESSMENT STATEMENT</b>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A

**Statement:**

The EQIA will be undertaken on the finalised policy.

**APPROVAL/SCRUTINY ROUTE:**

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


COMMITTEE OR GROUP	DATE	OUTCOME
DG&S Committee	11.08.21	Putting Things Right Update noted.

**IMPACT ASSESSMENT**


<b>QUALITY AND SAFETY</b> IMPLICATIONS/IMPACT	Yes, please see detail below Following a national approach to managing concerns and complaints will help ensure quality and safety are of the highest priority as a learning organisation.
<b>LEGAL</b> IMPLICATIONS/IMPACT	Yes, please see detail below The report highlights the potential for the PTR legislation to be amended to recognise Special Health Authorities.
<b>FINANCIAL</b> IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report
<b>WORKFORCE</b> IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
<b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

## DIGITAL GOVERNANCE AND SAFETY COMMITTEE MEETING - PUBLIC

### MINUTES, DECISIONS & ACTIONS TO BE TAKEN

 13:00 to 16:00

 12/05/2021

 Location of Meeting

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

In attendance	Initials	Title	Organisation
Julie Ash	JA	Head of Corporate Services	DHCW
Sophie Fuller	SF	Corporate Governance and Assurance Manager	DHCW

Apologies	Title	Organisation
None	N/A	N/A

Confirmed minutes for the:  
Digital Governance & Safety Committee 12<sup>th</sup> May 2021 1

## Acronyms

DHCW	Digital Health and Care Wales	NWIS	NHS Wales Informatics Service
SHA	Special Health Authority	DG&S	Digital Governance and Safety
WIAG	Wales Informatics Assurance Group	CAB	Change Advisory Board
IG	Information Governance	ISD	Information Service Directorate
NEAG	Notifiable Events Assurance Group		

Item No	Item	Outcome	Action to Log
1	<b>PART 1 – PRELIMINARY MATTERS</b>	<b>Outcome</b>	<b>Action to Log</b>
1.1	<b>Welcome and Introductions</b> <p>The Chair welcomed the members and officers to the first meeting of the Digital Governance and Safety Committee outlining Digital Health and Care Wales’ commitment to open and transparent meetings. Meeting papers are published to the DHCW website 7 days in advance of the meeting for the public to review and the minutes of the meeting will be published as part of the pack for the next meeting in August. The Chair highlighted the busy agenda and outlined the expectations for the meeting, emphasising that should items need to be explored further, follow up sessions will be arranged to ensure good time keeping for this meeting.</p>	Noted	None to note
1.2	<b>Apologies for Absence</b> <p>There were no apologies for absence received.</p>	Noted	None to note
1.3	<b>Declarations of Interest</b> <p>There were no declarations of interest received.</p>	Noted	None to note
2	<b>PART 2 – MAIN AGENDA</b>	<b>Outcome</b>	<b>Action to Log</b>
2.1	<b>Digital Governance and Safety Terms of Reference</b> <p>The Chair outlined that as a new Committee with new Terms of Reference, an evolution is expected as the Committee’s understanding of its role and remit develops. The Chair noted that it would be important to understand in more detail the potential overlaps with the Audit and Assurance</p>	Approved	None to note

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	<p>Committee.</p> <p>The Chair reiterated the purpose of the Committee is assurance on behalf of and advice for the Board. Doing the right thing for the patients and stakeholders and providing advice to the Board for improvement.</p> <p>The Chair asked the Board Secretary, Chris Darling (CD) to talk members through the Terms of Reference. CD referenced the relevant sections of the Standing Orders within the remit of the Committee. CD noted the remit of the Committee outlined may be further developed as the roles and responsibilities becomes clearer, this in part due to the fact there is no equivalent Committee within NHS Wales to benchmark against. Work has been undertaken to date to establish the DHCW processes that are within the remit of the Committee in order to provide assurance to the Board, resulting in the Terms of Reference presented to the members and officers present.</p> <p>The Chair asked members for their comments or questions on the Terms of Reference. Members had been given opportunity to review the Terms of Reference prior to the meeting and there were no further comments or questions received.</p> <p><b>The Committee resolved to:</b></p> <p>Approve the Terms of Reference</p>		
2.2	<p><b>Committee Annual Cycle of Business and Forward Work Plan and Associated Dates</b></p> <p>The Chair asked CD to talk through the Annual Cycle of Committee Business and Forward Work Plan.</p> <p>CD explained the purpose of the Annual Cycle of Business, that was developed annually to outline the core items that the Committee can expect to see on a regular basis as well as on an annual or one-off basis. The item covers the next 12 months activity to help the Committee plan its meetings.</p> <p>CD explained that the Forward Work Plan is expected to be a fluid document to aid in work planning. CD has asked colleagues to do some horizon scanning within their areas of responsibility to help guide the content of this document for the next 6 to 9 months. This would highlight areas that this Committee should be sighted on and review any areas that might be missing.</p> <p>CD outlined the different sections of the Annual Cycle of Business, highlighting the Committee Chair's Report for Board, received by the SHA Board following a Committee meeting. This report is an avenue to escalate issues and</p>	Approved	Update Annual Cycle of Business to reflect accurate leads of each item.

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	<p>outline the actions taken by the Committee. The Digital Governance and Safety Performance and Assurance Section sets out the assurance reports in high-level terms and it is important for Committee members to consider content requirements for these reports in order for them to provide assurance to the Committee.</p> <p>The Chair asked Committee members for any comments or questions on the Annual Cycle of Business/Forward Work Plan. The Deputy Director of Information, Rachael Powell (RP) commented that in the table included in the paper, The Medical Director, Rhidian Hurle's (RH) lead areas of responsibility need to be switched so that RH is the lead for the Informatics Assurance report and RP is the lead for the Information report.</p> <p><b>ACTION – 20210512-A01</b> Update Annual Cycle of Business to reflect accurate leads of each item.</p> <p><b>The Committee resolved to:</b></p> <p>Approve the Annual Cycle of Business and note the Forward Work Plan.</p>		
2.3	<p><b>Velindre Quality, Safety and Performance Committee Closure Report</b></p> <p>The Chair asked RH to talk members through the report.</p> <p>RH explained any incidents recorded during the governance period under Velindre University NHS Trust when formally closed are to go to their Quality, Safety and Performance Committee with the appropriate assurance and the learning from those events having been captured.</p> <p>RH invited CD to add any pertinent information for the Committee.</p> <p>CD outlined the historic governance processes in place for NHS Wales Informatics Service (NWIS), DHCW's predecessor. NWIS was established on 1 April 2010 and under the hosting arrangement with Velindre University NHS Trust, part of the agreement was for NWIS to provide evidence of assurance through Velindre's Audit Committee and Quality, Safety and Performance Committee. Items went to Velindre Board meetings as necessary.</p> <p>CD explained that as part of the SHA transition project, a Committee structure had been developed to reflect DHCW's Standing Orders and the previous assurance activity will now sit under the new structure. CD informed the Committee the DHCW Chair, Bob Hudson had met both Velindre Committee Chairs and no issues/risks had been identified regarding the handover of Committee arrangements from</p>	Noted	

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<p>Velindre to DHCW.</p> <p>CD highlighted within item 2.3i, table 3.1 was helpful for understanding previous reporting lines to Velindre University NHS Trust. Those items reported to the Velindre Audit Committee would now fall under the remit of the DHCW Audit and Assurance Committee and others would come to DHCW Digital Governance and Safety Committee.</p> <p>CD explained that item 2.3i section 4.1 summarises no outstanding Velindre Audit Committee actions at the point of transfer to DHCW. But several actions would remain on the DHCW Audit Tracker and be monitored and managed by the DHCW Audit and Assurance Committee moving forward. CD noted two audit reports not reported to the Velindre Audit Committee, but both were reported through the DHCW Audit and Assurance Committee meeting on 11<sup>th</sup> May 2021. They will also be received by the Velindre University NHS Trust Audit Committee as the work formed part of the plan for NWIS whilst under hosting arrangements.</p> <p>The handover report did highlight an action regarding the Microsoft Teams tenancy issues. CD invited Darren Lloyd (Head of Information Governance) to provide a verbal update.</p> <p>DL explained that Microsoft 365 covers the majority of NHS Wales services. The issue raised is that tenancy access settings meant Health Board and Trusts were able to see information outside their organisation but still within the tenancy. There was an expectation that documents saved on SharePoint sites were private, but it was discovered that access was wider than the organisation. DL informed Committee members that a large amount of work had been carried out in order to understand the extent of the problem and the issue had affected over 600 sites across NHS Wales so work was underway to make sure that they were made private and that the organisations affected were made aware of the issue. The incident had been reported to the Information Commissions Office. DL stated that the team had been asked to complete a closure report, this will be provided to Velindre Quality, Safety and Performance Committee in readiness for their next meeting. The closure report for this action would also come back to the next Digital Governance and Safety Committee meeting.</p> <p>The Chair asked whether that was the only outstanding action pertaining to this committee to which DL confirmed it was.</p> <p><b>ACTION – 20210512-A02:</b> Update and closure of Microsoft Tenancy issue to come back to the next DG&amp;S Committee</p>		<p>Update and closure of Microsoft Tenancy issue to come back to the next DG&amp;S Committee meeting</p>
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	<p>meeting.</p> <p><b>The Committee resolved to:</b></p> <p>Note the contents of the report</p>		
2.4	<p><b>Wales Informatics Assurance Presentation</b></p> <p>The Chair invited RH to talk members through the presentation.</p> <p>RH outlined the assurance process involved in systems readiness for the live environment. This included the settings in which this process applied, the personnel and areas involved in the Wales Informatics Assurance process including the Wales Informatics Assurance Group (WIAG), a collection of different disciplines who provide assurance for the proposed systems.</p> <p>WIAG use a number of templates and approval processes to provide robust scrutiny and review of proposed systems as outlined in the slide pack.</p> <p>The Chair asked RH where the DG&amp;S Committee would slot into that process in terms of approval and go live. The Chair stated that it would be good to understand better the timelines, key milestones and approvals within the process.</p> <p>RH explained there are a number of initiators for the assurance process, one of those being a change to a system. This would be actioned as part of the service's own Change Advisory Board (CAB) if the service is live. They are variable in terms of frequency, depending on the product but that there are currently over 70 live systems running across NHS Wales.</p> <p>Regarding the sign off of the Safety Case and Readiness Report, this operational sign off lays with the DHCW Medical Director. This would involve ensuring the appropriate steps had been undertaken throughout the process to assure the product was in readiness for go-live and providing that feedback to DHCW Directors. RH explained that, if for any reason he was not willing to sign off a release, it would be escalated to the Chief Executive.</p> <p>WIAG does not only consist of DHCW members, it is important to note that there is external scrutiny through a number of pathways that would flag any issues and risks as it goes through the process.</p> <p>The Chair asked Committee members for any questions or comments on the presentation.</p> <p>David Selway (DS) commented that when going through the presentation, there was no mention of verification of</p>	Discussed	<p>Board Secretary to meet with the Chair of the Audit and Assurance Committee and Digital Governance and Safety to define the reporting requirements for each Committee to ensure efficiency of reporting.</p>

	<p>validation. RH commented that Slide 5 of the presentation highlighted this and the individuals that have responsibility as part of the assurance process.</p> <p>DS asked whether there is software that requires independent validation. RH replied that currently DHCW are considered able to self-validate the software it produces, but the Quality and Regulatory team are working to understand what the potential impact of the Medical Devices Regulation may have in terms of future validation of software. The current understanding is that the UK Regulation will be closely aligned to the European regulation. It is understood that algorithms having a diagnostic function will have to be independently regulated.</p> <p>Carwyn Lloyd-Jones (CLJ) responded to DS that one of our systems has extended validation and we undertake that work for that system as part of the Medicines and Healthcare Products Regulatory Agency (MHRA) regulations for pathology systems.</p> <p>Rowan Gardner (RG) commented that this was a challenging area as the regulations are always changing and as the UK has now left the EU, parity may not continue. RG also commented that the EU had announced a new directive on regulating Artificial Intelligence and logical knowledge-based systems so the type that might be used in the future. RG suggested that this might be something to be reviewed regularly on the work plan.</p> <p>CD commented that the role of the DG&amp;S Committee in relation to informatics assurance is to assure that the systems and processes are operating as they should.</p> <p><b>ACTION – 20210512 – A03:</b> Board Secretary to meet with the Chair of the Audit and Assurance Committee and Digital Governance and Safety to define the reporting requirements for each Committee to ensure efficiency of reporting.</p> <p><b>The Committee resolved to:</b></p> <p>Note and discuss the content of the presentation</p>		
2.5	<p><b>Information Governance Presentation</b></p> <p>The Chair invited DL to talk Committee members through the presentation.</p> <p>DL set out the role of Information Governance in DHCW. The approach is three tiered. DHCW has a role to ensure that in relation to national information governance, there is a strategy and a model moving forward. DHCW's responsibility is to ensure that services and systems and the associated stakeholders are assured a model is in place that</p>	Approved	None to note

ensures confidentiality, data protection and the rights of individual residents and patients in Wales. Welsh residents and patients need to be assured that their information is safe and secure. DL explained that there have been and continue to be a large amount of discussion with various groups and stakeholders such as the Information Commissions Office, stakeholders, GPC Wales, BMA, Health Boards and Trusts, in order to provide confidence in the system. DL explained in order to share information at the point of care, DHCW are required to have an assurance model that gives confidence within the system that information being shared across many services and systems is secure. Confidence in the robust management of Information Governance allows information sharing to take place more robustly and routinely.

The second element is to have tools available to make sure that assurance is transparent and well documented. DHCW will be making sure that tools are available to health and social care and those delivering NHS Wales services.

The third element is corporate compliance. DHCW can perform to those requirements and is complying with the information agenda as an organisation. In terms of assurance process, DL explained that when designing a system, it is with privacy in mind i.e. the Welsh Patient Administration system. DL explained that systems are designed with access control and auditability as an underlying pillar because information sharing has to be routine and multi-faceted and not geographically constrained in anyway.

DL relayed the complexity of information management and the fine line of balancing promoting information sharing but also promoting the protection of the information that is being shared at the point of contact.

DL then referenced item 2.5ii the Information Governance Strategy. The paper outlined to the Committee the roles and responsibilities and how products and services are delivered as the organisation responsible for them. DL explained that the statutory functions are quite high level and responsibilities around information governance have not been policy led or mandated by Welsh Government to date. DL informed the group that the main pillars of the strategy are:

- Continuity of products and assurance models to make sure that the service can use them.
- Information sharing with Health Boards, Trusts and Primary Care, it is key for DHCW to understand the

	<p>wider requirement of the services to provide the definition of DHCW's wider NHS roles and responsibilities.</p> <p>The Chair suggested that it would be helpful to have a deeper understanding of this over the next couple of meetings, particularly with compliance to the standards and support.</p> <p>The Chair thanked DL for his presentation. The Chair stated that it would be beneficial to understand more about the compliance process and how that would be measured. The Chair also stated that it would be very helpful to understand the ultimate ownership and data governance.</p> <p>RG commented that DL had said that the systems were designed for privacy and asked about privacy standards. DL replied that the main standard DHCW respond to is the data protection regulations. There are areas of compliance that are around the individual and what safeguards are in place when information being shared. DL was assured that DHCW compliance around General Data Protection Regulations (GDPR) which had been measured by internal audit is robust.</p> <p>Julie Ash (JA) noted that we do hold ISO 27001 certification for our infrastructure systems and would be happy to provide any background on that at future meetings.</p> <p>The Chair stated that it would be good to get an understanding of the workload and risks over the next 6 months. DL explained he is working with Welsh Government to confirm our information responsibilities and what DHCW are legally and formally responsible for. It would be important for Independent Members to be sighted on risks and challenges going forward and DL would be happy to have another item on the Committee agenda in future to discuss in more detail.</p> <p>The Chair commented that from a transparency perspective Independent Members need to understand the risks and compliance concerns, ownership and remit in directing versus advising other NHS bodies.</p> <p><b>The Committee resolved to:</b></p> <p>Approve the strategy and note the presentation</p>		
2.6	<b>Comfort break</b>		
2.7	<p><b>Information Services Presentation</b></p> <p>The Chair asked Rachael Powell to take Committee members through the Information Services presentation.</p> <p>RP outlined that she would provide an overview of what</p>	Discussed	None to note

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DHCW do with information, the team responsibilities and the assurance and governance arrangements in place to oversee the information function.

RP explained that the Information Services Directorate role is to give context and scope around information handling and processing within DHCW. The Information Services Directorate (ISD) is made up of almost 60 information professionals with responsibility for data collection/acquisition; storage and warehousing of data; processing of data. Analysis, modelling and reporting of information that includes all Wales data flows for a range of purposes is undertaken.

ISD also produce a range of data products and visualisations such as dashboards, health maps, web apps and portals.

In terms of scope, RP explained that the DHCW data warehouse holds over 30 years of data sets, which include a range of activity from maternity to primary and community pre-hospital data. Covid-19 has been significant from a data perspective, not just due to the information we were expected to provide, but the frequency of the provision. Some information going from monthly requirement to daily reporting. Access to timely information became a necessary and vital part of key decision making for the pandemic response on a national level. The Information Services Directorate has transformed into a 7 day a week real time information service.

RP explained that the Information Services Directorate Assurance Group acts as the main reviewing body. This includes a range of disciplines and feeds into the Wales informatics Assurance process.

The group's part in the assurance process aims to identify information requirements at an early stage and to review throughout the project. Areas for focus are identifying data storage requirements, what relevant data and information standards already exist, data quality improvement opportunities and advising on the selection of the right data and information standards to improve the project outcome.

In addition to the ISD Assurance Group, ISD have other groups that oversee the processing arrangements with regard to information, an indicative list is on slide 3 of the presentation.

As the new organisation grows and expands, ISD will develop the group further to ensure more data products are taken through the group for assurance. Including the Microsoft 365 Power BI tool and the information used to create those

<p>dashboards.</p> <p>RP explained risk is managed through the ISD Management Group via a risk register working with the Risk Management Group to escalate to a corporate level where appropriate.</p> <p>RP informed the Committee of the specific information assurance and governance work required with the development of a dedicated research and innovation function. RP suggested bringing the proposed assurance and governance processes for this new workstream to the Committee for information.</p> <p>Lastly RP explained that DHCW became an official statistics producing body when the new body came into being on 1 April 2021.</p> <p>The Chair asked whether there is a clear Service Level Agreement (SLA) with regard to the responsibilities of DHCW in this new role?</p> <p>RP stated that they work closely with stakeholders and will continue to do so but in new territory as an official statistics producing body, the onus is on DHCW to be clear and consistent in terms of defining risks and responsibilities and being clear on what our role and remit is within the Committee.</p> <p>The Chair reiterated the work ahead in understanding the remit and responsibility of the Committee and being able to measure DHCW's compliance in order to give assurance that the organisation is governing appropriately for patients.</p> <p>RG raised the approach to risk management. RG commented that we can't assure what we can't see so there is a missing piece about what elements need to be brought to this Committee. It would be helpful to see a policy on this in the future.</p> <p>RP explained the Board Secretary will be further developing the Risk Management process for DHCW but the Information Services report will contain the risks and details of their management for review by the Committee.</p> <p>CD responded to RG to say item 2.10 should address the proposed question. CD agreed that it would be important that DG&amp;S Committee members are sighted on the risks and the mitigating actions that are being taken.</p> <p>The Chair thanked RP for the presentation.</p> <p><b>The Committee resolved to:</b></p> <p>Note and discuss the content of the presentation</p>		
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2.8	<p><b>Notifiable Events Assurance Presentation</b></p> <p>The Chair asked RH to present item 2.8.</p> <p>RH gave an overview of the report, item 2.8 highlighting section 1.2 which outlines the assessment of incidents from a local level and escalated to subject matter experts when they meet criteria as defined in the localised area procedure. This triggers the notifiable events assurance procedure.</p> <p>The purpose of the notifiable events assurance process is to ensure the appropriate review, notification and investigation and communication of the learning from investigations. Communications are received through a number of different mechanisms for example service point/service desk. An assessment is made based on what is known at the time on how the incident should be categorised. RH explained that there were agreed mechanisms for escalation to Welsh Government.</p> <p>RH explained that there are performance indicators in terms of timeframes when certain things should be done. RH stated that the aim is to complete documentation and learning within 60 days but there are occasions when the problem is identified but investigations into whether there was harm caused can take longer than 60 days to reach a conclusion. RH explained that this is dependent on a number of factors including the number of people / health boards that were affected by the issue.</p> <p>The Chair asked in relation to slide 5, whether the incident management process has various severity to them? On the process where do the captured learnings and actions get reported to?</p> <p>RH replied that information is shared with the individual/organisation with those affected but is also shared through the clinical structures such as Welsh Clinical Informatics Council. There are some incidents where wide engagement is required.</p> <p>CLJ explained that historically there have been two parallel processes. One dealing with incidents that affect the patients or where there is a clinical risk associated, they have been managed through the process that Welsh Government have for notification of clinical incidents. In parallel to that there is an incident management process, for technical faults with systems. The outcomes from reports for the notifiable events are recorded on the Quality Improvement Action List and tracked until closed. The purpose of the new Notifiable Events Assurance Group (NEAG) is to provide management and assurance that the</p>	Discussed	RH to give RG access to the log of notifiable events
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	<p>process is being managed to conclusion and lessons learned are identified and acted upon.</p> <p>RG asked how many notifiable events would be routinely be dealt with through this process in twelve months? RH replied that they are usually low figures, often single figures, but the complexity of the events varied. RH stated that he can share access to that information.</p> <p>RG also asked whether, because we are deploying complex integrated systems across different organisations that may have different infrastructure, there are deployment challenges in terms of chasing down root causes. RG asked whether that was because we are supporting a number of different operating systems?</p> <p>CLJ replied we don't have much diversity in terms of the operating systems being used as most of the NHS network uses Microsoft Windows. However, there was much more diversity in relation to the versions used within organisations with some using older versions.</p> <p>RH commented that if the infrastructure within the Health Boards used internet explorer versions for example, our operational software needs to maintain compatibility with a range of years which is additional pressure on the infrastructure resources.</p> <p>The Chair stated that understanding the range of versions in place through the NHS network would be something that should be highlighted for this Committee. This will be picked up as one of the areas for review, it would highlight where we might not be able to assure ongoing support and safety.</p> <p><b>ACTION – 20210512 – A04:</b> RH to give RG access to the log of notifiable events</p> <p><b>The Committee resolved to:</b></p> <p>Note and discuss the presentation.</p>		
2.9	<p><b>EU Settlement Status Report</b></p> <p>DL was asked by the Chair to talk to the prepared report.</p> <p>DL outlined the emerging requirement at the end of 2019/20 for Wales to assimilate data from the Home Office on an individual's settled status so consideration could be made if charges for NHS treatment applied or not. This information is routinely made available by the Home Office because it is part of a settled status requirement for any person coming to the UK. Our status within the EU has changed due to Brexit and the assessment for charging is changing due to transition arrangements. Health Boards and Trusts do not</p>	Discussed	DL to provide status update at next Committee meeting



	<p>currently have robust processes in place to check on the settled status of individuals in order to apply any charges that may be required. Welsh Government asked DHCW to be the responsible body for Wales for receiving the relevant information from the Home Office (via NHS Digital in England) to be relayed to Health Boards and Trusts in Wales.</p> <p>DL explained to date the issue had been that DHCW were not a Statutory Body. Now DHCW has established as a Statutory Body, the appropriate governance arrangements have been actioned and the final sign off process is in motion. The Section 255 requires NHS Digital approval before signing off by the DHCW Chief Executive and the data transfer can be actioned.</p> <p>A Memorandum of Understanding will be in place between the Home Office, NHS Digital and DHCW in order to sign off the technical and financial arrangements and to take receipt of that data.</p> <p>DL outlined the data transformation requirements in order to share with the Health Boards and Trusts, this work is underway.</p> <p>In terms of the Committee's roles and responsibilities, DL proposed it would be assurance the process is progressing, and the appropriate technical and governance arrangements are signed off and finalised. The Chair asked DL to give an update at the next Committee meeting on where we are with the process.</p> <p><b>ACTION – 20210512-A05:</b> DL to provide status update at next Committee meeting</p> <p><b>The Committee resolved to:</b></p> <p>Note the content of the report and discuss the item</p>		
2.10	<p><b>Risk Management Report</b></p> <p>CD stated that the purpose of this item was to update Committee members on the proposed approach to risk management.</p> <p>CD explained that as an organization, DHCW has adopted the approach to risk management previously used by NWIS through Velindre's risk management policy. This was adopted by the DHCW Board on 1<sup>st</sup> April 2021.</p> <p>CD talked through the Risk Management and Board Assurance Framework Strategy recently developed and discussed and endorsed by the Audit and Assurance Committee on 11 May 2021. The strategy builds on the foundations that were in place for risk management in NWIS</p>	Discussed	Present a draft version of the risk report to the Chair for review before the next Committee meeting

but expands the remit of risk management recognising that DHCW is now a statutory body. It identifies the roles and responsibilities for Board and Committees within DHCW and extends from risk to include risk and Board assurance.

