

Pwyllgor Llywodraethu a Diogelwch Digidol - GYHOEDDUS

Thu 04 August 2022, 13:00 - 15:00

Microsoft Teams

Agenda

13:00 - 13:05
5 min

1. MATERION RHAGARWEINIOL

1.1. Croeso a chyflwyniadau

I'w Nodi

Cadeirydd

1.2. Ymddiheuriadau am Absenoldeb

I'w Nodi

Cadeirydd

1.3. Datganiadau o Fuddiannau

I'w Nodi

Cadeirydd

1.4. Materion sy'n Codi

I'w Nodi

Cadeirydd



13:05 - 13:10
5 min

2. AGENDA GYDSYNIO

2.1. Cofnodion y Cyfarfod Diwethaf - Cyhoeddus & Crynodeb preifat

I'w Cymeradwyo



Cadeirydd

-  2.1 Digital Governance and Safety Committee Minutes - PUBLIC MAY 2022 Cymraeg.pdf (12 pages)
-  2.1 Digital Governance and Safety Committee Minutes PRIVATE MAY 22 ABRIDGED CYM.pdf (4 pages)

2.2. Blaengynllun Gwaith

I'w Nodi

Ysgrifennydd y Bwrdd

-  2.2 Forward WorkPlan Report.pdf (4 pages)
-  2.2i Appendix 1 DG&S Forward Workplan 2022-23.pdf (2 pages)

2.3. Diweddariad ar y Ddeddf Ansawdd ac Ymgysylltu

I'w Nodi

Cyfarwyddwr Gweithredol Cyllid

-  2.3 Quality and Engagement Act Update.pdf (6 pages)

13:10 - 14:55
105 min

3. PRIF AGENDA

3.1. Cofnodion Gweithredu

I'w Trafod

Cadeirydd

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

3.2. Adroddiad Adolygu Digwyddiadau a Dysgu Sefydliadol

Ar gyfer Sicrwydd

Cyfarwyddwr Cynllunio a Pherfformiad a Phrif Swyddog Masnachol

 3.2 Incident Review and Organisational Learning Report.pdf (8 pages)

3.3. Adroddiadau Sicrwydd

Ar gyfer Sicrwydd

3.3.1. Adroddiad Sicrwydd Llywodraethu Gwybodaeth

For Assurance

Cyfarwyddwr Cyswllt ar gyfer Llywodraethu Gwybodaeth a Diogelwch Cleifion

 3.3i Information Governance Assurance.pdf (11 pages)

3.3.2. Adroddiad Sicrwydd Gwybodeg

Ar gyfer Sicrwydd

Cyfarwyddwr Meddygol Gweithredol

 3.3ii Informatics assurance report.pdf (12 pages)

3.3.3. Adroddiad Sicrwydd Gwasanaethau Gwybodaeth

Ar gyfer Sicrwydd

Cyfarwyddwr Cyswllt Gwybodaeth, Deallusrwydd ac Ymchwil


 3.3iii Information services assurance .pdf (5 pages)

3.4. Y Gofrestr Risg Gorfforaethol

I'w Trafod

Ysgrifennydd y Bwrdd

 3.4 Corporate Risk Register Report.pdf (6 pages)

 3.4i Appendix A DHCW Corporate Risk Register.pdf (9 pages)

Egwyl - 15 munud

3.5. Diweddariad Strategaeth Ymchwil ac Arloesi

I'w Trafod

Cyfarwyddwr Cyswllt Gwybodaeth, Deallusrwydd ac Ymchwil

 3.5 Research & Innovation Strategy Update.pdf (4 pages)

3.6. Diweddariad ar Drosolwg y Rhaglen Ddigidol

Ar gyfer Sicrwydd

Cyfarwyddwr Cynllunio a Pherfformiad a Phrif Swyddog Masnachol


 3.6 DHCW Digital Programme Overview Report July 2022.pdf (4 pages)

 3.6i DHCW Project Portfolio Progress Slides June 2022.pdf (4 pages)

3.7. Eich Preifatrwydd Chi Eich Hawliau Chi

Ar gyfer Sicrwydd

Cyfarwyddwr Cyswllt ar gyfer Llywodraethu Gwybodaeth a Diogelwch Cleifion

 3.7 Your Privacy Your Rights.pdf (6 pages)

14:55 - 15:00
5 min

4. MATERION I GLOI

4.1. Unrhyw Faterion Brys Eraill

I'w Trafod

Cadeirydd

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

I'w Nodi

Cadeirydd


4.3. Dyddiad y cyfarfod nesaf: 3 Tachwedd 2022

I'w Nodi

Cadeirydd

PWYLLGOR LLYWODRAETHU A DIOGELWCH DIGIDOL - CYHOEDDUS

COFNODION, PENDERFYNIADAU A CHAMAU GWEITHREDU I'W CYMRYD

 13:00 – 16:00

 12 Mai 2022

 MS Teams

Cadeirydd	Rowan Gardner
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Yn Bresennol (Aelodau)	Blaenl ythren nau	Teitl	Sefydliad
Rowan Gardner	RG	Aelod Annibynnol, Cadeirydd y Pwyllgor Llywodraethu a Diogelwch Digidol	Iechyd a Gofal Digidol Cymru
David Selway	DS	Aelod Annibynnol, Is-gadeirydd y Pwyllgor Llywodraethu a Diogelwch Digidol	Iechyd a Gofal Digidol Cymru

Yn bresennol	Blaenlythrennau	Teitl	Sefydliad
Chris Darling	CD	Ysgrifennydd y Bwrdd	Iechyd a Gofal Digidol Cymru
Carwyn Lloyd-Jones	CLJ	Cyfarwyddwr Technoleg Gwybodaeth a Chyfathrebu	Iechyd a Gofal Digidol Cymru
Rachael Powell	RP	Cyfarwyddwr Cyswllt Gwybodaeth, Deallusrwydd ac Ymchwil	Iechyd a Gofal Digidol Cymru
Julie Ash	JA	Pennaeth Gwasanaethau Corfforaethol	Iechyd a Gofal Digidol Cymru
Gareth Davies	GD	Cyfarwyddwr Gweithredol Dros Dro Gweithrediadau	Iechyd a Gofal Digidol Cymru
Keith Reeves	KR	Rheolwr Tîm Rheoli Gwasanaeth	Iechyd a Gofal Digidol Cymru

Cofnodion wedi'u cadarnhau ar gyfer y:
Pwyllgor Llywodraethu a Diogelwch Digidol 12 Mai 2022¹

Paul Evans	PE	Pennaeth Sicrhau Ansawdd a Chydymffurfiaeth Reoleiddiol Dros Dro	Iechyd a Gofal Digidol Cymru
Carys Richards	CR	Cydlynnydd Llywodraethu Corfforaethol (Ysgrifenyddiaeth)	Iechyd a Gofal Digidol Cymru
Michelle Sell	MS	Cyfarwyddwr Cynllunio a Pherfformiad a Phrif Swyddog Masnachol	Iechyd a Gofal Digidol Cymru
Cora Suckley	CS	Rheolwr Gwasanaethau	Iechyd a Gofal Digidol Cymru
Rob Jones	RJ	Prif Bensaer	Iechyd a Gofal Digidol Cymru
Nathan Couch	NC	Arweinydd Archwilio Perfformiad (Iechyd)	Archwilio Cymru
Martin Williams	MW	Arweinydd Gwybodaeth Busnes a Dadansoddeg Iechyd, yn arsylwi gyda Rachael Powell	Iechyd a Gofal Digidol Cymru

Ymddiheuriadau	Teitl	Sefydliad
Rhidian Hurle	Cyfarwyddwr Meddygol Gweithredol	Iechyd a Gofal Digidol Cymru
Darren Lloyd	Pennaeth Llywodraethu Gwybodaeth	Iechyd a Gofal Digidol Cymru
Ifan Evans	Cyfarwyddwr Gweithredol Strategaeth	Iechyd a Gofal Digidol Cymru
David Sheard	Cyfarwyddwr Cynorthwyol Trawsnewid Gwasanaethau	Iechyd a Gofal Digidol Cymru

Acronymau			
SHA	Awdurdod Iechyd Arbennig	DG&S	Pwyllgor Llywodraethu a Diogelwch Digidol
DHCW	Iechyd a Gofal Digidol Cymru		

Rhif yr Eitem	Eitem	Canlyniad	Gweithred i'w Chofnodi
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Cofnodion wedi'u cadarnhau ar gyfer y:
Pwyllgor Llywodraethu a Diogelwch Digidol 12 Mai 2022²

RHAN 1 — MATERION RHAGARWEINIOL

1.1	<p>Croeso a Chyflwyniadau</p> <p>Croesawodd Rowan Gardner (RG), Aelod Annibynnol, Cadeirydd y Pwyllgor Llywodraethu a Diogelwch Digidol (DG&S) bawb i ail gyfarfod pwyllgor DG&S y flwyddyn ac estynnodd groeso ychwanegol i Gareth Davis (GD), Cyfarwyddwr Gweithredol Dros Dro Gweithrediadau sy'n mynychu ei gyfarfod pwyllgor cyntaf, a Nathan Couch o Archwilio Cymru a oedd yn arsylwi.</p> <p>Nododd Rachael Powell (RP), Cyfarwyddwr Cyswllt Gwybodaeth, Deallusrwydd ac Ymchwil fod Martin Williams, Arweinydd Gwybodaeth Busnes a Dadansoddeg Iechyd hefyd yn bresennol i arsylwi.</p> <p>Tynnodd RG sylw at y ffaith mai hwn oedd y cyfarfod pwyllgor cyntaf a oedd ar gael i aelodau'r cyhoedd ei weld ac y byddai'n cael ei recordio a'i gyhoeddi ar wefan DHCW.</p>	Nodwyd	Dim i'w nodi
1.2	<p>Ymddiheuriadau am Absenoldeb</p> <p>Nodwyd ymddiheuriadau am absenoldeb ar ran:</p> <ul style="list-style-type: none"> • Rhidian Hurle, Cyfarwyddwr Meddygol Gweithredol • Darren Lloyd, Pennaeth Llywodraethu Gwybodaeth • Ifan Evans, Cyfarwyddwr Gweithredol Strategaeth • David Sheard, Cyfarwyddwr Cynorthwyol Trawsnewid Gwasanaethau 	Nodwyd	Dim i'w nodi
1.3	<p>Datganiadau o Fuddiannau</p> <p>Nid wnaed unrhyw ddatganiadau o fuddiannau.</p>	Nodwyd	Dim i'w nodi
1.4	<p>Materion sy'n Codi</p> <p>Ni chodwyd unrhyw faterion</p>	Nodwyd	Dim i'w nodi
<p>RHAN 2 – AGENDA GYDSYNIO</p> <p>Nododd RG na chodwyd unrhyw faterion yn ymwneud ag eitemau o'r agenda gydsynio gyda hi cyn y cyfarfod.</p>			
2.1	<p>Cofnodion y Cyfarfod Diwethaf</p> <ul style="list-style-type: none"> • Cyhoeddus • Crynodeb preifat <p>Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:</p>	Cymeradwyd	Dim i'w nodi

	Gymeradwyo cofnodion y cyfarfod diwethaf a chytunwyd eu bod yn gofnodion cywir ac nid oedd angen unrhyw ddiwygiadau pellach arnynt.		
2.2	<p>Adroddiad Archwilio Mewnol 'Prosiect symud canolfan ddata DHCW - a'r sefyllfa bresennol o ran canolfannau data'</p> <p>Nododd Davis Selway (DS) , Aelod Annibynnol, Is-gadeirydd y Pwyllgor Llywodraethu a Diogelwch Digidol fod prosiect symud y ganolfan ddata wedi'i gyflawni'n dda a llongyfarchodd y tîm ar waith rhagorol.</p> <p>Cytunodd RG i nodi bod y cyflawnwyd y prosiect yn brydlon gan reoli llawer o risg a nododd fod dogfennau'r prosiect ar gael ar wefan DHCW os oes unrhyw un yn dymuno eu gweld.</p> <p>Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol: Nodi'r Adroddiad Archwilio Mewnol 'Prosiect symud canolfan ddata DHCW a chanlyniad archwilio sicrwydd sylweddol'</p>	Nodwyd	Dim i'w nodi
2.3	<p>Adroddiad Blynyddol Uwch-berchennog Risg Gwybodaeth</p> <p>Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol: Nodi'r Adroddiad Blynyddol Uwch-berchennog Risg Gwybodaeth</p>	Nodwyd	Dim i'w nodi
RHAN 3 - PRIF AGENDA			
3.1	<p>Cofnodion Gweithredu</p> <p>Roedd 3 cham gweithredu o'r cyfarfod blaenorol ac mae pob un ohonynt wedi'u cwblhau.</p> <p>Gwnaeth DS sylw ar gam gweithredu 2021115-A04; cylch gwaith DHCW o ran data Gofal Cymdeithasol, gan nodi y dylid ychwanegu crynodeb byr o'r canlyniad at y cofnodion cyn cau'r cam gweithredu.</p> <p>Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol: Drafod y Cofnodion Gweithredu.</p>	Trafodwyd	CD i fynd ar drywydd hyn gyda Darren Lloyd i ychwanegu rhagor o fanylion at gam gweithredu 2021115-A04 cyn iddo gau.
3.2	<p>Blaengynllun Gwaith</p> <p>Cyflwynodd Chris Darling (CD), Ysgrifennydd y Bwrdd, y Blaengynllun Gwaith gan nodi bod nifer o eitemau wedi mynd rhagddynt ers cyfarfod diwethaf y pwyllgor oherwydd cyfarfod cynllunio agenda gydag ef ei hun, RG a Rhidian Hurle, Cyfarwyddwr Meddygol Gweithredol.</p> <p>Nodwyd bod y polisi Eiddo Deallusol (IP) wedi'i drefnu i ddychwelyd ar ôl y cyfarfod diwethaf, ond mae gwaith pellach</p>	Trafodwyd	Dim i'w nodi

	<p>wedi'i nodi ac felly bydd yn dychwelyd unwaith y bydd hyn wedi'i gwblhau.</p> <p>I aelodau'r cyhoedd sy'n gwyllo'r cyfarfod heddiw, mae RG yn esbonio natur y Blaengynllun Gwaith a sut y mae'n llywio eitemau agenda yn y dyfodol yn seiliedig ar waith arfaethedig DHCW sy'n rhan o gylch gwaith y pwyllgor hwn.</p> <p>Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol: Drafod y Blaengynllun Gwaith</p>		
3.3	<p>Diweddariad Strategaeth Ymchwil ac Arloesi</p> <p>Cyflwynodd RP ddiweddariad ar y Strategaeth Ymchwil ac Arloesi a dywedodd ei fod wedi dod i'r amlwg o'r cyfarfod cynllunio uchod gydag aelodau'r pwyllgor a nododd yr eitem fel eitem nodedig ar yr agenda.</p> <p>Nododd RP fod y strategaeth yn ei chymau cynnar a bod cyfarfod yn cael ei gynnal rhyngddi hi a CD i ddatblygu cynllun ymgysylltu mwy ffurfiol yn ymwneud â'r gweithgareddau ymgysylltu â rhanddeiliaid cyn i'r strategaeth gael ei chyflwyno i'r pwyllgor mewn cyfarfod yn y dyfodol.</p> <p>Ychwanegodd RP fod sail y strategaeth newydd yn ymwneud ag amcanion DHCW a swyddogaeth Ymchwil ac Arloesi a fyddai'n cael ei chynnwys yn y tîm. Byddai Dangosyddion Perfformiad Allweddol yn cael eu datblygu i ddechrau mesur perfformiad ynghylch y gweithgarwch Ymchwil ac Arloesi.</p> <p>Ychwanegodd RP y byddai gweithgor Ymchwil ac Arloesi yn cael ei sefydlu i ddatblygu'r strategaeth ymhellach.</p> <p>Holodd DS am amserlen gwblhau ac ymatebodd RP gan nodi bod y gwaith yn cael ei lywio gan y Cynllun Tymor Canolig Integredig (IMTP) sy'n cyfeirio at fis Medi 2022 fel dyddiad gorffen.</p> <p>Gofynnodd DS am eglurhad o'r cwmpas o fewn yr adran yn hytrach nag o fewn rhaglen yr Adnodd Data Cenedlaethol o ran ble fydd y gwaith yn cael ei gynnal, yn enwedig o ran datblygu galluogrwydd ynghylch Deallusrwydd Artiffisial (AI) ar gyfer arloesi data ac ysgogi gwerth o'r data a gesglir drwy'r Adnodd Data Cenedlaethol (NDR).</p> <p>Cadarnhaodd RP y bydd yn ymdrech ar y cyd, a nododd y byddai adran gwasanaethau gwybodaeth (ISD) DHCW yn gwsmer data'r NDR ac yn gweithio ar y cyd tuag at yr un nodau. Ychwanegodd RP y byddai'r strategaeth Ymchwil ac Arloesi yn</p>	Nodwyd	Dim i'w nodi

	<p>amlinellu hyn yn ffurfiol, a hefyd yn mynegi dull Cymru gyfan.</p> <p>Ychwanegodd RG fod angen adolygu'r term gwella gwasanaethau, sy'n wahanol i Ymchwil ac Arloesi, drwyddi draw ac y dylid archwilio cyfleoedd gyda'r gwasanaethau E-lyfrgell a chyhoeddi mwy ar-lein.</p> <p>Nododd RG hefyd yr angen am fecanwaith i flaenoriaethu'r gwaith ymchwil a buddsoddiadau a wnaed a bod angen nodi hyn yn benodol yn y strategaeth.</p> <p>Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol: Nodi Diweddariad y Strategaeth Ymchwil ac Arloesi</p>		
3.4	<p>Y Gofrestr Risg Gorfforaethol</p> <p>Cyflwynodd CD y gofrestr risg gorfforaethol a nododd fod 16 o risgiau ar y gofrestr ar hyn o bryd, ac roedd 13 ohonynt wedi'u neilltuo i'r Pwyllgor, 5 ohonynt yn gyhoeddus, a'r 8 arall yn breifat oherwydd eu sensitifrwydd a dywedodd y byddai'r rhain yn cael eu derbyn yn sesiwn breifat cyfarfod y Pwyllgor.</p> <p>Nododd CD fod nifer o risgiau newydd wedi'u hychwanegu, y byddai'r rhan fwyaf ohonynt yn cael eu hadolygu yn y sesiwn breifat a dywedodd fod nifer o risgiau wedi'u dileu ers cyfarfod diwethaf y Pwyllgor. Atgoffodd CD y Pwyllgor am archwiliadau dwfn i feysydd risg: Roedd archwiliadau dwfn Diogelwch Gwybodaeth, Llywodraethu Gwybodaeth a Seilwaith wedi'u cynnal yn nhri chyfarfod diwethaf y Pwyllgor.</p> <p>Cafwyd trafodaeth ar swyddogaeth DHCW o ran yr addewid data a phryd y byddai datrysiad yn cael ei geisio gyda Llywodraeth Cymru. Nodwyd bod aelod o'r tîm Llywodraethu Gwybodaeth wedi'i secondio i Lywodraeth Cymru i gefnogi'r portffolio gwaith.</p> <p>Ychwanegodd DS y byddai diffyg datrysiad yn effeithio ar allu DHCW i gyflawni a holodd ynghylch yr amserlen ar gyfer datblygu'r addewid data.</p> <p>Ymatebodd Cora Suckley (CS), Rheolwr Gwasanaeth Swyddog Diogelu Data gan ddweud y byddai'r cyfarfod yn cael ei gynnal yn ystod mis Mai gyda rhaglen yr Anodd Data Cenedlaethol ar y ffrydiau gwaith Llywodraethu Gwybodaeth mewn perthynas â'r risg a'r amserlenni hyn.</p> <p>Nododd CD nad oedd DHCW wedi derbyn ymateb eto i'w ohebiaeth ddiwethaf i Lywodraeth Cymru gan Gadeirydd y</p>	Trafodwyd	<p>Addewid data – DL i roi'r wybodaeth ddiweddaraf yn y Pwyllgor nesaf, y datrysiad posibl, a'r amserlenni i'w</p>

	<p>Pwyllgor DG&S ynghylch yr addewid data. Byddai hyn yn cael ei gynhyrchu ar ôl ei dderbyn.</p> <p>Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol: Drafod y Gofrestr Risg Gorfforaethol</p>		hamlinellu.
3.5	<p>Adroddiad Adolygu Digwyddiadau a Dysgu Sefydliadol</p> <p>Cyflwynodd MS yr adroddiad a nododd fod un eitem o'r adroddiad a fyddai'n ymddangos ar yr agenda Breifat i'w thrafod yn ddiweddarach oherwydd ei natur sensitif.</p> <p>Nodwyd bod y tîm yn gweithio mwy ar ochr ddysgu'r agenda a'u bod wedi cytuno i fanteisio i'r eithaf ar gyfleoedd dysgu. Roedd gweithgor wedi'i sefydlu dan arweiniad Pennaeth y Gwasanaethau Corfforaethol i flaenoriaethu hyn. Byddai gwaith y grŵp yn llywio'r adroddiad wrth symud ymlaen.</p> <p>Cyflwynodd Keith Reeves (KR), Rheolwr Tîm Rheoli Gwasanaethau y pwyntiau allweddol o'r adroddiad, a oedd yn cwmpasu cyfnod Chwarter 4 rhwng 1 Ionawr 2022 a 31 Mawrth 2022, a thynnwyd sylw at y canlynol:</p> <ul style="list-style-type: none"> • dim digwyddiadau adrodd cenedlaethol • Roedd 11 o adolygiadau'n cael eu cynnal • Roedd cyfanswm o 27 o adolygiadau wedi'u cwblhau dros y flwyddyn • Derbyniwyd 5 pryder / cwyn, a oedd yn cael eu harchwilio gan y grŵp dysgu • yn ystod y flwyddyn ariannol, roedd 51 o argymhellion wedi'u gwneud, roedd 47 o'r rhain wedi'u gweithredu ar draws y sefydliad • Nid oedd 1 argymhelliad yn bodloni'r amser datrys targed; bydd gweithredu tudalen gwasanaethau gwybodaeth ar gyfer Bwrdd Iechyd, a oedd bellach wedi'i gwblhau ac yn seiliedig ar adborth, yn llywio gwelliannau i'r broses reoli. <p>Cafwyd trafodaeth ar dueddiadau o fewn y data adrodd a mecanwaith i fonitro unrhyw newidiadau ar gyfer fersiynau'r adroddiad a gyflwynir yng nghyfarfodydd y Pwyllgor yn y dyfodol.</p> <p>Tynnodd RG sylw at y ffaith y byddai'r Pwyllgor yn awyddus i gael yr ymdeimlad o dueddiadau dysgu o fewn y Pwyllgor cyn gynted â phosibl er mwyn monitro sut y defnyddir gwasanaethau DHCW a sut roedd gwella gwasanaethau yn gweithredu.</p>	Nodwyd er Sicrwydd	Adroddiad ar Ddigwyddiadau a Dysgu Sefydliadol (IOLR) – Darparu Gwasanaethau; MS sut rydym yn myfyrio ar y paramedrau hyn fel y gall y pwyllgor gael gwell dealltwriaeth o'r data, mynd yn ôl i'r grŵp dysgu a thrafod sut rydym yn eu cyflwyno i'r Pwyllgor fonitro

	<p>Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol: Drafod yr Adroddiad Adolygu Digwyddiadau a Dysgu Sefydliadol</p>		tueddiadau.
3.6	<p>Adroddiadau Sicrwydd</p> <p>I. Adroddiad Sicrwydd Llywodraethu Gwybodaeth</p> <p>Cyflwynodd CS yr adroddiad gan nodi bod y canlynol wedi digwydd yn ystod y chwarter:</p> <ul style="list-style-type: none"> • 2 ddiweddariad • 3 Asesiad o'r Effaith ar Ddiogelu Data (DPIAs) wedi'u cwblhau, gyda 3 arall yn mynd rhagddynt • 2 ddigwyddiad, ond dim gofyniad i'w cefnogi'n allanol • 19 o geisiadau Rhyddid Gwybodaeth (FOIs), aeth 1 heibio i'r amserlen ymateb, ac roedd hyfforddiant pellach yn cael ei gynnal i sicrhau na fydd hyn yn digwydd yn y dyfodol • Derbyniwyd 7 cais am fynediad at ddata gan y testun; ymatebwyd i'r rhain i gyd o fewn yr amserlenni statudol <p>Nodwyd bod y ddogfen i'r cyhoedd Eich Gwybodaeth, Eich Hawliau ar gael yn Gymraeg ac oherwydd gwyliau banc diweddar bu llawer llai o effaith ar y gwasanaeth Swyddog Diogelu Data (DPO).</p> <p>a. Pecyn Cymorth Llywodraethu Gwybodaeth Cymru</p> <p>Cyflwynodd CS y pecyn cymorth a nododd fod DHCW yn gyfrifol am ddau faes, yr un cyntaf yw cynhyrchu'r safonau a chreu'r amgylchedd y maent yn gweithredu ynddo ac yn ail, cwblhau'r hunanasesiad i asesu safonau'r sefydliad yn erbyn y pecyn cymorth.</p> <p>Roedd 5 maes allweddol wedi'u nodi i DHCW ddatblygu ymhellach:</p> <ul style="list-style-type: none"> • Diweddarau templed hunan-asesu DPO • gwella'r cynllun Cyhoeddi – Nodwyd bod ymarfer mapio ar y gweill • Adolygu proses DHCW ar gwcis • adolygu gwybodaeth genedlaethol DHCW, a oedd bellach wedi'i chwblhau • Y Rheoliad Cyffredinol ar Ddiogelu Data (GDPR) <p>Yn ogystal, nododd CS fod y tîm ar hyn o bryd yn adolygu ac yn edrych ar sut i ail-lunio hen becynnau cymorth o fewn y GIG yng Nghymru ac ehangu i becynnau cymorth cymunedol e.e. ar</p>	Nodwyd er Sicrwydd	Adroddiad Sicrwydd Llywodraethu Gwybodaeth - CS i ddiweddarau'r adroddiad o ran dyddiadau ac os yw'r tîm ar y trywydd iawn.

	<p>gyfer fferyllfeydd a charchardai ac ati.</p> <p>II. Adroddiad Sicrwydd Gwybodeg</p> <p>Cyflwynodd Paul Evans (PE), Pennaeth Sicrhau Ansawdd a Chydymffurfiaeth Reoleiddiol Dros Dro yr adroddiad a nododd:</p> <ul style="list-style-type: none"> • Roedd 1 prosiect yn oren, gyda Rheolwr y prosiect yn absennol a oedd wedi gohirio'r diweddariad. • Yr oedd y broses o archebu brechlynnau bellach wedi'i chymeradwyo gan y Cyfarwyddwr Meddygol Gweithredol • Roedd 5 adroddiad wedi'u cymeradwyo'n llawn gan y Cyfarwyddwr Meddygol Gweithredol • Pàs Covid – Roedd hwn wedi'i gyflwyno i Grŵp Sicrwydd Gwybodeg Cymru (WIAG). Roedd rhai materion ôl-weithredol yn cael sylw felly disgwyld hyn yn Chwarter 2 (Gorffennaf – Medi 2022) <p>III. Adroddiad Sicrwydd Gwasanaethau Gwybodaeth</p> <p>Cyflwynodd RP yr adroddiad gan nodi'r prosiectau isod sydd wedi mynd drwy'r broses sicrwydd;</p> <ul style="list-style-type: none"> • Ffurflenni Gwrthgeulo Trawsgrifio Meddyginiaethau ac E-ryddhau (MTeD) • Nodyn Ymgynghori ar Ddiabetes (Pediateg) • Termau Rhyngwyneb Rhaglennu Cymhwysiad (API) a reolir • WRRS FHIR Façade API • WAST TerraPACE ePCR <p>Hyd yma, roedd pum gwasanaeth Adran Gwasanaethau Gwybodaeth (ISD) wedi'u hadolygu a'u diweddarau a'r dogfennau gwasanaeth yn cael eu darparu i WIAG. Parhaodd ISD i gefnogi llawer o ffrydiau gwaith Profi, Olrhain, Diogelu (TTP) COVID-19.</p> <p>Nodwyd bod achrediad Deddf yr Economi Ddigidol (DEA) wedi'i gyflawni o ran SAIL.</p> <p>Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol: Nodi'r adroddiadau er Sicrwydd.</p>		<p>Adroddiad Sicrwydd Gwybodeg - PE i ychwanegu WIAG at y tabl acronymau.</p> <p>Adroddiad Sicrwydd Gwybodeg - PE i ychwanegu tabl at yr adroddiad o hyn ymlaen fel bod y pwyllgor yn gallu gweld blaengynllun gwaith y tîm i gael sicrwydd o ran capasiti ac ati.</p>
3.7	<p>Diweddariad ar Drosolwg y Rhaglen Ddigidol</p> <p>Cyflwynodd MS yr adroddiad a nododd ei fod yn cofnodi cynnydd y rhaglenni a'r prosiectau ar ddiwedd mis Mawrth 2022 ac ers cytuno ar yr IMTP. Nodwyd mai'r prif weithgarwch oedd y canlynol:</p>	Nodwyd er Sicrwydd	

<p>Diweddarwyd rhaglen System Gwybodaeth Rhwydweithiau Canser Cymru (CaNISC) fel un sydd â dyddiad mynd yn fyw newydd y cytunwyd arno gydag Ymddiriedolaeth Felindre ar 14 Tachwedd ar gyfer disodli CaNISC. Oherwydd cwmpas, cymhlethdod ac ymgysylltiad â'r tîm clinigol, sydd wedi bod yn werthfawr ac yn effeithiol, datblygwyd cynllun diwygiedig.</p> <p>Roedd System Wybodaeth Cymru ar gyfer Rheoli Diabetes bellach yn wyrdd, gan fod cynllun diwygiedig ar waith ar ôl dargyfeirio adnoddau i weithio ar weithgarwch COVID a chanser newydd.</p> <p>Roedd System Rheoli Stoc Fferylliaeth Ysbytai Cymru wedi'i dileu gan fod y rhaglen bellach wedi'i gwasanaethu'n llawn ac wedi'i chefnogi gan y tîm cymwysiaidau.</p> <p>Cododd DS a oedd llywodraethu rhaglenni wedi'i sefydlu ar gyfer rhaglen yr Adnodd Data Cenedlaethol yn dilyn unrhyw argymhellion a ddeilliodd o waith Gartner ynghylch symleiddio, strategaeth ddata a llywodraethu wedi'i drefnu. Ychwanegodd RG bwysigrwydd datblygu llwybr critigol a'r angen am fecanwaith o adrodd am ddiweddariadau gwaith i'r Pwyllgor.</p> <p>Nodwyd nad oedd diweddariad Cronfa Buddsoddi Blaenoriaethau Digidol (DPIF) ar hyn o bryd ond roedd adolygiad ar gyllid canolog ar gyfer rhai o'r prosiectau a rhaglenni yn yr adroddiad a allai gael ei effeithio ar y gweill.</p> <p>Holodd DS am argaeledd adnoddau i gefnogi gwasanaethau digidol ar gyfer cleifion a'r cyhoedd (DSPP) gan nodi pwysigrwydd sicrhau adnoddau sgiliau digonol ar gyfer pontio'n fewnol.</p> <p>Nodwyd bod ap y claf yn datblygu'n gyflym, gyda'r angen am gydbwysedd o ran trosglwyddo adnoddau a gwybodaeth.</p> <p>Cafwyd trafodaeth ynghylch recriwtio er mwyn sicrhau digon o gefnogaeth i'r portffolio mawr o waith, adroddiadau statws Coch Melyn Gwyrdd (RAG), rheolaeth dros y rhybuddion a chael mwy o oruchwyliaeth fel pwyllgor yn y maes hwn.</p> <p>Nododd MS fod y tîm yn mynd ar drywydd ac yn edrych ar adnoddau allanol, gan gynnwys ad-drefnu i ddarparu adnoddau i greu ystwythder o fewn y broses hon.</p> <p>Ychwanegodd CD fod yr heriau sy'n wynebu'r gweithlu yn cael eu hadrodd i Fwrdd yr SHA ym mis Gorffennaf.</p>	<p>Diweddariad ar Drosolwg y Rhaglen Ddigidol – Diweddariad ar raglen yr Adnodd Data Cenedlaethol yng nghyfarfod nesaf y pwyllgor i gynnwys unrhyw argymhellion sy'n deillio o waith Gartner ar symleiddio, strategaeth ddata a llywodraethu wedi'i drefnu.</p> <p>Diweddariad ar Drosolwg y Rhaglen Ddigidol – Diweddariad DPIF yng nghyfarfod nesaf y pwyllgor.</p> <p>Diweddariad ar Drosolwg y Rhaglen Ddigidol– CD i ychwanegu diweddariadau yr Adnodd Data Cenedlaethol a DPIF (fel uchod) at y Blaengynllun Gwaith i'w trafod yng nghyfarfod nesaf y pwyllgor ac i roi adborth ar unrhyw benderfyniadau posibl a wnaed ym Mwrdd yr SHA ym mis Gorffennaf ar</p>
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	<p>Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol: Nodi'r Diweddariad ar Drosolwg y Rhaglen Ddigidol er Sicrwydd.</p>		heriau'r gweithlu.
3.8	<p>Hunaniaeth cleifion</p> <p>Cyflwynodd Rob Jones (RJ), Prif Bensaer drosolwg o'r pwnc a gynigiwyd gan Rhidian Hurle yn y cyfarfod cynllunio agenda uchod, a oedd yn ofyniad sylfaenol o ran deall sut i drin cleifion, gan dynnu sylw at bwysigrwydd dull cyson a fabwysiadwyd gan bob maes clinigol ym mhob rhan o'r Byrddau Iechyd a'r Ymddiriedolaethau ledled Cymru. Nodwyd y canlynol o'r adroddiad:</p> <p>1.1 Roedd DHCW a rhaglen yr Adnodd Data Cenedlaethol wedi sefydlu map ffordd strategol ar gyfer Hunaniaeth a Demograffeg Cleifion. Nododd hwn set lefel uchel o amcanion a fyddai'n gwella ac yn cryfhau gwasanaethau Hunaniaeth a Demograffeg Cleifion i ddinasyddion sy'n derbyn iechyd a gofal yng Nghymru ac sy'n cyd-fynd ag argymhellion a wnaed yn Adolygiad o Bensaernïaeth Ddigidol Llywodraeth Cymru.</p> <p>1.2 Drwy Gynllun Tymor Canolig Integredig DHCW ar gyfer 2022-23, roedd yr adnoddau, y cynlluniau a'r cyllid sydd eu hangen i gyflawni'r amcanion a nodwyd yn cael eu nodi. Byddai'r ymarfer hwn yn cael ei gwblhau ar ddiwedd mis Mehefin 2022, a bydd cyflawni pob amcan i'w ddilyn yn unol â'r cynlluniau a ddogfennwyd</p> <p>Trafodwyd yr adroddiad, ac yn gyffredinol, eitemau megis cael cydamseriad gydag un system fynegai yn croesgyfeirio data yn y Mynegai Cleifion Meistr (MPI) a darparu barn gyfansawdd, sefydlu Rhyngwynebau Rhaglennu Rhaglenni (APIs) newydd ac o bosibl darpariaeth ar draws pob ystâd gan fabwysiadu safonau technegol a fyddai'n cael eu monitro wrth symud ymlaen fel y cynigiwyd yn yr adroddiad.</p> <p>Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol: Nodi'r Adroddiad Hunaniaeth Cleifion er Sicrwydd.</p>	Nodwyd er Sicrwydd	Dim i'w nodi
RHAN 4 - MATERION I GLOI			
4.1	Unrhyw Faterion Brys Eraill	Nodwyd	Dim i'w nodi

	Nid oedd unrhyw fater arall i'w nodi.		
4.2	Eitemau ar gyfer Adroddiad Crynhoi Cynnydd y Cadeirydd i'r Bwrdd Cadarnhaodd y Cadeirydd fod eitemau i'w cynnwys yn Adroddiad Crynhoi Cynnydd y Cadeirydd i Fwrdd yr SHA wedi'u nodi'n ddigonol drwy gydol y cyfarfod.	Nodwyd	Dim i'w nodi
4.3	Dyddiad y cyfarfod nesaf: Cadarnhawyd dyddiad cyfarfod nesaf y Pwyllgor Llywodraethu a Diogelwch Digidol ar 4 Awst am 1.00pm.	Nodwyd	Dim i'w nodi

CYFARFOD PWYLLGOR LLYWODRAETHU A DIOGELWCH DIGIDOL – CRYNODEB PREIFAT

COFNODION, PENDERFYNIADAU A CHAMAU GWEITHREDU I'W CYMRYD

 16:10 – 17:00

 12 Mai 2022

 MS Teams

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

Yn bresennol	Blaenlythrennau	Teitl	Sefydliad
Carwyn Lloyd Jones	CLJ	Cyfarwyddwr Technoleg Gwybodaeth a Chyfathrebu	Iechyd a Gofal Digidol Cymru
Rachael Powell	RP	Cyfarwyddwr Cyswllt Gwybodaeth, Deallusrwydd ac Ymchwil	Iechyd a Gofal Digidol Cymru
Chris Darling	CD	Ysgrifennydd y Bwrdd	Iechyd a Gofal Digidol Cymru
Jamie Graham	JG	Pennaeth Seiberddiogelwch Dros Dro	Iechyd a Gofal Digidol Cymru
Keith Reeves	KR	Rheolwr Tîm Rheoli Gwasanaeth	Iechyd a Gofal Digidol Cymru
Gareth Davies	GD	Cyfarwyddwr Gweithredol Dros Dro Gweithrediadau	Iechyd a Gofal Digidol Cymru