CD explained that section 2.2 within the report, showed the Audit and Assurance Committee having a specific role in reviewing the effectiveness of the systems and internal controls for the management of risk and Board assurance. However, the Strategy sets out that all Committees have a role to play in ensuring effective risk management and the escalation arrangements with risks being assigned to Committees.

CD also highlighted the journey that the organisation would need to go on in relation to defining the organisation's risk appetite and its approach to defining and managing the key risks to DHCW's strategic objectives.

CD indicated section 2.10i is an indicative list of potential risks that could be assigned to this Committee extracted from the current Corporate Risk Register.

The Chair commented that it would be helpful to understand the methodology on how the risks were selected and the criteria going forward and some thoughts as to how they would be presented and the frequency.

DS commented that he had found the Risk Management and Board Assurance Framework Strategy a useful document that describes how we arrive at the ranking of 1 – 25 and would share the link to the document with the Chair and RG.

JA commented that DHCW has a Corporate Risk Register and there are other registers that are held at different levels within the organization i.e. at Department and Directorate level. JA explained that currently, anything that effects the organisation as a whole, such as a reputational issue or something that can't be managed at the Directorate level, would be escalated on to the Corporate Risk Register. JA stated that there were here are currently 21 risks at the corporate level.

In response to the Chair's question on how the risks were identified, JA reviewed the Corporate Risk Register and identified areas within the remit of the Committee including clinical, information governance and service interruption.

JA and Leads briefly went through the Risks before the Chair opened it up for questions and discussions from Committee members.


RG commented about how the risks were currently presented and some suggested changes including 'date the

	<p>risk was entered on the risk register’.</p> <p>It was noted that if known mitigating actions are not chosen for action, for example, should financial support be able to mitigate the risk, it would be helpful to add that detail in order to provide a fuller picture</p> <p>The Chair commented that it would be useful to know the size of the risk i.e. how many people would be affected by something. The Chair asked if JA, with others, could start thinking about making the document more comprehensive.</p> <p>CD commented that the Datix system that captures the risks has a lot of information that could be pulled through so between now and the next Committee meeting, work would be done to test out different formats of presenting the information.</p> <p><b>ACTION – 20210512-A06:</b> Present a draft version of the risk report to the Chair for review before the next Committee meeting</p> <p><b>The Committee resolved to:</b></p> <p>Note the content of the report and endorse the proposed approach.</p>		
3	<b>CLOSING MATTERS</b>		
3.1	<p><b>Any other Urgent Business</b></p> <p>No other urgent business was raised.</p>	Discussed	None to note
3.2	<p><b>Items for Chair’s Report to the Board</b></p> <p>Items for inclusion in the Chair’s report were noted as per the actions taken for each item.</p> <p>The Chair highlighted the three key themes emerging from the Committee meeting:</p> <p>Work is required to ensure the remit of the Committee is clear to create compliance and assurance going forward.</p> <p>Working to understand the authority of DHCW going forward and how this Committee supports that authority in terms of identifying concerns, highlighting non-compliance, highlighting risk due to potential funding or resource issues. As a team it would be good to understand how we can help to get clarity in a complex environment.</p> <p>Defining the reporting rhythm that will be provided in the planned assurance reports from the officer members.</p>	Noted	None to note

3.3	Date and Time of Next Meeting – Wednesday 11th August 1-5pm	Noted	None to note
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## DIGITAL GOVERNANCE AND SAFETY COMMITTEE MEETING – PRIVATE ABRIDGED VERSION

### MINUTES, DECISIONS & ACTIONS TO BE TAKEN

 16:00 to 17:00

 11/08/2021

 Teams

Chair	Siân Doyle
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Present (Members)	Initials	Title	Organisation
Siân Doyle	SD	Independent Member, Chair of the Digital Governance and Safety Committee	DHCW
Rowan Gardner	RG	Independent Member, Vice Chair of the Digital Governance and Safety Committee	DHCW
David Selway	DS	Independent Member	DHCW
Carwyn Lloyd Jones	CLJ	Director of Information and Communication Technology	DHCW
Rachael Powell	RP	Deputy Director of Information	DHCW
Chris Darling	CD	Board Secretary	DHCW
Darren Lloyd	DL	Head of Information Governance	DHCW
Michelle Sell	MS	Chief Operating Officer	DHCW

In Attendance	Initials	Title	Organisation
Julie Ash	JA	Head of Corporate Services	DHCW
Paul Evans	PE	Assistant Head of Clinical & Informatics Assurance	DHCW
Sophie Fuller	SF	Corporate Governance and Assurance Manager	DHCW
Jamie Graham	JG	Infrastructure Programme Manager	DHCW

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Darren Griffiths	DG	Audit Wales Representative	Audit Wales
Laura Tolley	LT	Corporate Governance Co-ordinator (Secretariat)	DHCW

Apologies	Title	Organisation
Rhidian Hurle	RH	Executive Medical Director

## Acronyms

DHCW	Digital Health and Care Wales	NWIS	NHS Wales Informatics Service
SHA	Special Health Authority	DG&S	Digital Governance and Safety

Item No	Item	Outcome	Action to Log
1	<b>PART 1 – PRELIMINARY MATTERS</b>		
1.1	<b>Welcome and Introductions</b> Siân Doyle (SD) welcomed the members and attendees to the second private session of the Digital Governance and Safety Committee.	Noted	None to note
1.2	<b>Apologies for Absence</b> Apologies for absence were noted.	Noted	None to note
1.3	<b>Declarations of Interest</b> There were no declarations of interest received.	Noted	None to note
2	<b>PART 2 – MAIN AGENDA</b>	<b>Outcome</b>	<b>Action to Log</b>
2.1	<b>Minutes of the Last Private Meeting held on 12<sup>th</sup> May 2021</b> The Digital Governance and Safety Committee reviewed the minutes of the last private meeting held on 12 <sup>th</sup> May 2021. <b>The Digital Governance and Safety Committee resolved to:</b> Approve the Minutes of the Last Private Meeting held on 12 <sup>th</sup> May 2021.	Approved	None to note
2.2	<b>Action Log</b> There were no actions to review.	Noted	None to note

Unconfirmed minutes for the:  
Digital Governance & Safety Private Committee 11<sup>th</sup> August 2021 – Abridged Version

2.3	<p><b>Audit Wales All Wales Cyber Report</b></p> <p>SD thanked Audit Wales for the interesting report and introduced Darren Griffiths (DG), Audit Wales to present the report.</p> <p>DG thanked the Committee for the opportunity to attend and present the Audit Wales All Wales Cyber Report.</p> <p>DG confirmed that Audit Wales had published a confidential report on cyber resilience in January 2021. DG explained that usually all Audit Wales reports would be published publicly, however due to the sensitive nature of the report, advice had been sought from the UK National Cyber Centre who advised the report should not be discussed in public or published online.</p> <p>DG explained that the report was a high level review of cyber resilience in the public sector in Wales and targeted senior decision makers at Board level. The aim was to reiterate the importance of cyber resilience and encouraging them to reflect on their own responsibilities, in addition to their organisational arrangements.</p> <p>SD explained that an All-Wales Quality &amp; Safety Chairs Peer Group Meeting was planned for December 2021, in her role attending this group she would raise the critical importance of cyber security and resilience at this meeting with the support of JG and CLJ.</p> <p>SD CD, CLJ and JG agreed to discuss and decide what cyber security update/information could be taken to the Public SHA Board for information in September 2021.</p> <p>It was agreed a session on Cyber Security would be included at a future Board Development Session.</p> <p><b>The Digital Governance and Safety Committee resolved to:</b></p> <p>Note the Audit Wales All Wales Cyber Report.</p>	Noted	
2.4	<p><b>DHCW Cyber Security Report including Corporate Risk Register – Cyber Security Risks</b></p> <p>CLJ introduced the report and provided comprehensive updates on the cyber security work taking place.</p> <p>In addition, HT provided a comprehensive update on <b>DHCW0204 – CANISC System</b></p> <p><b>The Digital Governance &amp; Safety Committee resolved to:</b></p> <p>Note the report for assurance.</p>	Noted for Assurance	
3	<b>PART 3 – CLOSING MATTERS</b>	<b>Outcome</b>	<b>Action to Log</b>

Unconfirmed minutes for the:  
Digital Governance & Safety Private Committee 11<sup>th</sup> August 2021 – Abridged Version

3.1	<b>Any other Urgent Business</b> No other urgent business was raised.	None to note	Note to note
3.2	<b>Items for Chair's Report to the Board</b> Items for inclusion in the Chair's report were noted as per the actions taken for each item.	Noted	None to note
3.3	<b>Date and Time of Next Meeting</b> Wednesday 10 <sup>th</sup> November 2021 16:00 -17:00 Microsoft Teams	Noted	None to note



Reference	Date of Meeting	Action/Decision	Action Lead	Due Date	Status/Outcome Narrative	Status	Revised action	Revised due date
							No further action on this work for Information Governance / Clinical Directorate, update on position and ownership to be provided at November meeting.	
20210512-A05	12/05/2021	DL to provide update on EU Settlement Status at next Committee meeting	Darren Lloyd (DHCW - Information Governance)	11/08/2021	This will be presented at the November meeting	Complete		10/11/2021
20210811-A01	11/08/2021	Risk Stratification Approach to the Shielded Patient List be presented at the next Committee meeting	Rachael Powell (DHCW - Deputy Director of Information)	10/11/2021	Deep dive of Shielded Patient List risk to take place at November Committee meeting.	Complete		
20210811 – A02	11/08/2021	NDR Work Plan be presented at the next Committee meeting for information.	Rachael Powell (DHCW - Deputy Director of Information)	10/11/2021	Presented to November Meeting	Complete		
20210811 – A03	11/08/2021	Incident Review & Organisational Learning Group terms of reference be brought for approval at the next Committee Meeting	Michelle Sell (DHCW – Chief Operating Officer)	10/11/2021	Presented to November Meeting	Complete		
20210811 – A05	11/08/2021	Information Governance Toolkit Benchmarking between DHCW and other Health Boards, Trusts and SHA's be brought back for information.	Darren Lloyd (DHCW - Information Governance)	10/11/2021	Update provided as an appendix to the Information Governance report presented at November meeting	Underway		
20210811 – A07	11/08/2021	Risk scoring scale be included within the risk register going forward.	Chris Darling (DHCW – Board Secretary)	10/11/2021	Added to risk report plan 17/08/21	Complete		
20210811 – A04	11/08/2021	Explore if moving to a Cloud Strategy would impact Information Assest register and report back at next Committee meeting.	Darren Lloyd (DHCW - Information Governance)	10/11/2021	Reviewed Cloud Strategy, this has no impact on the Information Asset Register work.	Complete		
20210811 - A06	11/08/2021	A deep dive on Risk DHCW0263 - DHCW Functions - at the next Committee Meeting	Darren Lloyd (DHCW - Information Governance)	10/11/2021	To be provided as part of wider deep dive of all risks (Action ref 2.4 of November)	Complete		

## DIGITAL HEALTH AND CARE WALES POLICY UPDATE REPORT

Agenda Item	3.3
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	15 November 2021

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

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Laura Tolley, Corporate Governance Co-ordinator
Presented By	Chris Darling, Board Secretary

Purpose of the Report	For Approval
Recommendation	
The Digital Governance and Safety Committee is being asked to:	
<b>APPROVE</b> the policy included in the report as items 3.3i and <b>NOTE</b> the update provided.	

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

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

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
LPF	Local Partnership Forum		

## 1 SITUATION/BACKGROUND

- 1.1 DHCW have a number of policies, procedures and processes that help manage the running of the Organisation by outlining responsibilities related to legislation, accreditation and regulation.
- 1.2 There were a number of policies identified by the Welsh Government as a requirement for the transition to a Special Health Authority. The inaugural Board meeting identified 11 remaining policies to be created. A task and finish group were established to create and finalise the policies which are listed below:
  - Communications and Media Management Policy including:
    - SM and MP Correspondence - Procedure for responding to enquiries
    - Procedure for Media Filming, Recording and Photography
    - Media Enquiries Procedure
  - Communications and Engagement Strategy
  - Anti-Malware Policy
  - Intellectual Property Policy
  - Welsh Language Scheme
  - Capital Management Procedure
  - Research and Development Strategy
  - Security and Counter Terrorism Policy
  - Relocation expenses policy

## 2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 The below policy is from the list of 11 identified by the SHA Board and is included for approval as item 3.3i:

### Item 3.3i Anti Malware Policy

This Policy has been out for staff consultation and no comments have been received. The Policy was presented to the Local Partnership Forum in October, approved by Management Board in October and is presented to the DG&S Committee for approval.

### 3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 Please note the change in timescales to the presentation of the following Policies and Procedures, it is anticipated these policies will be presented at the February Digital Governance and Safety Committee Meeting:

- Research and Innovation Strategy
- Intellectual Property Policy

### 4 RECOMMENDATION

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

**APPROVE** the policy included in the report as items 3.3i and **NOTE** the updates provided.

### 5 IMPACT ASSESSMENT

<b>STRATEGIC OBJECTIVE</b>	Delivering High Quality Digital Services
<b>CORPORATE RISK</b> (ref if appropriate)	
<b>WELL-BEING OF FUTURE GENERATIONS ACT</b>	A healthier Wales
If more than one standard applies, please list below:	
<b>DHCW QUALITY STANDARDS</b>	N/A
If more than one standard applies, please list below: All Standards rely on policy information.	
<b>HEALTH CARE STANDARD</b>	Governance, leadership and accountability
If more than one standard applies, please list below: Effective Care	
<b>EQUALITY IMPACT ASSESSMENT STATEMENT</b>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: N/A	

## APPROVAL/SCRUTINY ROUTE:

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

COMMITTEE OR GROUP	DATE	OUTCOME
Policy Task and Finish Group	18 August 2021	Reviewed
Policy Task and Finish Group	22 September 2021	Reviewed
Local Partnership Forum	12 October	Noted
Management Board	21 October	Approved

•

## IMPACT ASSESSMENT

<b>QUALITY AND SAFETY</b> IMPLICATIONS/IMPACT	Yes, please see detail below
	The Security and Counter Terrorism policy promote safe working practices.
<b>LEGAL</b> IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
<b>FINANCIAL</b> IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report
<b>WORKFORCE</b> IMPLICATION/IMPACT	Yes, please see detail below
	The policy outlines responsibilities of staff in their approach to security.
<b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

<ID Reference>

## DIGITAL HEALTH AND CARE WALES

### ANTI-MALWARE POLICY

The purpose of this policy is to define how Digital Health and Care Wales (DHCW) will implement anti-malware provisions to cover the managed infrastructure.

<b>Document Version</b>	1.0
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<b>Status</b>	Draft
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Document author:	Julian Jones
Approved by:	Jamie Graham
Date approved:	
Review date:	

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

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

<b>STRATEGIC OBJECTIVE</b>	Delivering High Quality Digital Services
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<b><u>WELL-BEING OF FUTURE GENERATIONS ACT</u></b>	A resilient Wales
If more than one standard applies, please list below:	

<b><u>DHCW QUALITY STANDARDS</u></b>	ISO 27001
If more than one standard applies, please list below:	

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

<b><u>EQUALITY IMPACT ASSESSMENT STATEMENT</u></b>	Date of submission:
Choose an item.	Outcome:
Statement:	

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

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



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## 1 DOCUMENT HISTORY

### 1.1 REVISION HISTORY

Date	Version	Author	Revision Summary
17/11/2020	-	Donald Kennedy	NWIS Anti-Virus Procedure
08/07/2021	1.0	Julian Jones	Revised existing procedure into DHCW Policy

### 1.2 REVIEWERS

This document requires the following reviews:

Date	Version	Name	Position

### 1.3 AUTHORISATION

Signing of this document indicates acceptance of its contents.

<b>Author's Name:</b>	Julian Jones		
<b>Role:</b>	Cyber Security Operations Lead		
<b>Signature:</b>		<b>Date:</b>	

<b>Approver's Name:</b>	Jamie Graham		
<b>Role:</b>	Head of Cyber Security (interim)		
<b>Signature:</b>		<b>Date:</b>	

### 1.4 DOCUMENT LOCATION

Type	Location
Electronic	

## 2 INTRODUCTION

For the purpose of this Policy, all forms of malicious code or software created with the specific intent of disrupting the operation of network devices, computer systems or computer controlled equipment, will be referred to as 'malware'.

Malware and virus are sometimes used to mean the same - however the term 'malware' is used collectively to denote many types of malicious software, including viruses, ransomware, worms, trojans, macros, mail bombs and rootkits.

While a virus is a type of malware, not all forms of malware are viruses.

## 3 PURPOSE

The purpose of this policy is to define how Digital Health and Care Wales (DHCW) will implement anti-malware provisions to cover our managed infrastructure.

It clarifies the responsibilities of all parties involved in ensuring that systems and services are protected from malware and kept suitably updated.

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

## 4 SCOPE OF POLICY

The DHCW Anti-Malware policy applies to all managed computer systems (including Servers, PCs, Laptops and other devices) used within DHCW.

It describes the responsibilities of the DHCW workforce including staff, students, trainees, secondees, volunteers, contracted third parties and any persons undertaking duties on behalf of DHCW in safeguarding the infrastructure and services from malware infection.

## 5 ROLES AND RESPONSIBILITIES

### 5.1 THE ORGANISATION

The organisation responsibilities are:

- To provide an appropriate solution and resources (including staffing) to fully implement this policy
- To fully endorse, support and implement the controls outlined in this policy

## 5.2 DIRECTORS OF DIGITAL HEALTH AND CARE WALES

The Directors of the NHS Wales Informatics Service are responsible for the implementation of this and other associated policies and procedures by:

- Ensuring all relevant staff are made aware of this policy and that they comply with it.
- Ensuring that appropriate priority is given to the implementation of controls to meet identified ISO27001 risks
- Ensuring that resources to meet the requirements of this policy are made available

## 5.3 OPERATIONAL SERVICE BOARD (OSB) LEADS

The OSB Leads are responsible for:

- Ensuring that service leads are made aware of this policy, and that they comply with its provisions
- Undertaking quarterly reviews of the effectiveness of anti-malware management plans for systems/ services within their area of responsibility
- Acting as a point of escalation for service leads within their area of responsibility.

## 5.4 OPERATIONAL SERVICE GROUP (OSG) MEMBERS

The OSG Members are responsible for:

- Monitoring compliance with the anti-malware policy, on the basis of the centralised reporting provided by ISOC and Client Services
- Following up areas of non-compliance
- Reporting exceptions and issues to OSB leads.

## 5.5 SERVICE LEADS

The Service Leads are responsible for:

- Ensuring that anti-malware management plans are in place for systems/ services/ equipment under their provision
- Ensuring that the Anti-malware Support Teams are made aware of this procedure, and that they comply with its provisions
- Undertaking monthly reviews of the effectiveness of the anti-malware management plans in place for each system/ service
- Acting as a point of escalation for the Anti-malware Support Teams.