Cofnodion wedi'u cadarnhau ar gyfer y:
Pwyllgor Llywodraethu a Diogelwch Digidol 12 Mai 2022¹

Julie Ash	JA	Pennaeth Gwasanaethau Corfforaethol	Iechyd a Gofal Digidol Cymru
Nathan Couch	NC	Arweinydd Archwilio Perfformiad (Iechyd), yn arsylwi	Archwilio Cymru
Carys Richards	CR	Cydlynnydd Llywodraethu Corfforaethol (Ysgrifenyddiaeth)	Iechyd a Gofal Digidol Cymru
Michelle Sell	MS	Cyfarwyddwr Cynllunio a Pherfformiad a Phrif Swyddog Masnachol	Iechyd a Gofal Digidol Cymru

Ymddiheuriadau	Teitl	Sefydliad
Rhidian Hurle	Cyfarwyddwr Meddygol Gweithredol	Iechyd a Gofal Digidol Cymru
Darren Lloyd	Pennaeth Llywodraethu Gwybodaeth	Iechyd a Gofal Digidol Cymru
Ifan Evans	Cyfarwyddwr Gweithredol Strategaeth	Iechyd a Gofal Digidol Cymru

Acronymau			
DHCW	Iechyd a Gofal Digidol Cymru	SHA	Awdurdod Iechyd Arbennig

Rhif yr Eitem	Eitem	Canlyniad	Cam Gweithredu
RHAN 1 — MATERION RHAGARWEINIOL			
1.1	Croeso a Chyflwyniadau Croesawodd Rowan Gardner (RG), Cadeirydd bawb a oedd yn bresennol i sesiwn breifat cyfarfod y Pwyllgor Llywodraethu a Diogelwch Digidol.	Nodwyd	Dim i'w nodi
1.2	Ymddiheuriadau am Absenoldeb Nodwyd ymddiheuriadau am absenoldeb ar ran:	Nodwyd	Dim i'w nodi

Cofnodion wedi'u cadarnhau ar gyfer y:
Pwyllgor Llywodraethu a Diogelwch Digidol 12 Mai 2022²

	<ul style="list-style-type: none"> Rhidian Hurle, Cyfarwyddwr Meddygol Gweithredol Darren Lloyd, Pennaeth Llywodraethu Gwybodaeth Ifan Evans, Cyfarwyddwr Gweithredol Strategaeth 		
1.3	Datganiadau o Fuddiannau Nid wnaed unrhyw ddatganiadau o fuddiannau.	Nodwyd	Dim i'w nodi
RHAN 2 - PRIF AGENDA			
2.1	Cofnodion y cyfarfod diwethaf Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol: GYMERADWYO cofnodion y cyfarfod diwethaf.	Cymeradwyd	Dim i'w nodi
2.2	Cofnodion Gweithredu Roedd 1 cam gweithredu o'r cyfarfod blaenorol a oedd wedi'i gwblhau ers hynny a chytunodd aelodau'r pwyllgor y gellid cau'r camau gweithredu. Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol: NODI'R cofnodion gweithredu.	Nodwyd	Dim i'w nodi
2.3	Adroddiad Seiberddiogelwch Iechyd a Gofal Digidol Cymru gan gynnwys Y Gofrestr Risg Gorfforaethol – Risgiau Seiberddiogelwch Dywedodd Chris Darling, Ysgrifennydd y Bwrdd fod 8 risg ar y Gofrestr Risg a ddosbarthwyd fel rhai preifat oherwydd eu sensitifrwyd. Cynhaliwyd trafodaeth fanwl ar bob risg, gan gynnwys sut yr adroddwyd am risg ac effaith. Yn ogystal, dywedodd RG am bwysigrwydd tynnu sylw at dueddiadau a themâu i'r Pwyllgor. Cytunwyd bod y Rhwydwaith Digidol Aelodau Annibynnol yn feganwaith defnyddiol ar gyfer rhannu gwybodaeth. Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol: Nodi Adroddiad Seiberddiogelwch Iechyd a Gofal Digidol Cymru gan gynnwys Y Gofrestr Risg Gorfforaethol – Risgiau Seiberddiogelwch er Sicrwydd	Nodwyd er Sicrwydd	Dim i'w nodi
2.4	Adroddiad Adolygu Digwyddiadau a Dysgu Sefydliadol - eitem PREIFAT Nododd Michelle Sell (MS), Cyfarwyddwr Cynllunio a Pherfformiad a'r Prif Swyddog Masnachol fod yr adroddiad wedi'i gyflwyno yn y sesiwn gyhoeddus yn gynharach. Fodd	Nodwyd er Sicrwydd	Dim i'w nodi

	<p>bynnag, roedd un eitem a ddosbarthwyd fel un breifat oherwydd y data sensitif a gynhwysir yn yr atodiad.</p> <p>Nodwyd mai pwrpas yr adroddiad oedd i'r Pwyllgor gael sicrwydd a thrafod dysgu sefydliadol, felly cytunwyd y gellid codi'r eitem o fewn yr adroddiad drwy eithriad. Nododd y pwyllgor y bwriedir cynnal cymaint o drafodaethau â phosibl ar ddysgu sefydliadol yn gyhoeddus wrth symud ymlaen.</p> <p>Penderfynodd y Pwyllgor Llywodraethu a Diogelwch Digidol:</p> <p>Nodi'r Adroddiad Adolygu Digwyddiadau a Dysgu Sefydliadol - eitem BREIFAT er Sicrwydd</p>		
RHAN 3 - MATERION I GLOI			
3.1	<p>Unrhyw Faterion Brys Eraill</p> <p>Nid oedd unrhyw fater arall i'w nodi.</p>	Cymeradwywyd	Dim i'w nodi
3.2	<p>Eitemau ar gyfer Adroddiad Crynhoi Cynnydd y Cadeirydd i'r Bwrdd</p> <p>Cadarnhaodd y Cadeirydd fod yr eitemau i'w cynnwys yn ei Hadroddiad Crynhoi Cynnydd y Cadeirydd i'r Bwrdd wedi'u nodi'n ddigonol trwy gydol y cyfarfod.</p>	Nodwyd	Dim i'w nodi
3.3	<p>Dyddiad y cyfarfod nesaf:</p> <p>Cadarnhawyd dyddiad cyfarfod nesaf y Pwyllgor Llywodraethu a Diogelwch Digidol ar 4 Awst am 1.00pm.</p>	Nodwyd	Dim i'w nodi

DIGITAL HEALTH AND CARE WALES

FORWARD WORKPLAN

Agenda Item	2.2
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	4 August 2022

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

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

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

1 IMPACT ASSESSMENT

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

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

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

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

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

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

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

2 SITUATION/BACKGROUND

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

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 3.1 The Chair of the Committee previously requested additional horizon scanning be undertaken by officer members for inclusions in the forward workplan including the large-scale projects identified within the Annual Plan with the highest potential to materially affect delivery of DHCW's strategic objectives. The Corporate Governance team will continue to support the officer members to identify items for the forward workplan.
- 3.2 The Chair of the Committee has met with the Board Secretary to identify items for discussion at possible Committee Development sessions during 2022-23.

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 4.1 The following items from the Forward Workplan are due to be presented at the Committee meeting on 4 August 2022:
- Quality and Engagement Act Update
 - Staff Identity
 - Cyber Report
 - CRU Posture Report
 - Update on the development of the 3-year cyber plan

- Your Privacy Your Rights
- National Data Resource Update
- Research & Innovation Strategy Update

4.2 The below items are expected to be presented at the meeting scheduled on 3 November 2022:

- NIIAS Reporting and Accessing
- IP Policy
- Information Governance Strategy
- National Standards Report

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

5 RECOMMENDATION

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

6 APPROVAL / SCRUTINY ROUTE

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

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

Meeting Date	Standing items	Assurance Reports	Additional items
12 th May 2022	<ul style="list-style-type: none"> Welcome and Introductions Minutes Declarations of interest Action log Review of risk register relevant to committee Forward Work Programme Committee Highlight Report to Board 	<ul style="list-style-type: none"> Information Governance Informatics Assurance Information Services Assurance Incident Review and Learning Report Cyber Security – Private NIS Compliance Update Report - Private Cyber Security Highlight of previous private session Digital Programme Overview 	<ul style="list-style-type: none"> Internal Audit Report 'DHCW data centre project move – and the current position regarding data centres' R&I Strategy Update Patient Identity Senior Risk Information Owner Annual Report Welsh Information Governance Toolkit 2021/22
4 th August 2022	<ul style="list-style-type: none"> Welcome and Introductions Minutes Declarations of interest Action log Review of risk register relevant to committee Forward Work Programme Committee Highlight Report to Board 	<ul style="list-style-type: none"> Information Governance Informatics Assurance Information Services Assurance Incident Review and Learning Report Cyber Security – Private Cyber Security Highlight of previous private session Digital Programme Overview 	<ul style="list-style-type: none"> Quality and Engagement Act Update Staff Identity DHCW CRU Cyber Posture Cyber Security Report Cyber Security Annual Objectives (all 3 cyber in one Cyber Overarching Plan) Your Privacy Your Rights (IG – Darren Lloyd) National Data Resource Update R&I Strategy Update
3 rd November 2022	<ul style="list-style-type: none"> Welcome and Introductions Minutes Declarations of interest Action log Review of risk register relevant to committee 	<ul style="list-style-type: none"> Information Governance Informatics Assurance Information Services Assurance Incident Review and Learning Report Cyber Security – Private 	<ul style="list-style-type: none"> NIIAS Reporting and Accessing IP Policy Information Governance Strategy National Standards Report – Paul Mason

	<ul style="list-style-type: none"> • Forward Work Programme • Committee Highlight Report to Board 	<ul style="list-style-type: none"> • Cyber Security Highlight of previous private session • Digital Programme Overview • Policies <ul style="list-style-type: none"> ○ Water Safety Policy ○ Health and Safety Welfare Policy Procedure 	
2 nd February 2023	<ul style="list-style-type: none"> • Welcome and Introductions • Minutes • Declarations of interest • Action log • Review of risk register relevant to committee • Forward Work Programme • Committee Highlight Report to Board 	<ul style="list-style-type: none"> • Information Governance • Informatics Assurance • Information Services Assurance • Incident Review and Learning Report • Cyber Security – Private • Cyber Security Highlight of previous private session • Digital Programme Overview 	<ul style="list-style-type: none"> • Committee Membership and Terms of Reference Review • Committee Cycle of Business • Committee Effectiveness Self-Assessment • Health and Care Standards • Safety Alerts Report – Welsh Health Circulars • Review of Information Governance and Cyber Security Training across the NHS

DIGITAL HEALTH AND CARE WALES

THE HEALTH AND SOCIAL CARE (QUALITY AND ENGAGEMENT) (WALES) ACT 2020 UPDATE

Agenda Item	2.3
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	4 August 2022

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

Executive Sponsor	Claire Osmundsen-Little, Executive Director of Finance
Prepared By	Paul Evans, Interim Head of Quality Assurance and Regulatory Compliance
Presented By	Claire Osmundsen-Little, Executive Director of Finance

Purpose of the Report	For Noting
Recommendation <p>The Committee is being asked to:</p> <p>NOTE the content of the report, the details of The Health and Social Care (Quality and Engagement) (Wales) Act 2020, in particular the duties of Quality and Candour which are of relevance to DHCW but also the future reporting requirement which the team are currently working with the Welsh Government Duty of Quality (WS 2 Quality Reporting Framework) group to design and develop.</p>	

1 IMPACT ASSESSMENT

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

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

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

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

IMPACT ASSESSMENT	
<u>QUALITY AND SAFETY</u> IMPLICATIONS/IMPACT	Yes, please see detail below Legislative requirement to comply with the Quality & Engagement Act
<u>LEGAL</u> IMPLICATIONS/IMPACT	Yes, please see detail below Legislative requirement to comply with the Quality & Engagement Act
<u>FINANCIAL</u> IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
<u>WORKFORCE</u> IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
<u>SOCIO ECONOMIC</u> IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.

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

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
WS	Workstream		

2 SITUATION/BACKGROUND

- 2.1 This paper outlines the requirements of The Health and Social Care (Quality and Engagement) (Wales) Act 2020 for noting. It covers the two relevant key areas of the Act, the duties relating to Quality and Candour. DHCW has a Quality and Regulatory Assurance team that reports to the Director of Finance and Business Assurance. It has developed the DHCW Quality plan, approved by the Audit and Assurance Committee that incorporates most of the Quality and Engagement Act requirements. In the forthcoming year the contents will be validated to ensure compliance. DHCW Quality team are represented on the Welsh Government Duty of Quality (WS 2 Quality Reporting Framework) group that is developing the implementation plans for the NHS Wales.
- 2.2 The Act was passed by the Senedd on 17 March 2020 and received Royal Assent on 1 June 2020. Welsh Governments aim is to bring all of the Act into force by April 2023.
- 2.3 The Act uses legislation as a mechanism for improving and protecting the health, care and well-being of the current and future population of Wales.
- 2.4 The Act covers four principal areas:
 - Duty of **Quality** on NHS bodies and Welsh Ministers
 - Duty of **Candour** on NHS bodies and primary care
 - Establishment of a new **Citizen Voice Body** for Health and Social Care
 - Provision for **statutory Vice Chairs** of NHS Trusts

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1 Duty of Quality

- 3.1.1 The Duty requires health services to demonstrate that quality is at the heart of all they do, ensuring they are **delivering services with a system-wide approach to achieve quality of care in a way that secures continuous improvement** in quality and improved outcomes for the population.

- 3.1.2 The Duty of Quality focuses on the **six domains of quality**: Safe, Effective, Person-centred, Timely, Efficient, Equitable. It seeks to strengthen these domains across a maturing **Quality Management System**.
- 3.1.3 The Duty applies to **all health service functions**, not just clinical functions.
- 3.1.4 NHS bodies **must publish an annual report** setting out how they have complied with the new Duty. This will build on and replace the current Annual Quality Statements.
- 3.1.5 The report must include an assessment of the extent of any improvement in outcomes achieved.
- 3.1.6 Welsh Government have set up five workstreams in relation to Duty of Quality provided below.
- **WS 1 Overarching principles and guidance development** - Statutory guidance in draft; supporting resources in development including case studies
 - **WS 2 Quality reporting framework** – document being drafted; further consideration of indicators and measures is needed; consideration of an ‘always on’ approach with regular reporting in addition to an annual report
 - **WS 3 Health and Care Standards** – incorporated in to WS1 statutory guidance development for high level quality standards; next steps to be clarified including impact on HIW’s inspection methodology
 - **WS 4 Communication and engagement** – digital awareness campaign; stakeholder events; newsletters
 - **WS 5 Education** – digital materials for NHS staff and civil service in early stages of development; face to face training for Welsh ministers, senior civil servants and board members of NHS bodies
- 3.2 Duty of Candour
- 3.2.1 The Act places a duty of candour on NHS bodies at an organisational level and will support existing professional duties.
- 3.2.2 The duty is triggered when a service user to whom health care is being or has been provided by the NHS body suffers an adverse outcome and where the care or treatment was, or may have been a factor in the service user suffering that outcome.
- 3.2.3 When the duty is triggered NHS bodies will need to follow a set procedure. This will be set out in Regulations.
- 3.2.4 NHS bodies must publish a candour report, as soon as practicable, after the end of each financial year. It is intended that such a report would build on existing reporting structures, such as existing arrangements under Putting Things Right.

3.2.5 Projected timescales for 12 weeks consultation – anticipated August 2022

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 Update on the Key Areas for DHCW - Quality Reporting Framework

WS 2 have identified potential headings and content for the Annual Quality Report, these will be further reviewed at the next WS 2 meeting in August with a consultation to follow. The Framework focuses on the Key headings and content which are summarized as follows:

4.1.1 Potential Headings

- Statement from Chair and Chief Executive
- Introduction
- Looking back: reflection on the last year and where we are now
- Forward look: what are our priorities and plans for the next year?
- Summary and conclusions

4.1.2 Potential Content

- Introduction
- The six domains of quality and additional core concepts
- Quality reporting – general principles
- What should be included in the annual narrative quality report?
- Quality indicators, measures and evidence – general principles
- Assuring the quality report
- Publishing the quality report
- Engagement and feedback

DHCW quality team will ensure that these requirements, when finalised will be part of the DHCW Quality plans.

5 RECOMMENDATION

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

Note the content of the report, the details of The Health and Social Care (Quality and Engagement) (Wales) Act 2020, in particular the duties of Quality and Candour which are of relevance to DHCW but also the future reporting requirement which the team are currently working with the Welsh Government Duty of Quality (WS 2 Quality Reporting Framework) group to design and develop.