## 5.6 INFRASTRUCTURE DESIGN TEAM

The Infrastructure design team is responsible for:

- Providing subject matter expertise to service-specific anti-malware plan managers in defining the anti-malware plan for the system or service
- To provide technical sign-off of service-specific anti-malware plans prior to formal adoption
- Ensuring that anti-malware plans and associated processes are reviewed and tested as part of operational acceptance testing for newly-deployed systems and services, and as part of major upgrades to systems and services
- Working with the Infrastructure Operations Centre to document the available toolsets and

- recommended standard approaches to facilitate service-specific anti-malware plans
- Undertaking a regular review of the toolsets in use in support of patching plans

## 5.7 SUPPORT TEAMS WITH RESPONSIBILITY FOR ANTI-MALWARE MANAGEMENT

The Director of ICT will nominate one or more teams to provide management of anti-malware software across the DHCW server estate. These teams are responsible for:

- Working with others including technical architects to define and maintain an anti-malware management plan for the system/ service
- Ensuring execution of the anti-malware management plan
- Working with others to maintain records of anti-malware software coverage for the service
- Logging of any service-specific risks associated with anti-malware management activities in accordance with DHCW Risk Management processes.
- Installing, configuring and operating the relevant toolsets to deploy, configure, control and report on the organisation's chosen anti-malware platform(s), in support of service-specific anti-malware management plans
- Determining, and making available, a common set of on-access scanner configurations for the most commonly-used application platforms
- Developing and providing a central capability to permit consistent reporting and monitoring of compliance with this procedure
- Providing monthly reporting to DHCW SMB, service-specific anti-malware plan managers and others of anti-malware coverage status by service or system
- Working with Cyber Security team to integrate anti-malware logs and alerts into a central SIEM for data correlation

## 5.8 DHCW OPERATIONAL SECURITY TEAM

The DHCW Operational Security team is responsible for:

- Monitoring the DHCW anti-malware logs and alarms for suspicious activity or trends.
- Ensuring that they subscribe to anti-malware alert and information resource mailing lists of relevant vendors/ manufacturers
- Pro-actively monitoring appropriate web sites/ user forums and other security intelligence sources
- Providing alerts to service-specific anti-malware managers and others as appropriate regarding specific vulnerabilities and responses where these relate to anti-malware capabilities
- Ensuring that appropriate ISO27001 anti-malware controls are in place and updated in accordance with new threats and vulnerabilities.
- Working with the support teams with responsibility for anti-malware management, in remediating malware attacks and escalations.

## 5.9 COMMERCIAL SERVICES

Commercial Services are responsible for ensuring that individual supplier contracts with third parties align with this overarching policy.

## 5.10 BUSINESS ASSURANCE

The Business Assurance team is responsible for

- Ensuring that appropriate controls (i.e. ISO 20000, ISO 27001 or appropriate standards) are identified

- and managed in accordance with the threat and vulnerabilities identified within this policy
- Ensuring that this policy meets the ISO 9000 Quality Management standards for the Organization
- Ensuring consistency in the reporting and management of risks raised as a result of the application of this procedure
- Ensuring that the organisation's Integrated Management System (IMS) contains provision for the management of service-specific anti-malware management plans.

### 5.11 DHCW WORKFORCE

The DHCW Workforce including staff, students, trainees, secondees, volunteers, contracted third parties and any persons undertaking duties on behalf of DHCW are responsible for their own actions, and must:

- Adhere to this policy and any associate policies and procedures
- Report incidents to the Servicedesk as soon as possible
- Discuss any security risks or concerns to the appropriate manager
- Not attempt to bypass the anti-malware protection or attempt to uninstall the software. Ensure that individual supplier contracts with third parties align with this overarching policy.

## 6 DEFINITIONS

TERM	DEFINITION
Malware	<p>Malware is short for 'Malicious Software', which is software designed/written to damage computer systems or data. These are typically installed without the end user's knowledge or consent.</p> <p>Common types of malware include: Viruses, Ransomware, Spyware, Worms, Trojan Horses and Rootkits</p> <p>In this policy, Malware is used collectively to denote all types of malicious software.</p>
Anti-Malware	This term encompasses software written to prevent malicious software running on or infecting managed devices.
On-Demand scanning	<p>An 'On-Demand' scan performs an anti-malware scan of a user-defined location, to a schedule.</p> <p>The locations include:</p> <ul style="list-style-type: none"> <li>• Memory</li> <li>• Running processes</li> <li>• Local drives</li> </ul>

	<ul style="list-style-type: none"> <li>• Temp / User profile / Windows Folders</li> <li>• Registry</li> </ul> <p>Schedules will vary depending on the devices.</p>
On-Access Scanning	An 'On-Access' scan will scan the file/drive whenever files are 'written to' or 'read from' storage (including removable media)

## 7 POLICY

### 7.1 TECHNICAL

- All managed computer systems (including Servers, PCs, Laptops and other devices) used within DHCW must have anti-malware installed, and actively working to protect against threats.
- All anti-malware software must be kept up to date with the most recent anti-malware engine and definition updates from the supplier of the software.
- The anti-malware software must be configured to:
  - Scan files automatically on access (read or write)
  - Scan removable media devices upon connection to a server, pc, laptop or other device – prior to files being accessed
  - Perform scheduled on-demand scans of:
    - Memory
    - Running processes
    - Local drives (fixed and removable)
    - User Temp folders
    - User Profile folders
    - Windows folders
    - Registry
  - Quarantine or delete suspected file
  - immediately alert support teams of threats
  - Allow user or machine quarantine (automated or manually by support teams)
  - Prevent modification or disabling by non IT/Security staff
- Computer systems which are :
  - Not managed by DHCW or NHS Wales
  - Unable or not capable of running anti-malware software

must not be connected to the corporate network or services, without a full anti-malware scan and approval from the Cyber Security team. This should be raised via servicepoint call for audit purposes.

## 7.2 SUPPORT TEAMS

Support teams managing the anti-malware software on behalf of DHCW, should have an anti-malware management plan in place, which describes the relevant components of the service, and the appropriate application of anti-malware software and updates to those components. As a minimum, the plan should describe:

- The technologies used to deliver the service
- The managed computer systems (including Servers, PCs, Laptops and other devices) within the scope of service delivery
- Any on-access scanner configurations to use for those devices / systems (where appropriate)
- Any on-demand scanner configurations used for device types/groups, and when these are scheduled to run.
- The resource(s) needed to deliver the plan – people, processes, and technology
- Maintenance arrangements should be in place and current for all anti-malware software in use on DHCW computer systems
- The update process to ensure how all managed computer systems (including the anti-malware infrastructure servers) are kept up to date with the most recent anti-malware engine and definition updates from the supplier of the software.
- Backup/recovery plans detailing the recovery of the service in the event of a backup or cyber attack, and how devices would continue to be protected and updated during this period.
- System/ service anti-malware plans will be stored in accordance with the DHCW Quality Management system

## 7.3 WORKFORCE

Anti-Malware systems are not infallible, and all DHCW workforce should comply with the following principles:

- Unauthorised software must not be used or installed without approval from the relevant IT teams / Servicedesk
- If approval is given, then the software should be centrally deployed and managed by the relevant IT teams for licencing, updating and patching
- All removable media / downloaded files from outside DHCW must be scanned by DHCW anti-malware before being accessed
- All staff should comply with the DHCW email and internet policies to reduce the risk of infection – personal or non-corporate webmail can bypass local anti-malware and potentially introduce malicious software.
- Don't allow third party hardware to be connected to the network without approval from the relevant IT teams / Servicedesk, who will assess the device risk and apply appropriate controls (anti-malware scan/ device isolation/ separate vlan ..etc.)
- Ensure endpoint devices (desktops / laptops) are connected to the corporate network/internet regularly to receive anti-malware updates (and security patches). If you suspect this is not occurring, report this to the Servicedesk as soon as possible.

## 8 EXCEPTIONS

Exceptions to this policy will need to be recorded in accordance with the DHCW Risk Management Procedure using the relevant toolsets, and the Cyber Security team notified.



In the event that a potentially significant risk is highlighted, there may be a need to shut down the affected service to avoid further spread of any vulnerability.

The final decision rests with the Director ICT / Head of Cyber Security. If an exception to the policy is agreed, then it must be recorded as a DATIX risk.

## 9 REVIEW

This policy will be reviewed annually or more frequently where the contents are affected by major internal or external changes such as:

- Changes in Systems/Technology
- Change in the risk appetite of DHCW

## 10 EQUALITY IMPACT ASSESSMENT

## 11 INFORMATION, INSTRUCTION, TRAINING

## 12 MAIN RELEVANT LEGISLATION

<b>Equality Impact Assessment (EQIA) Form</b>		Digital Health and Care Wales
Ref no:		
Name of the policy, service, scheme or project:	<b>Anti-Malware Policy</b>	
<b>Service Area</b> ICT Directorate but covers all DHCW managed servers and clients.		Original EQIA carried out:
<b>Preparation</b>		
Who is involved in undertaking the EQIA		The EQIA Group and Workforce & OD
Which Director is responsible for this policy/procedure, strategy, e-learning, guidance etc		Carwyn Lloyd-Jones
Who and how many (if known) may be affected by the policy?		All current and future DHCW staff.
<b>Provide a brief description, purpose and objective of the policy, procedure, strategy or service</b> <ul style="list-style-type: none"> <li>Who are the intended beneficiaries?</li> <li>How will this be achieved?</li> <li>How will you measure its success and what is the time frame for achieving this?</li> <li>How is this policy relevant to equality and intended beneficiaries?</li> </ul>		The purpose of this policy is to define how DHCW will implement anti-malware provisions to cover our managed infrastructure.  It clarifies the responsibilities of all parties involved in ensuring that systems and services are protected from malware and kept suitably updated.
<b>We have a legal duty to engage with people with protected characteristics under the Equality Act 2010 identified as being relevant to the policy.</b> <ul style="list-style-type: none"> <li>What steps will you take to engage and consult with stakeholders, both internally and externally?</li> <li>How will people with protected characteristics be involved in developing the policy, procedure, strategy and or decision from the start?</li> <li>How have/will proposals be communicated?</li> <li>What are the arrangements for engagement as the policy/procedure/strategy or decision is being implemented?</li> </ul>		This is an existing technical policy, which has been updated to bring it in line with DHCW formatting.

<ul style="list-style-type: none"> <li>Does the policy assist services, or staff in meeting their most basic needs such as; Improved Health, fair recruitment etc.</li> </ul>	
<p><b>Evidenced used/considered</b>  <i>Your decisions must be based on robust evidence. What evidence base have you used in support? Evidence includes views and issues raised during engagement; service user or citizen journeys, case studies, or experiences; and qualitative and experience based research, not just quantitative data and statistics.</i></p> <p><i>Please list the source of this evidence:</i></p> <ul style="list-style-type: none"> <li><i>Identify and include numbers of staff, broken down by protected characteristics and other relevant information</i></li> <li><i>What research or other data is available locally or nationally that could inform the assessment of impact on different equality groups? Is there any information available (locally/nationally) about how similar policies/procedures/strategies or decisions have impacted on different equality groups (including any positive impact)?</i></li> </ul> <p><i>Do you consider the evidence to be strong, satisfactory or and are there any gaps in the evidence?</i></p>	<p>N/A</p>

## Equality Duties, Sustainable Development Principles

Does the policy/procedure, strategy, e-learning, guidance etc meet	Protected Characteristics									Additional		Sustainable				
	Race	Sex/Gender	Disability	Sexual orientation	Religion and Belief	Age	Gender reassignment	Pregnancy and Maternity	Marriage/ civil Partnerships	Welsh Language	Carers	Long Term	Collaboration	Involvement	Prevention	Integration
• Public Sector & specific duties - Equality Act 2010, • Welsh Language Standards (2011) • Principles of the Wellbeing of Future Generations Act 2015?																
To eliminate discrimination and harassment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Promote equality of opportunity	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					
Promote good relations and positive attitudes	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					
Encourage participation in public life	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					

In relation to disability only, should the policy/service/project or scheme take account of difference, even if involves treating some individuals more favorably?	✓													
--	---	--	--	--	--	--	--	--	--	--	--	--	--	--

Key	
✓	Yes
x	No
-	Neutral

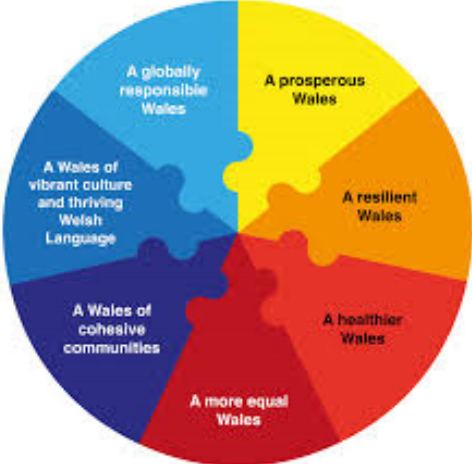

## Human Rights Based Approach – Issues of Dignity & Respect




The Human Rights Act contains 15 rights, all of which NHS organisations have a duty. The 7 rights that are relevant to healthcare are listed below.			
Consider is the policy/service/project or scheme relevant to:	Yes	No	N/A
<b>Article 2: The Right to Life</b>	✓		
<b>Article 3: the right not to be tortured or treated in a inhumane or degrading way</b>	✓		
<b>Article 5: The right to liberty</b>	✓		
<b>Article 6: the right to a fair trial</b>	✓		
<b>Article 8: the right to respect for private and family life</b>	✓		
<b>Article 9: Freedom of thought, conscience and religion</b>	✓		

Article 14: prohibition of discrimination	✓		


## Measuring the Impact

Reason for your decision (including evidence used). Include details of how it might impact on people from this group and how opportunities to advance equality and good relations have been maximised.	
Protected Characteristics & Other Areas	Impact – operational & financial
<ul style="list-style-type: none"> <li>• Race</li> <li>• Sex</li> <li>• Disability</li> <li>• Sexual orientation Religion belief &amp; non belief</li> <li>• Age</li> <li>• Gender Identity</li> <li>• Pregnancy &amp; maternity</li> <li>• Marriage &amp; civil partnership</li> <li>• Carers</li> </ul>	No Impact, as these controls are already in place and have no impact on the protected characteristics or other areas.
Welsh Language Standards	Impact – Operational & Financial
1. Operational Standards – how we operate 2. Service Delivery – how we deliver our services 3. Record Keeping – how we keep a record of our services e.g language needs of patients or donors	Welsh translation of this policy/document can be made on request – otherwise it's a technical policy which has no impact on Welsh language.

<p><b>4. Policy making – how we develop our policies</b></p> <p><b>5. Supplementary Standards – how we report on our services</b></p> <p>Does the policy, service, or project have positive or negative effects on:</p> <ul style="list-style-type: none"> <li>a) Opportunities for persons to use the Welsh language or</li> <li>b) Does it treat the Welsh language less favourably than the English language</li> </ul>	
<p><b>Wellbeing Goals</b></p> <p><b>How does the policy/procedure, strategy, e-learning, guidance etc. embed and prioritise the Well-being Goals and Sustainability Development Principle of the Wellbeing of Future Generations(Wales) Act 2015</b></p> <p><i>Please describe and provide evidence below of how the 5 ways of working have been met, inclusive of the 7 well-being goals, to maximise the social, economic, environmental and cultural wellbeing of people and communities in Wales.</i></p>	
	<p>Resilient Wales, More Equal Wales:</p> <p>The Anti-Malware policy ensures that DHCW is protected from malicious software (malware), which could impact on the Confidentiality, Integrity and Availability of systems, services and data.</p>
<p><b>Sustainable Development Principles</b></p>	
<div data-bbox="235 1360 327 1385">Hirdymor</div>  <div data-bbox="499 1360 596 1385">Long Term</div> <p>Balancing short term with long term needs</p>	<p>As above</p>

<div><div><div>Cydweithio</div><div></div><div>Collaboration</div></div><p>Working together to deliver objectives</p></div>	As above
<div><div><div>Cynnwys</div><div></div><div>Involvement</div></div><p>Involving those with an interest and seeking their views</p></div>	As above
<div><div><div>Atal</div><div></div><div>Prevention</div></div><p>Putting resources into preventing problems occurring or getting worse</p></div>	As above



 <p>Considering impact on all wellbeing goals together and on other bodies</p>	As above
<b>Social Economic Impact</b>	<b>Impact – Operational &amp; Financial</b>
How does the policy/procedure, strategy, e-learning, guidance etc. ensure transparent and effective measures to address the inequalities that result from differences in occupation, education, place of residence or social class.	N/A
<b>Positive Action</b>	<b>Impact – Operational &amp; Financial</b>
<p>If the policy, procedure, strategy and or decision is intended to increase equality of opportunity through positive action, does it appear to be lawful?</p> <p>Positive action is defined as voluntary actions employers can take to address any imbalance of opportunity or disadvantage that an individual with a protected characteristic could face.</p>	NA

## Outcome report

<b>Equality Impact Assessment: Recommendations</b>				Digital Health and Care Wales	
Please list below any recommendations for action that you plan to take as a result of this impact assessment					
Action Required	Potential Outcomes	Time-scale	Lead Officer	Resource implications	
1					
2					

**Risk Assessment based on above recommendations – if policy is approved in original format refer to grading in appendix 1**

Recommendation	Likelihood	Impact	Risk Grading
1			

Reputation and compromise position	Monitoring Arrangements
Training and dissemination of policy	
Publish the intranet and internet pages.	

Is the policy etc lawful?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Review date
Does the EQIA group support the policy be adopted?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
Signed on behalf of Trust Equal Impact Assessment Group				Signed Lead Officer	
Date:				Date:	

Appendix 1

Impact, Consequence score (severity levels) and examples					
	1	2	3	4	5
	Negligible	Minor	Moderate	Major	Catastrophic
Statutory duty	No or minimal impact or breach of guidance/statutory duty	Breach of statutory legislation	Single breach in statutory duty	Multiple breaches in statutory duty	Multiple breaches in statutory duty
	Potential for public concern	Formal complaint	Challenging external recommendations	Legal action certain between £100,000 and £1million	Legal action certain amounting to over £1million
	Informal complaint	Local media coverage – short term reduction in public confidence	Local media interest		National media interest
	Risk of claim remote	Failure to meet internal standards	Claims between £10,000 and £100,000	Multiple complaints expected	Zero compliance with legislation Impacts on large percentage of the population
		Claims less than £10,000	Formal complaint expected	National media interest	Gross failure to meet national standards
		Elements of public expectations not being met	Impacts on small number of the population		

LIKELIHOOD DESCRIPTION	
5 Almost Certain	Likely to occur, on many occasions
4 Likely	Will probably occur, but is not a persistent issue
3 Possible	May occur occasionally
2 Unlikely	Not expected it to happen, but may do
1 Rare	Can't believe that this will ever happen

# DIGITAL HEALTH AND CARE WALES

## RISK MANAGEMENT REPORT

Agenda Item	3.4
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	15 November 2021

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

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Chris Darling, Board Secretary
Presented By	Chris Darling, Board Secretary / Risk Owners

Purpose of the Report	For Discussion/Review
Recommendation	
<p>The Digital Governance and Safety Committee is being asked to:</p> <p><b>NOTE</b> the status of the Corporate Risk Register.</p> <p><b>NOTE</b> the Corporate Risks assigned to the Digital Governance &amp; Safety Committee.</p> <p><b>DISCUSS</b> the Information Services Directorate and Information Governance risks included for deep dive review and discussion.</p>	
Acronyms	

DHCW	Digital Health and Care Wales	ISD	Information Services Directorate
BAF	Board Assurance Framework	NDR	National Data Resource

## 1 SITUATION/BACKGROUND

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

## 2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 Committee members are asked to consider risk, in the context of DHCW Digital Governance and Safety ‘what could impact on the Organisation being successful in the short term (1 – 12 months) and in the longer term (12 – 36 months)’.
- 2.2 There are wider considerations regarding organisational factors which include, sector, stakeholder, and system factors, as well as National and International environmental factors.
- 2.3 In considering environmental factors members should note the: Global landscapes 2020 – World Economic Forum Long Term Global Risks Landscape (2020), and the HM Government National Risk Register (2020 edition), more can be found as Appendix A.
- 2.4 The below are extracts/summaries from the World Economic Forum Term Global Risks Landscape (2020) for international context and consideration by the Committee:

### Consequences of Digital Fragmentation:

*While digital technology is bringing tremendous economic and societal benefits to much of the global population, issues such as unequal access to the internet, the lack of a global technology governance framework and cyber insecurity all pose significant risk. Geopolitical and geo-economic uncertainty— including the possibility of fragmented cyberspace—also threaten to prevent the full potential of next generation technologies from being realized. Respondents to our survey rated “information infrastructure breakdown” as the sixth most impactful risk in the years until 2030.*

### Health Systems under new Pressures:

*Health systems around the world are at risk of becoming unfit for purpose. New vulnerabilities resulting from changing societal, environmental, demographic and technological patterns threaten to undo the dramatic gains in wellness and prosperity that health systems have supported over the last century. Non-communicable diseases— such as cardiovascular diseases and mental illness—have replaced infectious diseases as the leading cause of death, while*

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*increases in longevity and the economic and societal costs of managing chronic diseases have put healthcare systems in many countries under stress. Progress against pandemics is also being undermined by vaccine hesitancy and drug resistance, making it increasingly difficult to land the final blow against some of humanity's biggest killers. As existing health risks resurge and new ones emerge, humanity's past successes in overcoming health challenges are no guarantee of future results.*

- 2.5 In terms of DHCW's Corporate Risk Register, there are currently 19 risks on the Corporate Risk Register, of which 15 are for the consideration of this Committee. Four risks are classified as private due to their sensitivity and will be received in the private session of the Committee.
- 2.6 Committee members are asked to note the following changes to the Corporate Risk Register (new risks, risks removed and changes in risk scores) for the period **ending 31<sup>st</sup> October**:

#### DECREASED SCORE

- DHCW 0260 Shielded Patient List has been reduced from 12 to 8 following reduction in the utilisation of the list as a resource.

- 2.7 The Committee are asked to consider the DHCW Corporate Risk Register Heatmap showing a summary of the DHCW risk profile which includes the 10 Significant and 5 Critical risks assigned to the Committee. The key indicates movement since the last risk report.

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

		LIKELIHOOD				
		RARE (1)	UNLIKELY (2)	POSSIBLE (3)	LIKELY (4)	ALMOST CERTAIN (5)
CONSEQUENCES	CATASTROPHIC (5)			**DHCW0257 ↔ **DHCW0261 ↔	DHCW0204: Canis System ↔	
	MAJOR (4)		DHCW0205: DMZ/Internet Failures at Data Centre ↔ **DHCW0218 ↔	DHCW0207: Document Management Strategy ↔ DHCW0259: Staff Vacancies ↔ DHCW0208: Welsh Language Compliance ↔ DHCW0272: Public Sector Pay Policy ★ DHCW0263: DHCW Functions ↔ DHCW0264: Data Promise ↔ DHCW0228: Fault Domains ↔ DHCW0201: Infrastructure Investment ↔	DHCW0269: Switching Service ↔ DHCW0237: Covid-19 Resource Impact ↔	
	MODERATE (3)			DHCW0268: Data Centre Transition ↔	DHCW0267: Host Failures ↔ **DHCW0229 ↔	
	MINOR (2)				DHCW0260: Shielded Patient List ↓	
	NEGLECTIBLE (1)					



New Risk



Non-Mover



Reduced



Increased

\*\* Private Risks

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- 2.8 Committee members are asked to consider the Deep Dive Risks included as items 3.4iii – 3.4vi, which was a request from the Committee at the meeting held in August. The report template is for use where the Committee wants to focus on particular risks. Key areas of focus will be on the current risk score, the target risk score, the mitigating action taken to date and the additional action required to achieve the target risk score and associated timeframes for doing so.

### 3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 The Committee is asked to note the changes in the risk profile during the reporting period as a result of the reduction of the score for one risk.

### 4 RECOMMENDATION

- 4.1 The Committee is being asked to:  
**NOTE** the status of the Corporate Risk Register.  
**NOTE** the Corporate Risks assigned to the Digital Governance & Safety Committee.  
**DISCUSS** the Information Services Directorate and Information Governance risks included for deep dive review and discussion.

### 5 IMPACT ASSESSMENT

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

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

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

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

<b>APPROVAL/SCRUTINY ROUTE:</b>		
Person/Committee/Group who have received or considered this paper prior to this meeting		
COMMITTEE OR GROUP	DATE	OUTCOME
SHA Board	30 <sup>th</sup> September 2021	Reviewed
Risk Management Group	1 <sup>st</sup> November 2021	Reviewed

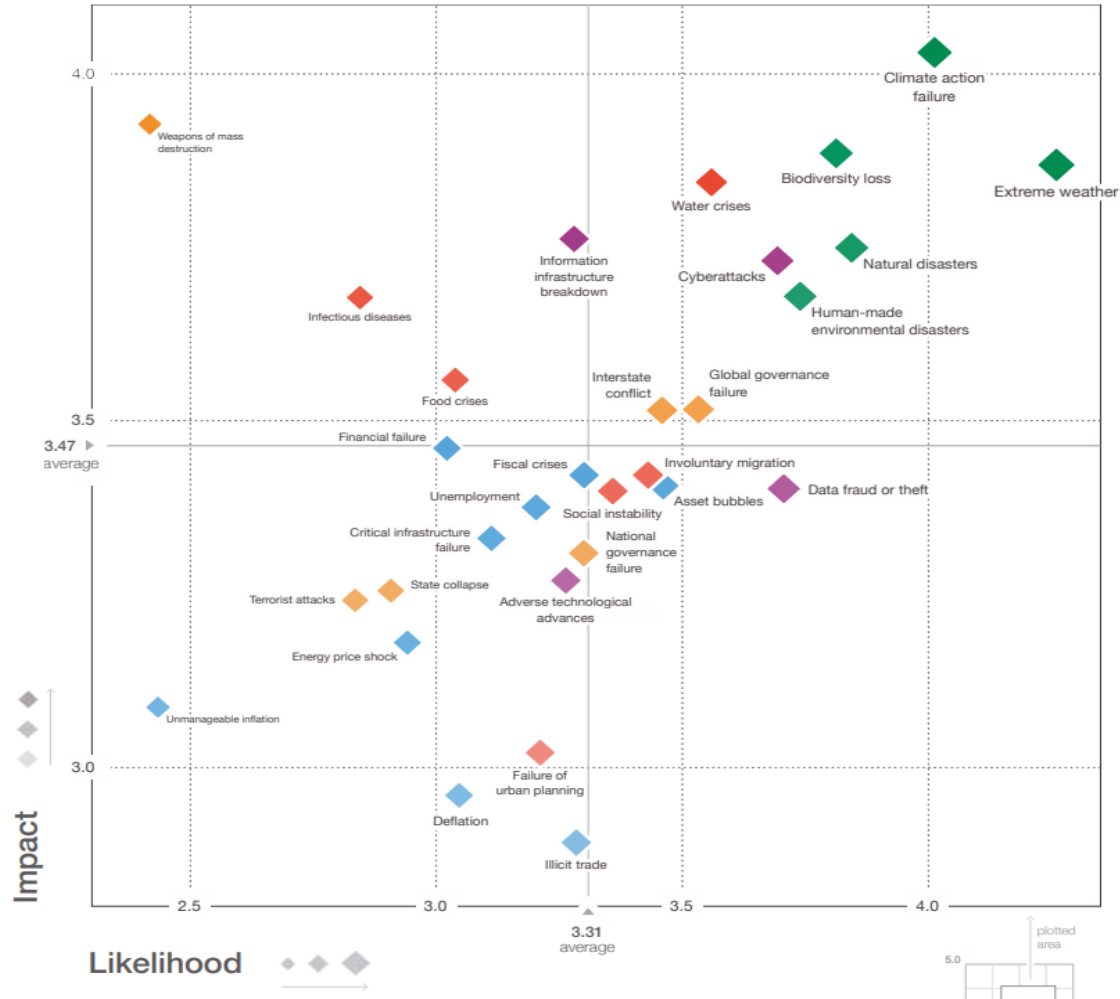
<b>IMPACT ASSESSMENT</b>	
<b>QUALITY AND SAFETY</b> IMPLICATIONS/IMPACT	Yes, please see detail below Additional scrutiny and clear guidance as to how the organisation manages risk has a positive impact on quality and safety.
<b>LEGAL</b> IMPLICATIONS/IMPACT	Yes, please see detail below Should effective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



6.2i Appendix A: [World Economic Forum Long Term Global Risks Landscape \(2020\)](#)

Top 10 risks in terms of Likelihood	Top 10 risks in terms of Impact	Categories
1 Extreme weather	1 Climate action failure	Economic
2 Climate action failure	2 Weapons of mass destruction	
3 Natural disasters	3 Biodiversity loss	Environmental
4 Biodiversity loss	4 Extreme weather	
5 Human-made environmental disasters	5 Water crises	Geopolitical
6 Data fraud or theft	6 Information infrastructure breakdown	
7 Cyberattacks	7 Natural disasters	Societal
8 Water crises	8 Cyberattacks	
9 Global governance failure	9 Human-made environmental disasters	Technological
10 Asset bubbles	10 Infectious diseases	

Figure II: The Global Risks Landscape 2020



## The HM Government National Risk Register (2020 edition)

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

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

3.4ii Appendix B DHCW Corporate Risk Register – Assigned to Digital Governance and Safety Committee

Risk Matrix

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

Key – Risk Type:

Critical	Significant	Moderate	Low
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Ref	Risk Type	Description	RA Date	Review date	Rating (initial)	Impact (initial)	Likelihood (initial)	Action Status	Rating (current)	Impact (current)	Likelihood (current)	Rating (Target)	Impact (Target)	Likelihood (Target)	Risk Owner	Trend
DHCW0268	Business & Organisational	<p>Data Centre Transition</p> <p>IF the dates for the data centre physical transition need to moved from Quarter 2 into Quarter 3, THEN there may be a resource constraint in various teams</p> <p>RESULTING IN a risk of failing to deliver some items in the annual plan and the risk of increased costs.</p>	06/05/2021	19/08/2021	12	3	4	<p>AIM: REDUCE Impact</p> <p>FORWARD ACTIONS: Reissue guidance on PPE by 20/08/21 Continue to have dedicated go/no-go meetings ahead of planned weekend transition activity to review and minimise risk to planned work.</p> <p>ACTIONS TO DATE: 19/08/21 Three batch transitions have been completed successfully, there are 5 of material risk to the organisation remaining to undertake. The key risks to the project remain Covid-19 infection within the technical workforce and service disruption due to unforeseen technical issues.</p>	9	3	3	4	1	4	Director of ICT	Non-Mover

### 3.4ii Appendix B DHCW Corporate Risk Register – Assigned to Digital Governance and Safety Committee

Ref	Risk Type	Description	RA Date	Review date	Rating (initial)	Impact (initial)	Likelihood (initial)	Action Status	Rating (current)	Impact (current)	Likelihood (current)	Rating (Target)	Impact (Target)	Likelihood (Target)	Risk Owner	Trend
DHCW0269	Business & Organisational	Switching Service  IF the current switching service fails THEN no data new will be acquired into the ISD Data Warehouse RESULTING IN the inability to provide updates to multiple reporting systems.	07/12/2020	22/10/2021	9	3	3	FORWARD ACTION: Continue to monitor - NDR confirmed that a plan to replace switching service functionality will be considered as part of the data strategy work. In the meantime a paper is being drafted within ISD to propose some immediate solutions in order to consider reducing the risk score. ACTION TO DATE: 13/10/2021 - ISBMG: Whilst the data centre moves have taken place the fragility of the switching service remains due to the rigid nature of it and the inability to add to or amend it easily. Keep the score as is at this time. 02/08/2021 - TAH: ISD working with NDR to ensure appropriate priority given to this work.  01/06/2021 RMG: Escalated to Corporate Risk Register  27/04/2021 TAH: Further engagement with NDR Team to consider acceleration of the switching service replacement as part of the wider requirement for the acquisition of data into NDR. Continue to review options and escalate to Corporate register	16	4	4	6	3	2	Deputy Director of Information	Non-Mover
DHCW0260	Clinical Risk	Shielded Patient List  IF ISD are required to maintain the Shielded Patient List using current processes with significant manual intervention THEN the inherent risk of human error will persist RESULTING IN the possible incorrect identification of patients on the list.	08/01/2021	22/10/2021	12	4	3	FORWARD ACTION: Continue to monitor and respond as necessary, our mitigation remains that we manage the manual list. ACTION TO DATE: 13/10/2021 - ISBMG/RP: The SPL is not being utilised as it was and the the likelihood of something catastrophic happening in significantly reduced. Reduce risk score but leave on RR. 22/07/2021 - TAH: Infrastructure design in place and agreed with DCS. Latest date provided by NDR team for completion is mid-late August. 21/04/2021 - TAH: ISD and NDR team are working with a third party supplier on development of an automation process. This should remove the requirement for manual intervention	8	4	2	4	4	1	Deputy Director of Information	Reduced

3.4ii Appendix B DHCW Corporate Risk Register – Assigned to Digital Governance and Safety Committee

Ref	Risk Type	Description	RA Date	Review date	Rating (initial)	Impact (initial)	Likelihood (initial)	Action Status	Rating (current)	Impact (current)	Likelihood (current)	Rating (Target)	Impact (Target)	Likelihood (Target)	Risk Owner	Trend
								and hence human error. Continue to monitor risk until work is complete.								
DHCW0263	Information Governance	<p>DHCW Functions</p> <p>IF directions from Welsh Government do not provide a sound legal basis for the collection, processing and dissemination of Welsh resident data</p> <p>THEN (i) partners, such as NHS Digital, may stop sharing data, (ii) DHCW may be acting unlawfully if it continues to process data</p> <p>RESULTING IN (i) DHCW being unable to fulfil its intended functions regarding the processing of data, or, in the case of continued processing, (ii) legal challenge, or (iii) the need to submit a further application to the Confidentiality Advisory Group (which may not be successful) to assess the public interest in processing confidential data without a legal basis or consent.</p>	26/01/2021	18/06/2021	12	4	3	<p>AIM: REDUCE Likelihood</p> <p>FORWARD ACTIONS: Continue discussions with Welsh Government colleagues to define the parameters of the functions.</p> <p>ACTIONS TO DATE: Actions set against Welsh Government to define a set of Directions that will enable DHCW to move forwards on BAU and to provide cover for important functions such as NDR</p>	12	4	3	4	4	1	Deputy Director of Information	Non-Mover

3.4ii Appendix B DHCW Corporate Risk Register – Assigned to Digital Governance and Safety Committee

Ref	Risk Type	Description	RA Date	Review date	Rating (initial)	Impact (initial)	Likelihood (initial)	Action Status	Rating (current)	Impact (current)	Likelihood (current)	Rating (Target)	Impact (Target)	Likelihood (Target)	Risk Owner	Trend
DHCW0264	Information Governance	<p>Data Promise</p> <p>IF the national conversation regarding the use of patient data (Data Promise) is delayed THEN stakeholders and patients will not be assured that the proposed uses of Welsh resident data include sufficient controls to ensure data is treated responsibly, handled securely and used ethically.</p> <p>RESULTING IN (i) potential challenges to proposed uses of data, and/or a loss of public/professional confidence, and (ii) a failure to realise the desired outcomes regarding ‘data and collaboration’ (effective and innovative uses of data, joined up services, better outcomes for individuals) set out in Welsh Government’s Digital Strategy.</p>	26/01/2021	18/06/2021	12	4	3	<p>AIM: REDUCE Likelihood</p> <p>FORWARD ACTIONS: Continue discussions with Welsh Government colleagues to define the Data Promise.</p> <p>ACTIONS TO DATE: The specific responsibilities for implementation of the Data Promise have been given to the Head of Digital Strategy/Technology, Digital &amp; Transformation, WG</p>	12	4	3	4	4	1	Deputy Director of Information	Non-Mover

### 3.4ii Appendix B DHCW Corporate Risk Register – Assigned to Digital Governance and Safety Committee

Ref	Risk Type	Description	RA Date	Review date	Rating (initial)	Impact (initial)	Likelihood (initial)	Action Status	Rating (current)	Impact (current)	Likelihood (current)	Rating (Target)	Impact (Target)	Likelihood (Target)	Risk Owner	Trend
DHCW0237	Project	<p>Covid-19 Resource Impact</p> <p>IF new requirements for digital solutions to deal with Covid 19 and recovery of services continue to come in, THEN staff may need to be moved away from other deliverables in the plan RESULTING in non delivery of our objectives and ultimately a delay in benefits being realised by the service.</p>	30/03/2020	18/10/2021	16	4	4	<p>AIM: REDUCE Impact and REDUCE Likelihood</p> <p>FORWARD ACTIONS: Continue to monitor new requirements for TTP and recovery from Covid. Use formal change control methods to ensure impact is mapped and impacted work is re-baselined.</p> <p>ACTIONS TO DATE: Lessons Learnt for Q1 was presented to Management Board for review and comment. Action plan being led by the PPMG. Improved formality with external boards around change control of dates, eg due to extra requirements. Significant increase in numbers of Requests for Change (RFCs) coming to Oct 2021 PPMG.</p>	16	4	4	9	3	3	Chief Operating Officer	Non-Mover
DHCW0204	Security	<p>Canisc System</p> <p>IF there is a problem with the unsupported software used within the Canisc system THEN the application will fail RESULTING IN disruption to operational service requiring workarounds.</p>	08/02/2018	06/10/2021	15	5	3	<p>AIM: REDUCE Impact and REDUCE Likelihood</p> <p>FORWARD ACTIONS: Collaborative working with Programme Partners to deliver further development including the palliative care and Screening (colposcopy) work planned for Q4 21/22. Cancer Informatic Programme progressing. Velindre targeting end of FY to migrate to WPAS and WCP.</p> <p>ACTIONS TO DATE: The Canisc replacement MVP is in development in readiness for testing in September for Cancer services.</p>	20	5	4	6	3	2	DHCW	Non-Mover

### 3.4ii Appendix B DHCW Corporate Risk Register – Assigned to Digital Governance and Safety Committee

Ref	Risk Type	Description	RA Date	Review date	Rating (initial)	Impact (initial)	Likelihood (initial)	Action Status	Rating (current)	Impact (current)	Likelihood (current)	Rating (Target)	Impact (Target)	Likelihood (Target)	Risk Owner	Trend
DHCW0205 IMB	Service Interruption	DMZ/Internet Failure at Data Centre  IF a failure of the DMZ network or Internet Circuit in Datacentre 1 occurred THEN DHCW patient facing digital services would be unavailable for users RESULTING in service downtime and reputational damage.	12/03/2018	18/10/2021	12	4	3	AIM: REDUCE Impact  FORWARD ACTIONS: Continue to identify the 'owners' of services in the DMZ in the new datacentre to raise the risk with a target date of end of December 2021 for that to be completed.  ACTIONS TO DATE: All migrations of the planned services from Data centre 1 DMZ to Azure have now completed. Improvements have been made to resilience, so likelihood reduced to 'unlikely'.	8	4	2	4	2	2	Director of ICT	Non-Mover
DHCW0228	Service Interruption	Fault Domains  IF fault domains are not adopted across the infrastructure estate THEN a single infrastructure failure could occur RESULTING IN multiple service failures.	05/06/2019	18/10/2021	16	4	4	AIM: REDUCE Likelihood and REDUCE Impact  FORWARD ACTIONS: A Cloud Strategy Business Case is being drafted by December 21 which will means fault domains will be provided by the host for those services. Additional new equipment deployment will continue to increase the number of fault domains planned for the remainder of the year  ACTIONS TO DATE: Fault domains installed in all new equipment installations. Additional new equipment installed to increase availability of hosted services. Fault domains were incorporated into new areas of infrastructure as part of the Data Centre Exit Project where cloud provisions is being utilised to provide some of the fault domains required.	12	4	3	6	3	2	Director of ICT	Non-Mover



### 3.4ii Appendix B DHCW Corporate Risk Register – Assigned to Digital Governance and Safety Committee

Ref	Risk Type	Description	RA Date	Review date	Rating (initial)	Impact (initial)	Likelihood (initial)	Action Status	Rating (current)	Impact (current)	Likelihood (current)	Rating (Target)	Impact (Target)	Likelihood (Target)	Risk Owner	Trend
DHCW0267	Service Interruption	<p>Host Failures</p> <p>IF a host fails on one of the virtual server environments THEN some guests may fail to migrate seamlessly to other hosts RESULTING IN some servers failing to recover automatically and therefore service interruption to the end users.</p>	23/03/2021	16/09/2021	12	3	4	<p>AIM: REDUCE Impact and REDUCE Likelihood</p> <p>FORWARD ACTIONS: Install new hardware and review system performance</p> <p>ACTIONS TO DATE: The periodic crashing issue continues. Previous recommendations from the manufacturer have not fixed the problem. Latest recommendation is to install some new hardware in the servers. This is on order and will be installed in a controlled way when they are delivered.</p>	12	3	4	6	3	2	Director of ICT	Non-Mover
DHCW0201 IMB	Service Interruption	<p>Infrastructure Investment</p> <p>IF recurrent funding is not available to support the replacement of obsolete infrastructure THEN the risk of failure and under performance will increase RESULTING in service disruption.</p>	10/08/2017	16/09/2021	12	4	3	<p>AIM: REDUCE Impact and REDUCE Likelihood</p> <p>FORWARD ACTIONS: A revised infrastructure Business Case and Funding Requirement needs to be developed and submitted to secure additional funding for the longer term.</p> <p>ACTIONS TO DATE: A number of different funding streams have been identified to date to support the requirements for upgrading legacy infrastructure for 21/22. These include the Digital Priorities Investment fund with high priority risks being addressed first.</p>	12	4	3	4	4	1	Director of ICT	Non-Mover

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

<b>Date of Report:</b>	02/11/2021		
<b>Originator:</b>		<b>Risk Name:</b>	Human error associated with production of Shielded Patient List
<b>Likelihood/Probability Rating (1-5):</b>	2	<b>Impact/Consequence Rating (1-5):</b>	4
<b>Risk Reference ID:</b>	DHCW0260	<b>Initial Score:</b>	12
<b>Target Score:</b>	4	<b>Current Score:</b>	8
<b>Background:</b> (a brief background history of the risk being reviewed)			
<p>In the early stages of the COVID-19 pandemic ISD were tasked with producing a list of vulnerable patients who would be advised to shield due to health reasons.</p> <p>Due to the manual nature of producing this list, inherent risks were identified associated with human error and with limited means of mitigation; that is, the need to respond to changing demands relied upon an individual or individuals to determine the relevant sources of information and to develop and run complex scripts. There is however clinical oversight of this list to enable additions and removals and so there are opportunities beyond ISD to alter and update the SPL.</p>			
<b>Risk Description (IF....THEN.....RESULTING IN.....)</b> (Risk descriptions to include details of the associated impact)			
<p><b>IF</b> ISD are required to maintain the Shielded Patient List using current processes with significant manual intervention <b>THEN</b> the inherent risk of human error will persist <b>RESULTING IN</b> the possible incorrect identification of patients on the list.</p>			
<b>Mitigating Action Taken to Date:</b> (Detail the actions already undertaken to mitigate the risk impact)			
<p>The original process has been documented in a SOP and, as far as possible, Information Services Directorate has implemented quality checks.</p> <p>The NDR team, together with a third-party supplier, considered a solution to automate the current weekly manual maintenance processes which would remove the risk of human error and produce an audit trail for additions/downgrades and removals from the SPL.</p>			

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

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

Whilst the recent internal audit of Information in DHCW by NWSSP Audit and Assurance concluded that "Overall we can provide reasonable assurance over the provision of information products for NHS Wales" there is an opportunity to improve the current processes to identify user needs by formally recording and signing off the specification, and the user agreement of these, as well as the proposed outputs. Procedures to include these will be developed by 31/12/2021.

**Recommendation from the risk owner:**

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

Continue to monitor and respond as necessary, our mitigation remains that we manage the manual list. Currently, the SPL is not being utilised as it was previously and the likelihood of something catastrophic happening is significantly reduced. The recommendation is to reduce the risk score (as indicated by the current score above) but leave on the Risk Register.

**Meeting Comments/Feedback**

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

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

<b>Date of Report:</b>	02/11/2021		
<b>Originator:</b>		<b>Risk Name:</b>	Switching Service
<b>Likelihood/Probability Rating (1-5):</b>	4	<b>Impact/Consequence Rating (1-5):</b>	4
<b>Risk Reference ID:</b>	DHCW0269	<b>Initial Score:</b>	9
<b>Target Score:</b>	6	<b>Current Score:</b>	16
<b>Background:</b> (a brief background history of the risk being reviewed)			
<p>The NHS Wales Data Switching Service is used to acquire data from Health Boards, NHS England, as well as many other data providers, into the DHCW Data Warehouse. The service is now over 20 years old, running on old hardware and software with an increasing potential to fail. The impact of a failure of the switching service will also be greater now due to the increased dependency on data acquired through this route that is used for COVID-19 monitoring.</p>			
<b>Risk Description (IF....THEN.....RESULTING IN.....)</b> (Risk descriptions to include details of the associated impact)			
<p><b>IF</b> the current switching service fails <b>THEN</b> no data new will be acquired into the ISD Data Warehouse <b>RESULTING IN</b> the inability to provide updates to multiple reporting systems.</p>			
<b>Mitigating Action Taken to Date:</b> (Detail the actions already undertaken to mitigate the risk impact)			
<p>The short-term mitigation was undertaken in the form of an agreed plan on managing the NWDSS (Switching Service) through the data centre transition. This was successful. The longer-term plan will be included within the NDR work plan in conjunction with ISD, Integration Services and all other stakeholders.</p>			

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

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

NDR have confirmed that a plan to replace switching service functionality will be considered as part of the data strategy work. In the meantime a paper is being drafted within ISD to propose some immediate solutions in order to consider reducing the risk score.