6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Claire Osmundsen-Little	13/07/2022	Approved

Reference	Date of Meeting	Action/Decision	Action Lead	Due Date	Status/Outcome Narrative	Status	Session Type
					21.7.2022 DL confirmed that in the context of considerations such as the National Data Resources there was no specific regulatory or statutory requirement for Social Care to provide patient/client Data outside of their own statutory responsibilities - However Data Protection law does allow for justified and lawful disclosures to be made under specific circumstances- The Wales Accord for Sharing Personal Information (WASPI) sets the framework for purpose driven information sharing across Public Services with all Local Authorities having subscribed to this framework.		
					12.5.2022 CD emailed DL for further info before action can be closed.		
					4.4.2022 DL confirmed action complete and to be closed.		
2021115-A04	15/11/2021	DHCWs remit in terms of social care data and use be explored further and brought back to the next Committee meeting in February for information.	Darren Lloyd (DHCW - Information Governance)	16/02/2022	Discussions on this matter are being held at National Data Resource (NDR) programme board. Lisa Trigg (Assistant Director, Research, Data and Intelligence at Social Care Wales) is also a member of the NDR IG working group and is representing social care's provision of data into the NDR. Discussions are at an early stage.	Underway	Public
					21.7.2021 A high level bullet point update will be provided to Committee at the next meeting - This information will be sought from Welsh Government		
2022-12-05-A01	12/05/2022	CD to follow up with Darren Lloyd on adding further detail to action 2021115-A04 before it is closed.	Chris Darling (DHCW - Board Secretary)	04/08/2022	Awaiting response from Darren Lloyd.	Underway	Public
					Data promise – DL to provide an update at the next Committee, potential resolution, and timelines to be outlined.		
2022-12-05-A02	12/05/2022		Darren Lloyd (DHCW - Information Governance)	04/08/2022	14.07.2022 DL waiting for feedback from seconded position in WG before a plan can be established	Underway	Public
					IOLR – Service Provision; MS how do we reflect on these parameters so the committee can get a better understanding of the data, take back to the learning group and discuss how we present it for the Committee to monitor trends.		
2022-12-05-A03	12/05/2022		Michelle Sell (DHCW - Chief Operating Officer)	04/08/2022		Not Started	Public

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

Agenda Item	3.2
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	4 August 2022

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

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

Purpose of the Report	For Assurance
Recommendation	
The Committee is being asked to: NOTE the contents of this report for ASSURANCE	

1. IMPACT ASSESSMENT

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

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

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

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	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	

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

SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

Acronyms			
IRLG	Incident Review & Learning Group	NEAG	Notifiable Events Assurance Group
OLG	Organisational Learning Group	MHRA	Medicines and Healthcare products Regulatory Agency
DHCW	Digital Health & Care Wales		

2. SITUATION/BACKGROUND

- 2.1 The purpose of the Incident Review and Learning Group (IRLG) is to have a single reporting group which covers all aspects of incident review and associated learning across the organisation, and to make and take forward recommendations for improvement.
- 2.2 The outcome of reviews will support the work of the Board in the Shared Learning approach.
- 2.3 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.
- 2.4 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.
- 2.5 The first meeting of the group was held on 9th July 2021 and is chaired by the Chief Operating Officer. The group meets monthly, with its most recent meeting on 22nd April 2022, and has a session scheduled in for weekly briefs should this be required.

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

- 3.1 Incident Review

The following report covers the **Quarter 1 period 1st April 2022 to 30th June 2022 inclusive**.

3.2 Notification Period Compliance Summary

This table provides a summary of all incidents where there is a legislative / regulatory requirement to notify an appropriate body (typically known as 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	-	-
Clinical/Pt Safety SIs	Serious Clinical Incidents Investigation Manager	7 days	-	-
Cyber Security	Assistant Director of Cyber Security	3 days	-	-
Health & Safety	Head of Corporate Services	10 days	-	-
Information Governance	Head of Information Governance	72 hours	1	1
Information Services	Head of Information & Health Records Programmes	See Glossary	-	-
MHRA Reportable Event	Quality Manager (Regulatory Compliance)	2 days	-	-
		10 days	-	-
		30 days	-	-
Technical	Service Management Team Manager	See Glossary	-	-
Welsh Language Standards	Board Secretary	See Glossary	-	-
Total			1	1

There was 1 National Reportable Incident this quarter relating to Information Governance

3.3 Review Activity Progress Report (within reporting period)

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

Type	Total Review Activity in Quarter 1	Open Reviews	Closed Reviews		
			Downgraded	Completed	Breached
Business Continuity	-	-	-	-	-
Clinical/ Patient Safety	-	-	-	-	-
Cyber Security	1	-	-	1	-
Health & Safety	-	-	-	-	-
Information Governance	1	1	-	-	-
Information Services	-	-	-	-	-
MHRA Reportable Event	-	-	-	-	-
Technical	10	4	2	4	-
Welsh Language Standards	-	-	-	-	-
Total	12	5	2	5	-

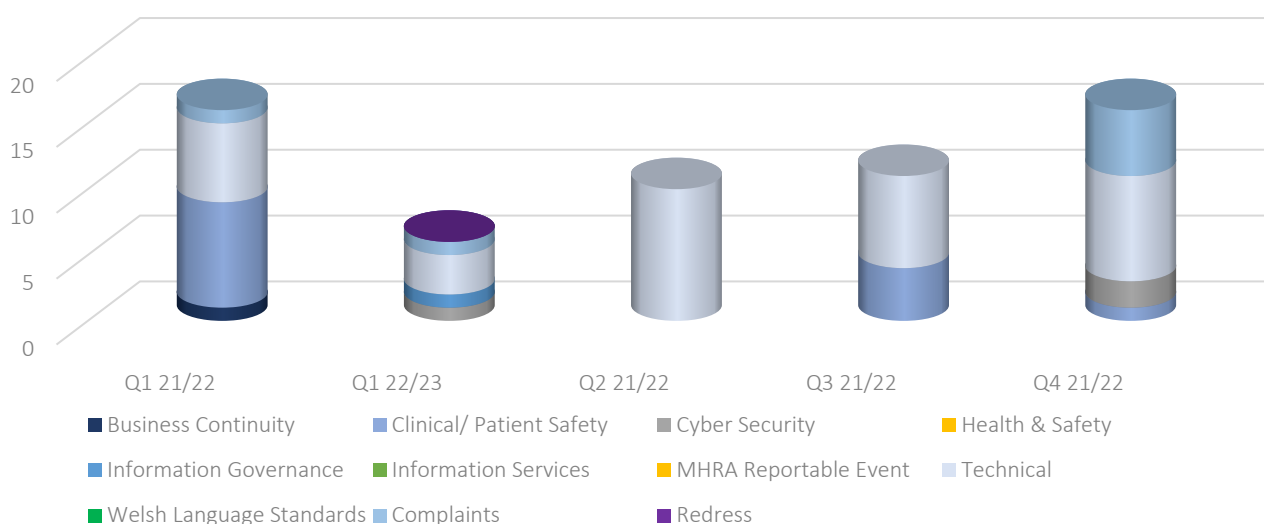
Type	Activity within Quarter 1	Open Reviews	Total Reviews in Quarter		
			Downgraded	Completed	Breached
Complaints & Concerns	1	1	-	-	-
Redress	-	-	-	-	-
Total	1	1	-	-	-

The complaints received during this quarter are categorised as follows:

- Concern relating to the accuracy of data published on My A&E Live, a website maintained by DHCW reliant upon data provided by Health Boards

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

Reviews Undertaken - Quarterly Comparison



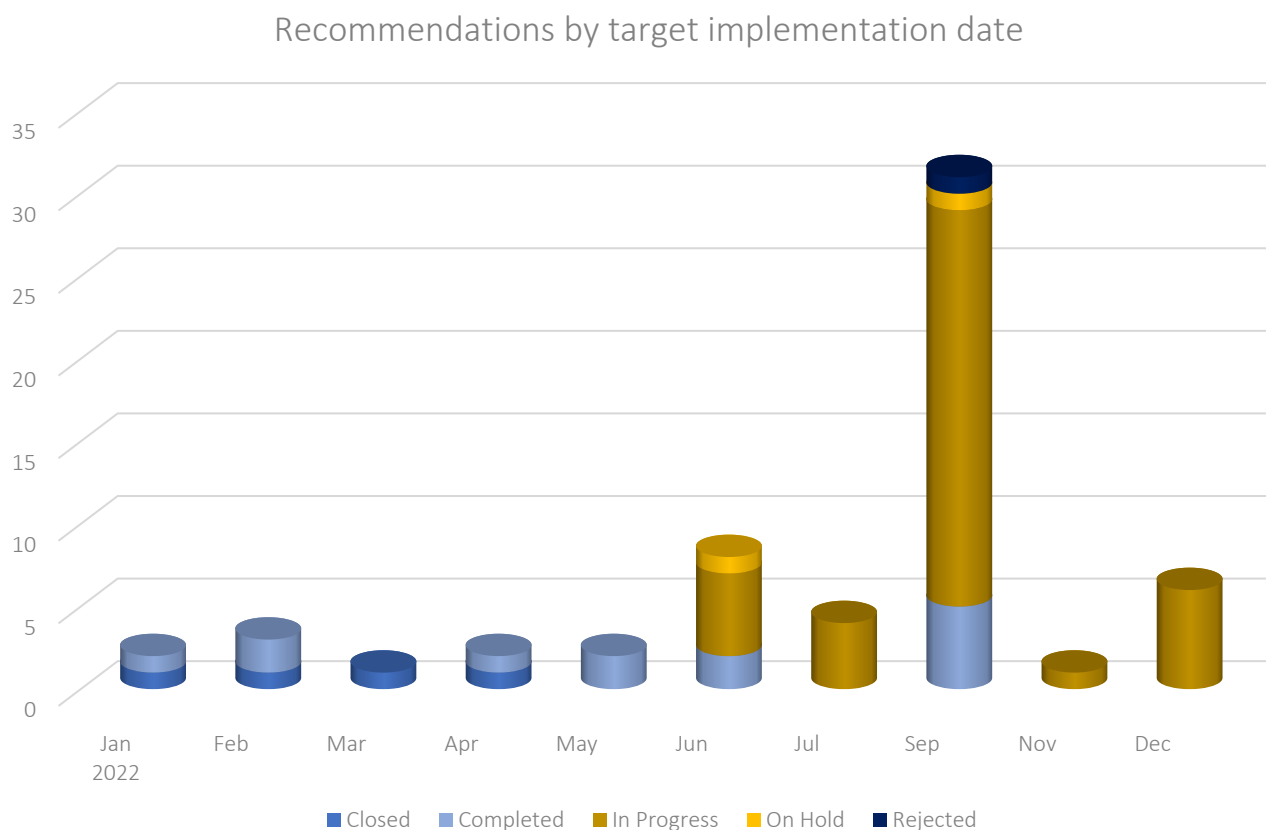
The reduction in the number of reviews correlates with the reduction in the number of Clinical / Patient Safety and Technical incidents experienced by the organisation. An improvement opportunity has been identified here through the production of more quality-based reviews – a key driver identified by Welsh Government in the reporting and review of Serious Incidents.

4. LESSONS LEARNED, RECOMMENDATIONS, AND ACTIONS

4.1 Incident Report Actions Identified

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, is the responsibility of the IRLG.

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



The high number of recommendations for September 2022 arises from the review into the management of Major IT Incidents and the improvements that have been identified.

4.2 Common Themes from review

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

Theme	Major IT Incident Management	Improvement Type(s)	Process, Documentation, Resourcing, Training
Commencement Date	28/04/2022	Current Status	Ongoing
Description	A working group has been established to review all aspects of DHCW's Major IT Incident Management process including the effectiveness of its incident response structure (Bronze, Silver, Gold), communications, process management, reporting and review, and stakeholder engagement. Outputs will include the development of simplified workflows, clearer role profiles, improved reporting and escalation lines, communication templates as well as the development of training materials and periodic testing of aspects of the end-to-end process.		

Theme	Change Management	Improvement Type(s)	Process, Governance
Commencement Date	24/05/2022	Current Status	Ongoing
Description	A review is ongoing on the basis of 2 major IT incidents as well as a recommended audit to identify common themes and suggested improvements in order to reduce the number of incidents caused as a result of non-conformances with the existing Change Management process		

Theme	Workforce Behaviours	Improvement Type(s)	Process, Culture
Commencement Date	28/04/2022	Current Status	Ongoing
Description	A review is ongoing to investigate workforce behaviours and culture looking at results from staff surveys, exit interviews, and workforce led investigations.		

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

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

6. RECOMMENDATION

The Digital Governance and Safety Committee is being asked to:

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

7. APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Incident Review & Learning Group	15/07/2022	Approved

DIGITAL HEALTH AND CARE WALES

INFORMATION GOVERNANCE

ASSURANCE REPORT

Agenda Item	3.3i
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	4 August 2022

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

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

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

1 IMPACT ASSESSMENT

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

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

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

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

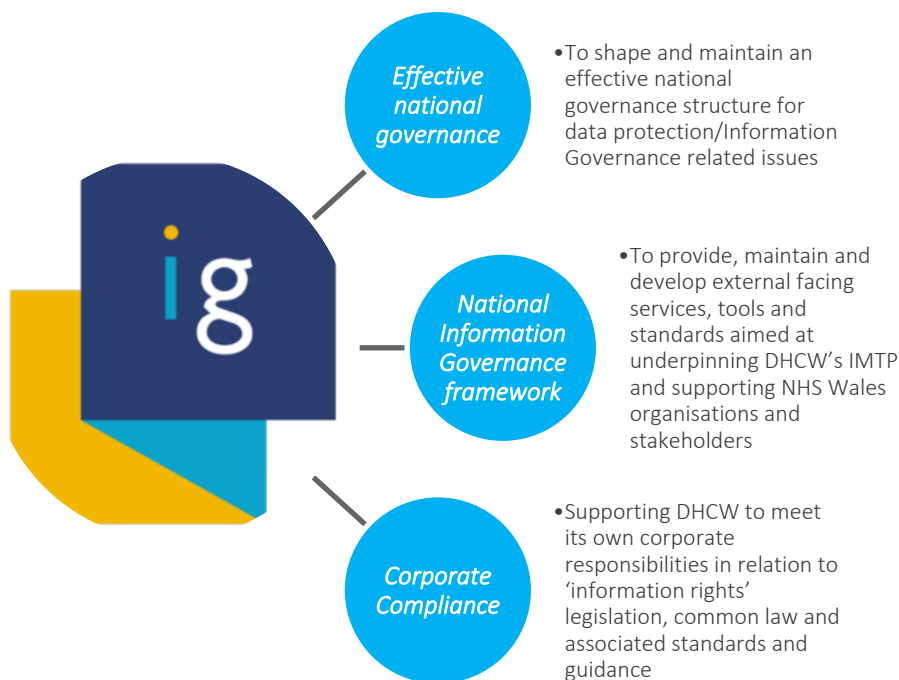
IMPACT ASSESSMENT	
<u>QUALITY AND SAFETY</u> IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
<u>LEGAL</u> IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
<u>FINANCIAL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

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

Acronyms			
DHCW	Digital Health and Care Wales	IG	Information Governance
IMTP	Integrated Medium-Term Plan	ICO	Information Commissioners Office
WASPI	Wales Accord on the Sharing of Personal Information	DPIA	Data Protection Impact Assessment
GMP	General Medical Practitioners	DPO	Data Protection Officer
FOIA	Freedom of Information Act		

2 SITUATION/BACKGROUND

- 2.1 This report is presented to Committee to provide assurance about the way in which Digital Health and Care Wales (DHCW) manages its information about patients and staff highlighting its compliance with Information Governance (IG) legislation and standards.
- 2.2 This report complements the DHCW three-year IG strategy, which sets out how the Information Governance team support the delivery of DHCW's statutory functions and contribute to its Integrated Medium-Term Plan (IMTP) and associated business plans.
- 2.3 This report outlines key assurance activities to the Committee for the reporting period of **19th April 2022 to 12th July 2022**. Relevant updates from this reporting period are provided based around the core responsibilities of the Information Governance team, as set out in the DHCW IG three-year IG strategy:



3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1 Effective National Governance

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

Relevant updates for this Committee period:

- 3.1.1** DHCW's IG Strategy is in the process of being updated to reflect the progress, achievements and future ambitions of the team. Information Governance sits under the responsibility of the Associate Director of Information Governance and Patient Safety and as such work is underway to update the IG Strategy so that it reflects the vision, aims and objectives of both the Information Governance and Patient Safety teams. Additionally, DHCW's Information Governance role and responsibilities for the National Information Governance framework has not been formally set. This creates ambiguity on DHCW's formal responsibilities on leading national Information Governance work. Actions have been identified to agree DHCW's role in the National Information Governance Framework.
- 3.1.2** A separate paper is provided highlighting the work completed on "Your Privacy Your Rights" materials, which are a national set of materials used to help NHS Wales organisations meet their legal obligations to transparency and the right to be informed.

3.2 National Information Governance Framework

Aim: To provide, maintain and develop external facing services, tools and standards aimed at:

- (i) Supporting NHS Wales organisations and stakeholders to comply with legal obligations.*
- (ii) Underpinning the delivery of the aims and objectives of DHCW's IMTP*

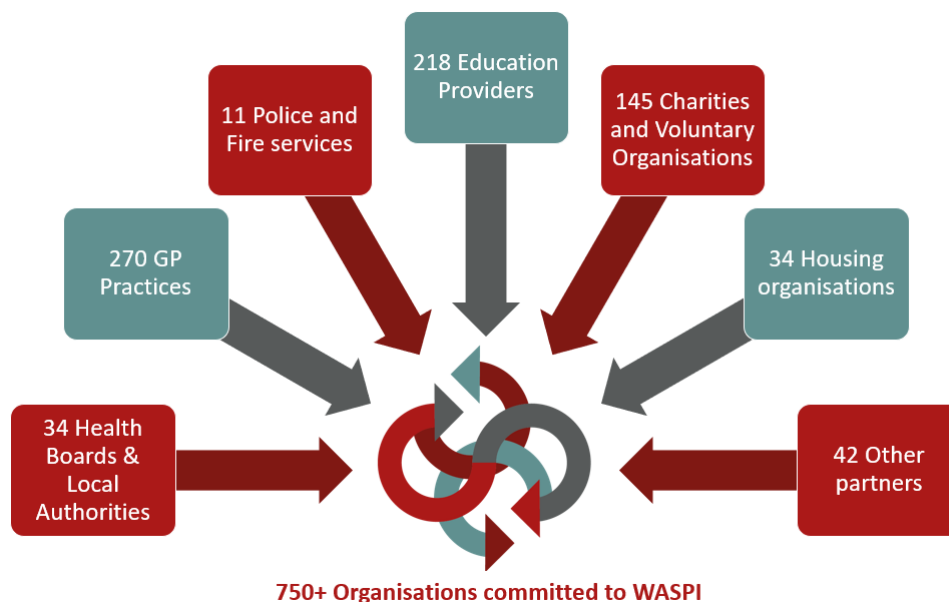
Relevant updates for this Committee period:

3.2.1 Wales Accord on the Sharing of Personal Information update:

The Wales Accord on the Sharing of Personal Information (WASPI) is an information sharing framework, recognised as good practice by the Information Commissioners Office (ICO), enabling organisations to share information effectively, safely and lawfully.

Organisations sign up to WASPI by committing to following the principles and standards set out in the Accord. A central WASPI support team within the DHCW Information Governance team provide the support to maintain and advise on the framework, which includes five regional quality assurance groups, a Management Board and website hosting copies of all quality assured Information Sharing Protocols.

WASPI have recently reached over 750 signatories and the framework continues to be key to how organisations share information in Wales. A diagram showing these signatories is provided below:



WASPI are also undertaking work to be an ICO approved Code of Conduct. This will build upon the current framework, offering organisations additional assurance around organisational practices of data sharing. A paper on this work will be presented to a future Committee.

3.2.2 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.