**Recommendation from the risk owner:**

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

The recommendation is to continue to monitor the situation and whilst the data centre moves have taken place the fragility of the switching service remains due to its rigid nature and the inability to add to or amend it easily and so the score should be kept as is at this time.

**Meeting Comments/Feedback**

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

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

<b>Date of Report:</b>	25/10/21		
<b>Originator:</b>	Darren Lloyd – Head of Information Governance	<b>Risk Name:</b>	DHCW Functions
<b>Likelihood/Probability Rating (1-5):</b>	3	<b>Impact/Consequence Rating (1-5):</b>	4
<b>Risk Reference ID:</b>	DHCW0263	<b>Initial Score:</b>	12
<b>Target Score:</b>	4	<b>Current Score:</b>	12
<b>Background:</b> (a brief background history of the risk being reviewed)			
<p>On the 1<sup>st</sup> April 2020, NHS Wales Informatics Service transitioned to a Special Health Authority known as Digital Health and Care Wales (DHCW).</p> <p>As a statutory organisation, DHCW needs to ensure it has sound legal basis for the collection, processing and dissemination of Welsh resident data.</p>			
<b>Risk Description (IF....THEN.....RESULTING IN.....)</b> (Risk descriptions to include details of the associated impact)			
<p><b>IF</b> directions from Welsh Government do not provide a sound legal basis for the collection, processing and dissemination of Welsh resident data</p> <p><b>THEN</b> (i) partners, such as NHS Digital, may stop sharing data, (ii) DHCW may be acting unlawfully if it continues to process data</p> <p><b>RESULTING IN</b> (i) DHCW being unable to fulfil its intended functions regarding the processing of data, or, in the case of continued processing, (ii) legal challenge, or (iii) the need to submit a further application to the Confidentiality Advisory Group (which may not be successful) to assess the public interest in processing confidential data without a legal basis or consent.</p>			

**Mitigating Action Taken to Date:**

(Detail the actions already undertaken to mitigate the risk impact)

Actions set against Welsh Government to define a set of Directions that will enable DHCW to move forwards on BAU and to provide cover for important functions such as NDR.

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

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

In dialogue with Welsh Government policy leads, who own this action, they have provided the following update (as of 11/10/21):

“DHCW’s establishment functions and initial set of directions in the form of a letter has been published on the Welsh Government’s website (<https://gov.wales/digital-health-and-care-wales-establishment-and-functions>), to ensure that DHCW’s remit is clear for others to see. The WG have informed the Confidentiality Advisory Group of DHCW’s new statutory status and legal basis for processing data. Confidentiality Advisory Group have confirmed that they are content that we would no longer be requesting 251 support for the handling of data not related to research. The Welsh Government are planning to issue a new direction for DHCW regarding the collection of prescription data, which will test the process for issuing new directions.”

**Recommendation from the risk owner:**

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

Remain the same.

**Meeting Comments/Feedback**

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

Item 3.4vi Data Promise

DHCW RISK DEEP DIVE REPORT - To be completed by the Risk Owner			
<b>Date of Report:</b>	25/10/21		
<b>Originator:</b>	Darren Lloyd – Head of Information Governance	<b>Risk Name:</b>	Data Promise
<b>Likelihood/Probability Rating (1-5):</b>	3	<b>Impact/Consequence Rating (1-5):</b>	4
<b>Risk Reference ID:</b>	DHCW0264	<b>Initial Score:</b>	12
<b>Target Score:</b>	4	<b>Current Score:</b>	12
<b>Background:</b> (a brief background history of the risk being reviewed)			
<p>Welsh Government plan to develop a “data promise” for health and care, which assures citizens about how health and care information about them is being held and used, and consult on a wider set of principles for the use of data in the public sector.</p>			
<b>Risk Description (IF....THEN.....RESULTING IN.....)</b> (Risk descriptions to include details of the associated impact)			
<p><b>IF</b> the national conversation regarding the use of patient data (Data Promise) is delayed</p> <p><b>THEN</b> stakeholders and patients will not be assured that the proposed uses of Welsh resident data include sufficient controls to ensure data is treated responsibly, handled securely and used ethically.</p> <p><b>RESULTING IN</b> (i) potential challenges to proposed uses of data, and/or a loss of public/professional confidence, and (ii) a failure to realise the desired outcomes regarding ‘data and collaboration’ (effective and innovative uses of data, joined up services, better outcomes for individuals) set out in Welsh Government’s Digital Strategy.</p>			
<b>Mitigating Action Taken to Date:</b> (Detail the actions already undertaken to mitigate the risk impact)			
<p>Welsh Government Policy Leads to establish a timeframe for the supporting Data Promise.</p> <p>Conversations and updates provided by Welsh Government Policy Leads at the National Data Resource Information Governance Working group.</p>			



### Item 3.4vi Data Promise

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

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

In dialogue with Head of Data Policy in Welsh Government, who owns this action, the following update has been provided (as of 11/10/21):

“stakeholder engagement is underway on the Data Promise, with the aim of launching the Data Promise ‘publicity’ campaign in the first half of 2022.”

#### Recommendation from the risk owner:

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

Remain the same.

#### Meeting Comments/Feedback

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

# DIGITAL HEALTH AND CARE WALES

## INCIDENT REVIEW & LEARNING GROUP

### REPORT

Agenda Item	3.5
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	15 November 2021

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

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

Purpose of the Report	For Assurance
Recommendation	
The Digital Governance and Safety Committee is being asked to: <b>NOTE</b> the Report for <b>ASSURANCE</b> <b>APPROVE</b> the Terms of Reference for the IRLG (Appendix A)	

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

Additional definitions are included in the [Glossary of Terms and Definitions](#)

## 1 SITUATION/BACKGROUND

- 1.1 The purpose of the Incident Review and Learning Group (IRLG) is to have a single reporting group which covers all aspects of incident review and associated learning across the organisation, and to make and take forward recommendations for improvement. The finalised terms of reference for the group are shared at this Committee meeting for approval.
- 1.2 The outcome of reviews will support the work of the Board in the Shared Learning approach.
- 1.3 The IRLG acts as a replacement function of the predecessor organisation's Notifiable Events Assurance Group (NEAG) and the Organisational Learning Group (OLG), and for governance purposes reports to the Digital Governance and Safety Committee. Terms of Reference for IRLG are attached at Appendix A for approval.
- 1.4 This report will include information on all National Reportable Incidents by Digital Health and Care Wales (DHCW), as well as any ad hoc reviews undertaken, the purpose being to provide assurance to the Committee that all appropriate processes are being followed.
- 1.5 The first meeting of the group was held on 9th July 2021 and is chaired by the Chief Operating Officer. The group meets monthly with a session scheduled in for weekly briefs should this be required.
- 1.6 As this is a relatively new group formed within the organisation, the report will be expanded upon over time to include additional trending and analysis to provide further assurance to the Digital Governance & Safety Committee.

## 2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

### 2.1 Incident Review

The following report covers the **Quarter 2 period 1<sup>st</sup> July 2021 to 30<sup>th</sup> September 2021**

#### 2.1.1 Notification Period Compliance Summary

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

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

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

Timescales are defined by the relevant body, for further information see the [Glossary of Terms and Definitions](#)

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

There were two No Surprises / Sensitive Issue notifications reported to Welsh Government relating

to clinical incidents in Q2 (these were not classed as Serious Incidents (SIs).

One No Surprises / Sensitive Issue notification was reported to Welsh Government relating to a Workforce issue during the quarter.

### 2.1.2 Review Activity Progress Report (within reporting period)

This table provides a summary of review activity and consists of all reports that were either started (open) **or** closed within the reporting period. This includes ad hoc reviews which were undertaken but were not necessarily required to be notified to an appropriate body (typically internal DHCW technical reviews)

Type	Total Reviews in Quarter 2	Open Reviews (from those started in period)	Closed Reviews		
			Downgraded	Completed	Breached
Business Continuity	-	-	-	-	-
Clinical/ Patient Safety	4	1	0	3	0
Cyber Security	-	-	-	-	-
Health & Safety	-	-	-	-	-
Information Governance	-	-	-	-	-
Information Services	-	-	-	-	-
MHRA Reportable Event	-	-	-	-	-
Technical	6	3	0	3	0
Welsh Language Standards	-	-	-	-	-
<b>Total</b>	<b>10</b>	<b>4</b>	<b>0</b>	<b>6</b>	<b>0</b>

The 6 technical reviews that were undertaken relate to incidents impacting National Services. Impact assessments determined that these incidents did not trigger external notification requirements.

### 2.1.3 Complaints & Redress (within reporting period)

Type	Total Reviews in Quarter			Open Reviews	Total Reviews in Quarter		
	Q2	Previous Quarter	Change		Downgraded	Completed	Breached
Complaints	-	1	- 1	-	1	-	-
Redress	-	-	-	-	-	-	-
<b>Total</b>	-	1	- 1	-	1	-	-

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

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

Type	Total Reviews in Year	Open Reviews	Closed Reviews		
			Downgraded	Completed	Breached
Business Continuity	1	0	0	1	0
Clinical/ Patient Safety	9	4	0	5	0
Cyber Security	-	-	-	-	-
Health & Safety	-	-	-	-	-
Information Governance	-	-	-	-	-
Information Services	-	-	-	-	-
MHRA Reportable Event	-	-	-	-	-
Technical	16	3	0	13	0
Welsh Language Standards	-	-	-	-	-
<b>Total</b>	<b>26</b>	<b>7</b>	<b>0</b>	<b>19</b>	<b>0</b>

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

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

Type	Total Reviews in Year			Open Reviews	Total Reviews in Quarter		
					Downgraded	Completed	Breached
Complaints	1	-	-	0	1	-	0
Redress	-	-	-	-	-	-	-
<b>Total</b>	<b>1</b>	<b>-</b>	<b>-</b>	<b>0</b>	<b>1</b>	<b>-</b>	<b>0</b>

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

## 2.2 Lessons Learned, Recommendations, and Actions

### 2.2.1 Closed Incident Report Actions Identified

This table provides a summary of the number of actions identified from reviews completed during the current financial year which have been reviewed by the Incident Reporting and Learning Group during this financial year.

MI Title	Recommendations Identified as a result of MI Reviews	In Progress	Implemented	Rejected <sup>1</sup>
Welsh Radiology Information System	1	0	1	0
Citrix Patching	4	0	4	0
Total	5	0	5	0

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

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

## 2.2.2 Implemented Improvements

This table provides a summary of the learning and improvements identified following Major Incident Reviews:

Recommendation	Technical Area	Related ITIL Discipline	Action Type	Handler	Notifier	Target audience/ individual	Priority	Target Date	Status
Welsh Radiology Information System – Knowledge sharing around the activities of the Healthy Living applications and ensuring the phone settings were correct whilst on call	On-Call	Service Continuity	Knowledge Sharing	Mike Watts (MI Lead)	Gareth Evans (Software Manager)	All staff	Medium	31/07/2021	Complete
Citrix Patching - Changes of this scale (Over 1500 servers patched in an expedited manner) should have a likelihood of failure rating higher than 'Rare' and an Impact higher than 'Minor'	Patching	Change	Policy/Process reminder	Mike Watts (MI Lead)	Simon Medicke (Change Mgmt Lead)	ALL DHCW Change Managers	Low	25/10/2021	Complete
Citrix Patching - All future roll outs of the new Hospital Pharmacy System to have fully tested service continuity arrangements in place prior to go-live	Project	Service Continuity	Policy/Process reminder	Mike Watts (MI Lead)	Mike Watts (MI Lead)	Pharmacy Implementation Group	High	14/10/2021	Complete
Citrix Patching - Gold Image seal process changes to be reviewed by CAB for future approval	Server	Change	Policy/Process reminder	Mike Watts (MI Lead)	Simon Medicke (Change Mgmt Lead)	Infrastructure Change Manager/ Infrastructure Operations Lead	Medium	31/10/2021	Complete
Citrix Patching - SuperCAB to review Emergency changes 'post implementation' if subsequent issues arise in order to learn lessons	Other	Change	Policy/Process reminder	Mike Watts (MI Lead)	Simon Medicke (Change Mgmt Lead)	ALL DHCW Change Managers	Low	01/11/2021	Complete

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Actions will be removed from the report once they have been presented as Complete.

This section will be built upon as the IRLG becomes more established and improvements are identified and implemented to also include common themes and other findings.

### 3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD / COMMITTEE

#### 3.1 Items for Escalation

There are no matters or risks for escalation

#### 3.2 Additional activities of the Incident Review and Learning Group

The IRLG reviewed outcomes from a recent IM&T Advisory Review undertaken by NWSSP Internal Audit and were satisfied that arrangements were in place within DHCW to address all recommendations.

### 4 RECOMMENDATION

The Digital Governance and Safety Committee is being asked to:

**NOTE** the contents of this report for **ASSURANCE** and **APPROVE** the Terms of Reference for the IRLG.

## 5 GLOSSARY OF TERMS AND DEFINITIONS

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

Information Governance Timescales	<p>Incidents falling under General Data Protection Regulations 2018 (GDPR) – Incidents that occur should be reporting to the Information Commissioners Office (ICO) within 72 hours</p> <p>The lead for reporting is the <b>Head of Information Governance</b></p>
Information Services Timescales	<p>There are no defined timescales for the notification of technical incidents to appropriate bodies, however where a technical incident has additional impact (for instance Information Governance) then the most appropriate notification model should be used.</p> <p>The lead for reporting is the <b>Head of Information &amp; Health Records Programmes</b></p>
MHRA	Medicines and Healthcare products Regulatory Authority
MHRA Reportable Event	<p>Incidents falling under the Medical Devices Regulations should be reported to the MHRA as soon as possible. Serious cases should be reported by the fastest means possible. Timescales are based on severity and reportable within 2, 10 and 30 days.</p> <p>The lead for reporting is the <b>Quality Manager (Regulatory Compliance)</b></p>
Notification Period	The period of time to report an incident to the most appropriate body
Patient Safety Incident Reporting Timescales	<p>Incidents falling under the NHS Wales National Incident Reporting Policy should be reported to the NHS Delivery Unit within 7 days</p> <p>The lead for reporting is the <b>Serious Clinical Incident Investigations Manager</b></p>
Preventative Action	Action to eliminate the cause of a potential nonconformity or other potential undesirable situation
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. Incidents that happen should be reported to the Health and Safety Executive (HSE)
Technical Reporting Timescales	<p>There are no defined timescales for the notification of technical incidents to appropriate bodies, however where a technical incident has additional impact (for instance Clinical or Security) then the most appropriate notification model should be used.</p> <p>The lead for reporting is the <b>Service Management Team Manager</b></p>
Welsh Language Standards Reporting Timescales	<p>Complaints received under the Welsh Language Standards should be managed in line with the organisations complaints policy.</p> <p>The lead for reporting is the <b>Board Secretary</b></p>

## 6 IMPACT ASSESSMENT

<b>STRATEGIC OBJECTIVE</b>	Delivering High Quality Digital Services
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<b>CORPORATE RISK</b> (ref if appropriate)	<b>N/A</b>
--	------------

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

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

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

<b>EQUALITY IMPACT ASSESSMENT STATEMENT</b>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: This report is a summary of all incidents reviewed under the organisation's review processes. No requirement for EQIA	

<b>APPROVAL/SCRUTINY ROUTE:</b>		
Person/Committee/Group who have received or considered this paper prior to this meeting		
<b>COMMITTEE OR GROUP</b>	<b>DATE</b>	<b>OUTCOME</b>
Notifiable Events Assurance Group	15/10/2021	Approved

IMPACT ASSESSMENT	
<b>QUALITY AND SAFETY</b> IMPLICATIONS/IMPACT	<p>Yes, please see detail below</p> <p>Report provides summary of all reportable incidents and any quality and safety activities undertaken as remediation. Should the remedial required action not be undertaken there could be a detrimental impact on quality and safety.</p>
<b>LEGAL</b> IMPLICATIONS/IMPACT	<p>Yes, please see detail below</p> <p>Report provides summary of all reportable incidents include any which meet out legal, regulatory, and statutory requirements. Should corrective and remedial action not be undertaken appropriately there could be a legal impact.</p>
<b>FINANCIAL</b> IMPLICATION/IMPACT	<p>Yes, please see detail below</p> <p>Report contains summary of any incidents where redress is required. Some incidents may result in financial penalties for the organisation.</p>
<b>WORKFORCE</b> IMPLICATION/IMPACT	<p>No, there is no direct impact on resources as a result of the activity outlined in this report.</p>
<b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	<p>No. there are no specific socio-economic implications related to the activity outlined in this report</p>

# TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

## INCIDENT REVIEW AND LEARNING GROUP

<b>Document Version</b>	d0 6
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<b>Status</b>	Draft
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Document author:	Keith Reeves [Service Management Team Manager]
Approved by	Michelle Sell [Chief Operating Officer & Chair of IRLG]
Date approved:	
Review date:	

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

<b>STRATEGIC OBJECTIVE</b>	All Objective apply
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<b>WELL-BEING OF FUTURE GENERATIONS ACT</b>	A resilient Wales
If more than one standard applies, please list below:	

<b>DHCW QUALITY STANDARDS</b>	Choose an item.
If more than one standard applies, please list below: ISO 20000, ISO 27001, BS10008, ISO 13485, ISO 9001, ISO 14000	

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

<b>EQUALITY IMPACT ASSESSMENT STATEMENT</b>	Date of submission:
Choose an item.	Outcome:
Statement:	

<b>APPROVAL/SCRUTINY ROUTE:</b> Person/Committee/Group who have received or considered		
COMMITTEE OR GROUP	DATE	OUTCOME
Notifiable Events Assurance Group	01/08/2021	Approved
Incident Review and Learning Group	15/10/2021	Approved
Digital Governance and Safety Committee	15/11/2021	

<b>IMPACT ASSESSMENT</b>
Yes, please see detail below

<b>QUALITY AND SAFETY</b> IMPLICATIONS/IMPACT	Implications for these terms of reference reflect the requirements for review after any quality and safety related incident
<b>LEGAL</b> IMPLICATIONS/IMPACT	<p>Yes, please see detail below</p> <p>Implications for these terms of reference reflect the legal requirements around reporting and review for Health and Safety, The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011, General Data Protection Regulations, and the The Security of Network &amp; Information Systems Regulations (NIS Regulations)</p>
<b>FINANCIAL</b> IMPLICATION/IMPACT	<p>Yes, please see detail below</p> <p>Implications for these terms of reference reflect requirements under The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011, notably around redress</p>
<b>WORKFORCE</b> IMPLICATION/IMPACT	<p>No, there is no direct impact on resources as a result of the activity outlined in this report.</p>
<b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	<p>No. there are no specific socio-economic implications related to the activity outlined in this report</p>



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# 1 DOCUMENT HISTORY

## 1.1 REVISION HISTORY

Date	Version	Author	Revision Summary
19/05/2021	D01	Keith Reeves	First draft as example document for proposal to form group
17/06/2021	D02	Keith Reeves	Formatted draft for submission to Notifiable Events Assurance Group for initial feedback
09/07/2021	D03	Keith Reeves	Formatted draft for submission to Incident Review and Learning Group. Initial feedback and comments received in meeting, incorporated as comments within document
14/07/2021	D04	Keith Reeves	Responses to comments incorporated, ready for resend for final review by membership
24/09/2021	D05	Julie Ash	IRLG Review
15/10/2021	D06	Julie Ash	Updated to reflect approval of IRLG


## 1.2 REVIEWERS

This document requires the following reviews:


Date	Version	Name	Position
15/10/2021	D06	Michelle Sell Julie Ash	Chief Operating Officer & Chair Head of Corporate Services
15/10/2021	D05	Incident Review & Learning Group	n/a

## 1.3 AUTHORISATION

Signing of this document indicates acceptance of its contents.

<b>Author's Name:</b>	Keith Reeves
<b>Role:</b>	Service Management Team Manager
<b>Signature:</b>	<div style="text-align: center;">   <hr style="border: 0; border-top: 1px solid black; width: 300px; margin: 0 auto;"/> Author </div>

<b>Approver's Name:</b>	Michelle Sell
<b>Role:</b>	Chair – Chief Operating Officer

Signature:	 <hr style="border: 1px solid black; margin: 5px 0;"/> Approver
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## 1.4 DOCUMENT LOCATION

Type	Location
Electronic	Approved version – Integrated Management System

## 2 PURPOSE OF THE GROUP

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

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

## 3 OBJECTIVES OF THE GROUP

The scope of the group covers all reactive investigation reports including the following incident types:

- Clinical
- Patient Safety
- Technical
- Information Governance
- Cyber Security
- Health & Safety
- Business Continuity
- Quality & Regulatory Compliance
- Information Services
- Welsh Language Act

The Incident Review and Learning Group has responsibility for the following activities.

### 3.1 Incident Review and Escalation

- Approval and sign off of all investigation reports covered under associated regulations, frameworks, standards, and policies such as The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 (AKA Putting Things Right), or the Welsh Government Cyber Communications Framework
- Monitoring of the decision making and approval of notifications to Welsh Government through Early Warning processes, Delivery Unit through Serious Incident reporting, and other interested parties, in line with relevant frameworks and policies
- Identification of any communications to stakeholders required, prior to the release of a signed off report, or as a result of any urgent findings during an incident review
- Any issues identified relating to The National Health Service (Concerns, Complaints and Redress Arrangements<sup>2</sup>) (Wales) Regulations 2011 commonly referred to as Putting Things Right
- Ensure that appropriate reporting into the National Reporting and Learning System (NRLS) central database of patient safety incident reports is undertaken

### 3.2 Actions and Lessons Learned

- Corrective Actions review for MI / CI related improvements
- Identification and recommendation of improvements relating to the output from thematic reviews of incidents.
- Evaluation and reflection of lessons learned and ensuring sustainability of improvements, include the consideration of the impact that these lessons and improvements would have on stakeholders
- Identification and implementation of recommendations relating to relevant external reviews and findings for example:
  - Welsh Government safety alerts
  - UK Gov Department of Health field safety notices, national patient safety alerts, device safety information, and medicines recall/notifications
  - National Patient Safety Alerting Committee (NaPSAC).
  - Information Commissioners Office (ICO)
- Identify potential Board patient/stakeholder stories for the benefit of organisational learning

### 3.3 Reporting

- Reporting and escalation up to the Digital Governance and Safety Committee
- Development, implementation and review of relevant KPIs for the group's activities

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<sup>2</sup> “**concern**” means any complaint; notification of an incident concerning patient safety or, save in respect of concerns notified in respect of primary care providers or independent providers, a claim for compensation;

“**complaint**” means any expression of dissatisfaction;

“**incident concerning patient safety**” means any unexpected or unintended incident which did lead to or could have led to harm for a patient;

including the monitoring of compliance with them, and providing reports on compliance with them to the Digital Governance and Safety Committee (where required)

- Performance Management of the Incident Review process through Management Board reporting
- Compilation of the annual report for [Putting Things Right = The National Health Service \(Concerns, Complaints and Redress Arrangements\) \(Wales\) Regulations 2011](#)
- Commissioning of any learning reports and thematic reviews based on internal identification of issues and/or national guidance received from Welsh Government or Delivery Unit.