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

DPIAs worked on within reporting period			
Project	Internal/External	Last Update	Current Position
Welsh Point of Care Testing	External	28/06/2022	Signed off
Discharge Medicines Review into Welsh Clinical Portal	External	01/06/2022	In progress
Welsh Referral Activity & Patient Pathway Enterprise Repository (WRAPPER)	External	23/06/2022	In progress
Linking of Choose Pharmacy Data to SAIL	External	14/06/2022	In progress
Medical Devices Information System (Wales)	External	30/06/2022	In progress
Welsh Nursing Care Record - Digitalisation of Nursing Documents Phase 2	External	01/06/2022	In progress
Betsi Cadwaladr University Health Board Welsh Patient Administration System Single Instance	External	19/05/2022	Signed off
DHCW CV SharePoint	Internal	06/05/2022	New DPIA – in progress
Primary Care Service team access to GP Clinical System for rectification of immunisation entries	External	13/06/2022	New DPIA – in progress
National Subscription Service	External	15/06/2022	New DPIA – in progress
Application Programming Interface Management Platform	External	07/07/2022	New DPIA – Signed off
Welsh Clinical Portal access for 111 Service	External	04/07/2022	New DPIA – in progress

Raising the profile of Information Governance and Patient Safety assurance

Additionally, DPIA training on the process, how it interacts with the Wales Informatics Assurance Process, why we complete DPIAs and the implications of not completing DPIAs / completed

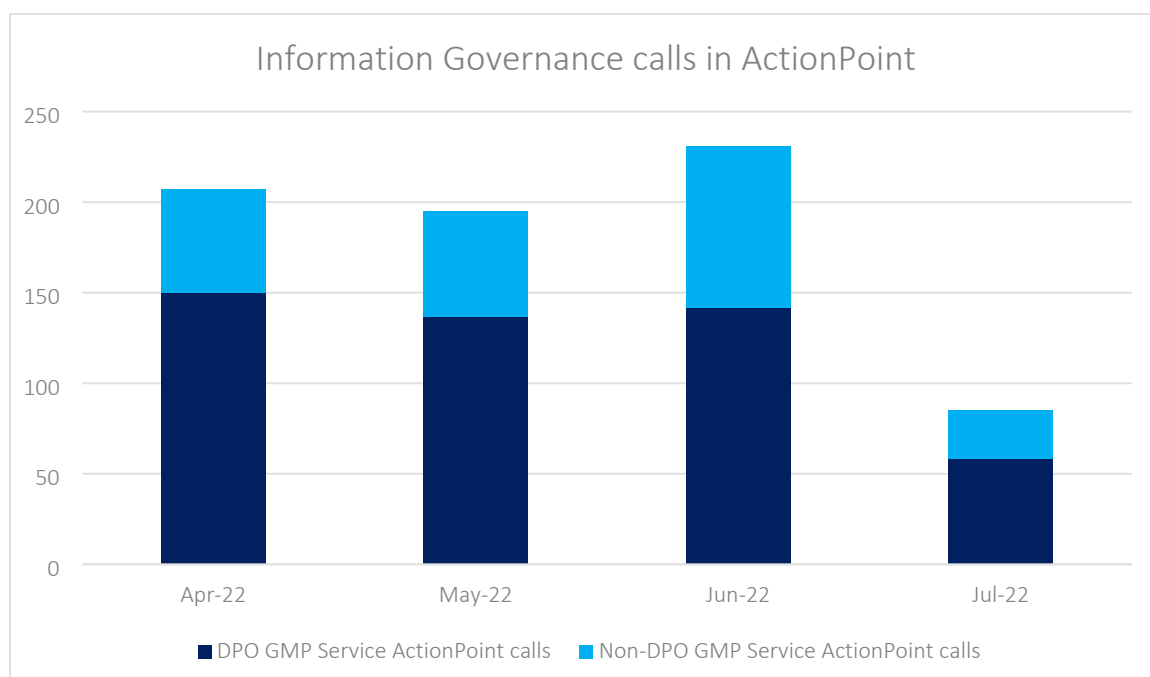
incorrectly was provided to Project Managers and Programme leads as part of a wider training session which included presentations from Patient Safety in early July.

3.2.3 Number of calls into DHCW Information Governance ActionPoint System

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

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

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



Data as of 12th July 2022

3.3 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:

3.3.1 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 2021-2022 IG Toolkit, DHCW highlighted a number of actions to Committee. An update on these actions is provided below:

ACTION	DESIRED POSITION	IG TOOLKIT SECTION	PRIORITY	TARGET DATE
Update Data Protection Impact Assessment template	The template is reviewed against comments received and shared as an example for NHS Wales organisations to use.	2.5	Low	April 2022 - complete
Improve Publication Scheme	Agree upon a publication scheme against the 7 "classes of information" and agree, as an organisation, that any new information that falls within these classes are published.	2.6	Medium	September 2022
Review DHCW Cookies position	DHCW's position on cookies is reviewed and action agreed on next steps.	2.7	Low	August 2022 - complete
Review National Privacy Information	"Your Privacy Your Rights" materials updated, agreed and published for use by NHS Wales organisations.	4.2	Low	June 2022- complete
Assess DHCW's compliance with	Review and document DHCW compliance with	ICO's Accountability	Medium	September 2022

Record of Processing Activities requirements	Article 30 of the UK General Data Protection Regulation.	Toolkit		
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3.3.2 IG Incidents and Complaints:

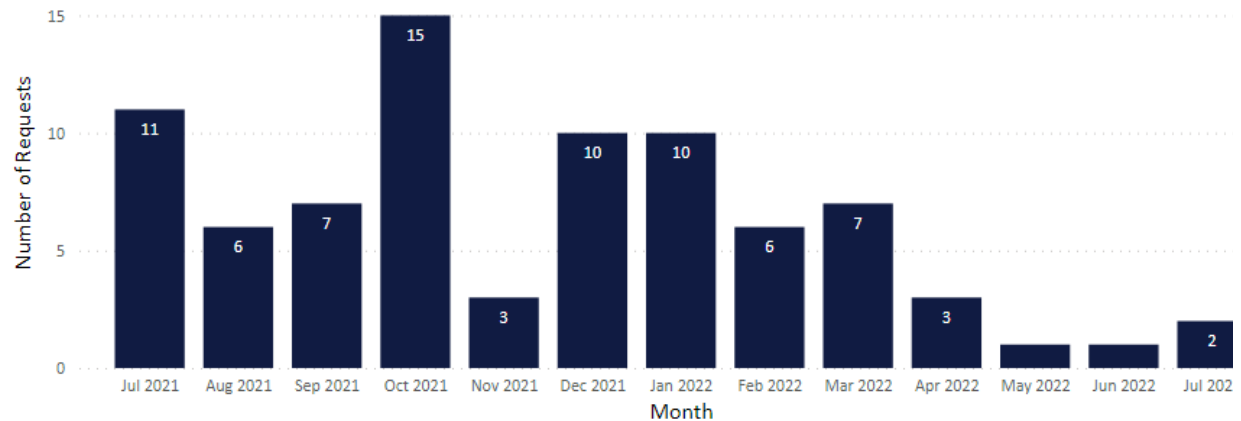
All IG incidents are reported using the DHCW Datix system and are risk assessed using the DHCW Standard Operating Procedure - [SOP-IG-004 Personal Data Breach Reporting and Management](#) and reported to Welsh Government (WG) and the Information Commissioner's Office (ICO) when required. The below table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

TYPE	SUB-TYPE	NUMBER OF INCIDENTS LOGGED	REPORTED TO ICO / WG	COMPLAINTS RECEIVED FROM ICO
Data Protection and Confidentiality	Inappropriate access	0	0	0
	Inappropriately divulged	3	0	0
	Information lost	0	0	0
	Sent to the wrong recipient	0	0	0
	Information stolen	0	0	0
Access to Information	Request not responded to within statutory timescales	1	0	0
	Request not processed	0	0	0
	Requestor complaint	0	0	0
TOTAL		4	0	0

3.3.3 Information Governance Access to Information

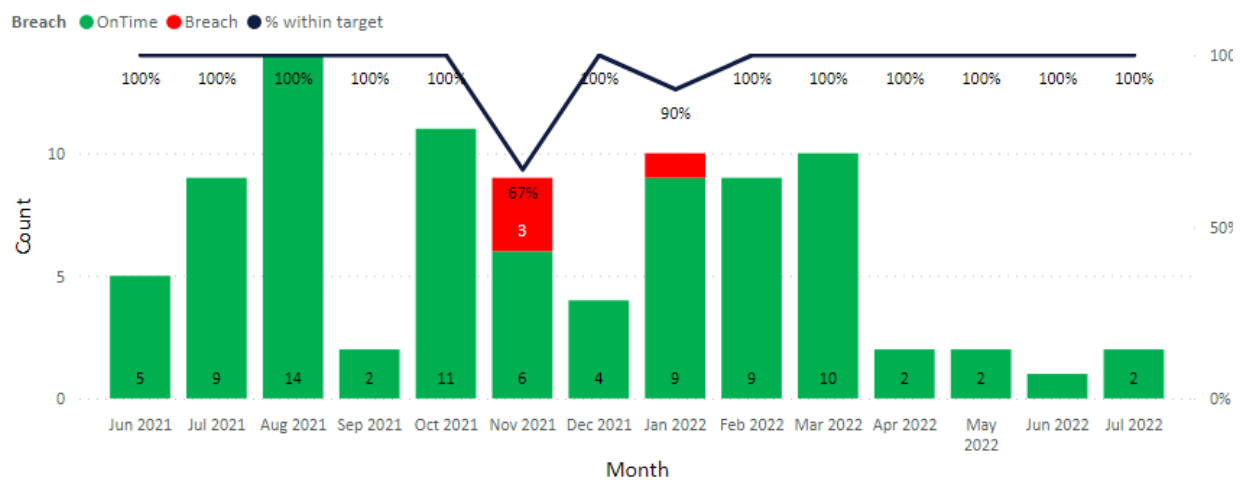
Members of the public are entitled to request information from public authorities. This includes information about themselves (Subject Access Requests) or information held by public authorities (Freedom of Information Act and Environmental Information Regulations requests). All requests are responded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

Requests Received



6 Freedom of Information Act (FOIA) requests were received by DHCW between 19th April 2022 and 12th July 2022.

Response



All FOIA requests within this time period was not answered within the statutory timescales.

FOIA requests received within the reporting period by rating*			
	Minor	Amber	Major
April 2022	2	0	0
May 2022	1	0	0
June 2022	0	1	0
July 2022 (as of 12/07/22)	2	0	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 1 Subject Access Requests within this period, which was answered one day outside of the statutory timescale due to admin error. Steps have been put in place to prevent this reoccurring.

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

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

5 RECOMMENDATION

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

6 APPROVAL / SCRUTINY ROUTE

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

DIGITAL HEALTH AND CARE WALES WALES INFORMATICS ASSURANCE REPORT

Agenda Item	3.3 ii
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	4 August 2022

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

Executive Sponsor	Rhidian Hurle, Executive Medical Director
Prepared By	Lydia James, Wales Informatics Assurance Facilitator
Presented By	Paul Evans, Interim Head of Quality Assurance and Regulatory Compliance

Purpose of the Report	For Assurance
Recommendation	
The Committee is being asked to:	
NOTE the contents of the report for ASSURANCE .	

1 IMPACT ASSESSMENT

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

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

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

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

[Workforce EQIA page](#)

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

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

Acronyms			
WIAG	Wales Informatics Assurance Group	AQP	Assurance Quality Plan
SCRR	Safety Case and Readiness Report	DHCW	Digital Health & Care Wales
RFC	Request for Change	AQP	Assurance Quality Plan
ACS	Acute Coronary Syndrome	BCU	Betsi Cadwaladr University Health Board
WRAPPER	Welsh Referral, Activity & Patient Pathway Enterprise Repository	WRRS	Welsh Results Reports Service
HEIW	Health Education & Improvement Wales	EC	Emergency Contraception
PTHB	Powys Teaching Health Board	WRIS	Welsh Radiology Information System
WPR	Welsh Pandemic Record	WCP	Welsh Clinical Portal
WCCIS	Welsh Community Care Information System	WICIS	Welsh Intensive Care Information System
WEDS	Welsh Emergency Department System	WNCR	Welsh Nursing Care Record
CaNISC	Cancer Network Information System Cymru	EMS	Endoscopy Management System
ORU	Observational Result	PAS	Patient Administration System
WCRS	Welsh Care Records Service	NDR	National Data Resource
API	Application Programme Interface	ADT	Admit Discharge Transfer
CDE	Clinical Data Engine	ABBs	Architectural Building Blocks
SSO	Single Sign On	UHB	University Health Board
eMPI	Electronic Master Patient Index	SOP	Standard Operating Procedure
EMS	Endoscopy Management System	MEDILOGIK	Microsoft UK Azure cloud hosted
MVP	Minimum Viable Product	HCPs	Health Care Practitioners
CDE	Clinical Data Engine	SMS	Short Message Service

2 SITUATION/BACKGROUND

- 2.1 The Wales Informatics Assurance Process will provide the Digital Governance & Safety Committee assurance that where appropriate, services developed or procured by Digital Health and Care Wales have been proportionally assured. That where interfaces to the national architecture have been developed, they have been appropriately assured and that cloud hosted services have been risk assessed.
- 2.2 The Wales Informatics Assurance Process has been in place since 2015 and is reviewed bi-annually (SOP-WIA-001) by Quality Manager (Regulatory Compliance) with the next scheduled review due in October 2023. The process involves a two-stage check point: Assurance Quality Plan and Safety Case & Readiness Report. Wales Informatics Assurance Group (WIAG) may assure minor changes via a Request for Change submission (for definitions of document types see Appendix A). There are 15 work streams associated with the process. Details of the workstreams are included in Appendix B.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 3.1 Overview of Activity - The following is a breakdown of activity reviewed by WIAG in the period April 2022 to June 2022.

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

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

Activity	AQP	SC&RR	WIAG review sign off	Director sign off
WNCR 2.2			Service Management have requested more information. To go to OSB on 9 th March. Service Desk - Discussion to be had regarding Support Model and resourcing. Project Manager following up on both workstreams. This project was due to go live during Q4 2021, this has been delayed until Q2 2022.	
CaNISC_MVP_Observations			The Project Manager is currently dealing with the caveats that have been raised. No Go Live date provided yet.	In Progress

Swansea Bay Endoscopy Results			27/04/2022	27/04/2022
WelshPAS Single Instance – BCU West into Central			23/05/2022	23/05/2022
NHS Wales Test, Trace & Protect Service			In Progress	In Progress
Welsh Care Records Service Document Uploader			In Progress	In Progress
National Eye Care Digitisation Programme			In Progress	In Progress

Assurance Quality Plans within the reporting period

Activity/Project	Date received by WIAG	Ref Number	Outcome of WIAG
Digitisation of Nursing Documents Bristol Stool Chart	25/04/2022	AQP-WIA-0052	Approved
Digitisation of Nursing Documents Food Chart	25/04/2022	AQP-WIA-0053	Approved
Digitisation of Nursing Documents Mouthcare Assessment	25/04/2022	AQP-WIA-0054	Approved
Digitisation of Nursing Documents Skin Assessment & Repositioning Chart	25/04/2022	AQP-WIA-0055	Approved
Acute Coronary Syndrome Pathway (ACS)	09/05/2022	AQP-WIA-0056	Approved
Covid 19 – Welsh Pandemic Record Covid Pass	23/05/2022	AQP-WIA-0057	Approved
Enhancements to Emergency Contraception for Bridging Contraception	23/05/2022	AQP-WIA-0058	Approved
Powys MEDILOGIK Cloud WRRS Feed	23/05/2022	AQP-WIA-0059	Approved
Radiology Requesting for Primary Care	07/06/2022	AQP-WIA-0060	Approved
ETR New Printing Service	07/06/2022	AQP-WIA-0061	Approved
Welsh Referral, Activity & Patient Pathway Enterprise Repository (WRAPPER) Phase 2	20/06/2022	AQP-WIA-0062	In Progress
National Subscription Service Phase One – ADT and Diagnostic Integration	20/06/2022	AQP-WIA-0063	In Progress

- Digitisation of Nursing Documents Bristol Stool Chart
- Digitisation of Nursing Documents Food Chart
- Digitisation of Nursing Documents Mouthcare Assessment
- Digitisation of Nursing Documents Skin Assessment & Repositioning Chart

The aim of the above projects is to release nurses from the administrative burden of completing paper-nursing documents to spend more time on direct patient care. To facilitate this the following aims have been identified:

- Aim 1: To support nursing staff in delivering more effective and efficient care for adult inpatients by providing standardised digital content across Wales.
- Aim 2: To deliver technical developments that improve access to data and interoperability and is aligned to the Welsh Government digital architecture review recommendations.
- Aim 3: To work with health boards, trusts, HEIW and universities on developing a sustainable training and education approach to support the uptake of digital nursing documents as part of the single patient record.

▪ **Acute Coronary Syndrome Pathway (ACS)**

The objective is to create, develop and test a data collection application across the Health Boards who are actively involved in the early stages of development. Initial testing of the concept and subsequent benefits has demonstrated a consistency and fitness for purpose of data, allowing increased agility in the data being made available to support reporting, research, and onward service improvements. The clinical data will be stored as part of the Acute Coronary Syndrome (ACS) pathway digital tool into the Clinical Data Engine (CDE), with the API providing the ability to create, retrieve, update, and delete data stored in the openEHR repository.

▪ **Covid 19 – Welsh Pandemic Record Covid Pass**

The project has delivered a solution which provides up to date vaccination data to agreed third parties in order for citizens to gain a Covid Pass either digitally or paper should they require to demonstrate their COVID 19 status for the purpose of international travel or entry into a domestic setting.

▪ **Enhancements to Emergency Contraception for Bridging Contraception**

This project will implement new functionality for Bridging Contraception in Choose Pharmacy by adding an enhancement to the Emergency Contraception (EC) module.

The purpose is to provide access to short term contraception post-EC, or on request, it is hoped that this will bridge the gap and lead to long term contraception being sort. If a patient's first choice of contraception is not suitable for quick starting because there is a risk of pregnancy, or it is not available at the time of the initial consultation, a suitable bridging method of contraception can be provided (and quick started where appropriate) until her preferred method can be commenced.

▪ **Powys MEDILOGIK Cloud WRRS Feed**

The objective of the project is to develop, test and implemented the secure DHCW architecture to receive Powys Teaching Health Board (PTHB) Endoscopy PDF diagnostic results reports from the MEDILOGIK (Microsoft UK Azure cloud hosted) Endoscopy Management System (EMS) provider system, in the WRRS, making the results visible in WCP, to all Wales health care practitioners (HCPs).

▪ **Radiology Requesting for Primary Care**

The key objective is to enable staff across primary care to complete a radiology referral/test request, then submit the form electronically to the WRIS (RaDIS), either to the electronic vetting element (Health Board dependent) or to an 'accept/reject' screen. This solution will support end users with more robust and safer ways of working ultimately improving patient care across Wales.

▪ ETR New Printing Service

The key objective to create a central printing service that will/can be called by multiple applications e.g., the Welsh Pandemic Record (WPR) Dashboard, WCP (e.g., microbiology/blood science, Histopathology, Phlebotomy Module). This solution will support the various electronic requesting workstreams with printing labels and many other applications in the future.

▪ Welsh Referral, Activity & Patient Pathway Enterprise Repository (WRAPPER) Phase 2

The primary goal of WRAPPER is to allow the seamless display of all secondary encounters a patient has, through the creation of a single database repository to receive all required event data from each PAS instance and store it in one database, providing an all-Wales view of the patient journey.

▪ National Subscription Service Phase One – ADT and Diagnostic Integration

The purpose of the subscription registration service is to enable systems to determine what messages are routed to them, and when. To deliver a standardised, scalable, and maximally portable subscription service model to support system-patient registration activities, decoupled from specific messaging fabric technologies. To deliver a subscription service model, supporting immediate Use Cases including Welsh Community Care Information System (WCCIS), Welsh Intensive Care Information System (WICIS) and the Welsh Emergency Department System (WEDS). To deliver a minor architectural building block, supporting the wider Architectural Building Blocks (ABBs) in support of the Digital Architecture Review. To delegate data control to Consuming Systems and decouple further the publisher from the subscriber.

Requests for Change within the reporting period

Activity/Project	Date received by WIAG	Ref Number	Current Status	Outstanding Actions
iPassport Re-Scope	23/05/2022	RQF-WIA-0012	Approved	None

▪ iPassport Re-Scope

Document Module Re-Scope:

With the “rollout” of the Document module across the Organisation the requirement for expansion of document “types” and stored data in a regulated environment has become apparent following discussion with the various WIAG leads and previous SCRR’s.

The original scope of the SCRR limited the use of the iPassport document module to Controlled Documents, SOP’s, Work Instructions, Policies, Templates and Forms. The rescope and change request would enable management of more sensitive information e.g. server details and names, general project documentation, various quality & validation technical reports etc.

Single Sign On:

To complement the document module re-scope and the concerns around two factor authentication. Authorisation has been provided to implement the configuration in the trial environment from CAB, imminent trials are in readiness to test SSO on the iPassport Trial system.

Safety Case and Readiness Reports within the reporting period

Activity/Project	Date received by WIAG	Ref Number	Current Status	Outstanding Actions
CaNISC_MVP_Observations	11/04/2022	SCRR-WIA-0035	The Project Manager is currently dealing with the caveats that have been raised. No Go Live date provided yet.	In progress
Swansea Bay Endoscopy Results	11/04/2022	SCRR-WIA-0036	Approved	None
WelshPAS Single Instance – BCU West into Central	09/05/2022	SCRR-WIA-0037	Approved	None
NHS Wales Test, Trace & Protect Service	23/05/2022	SCRR-WIA-0038	In Progress	In progress
Welsh Care Records Service Document Uploader	20/06/2022	SCRR-WIA-0039	In Progress	Awaiting Statements
National Eye Care Digitisation Programme	20/06/2022	SCRR-WIA-0040	In Progress	Awaiting Statements

▪ 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 eform as a central repository to record observations (vital signs) of patients. Besides mitigating the risk of CaNISC unavailability, this implementation will improve the observations recording process by preventing duplicated entry of observations information into different eforms. The eform will be embedded into Welsh Clinical Portal (WCP).

▪ Swansea Bay Endoscopy Results

The objective of the project is to make Endoscopy PDF diagnostic results reports from the MediLogik Endoscopy Management System (EMS) in Swansea Bay University Health Board, available to WCP users via WRRS. The scope of work is to test and validate DHCW secure generic interface and database components developed for the Cwm Taf Morgannwg UHB results feed, to receive Endoscopy results reports for Swansea Bay UHB and process the HL7 observational result (ORU) report messages into WRRS, making the reports visible in WCP to All Wales clinicians.

▪ WelshPAS Single Instance – BCU West into Central

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

This Safety Case and Readiness Report focuses on phase 3 of the programme, migrating BCU West from its non-DHCW PAS (Patient Administration System) system into BCU Central's WelshPAS instance which went live in November 2016.

▪ NHS Wales Test, Trace & Protect Service

The aim of this project is to deliver a single digital platform for contact tracing across Wales in response to the Covid-19 pandemic.

Providing a Once for Wales contact tracing system with the ability to:

- Ingest multiple Covid-19 test results from multiple sources
- Create index cases
- Gather relevant PHW information including contacts
- Create contact cases
- Provide an integrated telephony solution
- Send SMS's

▪ Welsh Care Records Service Document Uploader

The objectives of this project are:

- To enable approved users to manually upload patient care documents directly into the Welsh Care Records Service (WCRS) for viewing in the Welsh Clinical Portal (WCP) digital patient record.
- To deliver a WCP e-form which captures the minimum/mandatory metadata items, adhering to the national metadata model, to ensure that documents can be indexed and searched for efficiently.
- To deliver this upload capability as part of the CaNISC replacement acceleration project by FY Q2 2022-23.

▪ National Eye Care Digitisation Programme

The EyeCare Programme has now upscaled from their local Cardiff and Vale instance of OpenEyes to a multi tenanted instance enabling other Health Boards in Wales to participate when ready. The multi tenanted instance of OpenEyes also benefits from the embedded e-referrals module [OpenERS].

3.2 Managing Workload and Capacity

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

3.3 Upcoming WIAG Papers

Date	Project Title	Document Type
4 th July 2022	DHCW Telephony	Show & Tell
4 th July 2022	Medicines Information service	Show & Tell
4 th July 2022	Image Annotation App	AQP
4 th July 2022	Diabetes Remission Programme	AQP
4 th July 2022	NDR API Management	SCRR

18 th July 2022	Bridging Contraception	SCRR
18 th July 2022	11.6 MPI Upgrade	Show & Tell
1 st August 2022	WPAS in Velindre Cancer Centre	SCRR
1 st August 2022	WRAPPER Phase 1	SCRR

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 4.1 All services previously identified as requiring retrospective assurance have now come through the WIAG process.

5 RECOMMENDATION

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

6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Rhidian Hurle	11 th July 2022	

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: -

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

Safety Case & Readiness Report (SCRR)

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

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

Request for Change (RFC)

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

Appendix B

Assurance Areas within the Wales Informatics Assurance Process

ARCHITECTURE DESIGN & DELIVERY ASSURANCE

FINANCIAL AND BUSINESS ASSURANCE

CLINICAL/ USER REQUIREMENTS

EVALUATION

IMPLEMENTATION PLAN

INFORMATION GOVERNANCE

INFORMATION SERVICE

INFRASTRUCTURE REQUIREMENTS

PATIENT SAFETY

PRIMARY CARE SERVICE SUPPORT

SECURITY

SERVICE MANAGEMENT & SUPPORT

SERVICE DESK

TESTING

VALIDATION & VERIFICATION

DIGITAL HEALTH AND CARE WALES

INFORMATION SERVICES ASSURANCE REPORT

Agenda Item	3.3iii
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	4 August 2022

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

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

Purpose of the Report	For Assurance
Recommendation	
The Digital Governance and Safety Committee is being asked to:	
<p>NOTE the current position in relation to the ongoing work to enhance the assurance around the management and reporting of data and also the progress made towards the development of a Research and Innovation Strategy for DHCW for ASSURANCE.</p>	

1 IMPACT ASSESSMENT

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

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

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

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

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

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

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

2 SITUATION/BACKGROUND

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

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 3.1 Information Services are working on the development of an internal system and associated process to co-ordinate many of the current management processes into a single space. This will include the administration of new service, data and information requests, current workload, the performance in relation to IMTP milestone delivery as well as a number of additional performance and management reports. This development will help ensure that all work requests are managed appropriately and all information to support wider performance reporting is consistent (single version of the truth) and available as required. This will be a key tool in ensuring that all workstreams are resourced appropriately and that this is able to be managed effectively.
- 3.2 In addition, to the development and introduction of this new system to manage and co-ordinate information services work, a joint operational group has been established with key ISD and NDR membership to jointly review new work and ensure that there is an agreed

approach undertaken for more robust assurance.

- 3.3 Since the beginning of May 2022, the ISD Assurance Group (ISDAG) have reviewed fourteen Assurance Quality Plans (AQP's) and seven Safety Case and Readiness Reports (SCRR's) for new developments to consider the impact on Information Services. Eight projects have attended the ISDAG to present to the group prompting timely engagement with ISD teams. A further five projects are scheduled to present to the group during the latter half of July 2022.
- 3.4 Further work has been undertaken on the implementation of Service Management principles across ISD services with the service model for the Data Warehouse and Data Acquisition being approved by the Operational Services Board (OSB) in June.
- 3.5 An additional page has been added to the existing ISD Data Flows Register (V3) containing links to all of the Data Sharing Agreements, Data Disclosure Agreements, Data Protection Impact Assessments, and Joint Controller Agreements in place between DHCW and external organisations, plus The Digital Health and Care Wales (Transfer of Staff, Property, Rights and Liabilities) Order 2021. Storing this documentation in one accessible location allows for convenient access to, and control of, the agreements for review and timely update by DHCW, stakeholders and Information Governance teams.
- 3.6 A significant amount of on-line staff training has been initiated with 33 staff actively engaged in on-line courses. There are also a number of more formal "taught" training sessions that have been arranged for a range of specialist subject areas. This training will ensure that all staff are able to undertake personal development as well as keeping up to date with the necessary skills required to undertake some key roles.

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 4.1 The risk (DHCW0269) remains on the corporate risk register, covering the need to replace the functionality of the current NHS Wales Data Switching Service (NWDSS) which is used to acquire much of the national health data from Welsh Health Boards and NHS England. An internal audit review of the Switching Service by NHS Wales Shared Services Partnership has been initiated, which should provide specific feedback during July 2022 in order to inform requirements.
- 4.2 No new risks have been added to the corporate risk register.

5 RECOMMENDATION

The Digital Governance and Safety Committee is being asked to:

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

6 APPROVAL / SCRUTINY ROUTE

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

DIGITAL HEALTH AND CARE WALES

CORPORATE RISK REGISTER REPORT

Agenda Item	3.4
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	4 August 2022

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

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

Purpose of the Report	For Discussion/Review
Recommendation	The Digital Governance and Safety Committee is being asked to: NOTE the status of the Corporate Risk Register. DISCUSS the Corporate Risks assigned to the Digital Governance & Safety Committee.

1 IMPACT ASSESSMENT

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

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

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

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	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.	

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

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

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

2 SITUATION/BACKGROUND

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

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 3.1 Committee members are asked to consider risk, in the context of DHCW Digital Governance and Safety 'what could impact on the Organisation being successful in the short term (1 – 12 months) and in the longer term (12 – 36 months)'.
- 3.2 There are wider considerations regarding organisational factors which include, sector, stakeholder, and system factors, as well as National and International environmental factors.
- 3.3 In terms of DHCW's Corporate Risk Register, there are currently 25 risks on the Corporate Risk Register, of which 18 are for the consideration of this Committee. The Risk register presents the 9 public risks at item 3.4i Appendix A with the further 9 classified as private due to their sensitivity and will be received in the private session of the Committee.

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

NEW RISKS (4) – 3 public, 1 private

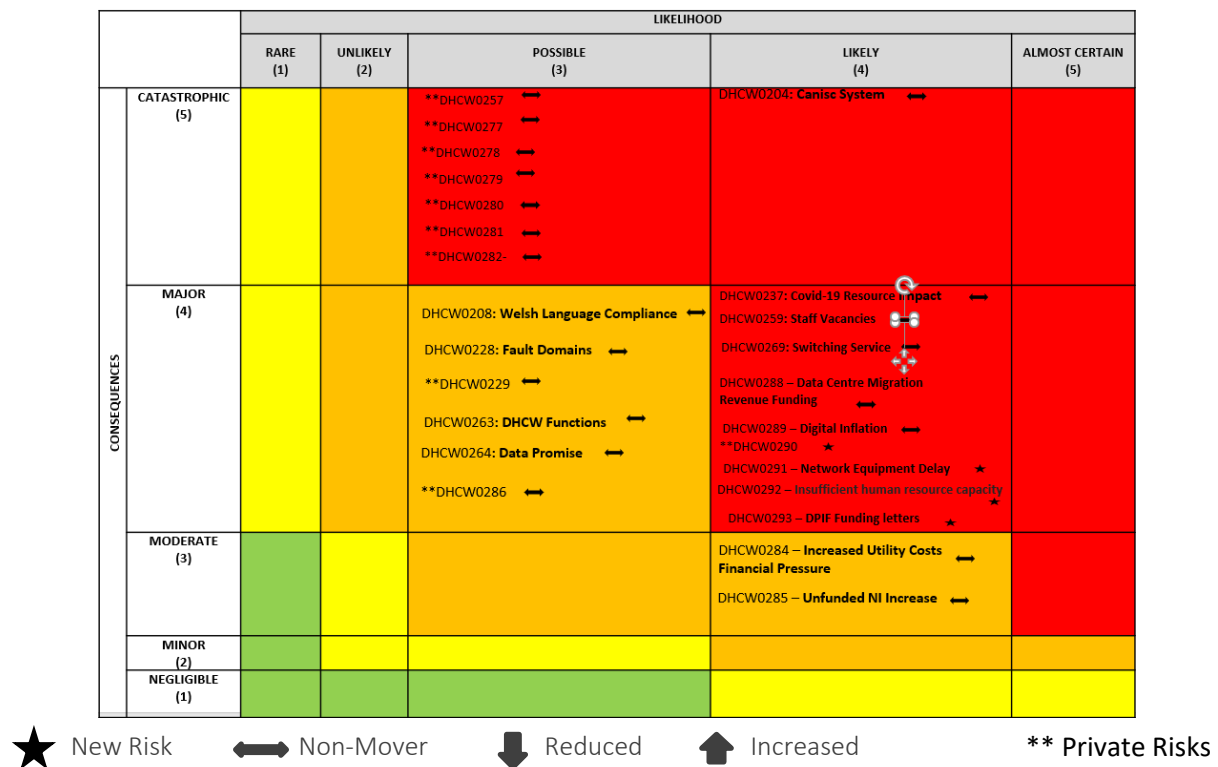
DHCW0286	PRIVATE
DHCW0291	Network Equipment delays in relation to Data Centre 2 move
DHCW0292	Insufficient human resource capacity in the infrastructure teams to undertake BAU activity and activities in the 1-year plan
DHCW0293	DPIF Funding letters

RISKS REDUCED (0) – 0 public, 0 private
No reductions during the period

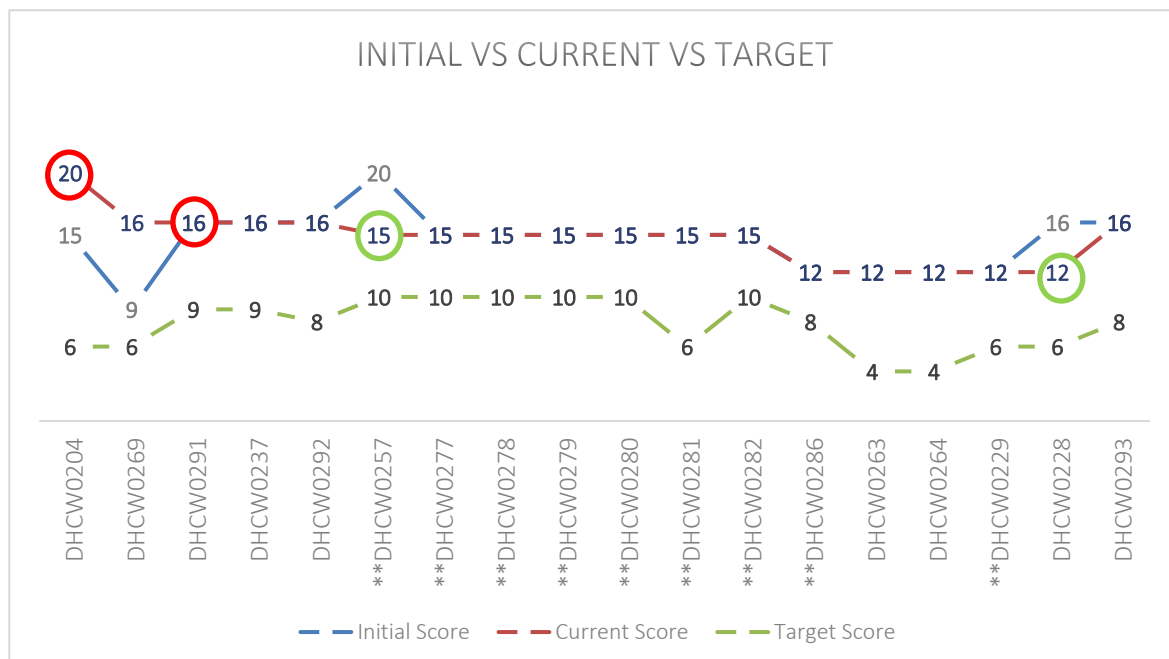
RISKED REMOVED (1)

Reference	Name	Commentary
DHCW0287	<p>Digital Priorities Investment Funding (DPIF)</p> <p>IF DPIF budgets are requested to be significantly re-profiled (greater than £2.5 million) THEN the completion of planned developments will not be possible with associated supplier payment issues RESULTING IN reputational damage, non-delivery of investments, cost pressures and potential legal challenge.</p>	Downgraded for management at Directorate level

- 3.5 The Committee are asked to consider the DHCW Corporate Risk Register Heatmap showing a summary of the DHCW risk profile which includes the 5 Significant and 13 Critical risks assigned to the Committee. The key indicates movement since the last risk report to the Committee.
- 3.6 All critical risks currently on the Corporate Risk Register are assigned to the Digital Governance and Safety Committee.



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



4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

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

5 RECOMMENDATION

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

NOTE the status of the Corporate Risk Register.