### 3.4 Assurance of Incident Review Process(es)

- Policy review and sign off (all processes associated with incident review)
- Input into external audits relevant to the organisation's compliance to ISO and associated standards, or through externally commissioned reviews (i.e. Internal Audit, Audit Wales or Public Accounts Committee (PAC))
- Ensure compliance with the NHS Wales National Incident Reporting Policy

## 4 MEETINGS

Meetings will be held monthly and consist of two parts.

The first part of the meeting will focus on the sign off of reports, organisational learning and organisational performance surrounding incident reviews, the identification and acceptance of recommendations, as well as the implementation of improvements as a result of lessons learned through the incident review processes within the organisation.

The second part will be a private session discussing current Incident Reviews, the purpose to discuss new and existing issues of which some maybe of a sensitive nature and will be subject to Chatham House rules.

In addition, where timescales need to be met weekly meetings will be held on an exception basis for the review of new incidents

Meetings will be held virtually unless there is a requirement to meet face to face.

## 5 MEMBERSHIP

Chair – Chief Operating Officer

Scribe – Planning Co-ordinator – Corporate Services

Deputy Chair – Service Management Team Manager

### Part A – Review Acceptance and Organisational Learning

**Includes membership from Part B**

Subject Area	Lead	Deputy
Quality & Regulatory	Quality Manager (Regulatory Compliance)	Head of Quality
Workforce & Organisational Development	Organisational Development, Culture & Engagement Lead	Head of Workforce & Organisational Development
Patient Safety	Patient Safety Manager	Alternative Patient Safety Manager
Operational Services	Chair of Operational Services Group (Head of Service Management)	Deputy Chair of Operational Services Group (Interim Head of Cyber Security)
Organisational Performance	Organisational Performance Lead	Head of Organisational Performance
Service Improvement	Head of Service Improvement	
Finance (inc. Redress)	Head of Financial Services & Reporting	Head of Management Accounting
ICT	TBC	TBC
Application Development & Support	TBC	TBC

## Part B - Incident Review

Review Area	Lead	Deputy
Clinical Incidents	Serious Clinical Incident Investigations Manager	Patient Safety Manager
Technical Incidents	Service Management Team Manager	Principal Specialist (Service Level Management)
Information Governance	Head of Information Governance	Information Sharing & Integration Governance Manager
Health & Safety	Head of Corporate Services	Estates & Compliance Manager
Cyber Security	Interim Head of Cyber Security	TBC
Business Continuity	TBC	TBC
Communications	Head of Communications	Assistant Head of Communications
Quality / MHRA Reportable	Quality Manager (Regulatory Compliance)	Head of Quality
Information	Information Programmes and Planning Lead	Head of Information & Health Records Programmes

## 6 KEY RELATIONSHIPS

### Internal Relationships

- Operational Services Board
- Operational Services Group

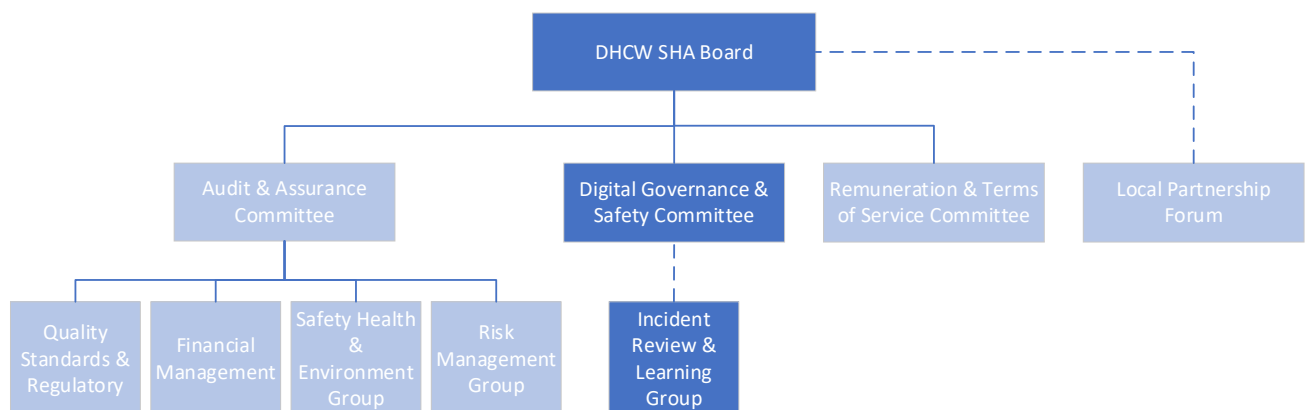
- Risk Management Group
- Quality Standards & Regulatory
- Safety, Health & Environment Group
- Financial Management
- Others to be determined

External relationships (to cover requirements for the sharing of learning and incident escalation)

- Welsh Government
- NHS Wales Delivery Unit
- National Reporting & Learning System
- Emergency Planners Advisory Group (inc. working groups and Local Resilience Forums)
- National Cyber Security Centre
- Information Commissioners Officers
- Medicines and Healthcare products Regulatory Agency
- Welsh Risk Pool
- Health & Safety Executive
- Welsh Information Governance Board (WIGB)
- Information Governance Management Advisory Group (IGMAG)
- Others to be determined

## 7 GOVERNANCE

The Incident Review and Learning Group will have responsibility for providing reporting and notification up to the Digital Safety and Governance Committee, as well as providing representation and input into existing national groups and committees (i.e. NRLS and EPAG)



## 8 REFERENCES

DOCUMENT	VERSION
<a href="#">The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011</a>	
<a href="#">NHS Wales National Incident Reporting Policy</a>	

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## 9 DEFINITIONS

TERM	DEFINITION
SHA	Special Health Authority
OSG	Operational Services Group
OSB	Operational Services Board
NSMB	National Service Management Board
NEAG	Notifiable Events Assurance Group
SI	Significant / Serious Incident
DG&S	Digital Governance & Safety Committee
NaPSAC	National Patient Safety Alerting Committee
PTR	Putting Things Right
MI	Major Incident
CI	Clinical Incident
NRLS	National Reporting and Learning System
EPAG	Emergency Planners Advisory Group

## 10 ATTACHMENTS



## DIGITAL HEALTH AND CARE WALES

### INFORMATION GOVERNANCE UPDATE REPORT

Agenda Item	3.6i
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	15 November 2021

Public or Private	Public
IF PRIVATE: please indicate reason	Choose an item.

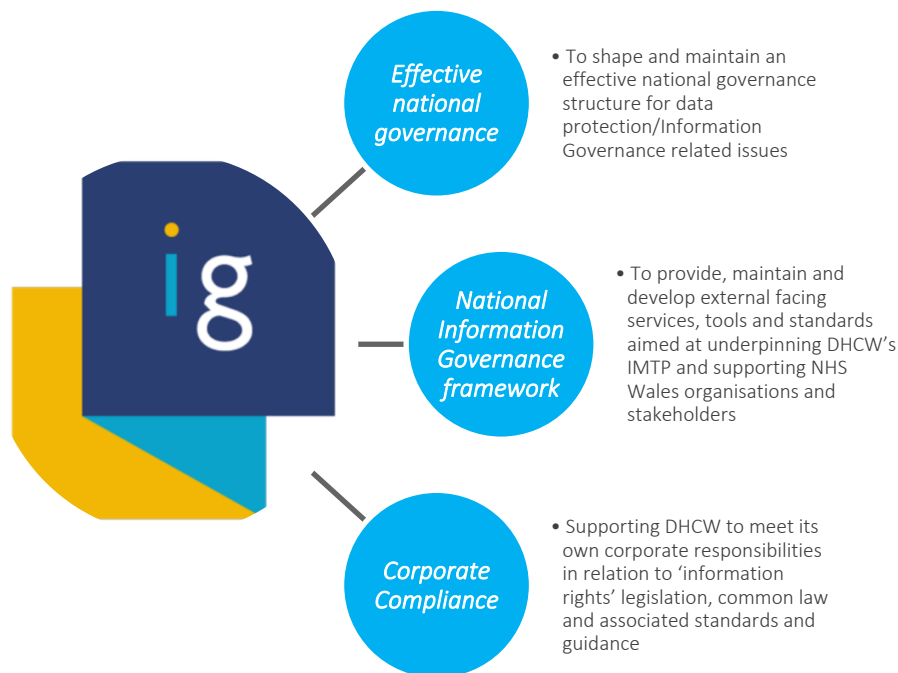
Executive Sponsor	Rhidian Hurle, Medical Director and Caldicott Guardian
Prepared By	Marcus Sandberg, DHCW Information Governance
Presented By	Darren Lloyd, Head of Information Governance and Data Protection Officer

Purpose of the Report	For Assurance
Recommendation	
The Board is being asked to: Note this report from the DHCW Information Governance team for <b>ASSURANCE</b> .	

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

## 1 SITUATION/BACKGROUND

- 1.1 This report is presented to Committee to provided assurance about the way in which Digital Health and Care Wales (DHCW) manages its information about patients and staff and highlights compliance with Information Governance (IG) legislation and standards.
- 1.2 This report complements the DHCW IG three-year IG strategy, which sets out how the Information Governance Team supports the delivery of DHCW's statutory functions and contribute to its Integrated Medium-Term Plan (IMTP) and associated business plans.
- 1.3 This report outlines key assurance activities to the Committee for the reporting period of **22<sup>nd</sup> July 2021 to 22<sup>nd</sup> October 2021**. Relevant updates from this reporting period are provided based around the core responsibilities of the Information Governance team, as set out in the DHCW IG three-year IG strategy:



## 2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

### 2.1 Effective National Governance

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

Relevant updates for this Committee period:

- 2.1.1 The Chief Executive, Medical Director / Caldicott Guardian and Head of Information Governance / Data Protection Officer met with the Head of Information Commissioner's Office's (ICO) Regions who is responsible for leading the ICO's Welsh, Scottish and Northern Ireland offices. DHCW were invited to discuss their approach to Information Governance compliance following their transition into a Special Health Authority.
- 2.1.2 The Wales Information Governance Board, an independent, non-statutory forum set up by the Minister of Health and Social Care for Wales to advise on Information Governance in Wales, met in October 2021. Topics discussed included Information Governance implications of COVID-19, Wales' approach to NHSX's Records Management Code of Practice and a summary of how information flows are captured in NHS Wales.
- 2.1.3 The National Data Resource (NDR) Information Governance Working Group continues to meet, discussing Welsh Government actions which affect the NDR including topics such as the data promise and DHCW's statutory functions to process information, which would allow DHCW to confidently process data in line with the NDR programme's aims and visions.

### 2.2 National Information Governance Framework

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

Relevant updates for this Committee period:

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

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

DPIA process is embedded within DHCW via the Wales Informatics Assurance Process and are signed off by the Head of Information Governance.

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

DPIAs started within reporting period				
Project	Internal/External	Date Started	Progress	Last update
113 Cancer Multi Disciplinary Team Plan eform	External	24/08/2021	With the project	24/08/2021
114 Cancer dataset eform	External	24/08/2021	With the project	24/08/2021
115 Rehab Services Dataset: (Powys)	External	26/08/2021	With the project	26/08/2021
115 Welsh Clinical Portal Patient Warnings	External	09/09/2021	With the project	10/09/2020

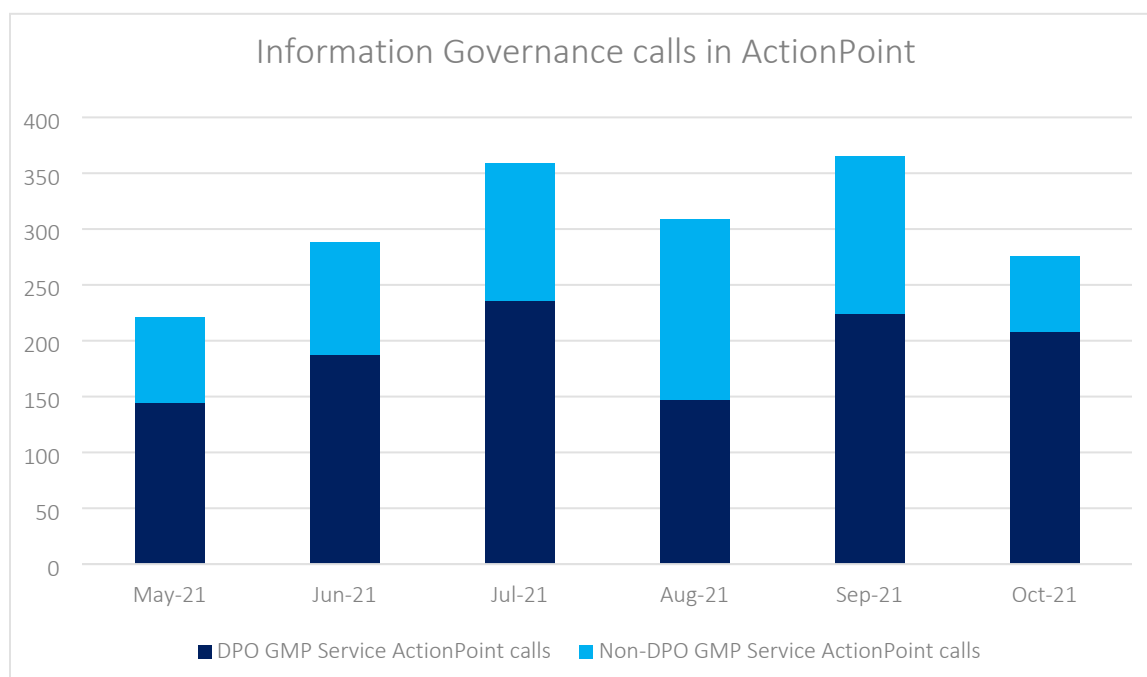
DPIAs signed off in reporting period				
Project	Internal/External	Date Started	Progress	Last update
Adverse Reactions	External	Unknown	Signed off	16/09/2021
036 Welsh Information Solution for Diabetes Management – Welsh Clinical Portal Diabetes view	External	02/03/2020	Signed off	21/10/2021
083 Welsh Clinical Data Repository - openEHR Treatment Repository	External	15/12/2020	Signed off	07/09/2021
087 Welsh Information Solution for Diabetes Management Antenatal	External	28/01/2021	Signed off	21/10/2021
096 HaemBase Cymru Data to Janssen	External	23/03/2021	Signed off	24/08/2021
105 Welsh Ambulance Service Trust Electronic Patient Clinical Record	External	07/05/2021	Signed off	18/10/2021
109 CaNISC Minimal Viable Product Observations	External	09/07/2021	Signed off	10/08/2021

## 2.2.2 Number of calls into DHCW Information Governance Actionpoint System

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

All calls are handled in accordance with the DHCW Standard Operating Procedure – [SOP-IG-002 Logging IG Work Activities in ActionPoint](#).

DHCW Committee Members are provided with graphs to display the total number of IG calls received via ActionPoint in the last 6 months and how many of these calls related to the Data Protection Officer Service for GMPs:



## 2.3 Corporate Compliance

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

Relevant updates for this Committee period:

### 2.3.1 Information Governance Toolkit actions

The Welsh Information Governance Toolkit (IG Toolkit) is a self-assessment tool enabling organisations to measure their level of compliance against national Information Governance standards and legislation. The assessment helps identify areas which require improvement and aims to demonstrate that organisations can be trusted to maintain the confidentiality and security of both personal and business information

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

Following completion of the 2020-2021 IG Toolkit, DHCW identified the following actions (which were previously presented to Committee in August's meeting):

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

Individual's Rights and Obligations – Right to be Informed	Review privacy information.	Medium	Complete
Individual's Rights and Obligations - Rights related to profiling and automated decision	Review Data Protection Impact Assessment template.	Low	Complete
Technical Security, Physical Security and Organisational Measures	Information Governance training for staff members using CCTV footage.	Low	Not started

Further details about these actions are provided in Appendix A.

The 2021-2022 IG Toolkit for Health Boards, Trusts and Special Health Authorities has commenced in October 2021. The deadline for submission is 31<sup>st</sup> March 2022. The DHCW team will continue progress on the above actions whilst completing the 2021-22 IG Toolkit.

Action ref 20210811 – A05 from the August 2021 Committee (Information Governance Toolkit Benchmarking between DHCW and other Health Boards, Trusts and SHA's be brought back for information) is provided at Appendix B for information.

### 2.3.2 IG Incidents and Complaints:

All IG incidents are reported using the DHCW Datix system. All IG incidents are risk assessed using the DHCW Standard Operating Procedure - [SOP-IG-004 Personal Data Breach Reporting and Management v7.0](#) and reported to Welsh Government (WG) and the Information Commissioner's Office (ICO) when required. The below table provides an outline of any IG incidents within the reporting period.

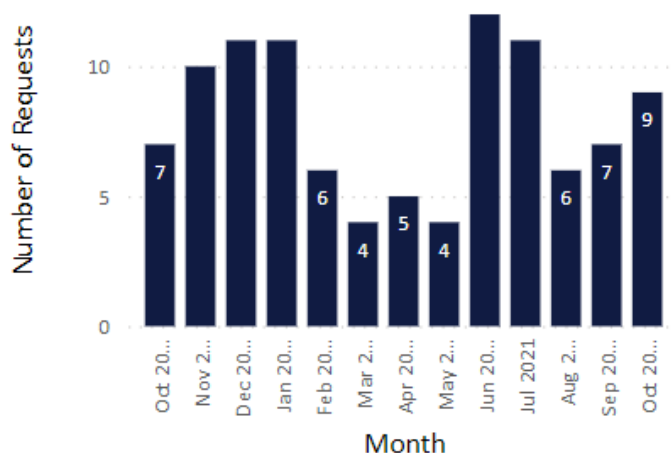
Category	Sub Category	Number of incidents	Self-Reported to ICO / WG	Complaints made to the ICO
Data Protection & Confidentiality	Breach of Data Protection Principle	0	0	0
	Code of Practice Breach	0	0	0
	Inappropriate disclosure of confidential information	2	0	0
Freedom of Information	Request over 20-day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

Total	0	0	0
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### 2.3.3 Information Governance Requests for Information

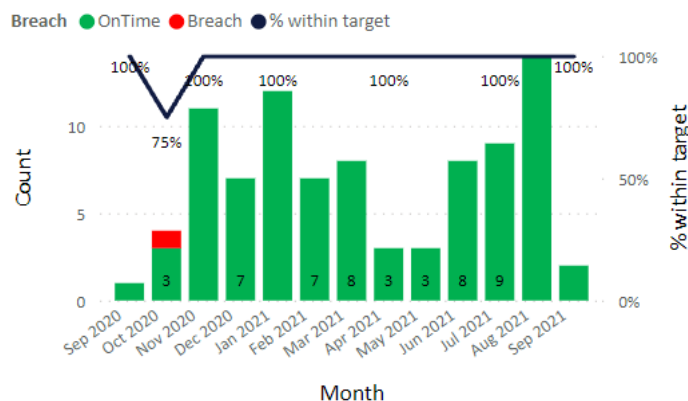
Members of the public are entitled to request information from public authorities. This includes information about themselves (Subject Access Requests) or information held by public authorities (Freedom of Information Act and Environmental Information Regulations requests). DHCW are required to respond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

#### Requests Received



25 Freedom of Information Act (FOIA) requests were received by DHCW between 22<sup>nd</sup> July and 22<sup>nd</sup> October 2021.

#### Response



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

One FOIA response in October 2020 was answered outside of the statutory timescales and has been previously discussed at NWIS Executive Board. The breach was a result of Covid-19 workloads and breached by 5 working days.

#### Outstanding Requests

8

Open

There are currently 8 FOIA requests outstanding, all of which are within the statutory timescale to respond.



FOIA Requests Received within the reporting period by rating*			
	Minor	Amber	Major
July 2021	3	0	0
August 2021	4	2	0
September 2021	4	3	0
October 2021	7	2	0

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

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

DHCW also received 5 Subject Access Requests within this period, all of which were responded to within the statutory timescales.