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

6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Risk Management Group	5 July 2022	Reviewed
Management Board	16 July 2022	Reviewed

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

Risk Matrix

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

Key – Risk Type:

Critical	Significant	Moderate	Low
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Ref	Primary Risk Domain	Description	Opened date	Review date	Rating (initial)	Impact (initial)	Likelihood (initial)	Action Status	Rating (current)	Impact (current)	Likelihood (current)	Rating (Target)	Impact (Target)	Likelihood (Target)	Risk Owner	Trend	Strategic objective
DHCW0204	Delivery of Services	Canisc System IF there is a problem with the unsupported software used within the Canisc system THEN the application will fail RESULTING IN disruption to operational service requiring workarounds.	08/02/2018	05/07/2022	15	5	3	<p>AIM: REDUCE Impact and REDUCE Likelihood</p> <p>ACTIONS TO DATE: 07/03/22: Target date for VCC go live implementation being reviewed, May 22 is not achievable. Clinical functionality in WCP continues to be released in a staggered /agile approach. All software to be available for testing by 30th May 2022. All Health Boards engaged with testing Cancer specific functionality in WCP and WPAS.</p> <p>FORWARD ACTIONS: Continue developments not yet ready to test Velindre targeting end of May 22 to migrate to WPAS and WCP. Continue with Health Boards implementation planning Development for Palliative Care & Screening & colposcopy planned for 22/23 Q1 & Q2</p> <p>Since October 2020 the Cancer Informatics Programme has been running an accelerated plan in order to mitigate the risks posed by the legacy Cancer</p>	20	5	4	6	3	2	Executive Medical Director	Non Mover	Mission 2 - Expanding Content

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

Ref	Primary Risk Domain	Description	Opened date	Review date	Rating (initial)	Impact (initial)	Likelihood (initial)	Action Status	Rating (current)	Impact (current)	Likelihood (current)	Rating (Target)	Impact (Target)	Likelihood (Target)	Risk Owner	Trend	Strategic objective
								system CanISC and deliver an integrated national solution for cancer services ahead of the original November 2022 deadline. The Canisc replacement MVP (14 workstreams) in development/completed in readiness for testing in 22/23 Q1 for All Wales Cancer services. Specific developments delivered and already available for testing. Collaborative working with Programme Partners to finalise developments required for Palliative care and Screening & Colposcopy									
DHCW0269	Information - Access and sharing	Switching Service IF the current switching service fails THEN no data new will be acquired into the ISD Data Warehouse RESULTING IN the inability to provide updates to multiple reporting systems.	07/12/2020	05/07/2022	9	3	3	<p>AIM: REDUCE Likelihood and REDUCE Impact</p> <p>FORWARD ACTION: Now that the Director of Operations is in post, ISD are looking to share ownership of the risk with Operational Services and there will be an internal audit review of the Switching Service which should provide specific feedback during June 2022 in order to advance this work.</p> <p>ACTION TO DATE: 21/02/2022 - NDR confirmed that a plan to replace switching service functionality will be considered as part of the data strategy work. In the meantime a paper is being drafted within ISD to propose some immediate solutions for geographical resilience in order to consider reducing the risk score. 13/10/2021 - ISBMG: Whilst the data centre moves have taken place the fragility of the switching service remains due to the rigid nature of it and the inability to add to or amend it easily. Keep the score as is at</p>	16	4	4	6	3	2	Executive Medical Director	Non Mover	Mission 4 - Value and Innovation

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

Ref	Primary Risk Domain	Description	Opened date	Review date	Rating (initial)	Impact (initial)	Likelihood (initial)	Action Status	Rating (current)	Impact (current)	Likelihood (current)	Rating (Target)	Impact (Target)	Likelihood (Target)	Risk Owner	Trend	Strategic objective
								<p>this time.</p> <p>02/08/2021 - TAH: ISD working with NDR to ensure appropriate priority given to this work.</p> <p>01/06/2021 RMG: Escalated to Corporate Risk Register</p> <p>27/04/2021 TAH: Further engagement with NDR Team to consider acceleration of the switching service replacement as part of the wider requirement for the acquisition of data into NDR. Continue to review options and escalate to Corporate register</p>									
DHCW0291	Finance	<p>Network Equipment delays in relation Data Centre 2 move</p> <p>IF the networking kit required for the data centre move doesn't arrive by Quarter 1 23/24 THEN the replacement network required will not be implemented prior to the end of the current contract with our current supplier</p> <p>RESULTING IN extension of the existing contract, and a elongated project plan.</p>	30/06/2022	05/07/2022	16	4	4	<p>AIM</p> <p>Reduce Likelihood</p> <p>FORWARD ACTIONS</p> <p>Work with supplier to determine delivery dates and if alternative equipment can be utilised.</p> <p>ACTIONS TO DATE</p> <p>This action has been raised at the end of June 2022. Orders placed with supplier and discussions ongoing to determine equipment delivery dates.</p>	16	4	4	9	3	3	Interim Executive Director of Digital Operations	New Risk	Mission 5 – Trusted Partner

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

Ref	Primary Risk Domain	Description	Opened date	Review date	Rating (initial)	Impact (initial)	Likelihood (initial)	Action Status	Rating (current)	Impact (current)	Likelihood (current)	Rating (Target)	Impact (Target)	Likelihood (Target)	Risk Owner	Trend	Strategic objective
DHCW0237	Project	<p>New requirements impact on resource and plan</p> <p>IF new requirements for digital solutions to deal with Covid 19, recovery of services and other new areas of work continue to come in, THEN staff may need to be moved away from other deliverables in the plan RESULTING in non delivery of our objectives and ultimately a delay in benefits being realised by the service.</p>	30/03/2020	05/07/2022	16	4	4	<p>AIM: REDUCE Impact and REDUCE Likelihood</p> <p>FORWARD ACTIONS: Continue to monitor new requirements for Covid recovery and other new initiatives. Use formal change control methods to ensure impact is mapped and impacted work is re-baselined.</p> <p>ACTIONS TO DATE: IMTP approved by SHA Board end March 2022. Annual Business Plan approved April 2022 - this plan is flexible and new requirements will be assessed against available capacity and go through a formal change control process before being added to the plan. Still significant Covid backlog and new requirements coming through some of which are on a candidate list until resource is confirmed. Funding letters not received yet (Digital Priorities Investment Fund). Anticipated new requirements from Emergency and Unscheduled Care (Six Goals Framework) and new National Vaccination programme.</p> <p>-----</p> <p>-----</p>	16	4	4	9	3	3	Executive Director of Strategy	Non Mover	Mission 5 - Trusted Partner
DHCW0292	Service Interruption	<p>Insufficient human resource capacity in the infrastructure teams to undertake BAU activity and activities in the 1-year plan</p> <p>IF DHCW are unable to secure revenue funding to support major infrastructure developments</p>	01/04/2022	05/07/2022	16	4	4	<p>AIM: REDUCE Likelihood</p> <p>FORWARD ACTIONS: Develop workforce plan for the resources required for major Infrastructure maintenance work such as those identified.</p> <p>ACTIONS TO DATE: 12/05/2022. CLJ. Initial meeting to develop the workforce plan has taken place.</p>	16	4	4	8	4	2	Interim Executive Director of Digital Operations	New Risk	Mission 1 - Enabling Digital Transformation

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

Ref	Primary Risk Domain	Description	Opened date	Review date	Rating (initial)	Impact (initial)	Likelihood (initial)	Action Status	Rating (current)	Impact (current)	Likelihood (current)	Rating (Target)	Impact (Target)	Likelihood (Target)	Risk Owner	Trend	Strategic objective
		<p>identified in the IMTP and 1-year business plans, THEN there will be a delay to these activities RESULTING IN increased costs and/or system failures.</p> <p>Examples include: * Data Centre 2 Project * Migration of systems from legacy virtual server platform * WPAS Hardware Replacement * Legacy Operating System Replacements</p>															
DHCW0293	Finance	<p>DPIF Funding Letters</p> <p>IF Digital Priority Investment Funding Letters are not provided to DHCW in a timely manner THEN organisations may not commit to activity without formal agreement of funding to support expenditure RESULTING IN delays to scheme deliverables and possible risk to scheme objectives, benefits and completion.</p>	18/07/2022	18/07/2022	16	4	4	<p>AIM: Reduce Impact</p> <p>FORWARD ACTIONS: Formal request to Welsh Government for clarification of approval timelines by end of July 2022.</p> <p>ACTIONS TO DATE: Escalation to Welsh Government DPIF Leads.</p>	16	4	4	8	4	2	Executive Director of Finance	New Risk	Mission 2 – Delivering Technology

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

Ref	Primary Risk Domain	Description	Opened date	Review date	Rating (initial)	Impact (initial)	Likelihood (initial)	Action Status	Rating (current)	Impact (current)	Likelihood (current)	Rating (Target)	Impact (Target)	Likelihood (Target)	Risk Owner	Trend	Strategic objective
DHCW0263	Information 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, 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	05/07/2022	12	4	3	<p>AIM: REDUCE Likelihood</p> <p>FORWARD ACTIONS: Continue discussions with Welsh Government colleagues to define the parameters of the functions. Review in July 2022</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> <p>(i) DHCW's establishment functions and initial set of directions in the form of a letter has been published on the Welsh Government's website, to ensure that DHCW's remit is clear and transparent. (ii) Welsh Government have informed the Confidentiality Advisory Group (CAG) of DHCW's new statutory status and legal basis for processing data. CAG have confirmed that they are content that we would no longer be requesting section 251 support for the handling of data not related to research. (iii) Welsh Government are planning to issue a new direction for DHCW regarding the collection of prescription data, which will test the process for issuing new directions. (iv) a letter was sent from Ifan Evans to confirm DHCW's functions in response to a request for clarity from the Chair of the Digital Governance and Safety Committee and a deep dive provided at November 2021's meeting.</p>	12	4	3	4	4	1	Executive Medical Director	Non Mover	Mission 2 - Delivering Technology

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

Ref	Primary Risk Domain	Description	Opened date	Review date	Rating (initial)	Impact (initial)	Likelihood (initial)	Action Status	Rating (current)	Impact (current)	Likelihood (current)	Rating (Target)	Impact (Target)	Likelihood (Target)	Risk Owner	Trend	Strategic objective
DHCW0264	Information 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. 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	05/07/2022	12	4	3	<p>AIM: REDUCE Likelihood</p> <p>FORWARD ACTIONS: Continue discussions with Welsh Government colleagues to define the Data Promise. To be reviewed in July 2022</p> <p>ACTIONS TO DATE: The specific responsibilities for implementation of the Data Promise have been given to the Head of Data Policy in Welsh Government, who will be supported by a Data Policy Manager who will focus on delivering the Data Promise. (i) Stakeholder engagement is underway. (ii) The Minister for Health and Social Services has endorsed the proposals to deliver a Data Promise for health and care. (iii) A steering group has been set up to review and comment on Data Promise materials and help to make decisions on the direction of the programme. (iv) Aim of launching the Data Promise 'publicity' campaign in 2022.</p>	12	4	3	4	4	1	Executive Medical Director	Non Mover	Mission 2 – Delivering Technology

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

Ref	Primary Risk Domain	Description	Opened date	Review date	Rating (initial)	Impact (initial)	Likelihood (initial)	Action Status	Rating (current)	Impact (current)	Likelihood (current)	Rating (Target)	Impact (Target)	Likelihood (Target)	Risk Owner	Trend	Strategic objective
DHCW0228	Service Interruption	<p>Fault Domains</p> <p>IF fault domains are not adopted across the infrastructure estate THEN a single infrastructure failure could occur RESULTING IN multiple service failures.</p>	05/06/2019	05/07/2022	16	4	4	<p>AIM: REDUCE Likelihood and REDUCE Impact</p> <p>FORWARD ACTIONS: A newly installed virtual server farm has been implemented with two fault domains at each data centre. Work is now underway to plan the migration of existing virtual servers onto this infrastructure which is expected to take around 9 months. This will provide some additional resilience for many of our services. Introduction of further fault domains will be considered in the planning and migration of services from on-premises to cloud providers.</p> <p>ACTIONS TO DATE: 21-06-2022 MP - New deployments are designed to utilise the fault domain principals. Old services will be moved to a fault domain structure when they are renewed or migrated to new infrastructure/cloud.</p> <p>06/06/2022 MP - Work continues to utilise further fault domains for all new deployments.</p> <p>21/04/2022 - Fault domains installed in some new equipment installation when funding has allowed this. Additional new equipment has been installed to increase availability of hosted services. Fault domains were incorporated into new areas of infrastructure as part of the Data Centre Exit Project where cloud provisions is being utilised to provide some of the fault domains required.</p> <p>15/02/2022 MP - The strategic</p>	12	4	3	6	3	2	Interim Executive Director of Digital Operations	Non Mover	Mission 2 – Delivering Technology

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

Ref	Primary Risk Domain	Description	Opened date	Review date	Rating (initial)	Impact (initial)	Likelihood (initial)	Action Status	Rating (current)	Impact (current)	Likelihood (current)	Rating (Target)	Impact (Target)	Likelihood (Target)	Risk Owner	Trend	Strategic objective
								intention is to move to use cloud services for hosting our services. Cloud providers can deliver the required fault domains through the use of Availability Zones or similar. The cloud strategy is nearing completion and associated business case will follow shortly. Additionally, new equipment deployment will continue to address increasing the number of fault domains where funding permits.									

DIGITAL HEALTH AND CARE WALES RESEARCH AND INNOVATION UPDATE REPORT

Agenda Item	3.5
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	4 August 2022

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

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

Purpose of the Report	For Noting
Recommendation	
The Committee is being asked to: NOTE the ongoing development of the DHCW R&I Strategy and supporting activities.	

1 IMPACT ASSESSMENT

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

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

<u>HEALTH CARE STANDARD</u>	Effective Care
If more than one standard applies, please list below: Safe Care Staying Healthy Individual Care	

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

IMPACT ASSESSMENT	
<u>QUALITY AND SAFETY</u> IMPLICATIONS/IMPACT	Yes, please see detail below The R&I strategy sets out a clear objective to improve the quality and impact of our deliverables and work areas.
<u>LEGAL</u> IMPLICATIONS/IMPACT	Yes, please see detail below All R&I activity must follow rigorous governance process to ensure compliance with relevant legislation.
<u>FINANCIAL</u> IMPLICATION/IMPACT	Yes, please see detail below R&I activity will be assessed to understand resource implications across DHCW -this is now captured and assessed in an R&I register.
<u>WORKFORCE</u> IMPLICATION/IMPACT	Yes, please see detail below R&I activity will be assessed to understand resource implications across DHCW -this is now captured and assessed in an R&I register.
<u>SOCIO ECONOMIC</u>	No, there are no specific socio-economic implications related

IMPLICATION/IMPACT	to the activity outlined in this report.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	Yes, please see detail below
	The DHCW R&I strategy will set out our objectives and will ultimately determine the plan for R&I activity.

Acronyms			
DHCW	Digital Health and Care Wales	R&I	Research and Innovation
ISD	Information Services Department	ISPOR EU202	Global conference for Health Economic & Outcomes Research
OBA	Outcome Based Agreements	WIDI	Wales Institute of Digital Information
HCRW	Health & Care Research Wales		

2 SITUATION/BACKGROUND

- 2.1 This report outlines progress in relation to DHCW establishing a formal approach for R&I and in delivering against the emerging DHCW R&I strategy.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 3.1 Work continues on the development of the R&I strategy with an accompanying stakeholder engagement plan also developed, setting out key stakeholders and their remit and relevance in relation to how they may support and steer our strategic R&I objectives. Ongoing engagement continues as part of the work being undertaken to develop the R&I strategy.
- 3.2 The R&I working group, comprised of representatives across DHCW, continues to oversee key R&I activities, process and governance. The group recently led the development of a register of all R&I activity currently underway or recently completed across DCHW, documenting current status and outcome. The register also documents where there are IMTP milestones, key stakeholders and other dependencies (including workforce, legal and financial implications).
- 3.3 Working with Pfizer, the Wales Cancer Network and Swansea University, DHCW's ISD team successfully completed the IDEATE project, exploring the feasibility of outcomes-based

agreements in relation to breast cancer treatment. Three abstracts have since been submitted to ISPOR EU2022 in relation to designing a robust methodology, modelling payments and the creation of a novel linked real world data environment in relation to OBA and breast cancer treatment in Wales.

- 3.4 Work continues on formalising and strengthening key partnerships. A Memorandum of Understanding and Schedule of Deliverables for DHCW has been completed in Q1 2022/23 with the Wales Institute of Digital Information (WIDI).
- 3.5 The R&I working group continue to support objective leads in the development of the strategy.

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

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

5 RECOMMENDATION

- 5.1 The Committee are being asked to: **NOTE** the ongoing development of the DHCW R&I Strategy and supporting activities.

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

DIGITAL HEALTH AND CARE WALES

DIGITAL PROGRAMME OVERVIEW

UPDATE

Agenda Item	3.6
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	4 August 2022

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

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

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

1 IMPACT ASSESSMENT

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

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

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

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

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

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

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
DPIF	Digital Priorities Investment Fund	RAG	Red / Amber / Green
SBU	Swansea Bay University Health Board	WNCR	Welsh Nursing Care Record
WEDS	Welsh Emergency Department System		

2 SITUATION/BACKGROUND

- 2.1 This document notes the progress of our key programme and projects as at June 2022, noting key milestones and stakeholder organisations.
- 2.2 These are national digital programmes of work which are governed by programme or project boards made up of NHS Wales senior stakeholders. The Chair of the Board is usually external to DHCW. The Boards make key decisions on objectives, scope, timing and allocation of resources and apply the project RAG status. These initiatives are characterised by their high level of complexity both technically and operationally as their service delivery can be procured, build in DHCW or with another organisation and would be rolled out to NHS local organisations which may have a differing variety of operational service.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 3.1 The National Data Resource (NDR) Programme RAG Status has changed to Green following the procurement for the Google Cloud Platform starting in June.
- 3.2 The Welsh Nursing Care Record Project (WNCR) has moved to Amber. This is in response to delays getting full agreement from health boards to the approach for moving to a Single Instance of WNCR. This is now planned for Q3.
- 3.3 The Welsh Emergency Department System (WEDS) project is Red. There are two principal issues. Firstly, continued system issues affecting Neath Port Talbot MIU that are impacting future go lives. The supplier continues to work with SBU and DHCW to investigate. Secondly,

there remains uncertainty regarding the future funding of the project from DPIF.

- 3.4 DHCW are developing a Shared Resources Centre to support key Portfolios and Programmes of work. The organisation currently has a mixture of project, product and services delivery supported in a fragmented way by small project management offices in some areas. Management of the Annual and Integrated Medium Term plans are co-ordinated by the Planning Department. The Shared Resources Centre will address the portfolio and programme levels of the plan. It will ensure consistency and professionalism across this area, in terms of reporting, tooling, resource management, and ways of working, addressing the need for new role types, talent management and sharing resource across projects.