### 3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 No issues of escalation to Committee.

### 4 RECOMMENDATION

4.1 The Board is being asked to **NOTE** this report from the DHCW Information Governance team.

### 5 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply
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CORPORATE RISK (ref if appropriate)	
-------------------------------------	--

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

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

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

<b>EQUALITY IMPACT ASSESSMENT STATEMENT</b>	Date of submission:
Choose an item.	Outcome:
Statement:	

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

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

## 6 APPENDIX A – IG TOOLKIT ACTIONS

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

IG Toolkit section: Business Responsibilities - Information Governance Management	
Action 2 – Action Plan	Risk
<p>Developing an action plan from the submission of the IG Toolkit is a key part to ensuring</p>	<p>Not addressing areas of improvement</p>

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<p>compliance with IG legislation and standards.</p> <p>Actions should be identified, monitored, progressed and reported to ensure the level of compliance in these areas are improved. This will result in improving next year's submission of the IG Toolkit, and in turn, improving the organisations compliance with IG legislation and standards.</p> <p>The previous submission of the IG Toolkit was particularly pertinent, as the deadline for submission was 31st March 2021. Therefore, the evidence provided was in relation to NWIS' Information Governance compliance (i.e. before NWIS transitioned to DHCW on the 1st April 2021). The actions identified will take into account any actions required as a result of DHCW's transition from a hosted organisation to a Special Health Authority (ie where the organisation was reliant on Velindre University NHS Trust for policies etc).</p>	<p>from a previous IG Toolkit entry reduces DHCW's compliance with IG legislation and standards.</p>
<b>Recommendation</b>	<b>Priority Level</b>
Develop and implement a DHCW Welsh IG Toolkit action plan.	<b>Medium</b>
<b>Management Response</b>	<b>Responsible Officer /Deadline</b>
<p>This document forms the DHCW Welsh IG Toolkit action plan. Further thought needs to be given as to how the IG monitor these actions. IG have considered whether these actions should be recorded and monitored as risks (see Action 6).</p>	<p><b>Action</b> – DHCW Welsh IG Toolkit action plan to be provided to Committee for support and ownership of the identified actions.</p> <p><b>Marcus Sandberg – Information Governance</b></p> <p>Target date – August 2021 <b>Complete</b></p>

<b>IG Toolkit section: Business Responsibilities – Information Sharing</b>	
<b>Action 3 – IG Framework commitment</b>	<b>Risk</b>
<p>DHCW Information Governance manage and encourage organisations to sign up to the Wales Accord on the Sharing of Personal Information (WASPI) and the Welsh Control Standard for Electronic Health and Care Records (The Welsh Control Standard). DHCW was previously</p>	<p>DHCW could be criticised for hosting these frameworks and encouraging others to sign up without being signed up</p>

<p>covered, as NWIS, under Velindre University NHS Trust's sign ups. Therefore, it is advised that DHCW commit to these frameworks.</p> <ul style="list-style-type: none"> <li>• The Wales Accord on the Sharing of Personal Information (WASPI) is a framework to help public service providers share personal information safely, effectively and lawfully.</li> <li>• The Welsh Control Standard for Electronic Health and Care Records (The Welsh Control Standard) describes the principles and common standards that apply to systems that share electronic health and care records in Wales for the purpose of providing 'direct care'.</li> </ul>	<p>themselves.</p>
<b>Recommendation</b>	<b>Priority Level</b>
DHCW to sign up to the WASPI and the Welsh Control Standard.	<b>Low</b>
<b>Management Response</b>	<b>Responsible Officer /Deadline</b>
<p>WASPI and the Welsh Control Standard are key parts of DHCW's National Information Governance framework, which provides NHS organisations and external stakeholders services, tools and standards to improve and maintain their information governance responsibilities. Signing up to these frameworks will commit DHCW to following the principles set out in the WASPI Accord and Welsh Control Standard, which DHCW already meet.</p> <p>Sign up will require sign off by a designated person (the Chief Executive and the Caldicott Guardian) and the Data Protection Officer (Head of Information Governance).</p> <p><b>Current Action:</b> DHCW IG team to arrange DHCW to sign up to these frameworks.</p>	<p><b>Action</b> – DHCW to sign up to WASPI and Welsh Control Standard</p> <p><b>Darren Lloyd – Head of Information Governance</b></p> <p>Target date – December 2021</p>

<b>IG Toolkit section: Business Responsibilities - Freedom of Information Act and Environmental Information Regulations</b>	
<b>Action 4 - Publication Scheme</b>	<b>Risk</b>
<p>In addition to responding to requests for information, the Freedom of Information Act 2000 outlines that public authorities must publish information proactively in the form of a publication scheme. The legislation requires public authorities to have a publication scheme, approved by the Information Commissioner's Office (ICO) and to proactively publish</p>	<p>DHCW may be subject to notices or fines from the ICO for not complying with the Freedom of Information Act 2000.</p>

information covered by the scheme.	
The scheme must set out DHCW's commitment to make certain classes of information routinely available, such as policies and procedures, minutes of meetings, annual reports and financial information.	
<b>Recommendation</b>	<b>Priority Level</b>
Develop and maintain a publication scheme and disclosure log.	<b>Medium</b>
<b>Management Response</b>	<b>Responsible Officer /Deadline</b>
<p>Work has been undertaken setting out what is involved in creating a Publication Scheme.</p> <p>The IG team will require Committee support as this task will require assistance from other departments in creating and maintaining a publication scheme (including communications, corporate services, finance).</p> <p><b>Current Action:</b> Further discussions to be held with the Board Secretary about creating a publication scheme.</p>	<p><b>Action</b> – Further discussions to be held with the Board Secretary about creating a publication scheme.</p> <p><b>Marcus Sandberg – Information Governance</b></p> <p>Target date – January 2022</p>

IG Toolkit section: Business Responsibilities - Privacy Electronic Communications Regulations	
<b>Action 5 - Privacy and Electronic Communications Regulation</b>	<b>Risk</b>
<p>The Privacy and Electronic Communications Regulations (PECR) give individuals specific privacy rights in relation to electronic communications.</p> <p>The extent to which PECR affects DHCW's activity needs consideration as DHCW does not undertake electronic communications such as marketing calls, emails, texts and faxes.</p> <p>The main PECR area for DCHW's consideration is website cookies. DHCW's position on cookies not only affects DHCW websites but also websites for NHS Wales organisations or affiliates, such as Health Boards and Trusts that use the national content management system. DHCW's current position on cookies needs to be reviewed to ensure this is compliant.</p>	<p>The ICO can take action against organisations that are non-complaint with PECR including issuing fines.</p>
<b>Recommendation</b>	<b>Priority Level</b>
Consider Privacy and Electronic Communications Regulation applies	<b>Low</b>

Management Response	Responsible Officer /Deadline
<p>DHCW's main consideration in relation to PECR is cookies. DHCW's compliance with cookie legislation was first questioned in 2019 via Software Development. An options paper was jointly developed and shared with NHS Wales Information Governance leads and Mura SMB, agreeing on which recommendation was most suited.</p> <p>Next actions on procuring/developing a cookie management tool are on the Software Development team, although this has slowed due to workload/COVID-19. It was noted that any software to manage cookies would be procured 'off-the shelf'.</p> <p><b>Current Action:</b> Software development to move this forward by looking into procurement/development for a cookie tool to meet the agreed option.</p>	<p><b>Action</b> – Awaiting update from software development.</p> <p><b>John Sweeney – Information Governance</b></p> <p>Target date – January 2022</p>

IG Toolkit Section: Business Management – IG Risk Register	
Action 6 - Information Governance risks	Risk
<p>DHCW has a risk management policy, setting out how it manages information risk, how it monitors compliance and a process for staff to report and escalate information governance or data protection concerns and risks.</p> <p>The DCHW Information Governance team needs to review the policy to ensure they are delivering the policy requirements</p>	<p>IG team to ensure it delivers policy requirements</p>
Recommendation	Priority Level
Consider how Information Governance risks are recorded and managed.	<b>Medium</b>
Management Response	Responsible Officer /Deadline
<p>The DHCW IG team need to consider developing a risk register for their team and a process on how these are escalated.</p> <p><b>Current Action:</b> DHCW IG team to consider position.</p>	<p>Action – DHCW IG team to consider position.</p> <p><b>John Sweeney – Information Governance</b></p> <p>Target date – December 2021</p>

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

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



Access to Information) were approved by Board on 1 <sup>st</sup> April 2021.	<p>polices in place.</p> <p><b>Andrew Fletcher – Information Governance</b></p> <p>Target date – April 2021 <b>Complete</b></p>
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IG Toolkit Section: Individual's Rights and Obligations – Right to be Informed	
Action 9 - Privacy information	Risk
<p>Under UK GDPR, individuals have the right to be informed about the collection and use of their personal data. This includes how we process personal information about both members of the public and our own staff.</p> <p>One method of informing is through privacy policies/notices. In light of the change to a Special Health Authority, DHCW will need to review their existing privacy policies/notices to ensure they are still appropriate.</p>	Not being transparent about how we collect and use personal data would be non-compliant with data protection legislation.
Recommendation	Priority Level
Review privacy information.	<b>Medium</b>
Management Response	Responsible Officer /Deadline
<p>DHCW's privacy information has been updated including:</p> <ul style="list-style-type: none"> <li>• Privacy notice for members of the public</li> <li>• Privacy notice for staff</li> <li>• Privacy notice for members of the public specifically in relation to information held during the pandemic.</li> </ul>	<p><b>Action</b> – Review and publish privacy information</p> <p><b>Marcus Sandberg – Information Governance</b></p> <p>Target date – July 2021 <b>Complete</b></p>

IG Toolkit Section – Individual's Rights and Obligations - Rights related to profiling and automated decision	
Action 10 - Data Protection Impact Assessment template	Risk
Data Protection Impact Assessment (DPIA) is a process to help organisations identify and minimise the data protection risks of a service, system or project. It is a legal requirement to	Result in a lower score in the IG Toolkit, where not aligning with the DPIA

<p>complete a DPIA for processing that is likely to result in a high risk to individuals and good practice for any major projects which requires the processing of personal data.</p> <p>The DPIA process is well established within DHCW with the need for a DPIA being identified through the Welsh Informatics Assurance Group (WIAG) process</p> <p>It was identified, through completion of the IG Toolkit, that the DPIA template could be updated to reflect some of the questions asked within the IG Toolkit, in particular, questions concerning the Right to Automated Decision Making.</p>	<p>template.</p>
<b>Recommendation</b>	<b>Priority Level</b>
Review Data Protection Impact Assessment template.	<b>Low</b>
<b>Management Response</b>	<b>Responsible Officer /Deadline</b>
<p>The ICO provided some feedback on the National DPIA template through a group of Information Governance leads for Health Boards and Trusts.</p> <p>The DPIA template was updated in line with the ICO's comments, the IG Toolkit questions and feedback from the Information Governance team.</p>	<p><b>Action</b> – Review Data Protection Impact Assessment template</p> <p><b>Marcus Sandberg – Information Governance</b></p> <p>Target date - <b>Complete</b></p>

IG Toolkit Section - Technical Security, Physical Security and Organisational Measures	
<b>Action 11 – CCTV Information Governance training</b>	<b>Risk</b>
<p>CCTV records personal data by capturing images of individuals. It was noted that security guards do not complete Statutory and Mandatory training, and therefore do not undertake the same IG training as the rest of DHCW staff.</p> <p>As security guards are responsible for CCTV, they should be aware of their IG responsibilities of dealing with personal data. Corporate Services are already involved in the process of CCTV footage and are aware that requests for disclosure should be checked with the Data Protection Officer (Head of Information Governance).</p>	<p>Staff not being appropriately IG trained could lead to non-compliance with legislation, IG incidents and data breaches.</p>

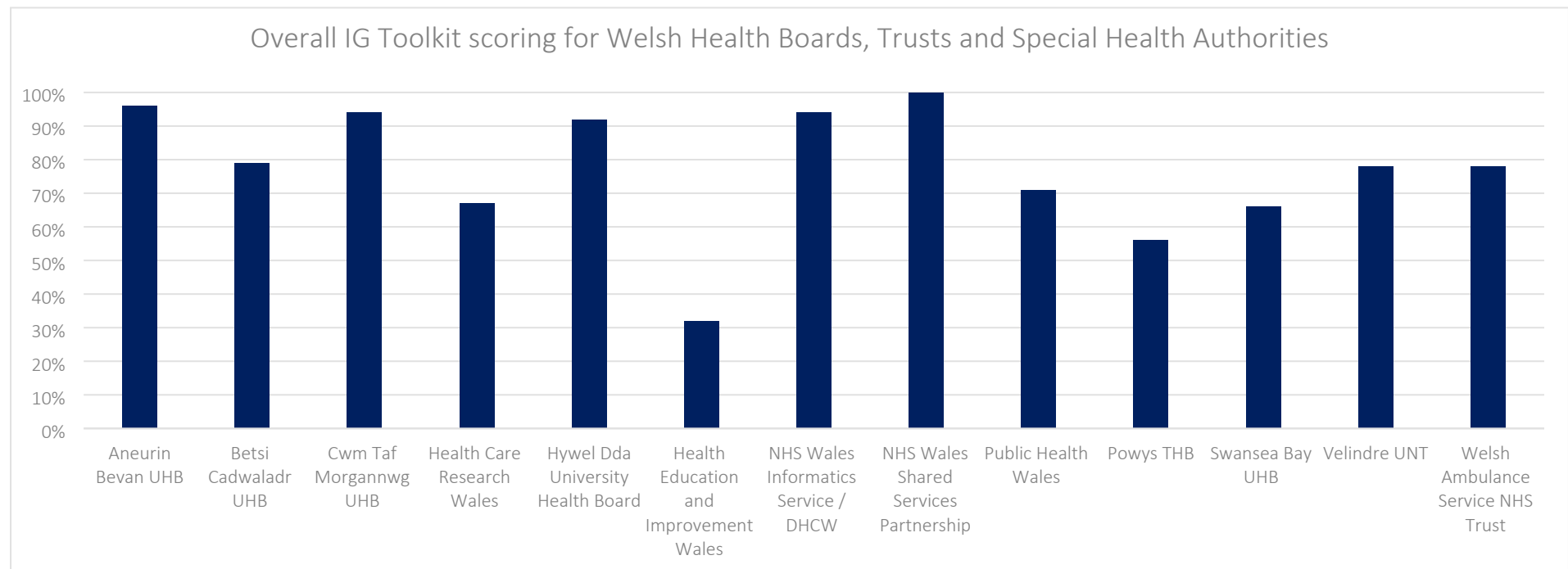
Recommendation	Priority Level
Information Governance training for staff members using CCTV footage.	Low
Management Response	Responsible Officer /Deadline
<p>Thought needs to be given to how this best can be implemented.</p> <p><b>Current Action:</b> Consider how training can be implemented and discuss with Corporate Services.</p>	<p><b>Action</b> – Provide Information Governance training to staff using CCTV footage such as security guards and Corporate Services.</p> <p><b>Marcus Sandberg – Information Governance</b></p> <p>Target date – January 2022</p>

## 7 APPENDIX B – IG TOOLKIT SCORING BENCHMARKING

Please note, the scoring methodology only recognises that there has been an input of evidence, it does not currently, recognise the quality of the evidence provided. Therefore, the below figures should not be used as evidence of an organisations attainment to Information Governance standards.

We are aware that some organisations have submitted ‘false positives’ which increases their overall score. Conversely, some organisations may not have completed the entire IG Toolkit which would have negatively affected their overall score.

Additionally, some sections of the IG Toolkit are not relevant for all organisations. Therefore, some sections have been removed from the scoring for these organisations.



## DIGITAL HEALTH AND CARE WALES WALES INFORMATICS ASSURANCE REPORT

Agenda Item	3.6ii
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	15 November 2021

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

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

Purpose of the Report	For Assurance
Recommendation	The Committee is being asked to:  Note the contents of the report for <b>ASSURANCE</b> .

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Acronyms			
WIAG	Wales Informatics Assurance Group	NDS	National Data store
WCCIS	Welsh Community Care Information System	WCP	Welsh Clinical Portal
SAIL	Secure Anonymised Information Linkage	NDR	National Data Resource
CaNISC	Cancer Network Information System Cymru	WNCR	Welsh Nursing Care Record
IPS	Independent Prescribers' Service	WRRS	Welsh Results Reporting Service
MVP	Minimum Viable Product	SFV	Seasonal Flu Vaccination
WPAS	Welsh Patient Administration System		

## 1 SITUATION/BACKGROUND

### 1.1 Wales Informatics Assurance Process

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

The Wales Informatics Assurance Process has been in place since 2015 and is reviewed bi-annually (SOP-WIA-001) by Quality Manager (Regulatory Compliance) with the next scheduled review due in October 2023. The process involves a two-stage check point: Assurance Quality Plan and Safety Case & Readiness Report. Wales Informatics Assurance Group (WIAG) may assure minor changes via a Request for Change submission (for definitions of document types see Appendix A). There are 15 work streams associated with the process. Details of the workstreams are included in Appendix B.

## 2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

### 2.1 Overview of Activity

The following is a breakdown of activity reviewed by WIAG in the period July 2021 to September 2021

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

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

Activity	AQP	SC&RR	WIAG review sign off	Director sign off
WCCIS release 2016.2			Roll out delayed (no dates available at this time). Project Manager working with Architecture Design and Information Governance Assurance Leads on outstanding issues	
Eye Care digitisation – Interfacing Ph1			Project Manager following up on a number of outstanding issues prior to submission to Directors for approval	
iPassport eQMS Document Module			31/08/2021	31/08/2021
Adverse Reactions			12/08/2021	23/08/2021
Choose IPS rollout			12/10/2021	12/10/2021
Choose SFV enhancement			11/08/2021	23/08/2021
WNCR 2.2			Currently waiting for the infrastructure components to be built. This is anticipated in mid to late November 2021. Service Management have requested more information. Project Manager following up on both workstreams	

### Assurance Quality Plans within the reporting period

Activity/Project	Date received by WIAG	Ref Number	Outcome of WIAG
Sail Appliance	05/07/2021	AQP-WIA-0021	Approved
Canisc MVP Observations	05/07/2021	AQP-WIA-0022	Approved
Seasonal Flu Vaccination Service	05/07/2021	AQP-WIA-0023	Approved
CaNISC MVP - Cancer Dataset Record e-Form	19/07/2021	AQP-WIA-0024	Approved

National Data store	19/07/2021	AQP-WIA-0025	Approved
Welsh PAS in Velindre Cancer Centre	19/07/2021	AQP-WIA-0026	Approved
CANISC MVP Reporting	16/08/2021	AQP-WIA-0027	Approved
Dental Referral Management System Phase 2	16/08/2021	AQP-WIA-0028	Approved
Roll out of Independent Prescribers' Service (IPS)	16/08/2021	AQP-WIA-0029	Approved
Patient Warnings in WCP	13/09/2021	AQP-WIA-0030	Approved
NDR API Management	13/09/2021	AQP-WIA-0031	Approved
IntelliFront BI	13/09/2021	AQP-WIA-0032	Approved

- **Sail Appliance**

The objective of the SAIL Appliance is to facilitate the Trusted Third-Party service which DHCW provides to SAIL to enable them to receive linked data which has been suitably pseudonymised in line with their inability to receive PII data.

- **Canisc MVP Observations**

As part of the Cancer Informatics Acceleration programme to replace Cancer Network Information System Cymru (CaNISC), the objective of this Observations workstream is to deliver a care setting-agnostic Observations e-form as central repository to record observations (vital signs) of patients.

- **Seasonal Flu Vaccination Service**

To implement enhancements to the Seasonal Flu Vaccination (SFV) module in Choose Pharmacy. The purpose is to implement changes as approved by the Choose Pharmacy Clinical Reference Group (CRG) as well as implementing access to the Welsh GP Record for community pharmacists to better support their clinical decision making.

- **CaNISC MVP - Cancer Dataset Record e-Form**

To deliver a digital Cancer Dataset Record form (all tumour sites/sub-sites) within the Welsh Clinical Portal (WCP) application as part of the Cancer Informatics Acceleration programme

- **National Data store**

The NDR's National Data Store (NDS) will form the foundation of a secure, robust & accessible collection of datasets which are of key value to those involved in a patient's care within Wales. It will make use of modern cloud technologies and methodologies. It will also act as the supply feed for clinician and patient facing web and mobile.

- **Welsh PAS in Velindre Cancer Centre**

The objective of the project is to: Implement WPAS as the PAS system in VCC.

To modernise the PAS system in use at VCC and ongoing development of new/improved functionality.

Allow information captured in WPAS to be shared into WCP to underpin the patient's medical digital record.

- **CANISC MVP Reporting**

As part of the Cancer Informatics Acceleration programme, the Data and Reporting workstream has been established to replace reporting functionality in CaNISC. Across the programme, clinical functionality is being developed in e-forms on existing national architecture such as the Welsh Clinical Portal (e.g. Multi-Disciplinary Team (MDT) Plan and Cancer Dataset e-forms.

- **Dental Referral Management System Phase 2**



To allow dental clinicians able to access dental referrals in the national architecture. That more tracking information is available for referrals made into secondary care. For full end to end audit trail for referrals into secondary care.

- **Independent Prescribers' Service**

In 2020 a new module in Choose Pharmacy called the 'Independent Prescribers' Service' (IPS) went into early adopter in 13 sites. This paper provides assurance for the National roll out of the service.

- **Patient Warnings in WCP**

To enable users of the Welsh Clinical Portal to be able to record, review and edit warning information about a patient. For that warning information to be displayed in a prominent position in the WCP

- **NDR API Management**

To establish a single API platform for registering applications and managing their access to APIs. And then, to make use of the new platform to improve API monitoring, performance, and security.

- **IntelliFront BI**

Is to provide a reporting platform for health boards/trust, as part of the implementation for the replacement pharmacy stock control system for secondary care across Wales. The reporting element will be provided by a 3<sup>rd</sup> party supplier, as part of the overall project package.

## Requests for Change within the reporting period

Activity/Project	Date received by WIAG	Ref number	Current Status
Choose Pharmacy: Emergency Medicine Supply (EMS) module	05/07/2021	RQF-WIA-0006	Approved
Independent Prescribers	19/07/2021	RQF-WIA-0007	Approved
WRRS Results upload	19/07/2021	RQF-WIA-0008	Approved
Respiratory Results	16/08/2021	RQF-WIA-0009	Approved

## Safety Case and Readiness Reports within the reporting period

Activity/Project	Date received by WIAG	Ref Number	Current Status	Outstanding Actions
iPassport eQMS Document	19/07/2021	SCRR-WIA-		None

Module		0019	Approved 31/08/2021	
Adverse Reactions	19/07/2021	SCRR-WIA-0021	Approved 23/08/2021	None
Choose IPS rollout	27/09/2021	SCRR-WIA-0033	Approved 12/10/2021	None
Enhancements to the Seasonal Flu Vaccination Service module (SFV)	02/08/2021	SCRR-WIA-0020	23/08/2021	None
WNCR 2.2	16/08/2021	SCRR-WIA-0022	Under Review	Currently waiting for the infrastructure components to be built. This is anticipated in mid to late November 2021. Service Management have requested more information. Project Manager following up on both workstreams

- iPassport eQMS Document Module Go Live**  
 To deliver a single platform for Quality Management functions within Digital Health & Care Wales (DHCW).
- Adverse Reactions**  
 This development will record, store, retrieve and reuse adverse reaction and allergy information about a patient as part of the patient's digital record.
- Choose Independent Prescribers' Service rollout**  
 In 2020 a new module in Choose Pharmacy called the 'Independent Prescribers' Service' (IPS) went into early adopter in 13 sites. This paper provides assurance for the National roll out of the service.
- Enhancements to the Seasonal Flu Vaccination Service module (SFV)**  
 To implement enhancements to the Seasonal Flu Vaccination (SFV) module in Choose Pharmacy. The purpose is to implement changes as approved by the Choose Pharmacy Clinical Reference Group (CRG) as well as implementing access to the Welsh GP Record for community pharmacists to better support their clinical decision making.
- WNCR 2.2**  
 The intention of WNCR is to allow clinical users with appropriate access rights to complete electronic nursing documentation for assessment at the patient's bedside.  
 Version 2.2 of WNCR has been agreed as a technical release of the application, which will see no new clinical functionality. The main scope item is a move to a single all-Wales instance of WNCR, including the web application and database, plus all supporting components.

### 3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

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

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

The above services were requirements in the NHS Wales response to Covid-19, the urgent nature of the work and reallocation of staff to deliver these services meant using the organisational command structure to deliver these services at pace. The relevant assurance leads from each of the 15 workstreams were involved in the work to provide oversight and risks were highlighted and escalated via the usual Project and Programme process and the corporate risk management policy. The attention of the committee is brought to the list in section 3.1, noting areas of work that did not follow the usual process. In order to ensure full retrospective assurance takes place, the Project and Programme leads are preparing the AQP's for WIAG which we will expect to see in the coming months.

It is expected that some of these services will be scoped together to reduce the assurance burden, the programme leads have a meeting scheduled for 26/10/2021 to determine timescales for achieving retrospective assurance.

### 4 RECOMMENDATION

The Committee is being asked to: **NOTE** the content of the report for **ASSURANCE**.

### 5 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE (Please place an 'X' next to relevant objective/s)	
Mobilising digital transformation and ensuring high quality health and care data	
Expanding the content, availability and functionality of the Digital Health and Care Record	X
Delivering High Quality Digital Services	X
Driving value from data for better outcomes	X

CORPORATE RISK (ref if appropriate)	
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WELL-BEING OF FUTURE GENERATIONS ACT (Select relevant theme/s)					
A Prosperous Wales		A Resilient Wales		A More Equal Wales	X
				A Healthier Wales	

A Wales of Cohesive Communities		A Wales of Vibrant Culture and Thriving Welsh Language		A Globally Responsible Wales	
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QUALITY STANDARDS (Select relevant standard/s)							
ISO 20000		ISO 27001		ISO 9001	X	ISO 14001	
BS 76000:2015		BS 76005		BS 10008		ISO 13485	X
SDI (Service Desk Institute) Standard							

HEALTH CARE STANDARD (Select relevant standard/s)							
Staying Healthy		Safe Care	X	Effective Care		Dignified Care	
Timely Care		Individual Care		Staff & Resources			

EQIA STATEMENT (Select as appropriate)		
Not Applicable	Date of submission:	Outcome:
Statement: N/A		

APPROVAL/SCRUTINY ROUTE:		
Person/Committee/Group who have received or considered this paper prior to this meeting		
COMMITTEE OR GROUP	DATE	OUTCOME
None		

IMPACT ASSESSMENT	
<b>QUALITY AND SAFETY</b> IMPLICATIONS/IMPACT	Yes <i>The WIAG process supports Quality &amp; Safety by providing relevant assurance for new and changed developments.</i>
<b>LEGAL</b> IMPLICATIONS/IMPACT	No
<b>FINANCIAL</b> IMPLICATION/IMPACT	No
<b>WORKFORCE</b> IMPLICATION/IMPACT	No

<i><b>SOCIO ECONOMIC IMPLICATION/IMPACT</b></i>	<i>No</i>

## Appendix A

### Assurance Quality Plan (AQP)

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

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

### Safety Case & Readiness Report (SCRR)

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

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

### Request for Change (RFC)

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

## Appendix B

### Assurance Areas within the Wales Informatics Assurance Process

ARCHITECTURE DESIGN & Delivery Assurance

FINANCIAL AND BUSINESS ASSURANCE

CLINICAL/ USER REQUIREMENTS

EVALUATION

IMPLEMENTATION PLAN

INFORMATION GOVERNANCE

INFORMATION SERVICE

INFRASTRUCTURE REQUIREMENTS

PATIENT SAFETY

PRIMARY CARE SERVICE SUPPORT

SECURITY

SERVICE MANAGEMENT & SUPPORT

SERVICE DESK

TESTING

VALIDATION & VERIFICATION

## DIGITAL HEALTH AND CARE WALES INFORMATION SERVICES ASSURANCE REPORT

Agenda Item	3.6iii
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	15 November 2021

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

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

Purpose of the Report	For Assurance
Recommendation	The Committee is being asked to: Note for <b>ASSURANCE</b> the current position in relation to the ongoing work to enhance the assurance around the management and reporting of data.



Acronyms			
ISD	Information Services Directorate	WIS	Welsh Immunisation System
ONS	Office for National Statistics	SAIL	Secure Anonymised Information Linkage
DEA	Digital Economy Act	ISDAG	Information Services Directorate Assurance Group
WIAG	Welsh Information Assurance Group		

## 1 SITUATION/BACKGROUND

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

## 2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 The ISD Assurance Group (ISDAG) continues to review and provide feedback on all new developments in respect of the impact on Information Services prior to consideration at the Welsh Information Assurance Group (WIAG).
- 2.2 The Terms of Reference for ISDAG are under review, with the intention to expand the remit to cover assurance of all internal ISD developments. This will be considered in conjunction with a new piece of work that has been initiated for the wider implementation of Service Management principles within the Directorate.
- 2.3 Once the process for the assurance of new developments is in place, there will be a period of retrospective assurance for key products that are already established.
- 2.4 DHCW have recently received the outcome of the initial assessment in order to gain accreditation by the UK Statistics Authority under the requirements of the Digital Economy Act (DEA). This is in respect of a specific area of work that will assure potential suppliers of data to the Secure Anonymised Information Linkage (SAIL) database (established within Swansea University), such as the Office for National Statistics (ONS), that DHCW are able to act as a Trusted Third Party. Although we were unsuccessful on our first submission in achieving the accreditation, the team have met with the ONS to understand the requirements and areas for improvement. An action plan is currently being drafted to address the recommendations,

primarily centred around providing assurance to DHCW of the supplier (Swansea University) on their security controls in relation to the service.

### 3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 A risk (DHCW0260) remains on the corporate risk register in relation to the manual intervention that is required in producing and maintaining the Shielded Patient List. It is proposed to de-escalate this risk on the basis that the Shielded Patient List has been decommissioned by Welsh Government for the immediate future. Despite this, the team continue to maintain the manual list until the time that the automated solution can be made available within an NDR production environment.
- 3.2 A second risk (DHCW0269) has been escalated to the corporate risk register covering the need to replace the current NHS Wales Data Switching Service (NWDSS) which is used to acquire much of the national health data from Welsh Health Boards and NHS England. This risk will be monitored through the internal ISD Enablement Report Out meetings, with the ISD team developing a paper to propose some immediate solutions in order to provide geographical resilience to the service. The longer-term plan will be to consider how the NDR could replace the process of data acquisition, with the thinking being developed as part of the data strategy work.

### 4 RECOMMENDATION

The committee are being asked to note the contents of this report for **ASSURANCE**.

### 5 IMPACT ASSESSMENT

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

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

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

Safe care

## EQUALITY IMPACT ASSESSMENT STATEMENT

Date of submission: N/A

No, (detail included below as to reasoning)

Outcome:

Statement:

## APPROVAL/SCRUTINY ROUTE:

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

COMMITTEE OR GROUP	DATE	OUTCOME
ISD Senior Management Team	27/08/2021	Approved

## IMPACT ASSESSMENT

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

## DIGITAL HEALTH AND CARE WALES

### DIGITAL PROGRAMME OVERVIEW UPDATE

Agenda Item	3.7
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	15 November 2021

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

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

Purpose of the Report	For Assurance
Recommendation	The Board is being asked to: Note the progress of projects within the DHCW portfolio for <b>ASSURANCE</b> and discussion.

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
WG	Welsh Government		

## 1 SITUATION/BACKGROUND

- 1.1 This document summarises the progress of national digital projects where DHCW have a significant role, such as managing the project or programme overall, or certain stages such as the procurement of a new system. The Governance of these projects is undertaken by external Boards with a Senior Responsible Officer usually from the wider NHS. The Boards include senior stakeholders and DHCW delivery representatives.
- 1.2 The key elements covered in the report are:
- List of the project products
  - What stage the project is at and details of development: e.g. if adopting agile methodology and/or being built by a third-party supplier or in house
  - Roll out timeline across Health Boards and Trusts for different functional areas
  - Name of Governance Board, Senior Responsible Officer and DHCW Director/Programme Director
  - RAG score, supported by summary icons, e.g. scope, timescale. A red RAG score indicates highly problematic or challenging issues. These are applied by the external Governance Board.

## 2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 The noting of the RAG status for the projects and progress timeline.

## 3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

If new requirements for digital solutions to deal with Covid 19 and recovery of services continue to come in, then DHCW staff may need to be moved away from other deliverables in the plan resulting in non-delivery of our objectives and ultimately a delay in benefits being realised by the service. (Risk DHCW 0237).

## 4 RECOMMENDATION

The Board is being asked to:  
Note the approach to reporting progress for **ASSURANCE**.

## 5 IMPACT ASSESSMENT

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

<b>DHCW QUALITY STANDARDS</b>	ISO 9001
If more than one standard applies, please list below:	

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

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

<b>APPROVAL/SCRUTINY ROUTE:</b>		
Person/Committee/Group who have received or considered this paper prior to this meeting		
PERSON/GROUP	DATE	OUTCOME
DHCW Management Board	16/09/21	Report reviewed

<b>IMPACT ASSESSMENT</b>	
<b>QUALITY AND SAFETY</b> IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
<b>LEGAL</b> IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
<b>FINANCIAL</b>	No, there are no specific financial implication related to the activity outlined in this report

IMPLICATION/IMPACT	
<b>WORKFORCE</b> IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
<b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report



Key

Alerts

Finance



Timescale



Resourcing and/or skills



Scope



Dependencies



Agile



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

**RAG DEFINITION**

Good may require refinement

Requires attention

Highly Problematic

PORTFOLIO	PRODUCT						GOVERNANCE	RAG
Information Availability and Flow	<b>National Data Resource</b> Supporting health and care in Wales to be innovative, modern and using data to drive decisions	Initiate	Define	Build	External Build	<b>Roll Out</b> Work is underway across all health boards on multiple workstreams. The overall NDR Delivery plan is currently under review taking into considerations new national Architectural Building Blocks and Data Strategy	<b>National Data Resource Programme Board</b> SRO: John Peters DHCW Director: Rebecca Cook  RAG reason: Resource diverted to Covid	
					Internal Build			
Information Availability and Flow	<b>Data Centre Transition Project</b> Transition of infrastructure and services from a legacy data centre to a new centre and cloud provider	Initiate	Define	Build		<b>Roll Out</b> Transition of physical infrastructure is now 85% complete.	<b>Data Centre Transition Project Board</b> SRO: Carwyn Lloyd Jones DHCW Director: Carwyn Lloyd Jones	
		Data Centre 2						
						Data Centre 1		
Digital Professional Empowerment	<b>Cancer Informatics Programme</b> Replacing the legacy cancer system (Canisc) across Wales	Initiate	Define	Build	Internal Build	<b>Roll Out</b> Implementation plans to be agreed with local Health Boards. RAG status Green as Programme Board have accepted new dates for Velindre Cancer Centre to implement.	<b>Cancer Informatics Programme Board</b> SRO: Tracey Cooper DHCW Director: Rhidian Hurle	
		Patient Administration Functionality						
		Clinical Functionality						
Digital Professional Empowerment	<b>Electronic Test Requesting</b> Expanding electronic test requesting to new disciplines and improving existing electronic test requesting functionality.	Initiate	Define	Build	Internal Build	<b>Roll Out</b> Radiology test requesting early adopter live in CTM. BCU planned to be the next health board to use radiology and new histopathology test requesting forms.  Pathology test requesting / Results Notifications	<b>Electronic Test Requesting Project Board</b> SRO: Rob Bleasdale DHCW Director: Rhidian Hurle  RAG reason: RAG reason: Resource diverted to Covid for some modules	
		Cardiology, Phlebotomy, Histopathology						
					Radiology requests (Cwm Taf)			





PORTFOLIO	PRODUCT						GOVERNANCE	RAG
Digital Professional Empowerment	<b>Welsh Information System for Diabetes Management</b> Using Welsh Clinical Portal to record diabetes data	Initiate	Define	Build	Internal Build	Roll Out Current modules - adult and podiatry. Antenatal in Test. Paediatrics in Definition.	<b>Welsh Information System for Diabetes Management Project Board</b> (Reports to Diabetes Implementation Group) SRO: Phil Evans DHCW Director: Rhidian Hurle RAG reason: Resource diverted to Cancer	
		Paediatrics			Antenatal			
		Adult and podiatry (Cwm Taf Morgannwg, Hywel Dda and Swansea Bay)						
Digital Professional Empowerment	<b>Welsh Nursing Care Record</b> Enables nurses to complete electronic assessments at hospital bedsides	Initiate	Define	Build	Internal Build with Swansea Bay	Roll Out Currently rolling out the minimum viable product. Further releases in coming months.	<b>Welsh Nursing Care Record (WNCR) Project Board</b> SRO: Clare Bevan DHCW Director: Rhidian Hurle	
		Velindre, Swansea Bay, Hywel Dda, Powys, Cwm Taf						
Digital Patient Empowerment	<b>Digital Services for Patients and the Public</b> Patient facing app improving patient access to services and data	Initiate	Define	Build	External Build	Roll Out Minimum Viable Product will be available in 22-23	<b>Digital Services for Patients and Public Programme Board</b> (plus 7 national assurance groups) SRO: Huw George DHCW Director: Michelle Sell	
Public Health	<b>Test Trace and Protect Covid-19 testing, contact tracing and vaccination data solutions</b>	Initiate	Define	Build	External Build	Roll Out Roll out complete of Covid test requesting, contact tracing and Immunisation System but new requirements being requested	<b>Digital Pathway Group.</b> SRO: Ifan Evans / Helen Thomas    DHCW Director: Helen Thomas Test Trace Protect Policy and Delivery Board Vaccination Programme Board Contact Tracing Task & Finish Grp Test Trace Protect Programme Oversight C	
		Contact Tracing			All Health Boards and local authorities			
		Immunisation Recording			All Health Boards			

Portfolio	Product						GOVERNANCE	RAG
Primary, Community and Mental Health	<b>Choose Pharmacy</b> System to record enhanced services provided by community pharmacists.	Initiate	Define	Build	Internal Build	Roll Out	<b>Community Pharmacy Digital Applications Programme Board</b> <b>Choose Pharmacy Service Management Board</b> SRO: Suzanne Scott-Thomas (resigned) DHCW Director: Carwyn Lloyd-Jones	
		All Health Boards						
Primary, Community and Mental Health	<b>Dental E Referrals</b> Integrating existing dental system with national systems to join up information across settings	Initiate	Define	Build	External Build	Roll Out	<b>Dental Referral Management System Project Board</b> stood down following completion of phase 1, Stakeholder Group to be reconvened	
		All Health Boards						
Primary, Community and Mental Health	<b>GP Systems Framework</b> Implementation of new systems to GP practices, including any necessary integrations and developments.	Initiate	Define	Build	External Build	Roll Out	<b>General Medical Services (GMS) IM&amp;T Programme Board</b> SRO: Lisa Dunsford DHCW Director: Carwyn Lloyd Jones	
		All Health Boards						
Primary, Community and Mental Health	<b>Welsh Community Care Information System</b> Community information solution for community health, mental health staff and social workers	Initiate	Define	Build	External Build	Roll Out	<b>WCCIS Leadership Board (plus 4 sub boards)</b> SRO: Carol Shillabeer/ Dave Street DHCW Director: Helen Thomas	
		Health - Powys and Hywel Dda						
Planned and Unscheduled Care	<b>Welsh Emergency Dept System</b> Implementing a managed service with EMIS Health. DHCW responsible for hosting, integration with other national systems and managing the national contract.	Initiate	Define	Build	External Build	Roll Out	<b>National WEDS Project Board</b> SRO: Jo Mower DHCW Director: Michelle Sell	
		Swansea Bay Production environment currently being built						

PORTFOLIO	PRODUCT						GOVERNANCE	RAG
Planned and Unscheduled Care	<b>Welsh Intensive Care Information System</b> Implementation of fully managed digital solution for Adult Intensive Care Units	Initiate	Define	Build	External Build	Roll Out	<b>Welsh Intensive Care Information System Programme Board</b> SRO: Mark Dickinson DHCW Director: Michelle Sell	
						Aneurin Bevan will be the first to implement in 2022. Followed by Cwm Taf Morgannwg, Cardiff & Vale, Betsi Cadwaladr, Swansea Bay and Hywel Dda. Implementations are due to conclude in May 2024. Change Control Notice is currently being drafted for revised dates.		
							RAG reason: Delayed implementation	
Diagnostics	<b>Radiology Informatics Solution</b> Procurement of an end-to-end diagnostic radiology system to meet the clinical requirements of a modern imaging service	Initiate	Define	Build	External Build	Roll Out	<b>Radiology Informatics Solution Programme Board</b> SRO: Matt John DHCW Director: Michelle Sell	
						Project completing Outline Business Case		
							RAG reason: Delay in Business Case approval	
Diagnostics	<b>Welsh Imaging Archive Service</b> Medical image sharing across Wales	Initiate	Define	Build	External Build	Roll Out	<b>Welsh Imaging Archive Service Project Board</b> SRO: None DHCW Director: Rhidian Hurle	
						Pilots planned with Swansea Bay and Velindre		
							RAG reason: Technical delays	
Medicines Management	<b>E-prescribing</b> Designing new programme to modernise prescribing services across primary, community and secondary care.	Initiate	Define	Build	External Build	Roll Out	<b>Governance being designed</b>	
		Primary Care -E-prescribing				Project being set up		
		Secondary Care E-prescribing						
		Patient Access to medicines						
		Shared medicines record						
Medicines Management	<b>Welsh Hospital Pharmacy Stock Management System</b> Electronic medicines stock control in secondary care	Initiate	Define	Build	External Build	Roll Out	<b>Welsh Hospital E-Prescribing, Pharmacy and Medicines Administration Project Board</b> Moving to operational Governance in Oct/Nov 2021	
						Complete for first 6 health boards. Velindre and Betsi Cadwaladr to complete in coming months.		
						Aneurin Bevan, Cwm Taf Morgannwg, Hywel Dda, Powys, Cardiff and Vale, Swansea Bay		

## DIGITAL HEALTH AND CARE WALES NATIONAL DATA RESOURCE PROJECT WORKPLAN

Agenda Item	3.8
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	15 November 2021

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

Executive Sponsor	Helen Thomas, Chief Executive
Prepared By	Rebecca Cook, NDR Programme Director
Presented By	Rebecca Cook, NDR Programme Director

Purpose of the Report	For Discussion/Review
Recommendation	The Board is being asked to <b>NOTE</b> and <b>DISCUSS</b> the National Data Resource Project Workplan Update.
Acronyms	

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

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

DHCW	Digital Health and Care Wales	NDR	National Data Resource
API	Application Programming Interface		

## 1 SITUATION/BACKGROUND

1.1 'National Data Resource Project Workplan' update was requested by the Digital Governance & Safety Committee, to include:

- Project Background
- Key Objectives
- Current Architecture Thinking
- Planned Procurement Dates
- Key Risks & Mitigations – Specifically Shielded Patient List & Switching Service.

## 2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 Project Background:

2.1.1 The National Data Resource Programme was formally established in 2019 to deliver the local and national data platforms that underpin the Digital Health and Care Record, and, to service analytical data stores through a federated approach across the health and care system in Wales. Phase 2 Business Case covering 2021/22 & 2022/23 was approved earlier this year.

2.1.2 Delivery of the NDR Programme is a collaboration between DHCW, NHS Wales, Social Care Wales, Welsh Government. The NDR Programme reports into Welsh Government as part of the Digital Priorities Investment Fund.

2.1.3 In August 2021, the NDR Programme Board gave approval to undertake a strategic reset of the programme following appointment of a new Programme Director, this reset will also reflect on requirements to support COVID recovery. The review will cover the programme's governance, the phase 2 plan, resource structure and process. It is expected that this reset will conclude by December 2021.

2.2 Key Objective for DHCW:

2.2.1 Delivery of the National Data Platform, including response to Digital Architecture Review; Interoperability & API Management; National Data Store, Cloud Procurement.

## 2.3 Proposed Architecture:

- 2.3.1 A logical component architecture has been developed as part of the Architectural Building Block definitions in response to the Digital Architecture Review.
- 2.3.2 A review period for the current architectural thinking has been carried out throughout October with over 1000 attendances from key stakeholders across Wales over 10 virtual review sessions. The feedback is currently being collated and considered in re-drafting of the proposals and assurance will be undertaken via the NDR Technical Steering Group and the Welsh Technical Standards Board. The proposed architecture will be tested as part of the development of our Data Strategy and feed into the data platform procurement specifications.

## 2.4 Planned Procurement Dates

- 2.4.1 API Management Solution: Procurement in progress. Planned Go Live Q4 2021/22
- 2.4.2 On Premise FHIR Server: Procurement initiated. Timescales TBC. Planned Go Live Q4 2021/22
- 2.4.3 Data Strategy Procurement: Contract Award October 2021 – 12 week delivery to conclude Jan 2021
- 2.4.4 Cloud Procurement for Data Platform: TBC

## 2.5 Key Risks & Mitigations

- 2.5.1 DHCW Corporate Risks associated with (but not owned by NDR Programme) include the shielded patient list and switching service. The Data Platform will deliver new ETL mechanisms that will negate the current switching service, timescales for which will be dependant on the delivery of the Data Strategy and subsequent procurement activity.

### 3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 There are no risks / matters for escalation to the Digital Governance & Safety Committee

### 4 RECOMMENDATION

The committee is asked to note and **DISCUSS** the NDR Programme update and its longer-term mitigations of the corporate risks associated with the Shielded Patient List and the Switching Service.

### 5 IMPACT ASSESSMENT

<b>STRATEGIC OBJECTIVE</b>	Driving value from data for better outcomes
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<b>CORPORATE RISK</b> (ref if appropriate)	Switching Service DHCW0269 and Shielded Patient List DHCW0260
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<b>WELL-BEING OF FUTURE GENERATIONS ACT</b>	A healthier Wales
If more than one standard applies, please list below:	

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

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

<b>EQUALITY IMPACT ASSESSMENT STATEMENT</b>	Date of submission: N/A
Choose an item.	Outcome:
Statement:	

<b>APPROVAL/SCRUTINY ROUTE:</b>		
Person/Committee/Group who have received or considered this paper prior to this meeting		
COMMITTEE OR GROUP	DATE	OUTCOME
DHCW Management Board	21 <sup>st</sup> October 2021	

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