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

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

5 RECOMMENDATION

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

6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Management Board	15 th July 2022	Noted with modifications

CORPORATE PLANNING | Project Portfolio Q1 (1/4)

Key

Alerts

Finance



Timescale



Resourcing and/or skills



Dependencies



Scope



Agile



Status remains same

Status improving

Status deteriorating

RAG Scores

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

RAG
DEFINITIONGood may
require
refinementRequires
attentionHighly
Problematic

PORTFOLIO	PRODUCT	Initiate	Define	Build	External Build	Internal Build	Roll Out	GOVERNANCE	RAG
Information Availability and Flow	National Data Resource Supporting health and care in Wales to be innovative, modern and using data to drive decisions						Google Cloud Platform Procurement live June 2022. Award expected Q3. Additional work packages for infrastructure design and implementation currently being defined Open Architecture has three projects underway: API Management, FHIR standards and Clinical Data Engine Advanced Analytics sub-Strategy being developed during Q3 with the latest Analytics Learning Programme launched June 2022 NDR Data Strategy live Next Major Milestone: Implementation Plan for Delivery of Data Strategy Q2 2022/23	National Data Resource Programme Board SRO: John Peters DHCW Director: Rebecca Cook	↑
Information Availability and Flow	Data Centre Transition Project Phase 2 Transition of infrastructure and services from legacy data centres to new data centres and cloud						Roll Out Replacement Data Centre requirements and specification complete. High-level Design for new network environment and infrastructure expected by Q2 2022/23.	Data Centre Transition Project Board SRO: Carwyn Lloyd Jones DHCW Director: Carwyn Lloyd Jones	↔
Digital Professional Empowerment	Cancer Informatics Programme Replacing the legacy cancer system (Canisc) across Wales						Roll Out A new go live date has been agreed with VCC for 14 Nov 22. Health Boards plan to launch dataset forms for two cancer tumours across Wales in Sept 2022. A number of MDT and Dataset forms are currently in UAT across Wales. Next Major Milestone: Product Available (National) – Initial Iteration for Cancer Solution July 2022 (awaiting programme board approval)	Cancer Informatics Programme Board SRO: Tracey Cooper DHCW Director: Rhidian Hurle	↔
Digital Professional Empowerment	Electronic Test Requesting Expanding electronic test requesting to new disciplines and improving existing electronic test requesting functionality.						Roll Out Radiology e-form V2 now live in CTM & BCU. SBUHB, ABUHB and VCC to take V2 by Q3. New Histopathology e-form to be live in BCU Q2 2022/23 and a Phlebotomy module pilot to start in Q2. Result notifications now live in all health boards (bar AB and Powys - out of scope) Next Major Milestones: New Cardiology e-form to be live Q4, Radiology V3 live in Q3, and Radiology in Primary Care workflow and technical design to be agreed by Q2.	Electronic Test Requesting Project Board SRO: Rob Bleasdale DHCW Director: Rhidian Hurle	↔

RAG reason: Resource diverted to Covid for some modules



CORPORATE PLANNING | Project Portfolio Q1 (2 / 4)

PORTFOLIO	PRODUCT						GOVERNANCE	RAG
Digital Professional Empowerment	Welsh Information System for Diabetes Management Using Welsh Clinical Portal to record diabetes data	Initiate	Define	Build	Internal Build	Roll Out Current modules – adult, podiatry and antenatal. Paediatrics design is completed, now in development. Next major milestone: Paediatrics Forms Q3 2022/23	Welsh Information System for Diabetes Management Project Board (Reports to Diabetes Implementation Group) SRO: Phil Evans DHCW Director: Rhidian Hurle	
		Paediatrics						
		Adult, Podiatry and Antenatal (Cwm Taf Morgannwg, Hywel Dda and Swansea Bay)						
Digital Professional Empowerment	Welsh Nursing Care Record Enables nurses to complete electronic assessments at hospital bedsides	Initiate	Define	Build	Internal Build with Swansea Bay	Roll Out Live in 6 health boards CAV implementation planned to start in Q2. AB planned for Q3/Q4 2022/23. HB/Trusts agree with Single Instance approach but “not now”. As a result v2.2 is delayed and now scheduled for Q3. Next Major Milestone: v2.2 scheduled for Q3 2022/23.	Welsh Nursing Care Record (WNCR) Project Board SRO: Claire Bevan DHCW Director: Rhidian Hurle	
		Velindre, Swansea Bay, Hywel Dda, Powys, Cwm Taf, Betsi						
							RAG reason: Delay to full agreement of Single Instance approach	
Digital Patient Empowerment	Digital Services for Patients and the Public Patient facing app improving patient access to services and data	Initiate	Define	Build	External Build	Roll Out Work Package 3 Phase 2 build complete in June 22. Next Major Milestone: Work Package 4 (pending contract signature)	Digital Services for Patients and Public Programme Board (plus 7 national assurance groups) SRO: Huw George DHCW Director: Michelle Sell	
Public Health	Test Trace and Protect Covid-19 testing, contact tracing and vaccination data solutions	Initiate	Define	Build	External Build	Roll Out Implementation complete of Covid test requesting, contact tracing, Immunisation System, 2 way texting and Covid Pass but new requirements are being requested due to changes in policy. Next Major Milestone: Autumn boosters Q2 2022/23	Digital Pathway Group. SRO: Ifan Evans / Helen Thomas DHCW Director: Helen Thomas Test Trace Protect Policy and Delivery Board Vaccination Programme Board Contact Tracing Task & Finish Group Test Trace Protect Programme Oversight Group	
		Contact Tracing						
		Immunisation Recording					All Health Boards & Primary Care	
							RAG reason: resource constraints, enlarged scope, volume of new requirements	

CORPORATE PLANNING | Project Portfolio Q1 (3 / 4)

PORTFOLIO	PRODUCT						GOVERNANCE	RAG
Primary, Community and Mental Health	Choose Pharmacy System to record enhanced services provided by community pharmacists.	Initiate	Define	Build	Internal Build	Roll Out Roll out complete but existing modules continually enhanced and new modules added. Next Major Milestone , Release Available – Implement Changes to flu module, Q2 2022/23 Release Available – Bridging contraception, Q2 2022/23	Community Pharmacy Digital Applications Programme Board Choose Pharmacy Service Management Board SRO: Jenny Pugh-Jones DHCW Director: Carwyn Lloyd-Jones	
		All Health Boards					RAG reason: Resource movement due to Covid priorities.	
Primary, Community and Mental Health	Dental E Referrals providing dental referral system for community dentists.	Initiate	Define	Build	External Build	Roll Out Phase 2 integration work on hold Contract with system supplier due to expire in 2023 Procurement project in progress Next Major Milestone , Product Available (Early Adopter) Q4 2022/23 - this work is on hold	Dental Referral Management System Project Board for re-procurement SRO: Alex Slade DHCW Director: Carwyn Lloyd-Jones	
		New project – re-procurement					RAG reason: Integration delayed due to internal resource constraints.	
Primary, Community and Mental Health	GP Systems Framework Implementation of systems to GP practices, including any necessary integrations and developments.	Initiate	Define	Build	External Build	Roll Out Deployment orders prepared and awaiting signature. A number of developments in progress under current contractual arrangements - dependency on suppliers leading to delays to plans. Next Major Milestone , Migration Complete Mar 2023	General Medical Services (GMS) IM&T Programme Board SRO: Lisa Dunsford DHCW Director: Carwyn Lloyd Jones	
		Framework Contracts signed for all 3 suppliers					RAG reason: Supplier delays for new developments.	
Primary, Community and Mental Health	Welsh Community Care Information System Community information solution for community health, mental health staff and social workers	Initiate	Define	Build	External Build	Roll Out 3 Health Boards live (Cwm Taf Morgannwg, Powys and Hywel Dda), 3 further in pipeline (Aneurin Bevan, Betsi Cadwaladr, Swansea Bay). 15 Local Authorities live. Next Major Milestone : Aneurin Bevan Phase 1 Mental Health – Q2 2022/23	WCCIS Leadership Board (plus 4 sub boards) SRO: Carol Shillabeer / Dave Street DHCW Director: Ifan Evans	
		Health – Cwm Taf Morgannwg, Powys and Hywel Dda					RAG reason: ABUHB implementation delay due to legacy system issues	
Planned and Unscheduled Care	Welsh Emergency Dept System Implementing a managed service with EMIS Health. DHCW responsible for hosting, integration with other national systems and managing the national contract.	Initiate	Define	Build	External Build	Roll Out Swansea Bay live at first site in Dec 2021. Morriston go live date to be agreed. Cwm Taf Morgannwg local implementation now paused due to resource and support issues. Roll out in other Health Boards subject to demonstration of success in SBU and WEDS Acceleration (DPIF) funding by Welsh Government. Next Major Milestone : Go-live CTM 2022/23	National WEDS Project Board SRO: Jo Mower DHCW Director: Michelle Sell	
		Cwm Taf Morgannwg			Swansea Bay		RAG reason: Service performance issues, resource challenges in HBs, DPIF uncertainty	

CORPORATE PLANNING | Project Portfolio Q1 (4 / 4)

PORTFOLIO	PRODUCT					GOVERNANCE		RAG	
Planned and Unscheduled Care	Welsh Intensive Care Information System Implementation of fully managed digital solution for Adult Intensive Care Units	Initiate	Define	Build	External Build	Roll Out Aneurin Bevan will be the first to implement in Jan 2023 and then a roll out to all HBs. Reprofiled costs agreed with DPIF (10% reduction). VAT recovery status being investigated by Ernest Young.	Welsh Intensive Care Information System Programme Board SRO: Mark Dickinson DHCW Director: Michelle Sell		
						Next Major Milestone: Complete User Acceptance Testing Dec '22	RAG reason: Dependency on National Subscription Service (diagnostic result visibility)		
Diagnostics	Radiology Informatics Solution Procurement of an end-to-end diagnostic radiology system to meet the clinical requirements of a modern imaging service	Initiate	Define	Build	External Build	Roll Out Outline Business Case approved, procurement started.	Radiology Informatics Solution Program Board SRO: Matt John DHCW Director: Michelle Sell		
						Next Major Milestone Complete Procurement Jan 2023	RAG reason: Delay in Business Case approval means project behind schedule to complete before legacy contract end date		
Diagnostics	Welsh Imaging Archive Service Medical image sharing across Wales	Initiate	Define	Build	External Build	Roll Out Pilots planned with Swansea Bay and Velindre. No dates confirmed. Architecture approach under review.	Welsh Imaging Archive Service Project Board SRO: None DHCW Director: Rhidian Hurle		
						Next Major Milestone Build complete Q3 2022/23	RAG reason: milestone at risk.		
Medicines Management	Digital Medicines Transformation Portfolio (DMTP) Designing new programme to modernise prescribing services across primary, community and secondary care.	Initiate	Define	Build	External Build	Roll Out Programme and projects currently being defined and agreed, recruitment for key posts underway.	Governance being established DMTP Sponsoring Group and Portfolio Board established. SRO: Hamish Laing DHCW Director: Ifan Evans		N/A at this stage
						Next Major Milestone Contract Award for Framework (for ePMA solution) scheduled for Qtr 3 22/23 (Request for Change submitted)	Inaugural Shared Medicines Record programme board to be held in July.		

DIGITAL HEALTH AND CARE WALES

YOUR PRIVACY YOUR RIGHTS

Agenda Item	3.7
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	4 August 2022

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

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

Purpose of the Report	For Noting
Recommendation	
<p>The Committee is being asked to:</p> <p>NOTE the updated “Your Privacy Your Rights” materials produced by DHCW Information Governance team for ASSURANCE.</p>	

1 IMPACT ASSESSMENT

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

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

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

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission:
Choose an item.	Outcome:
Statement:	

[Workforce EQIA page](#)

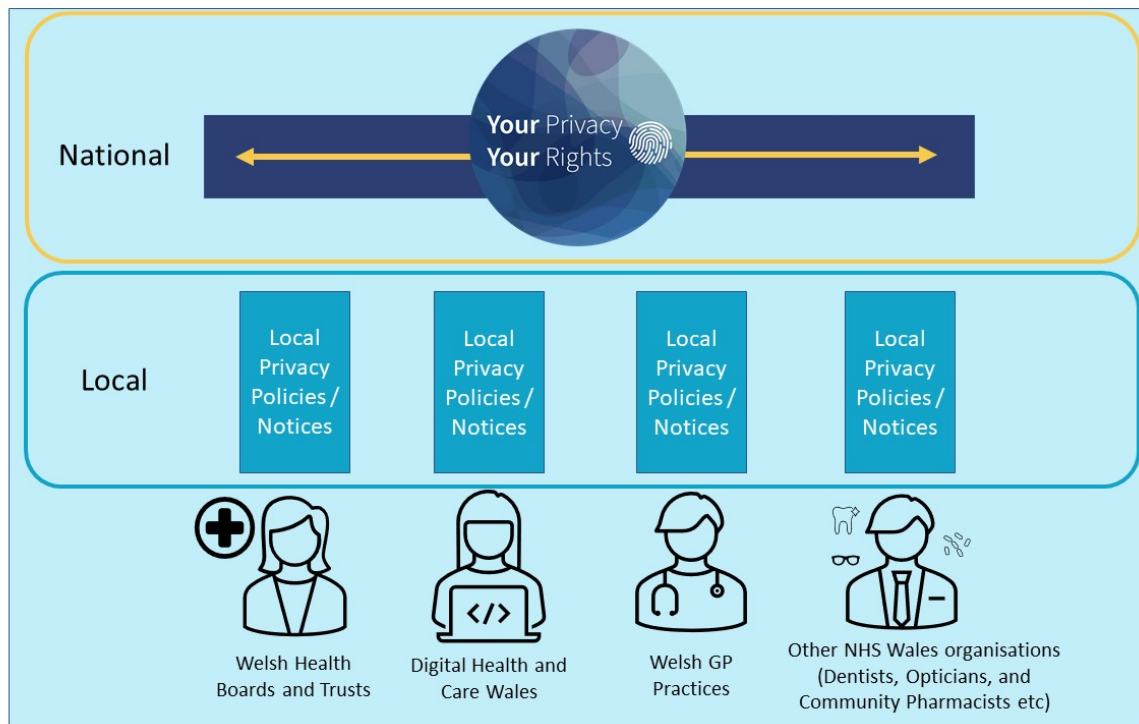
IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below Organisations, (including DHCW) can rely on these materials, as part of a layered approach to how they meet legal obligations to informing individuals and transparency as outlined in data protection legislation.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there is no specific research and innovation implications relating to the activity outlined within this report
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Acronyms			
UK GDPR	UK General Data Protection Regulation	NHS	National Health Service
DHCW	Digital Health and Care Wales		

2 SITUATION/BACKGROUND

- 2.1 Under the UK General Data Protection Regulation (UK GDPR) individuals have a number of rights. This includes “the right to be informed” (Articles 13-14 of UK GDPR).
- 2.2 This section of the legislation provides individuals with the right to be informed about how an organisation collects and uses personal data about them. This is a key transparency requirement under the UK GDPR.
- 2.3 Within NHS Wales, organisations meet this requirement in several ways, including verbally at the point of care, through leaflets and posters and by having privacy policies and notices available on their websites.
- 2.4 “Your Information Your Rights” is a national set of materials used to help NHS Wales organisations meet their legal obligations to the right to be informed. These documents are used as part of a layered approach to how NHS Wales organisations make patients aware of their rights and how information about them is used.
- 2.5 Whilst each organisation is responsible for meeting the requirements of transparency and the “right to be informed”, these high-level materials are intended to be used by organisations to supplement their existing local privacy policies/notices. A diagram has been provided below to aid understanding of how this is managed:



3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 3.1 The materials have been reviewed to ensure they stay relevant, up-to-date and continue to reflect the use of information by NHS organisations. This includes a new name – “Your Privacy Your Rights”.
- 3.2 The Digital Health and Care Wales (DHCW) Information Governance team have led on updating these materials, which included consultation with the Information Commissioner’s Office, patient forum and Information Governance Management Advisory Group (a forum for Information Governance leads across NHS Wales).
- 3.3 The focus on the review was on the existing materials but further consideration will be given to what other materials can be produced to supplement this. The review produced the following materials, in both English and Welsh language:
 - Online booklet version
 - Printable booklet version
 - Poster version
- 3.4 A copy of the English language version of the Your Privacy Your Rights poster is included in Appendix A. Copies of all the materials are hosted on the DHCW Information Governance

website, which can be found here: <https://dhcw.nhs.wales/ig/information-governance/your-privacy-your-rights/>

- 3.5 Welsh Health Boards, Trusts, GPs and other stakeholders have been asked to adopt these materials and ensure any existing references to “Your Information Your Rights” are changed to reflect the new documentation.
- 3.6 For DHCW, these materials will sit alongside our privacy policies on our website and staff have been made aware of these changes via communications encouraging staff to contact Information Governance if this affects their work.

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 4.1 The DHCW Information Governance team created a distribution plan to ensure all key stakeholders and interested parties are notified of the update to the materials. As part of this plan, the DHCW Information Governance team are notifying both Management Board and the Digital Governance and Safety Committee of this work.
- 4.2 The review of these materials was a key action from the DHCW Information Governance action plan, which was highlighted to Digital Governance and Safety Committee in May 2022.
- 4.3 DHCW’s Information Governance role and responsibilities for the National Information Governance framework has not been formally set. This creates ambiguity on DHCW’s formal responsibilities on leading national Information Governance work.

5 RECOMMENDATION

- 5.1 The Committee is being asked to **NOTE** the updated “Your Privacy Your Rights” materials produced by DHCW Information Governance team for **ASSURANCE**.

6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Management Board	15 July 2022	Noted
Digital Governance and Safety Committee	4 August 2022	

7 APPENDIX A



Many parts of the NHS such as, hospitals, GPs, Dentists, Opticians, and Community Pharmacists provide health and care services to the people of Wales.

The people and organisations providing these services aim to provide you with the highest quality care. To do this we must keep records about your health and any treatment or care provided to you.

We take our responsibility to look after information very seriously. NHS Wales staff have a legal duty to keep information confidential, accurate and secure, and are trained to handle information about you correctly to protect your privacy.

We use information about you to allow those involved in your treatment or care, to have accurate and up-to-date information to assess your health, decide what treatment or care you need and when and where you will receive this.

FURTHER INFORMATION about how we manage information and your rights under data protection legislation, can be found in the following leaflet.



Why NHS Wales collects information about you and how it may be used

We may also use information about you, in line with relevant laws and safeguards to:

- invite you to receive routine treatment applicable
- assess the good quality and effective care you received
- plan services to meet future needs
- support health research
- review and report on the performance of the NHS in Wales
- make sure NHS Wales demonstrates good value for money
- investigate any concerns, complaints, legal claims, incidents or inquiries

We will only use the minimum information needed at that time and where possible, we will reduce or remove information that identifies you.

There may be a need to share information about you with people and organisations within the NHS who are responsible for providing you with treatment and care.

Sometimes we may share information outside of NHS Wales, this may be where there is a legal requirement or as part of an agreement or contract to provide services on our behalf. Where this is the case, organisations must meet strict NHS rules around the safety and security of data.

Legislation sets out that individuals have certain rights relating to the processing of personal information about them. We have a responsibility to inform you how you can exercise these rights.



For further information, please ask a member of staff or visit the website below: