Digital Governance and Safety - PUBLIC

Thu 03 November 2022, 13:00 - 15:40

MS Teams

Agenda

13:00 - 13:05 5 min	**1. PRELIMINARY MATTERS**

1.1. Welcome and introductions

For Noting   *Chair*

1.2. Apologies for Absence

For Noting   *Chair*

1.3. Declarations of Interest

For Noting   *Chair*

1.4. Matters arising

For Noting   *Chair*

13:05 - 13:10 5 min	**2. CONSENT AGENDA**

2.1. Minutes of the Last Meeting - Public & Private abridged

For Approval   *Chair*

📄 2.1 Digital Governance and Safety Committee DRAFT Minutes PUBLIC AUGUST 2022_V4.pdf (12 pages)
📄 2.1i DG&S Draft Minutes PRIVATE Abridged AUGUST 2022.pdf (6 pages)

2.2. Forward Workplan

For Noting   *Board Secretary*

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

13:10 - 15:35 145 min	**3. MAIN AGENDA**

3.1. Action Log

For Discussion   *Chair*

📄 3.1 Action Log - PUBLIC.pdf (1 pages)

3.2. Corporate Risk Register

For Discussion   *Board Secretary*

📄 3.2 Corporate Risk Register Report.pdf (6 pages)
📄 3.2i Appendix A Corporate Risk Trending 2021 2022.pdf (7 pages)

3.2ii Appendix B DHCW0237 Risk Deep Dive Report.pdf (3 pages)

3.2iii Appendix C DHCW Corporate Risk Register.pdf (13 pages)

3.3. Incident Review and Organisational Learning Report

For Assurance   *Director of Planning & Performance and Chief Commercial Officer*

3.3 Incident Review and Organisational Learning Report.pdf (9 pages)

3.3.1. IRLG Workforce Learning

3.3i Workforce Learning - IRLG Sub-Group Report.pdf (14 pages)

3.4. Assurance Reports

3.4.1. Information Governance Assurance Report

For Assurance   *Associate Director for Information Governance and Patient Safety*

3.4i Information Governance Assurance Report.pdf (16 pages)

3.4.2. EPS section 255 request

For Assurance   *Associate Director for Information Governance and Patient Safety*

3.4.3. Informatics Assurance Report

For Assurance   *Executive Medical Director*

3.4ii Informatics Assurance Report.pdf (12 pages)

3.4.4. Information Services Assurance Report

For Assurance   *Head of Information & Health Records Programmes*

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

3.4.5. DG&S ToR

For Assurance   *Head of Information & Health Records Programmes*

Comfort Break - 15 minutes

3.5. Digital Programme Overview Update

For Assurance   *Executive Director of Strategy*

3.5 Digital Programme Overview Update.pdf (4 pages)

3.5i Digital Programme Overview Update.pdf (5 pages)

3.6. Keeping Patient Data Safe

For Noting   *Associate Director for Information Governance and Patient Safety*

3.6 Keeping Patient Data Safe.pdf (5 pages)

3.6i Keeping Patient Information Safe.pdf (12 pages)

3.7. Research & Innovation Strategy Update

For Noting   *Executive Medical Director*

3.7 Research and Innovation Strategy.pdf (4 pages)

3.7i DHCW Research and Innovation Strategy 2022-25 Final.pdf (21 pages)

15:35 - 15:40
5 min

4. CLOSING MATTERS

4.1. Any Other Urgent Business

For Discussion   *Chair*

4.2. Items for Chair's Highlight Report to the Board

For Noting   *Chair*

4.3. Date of next meeting: Thursday 2 February 2023

For Noting   *Chair*

15:40 - 15:40
0 min

10-minute comfort break between Public and Private

DIGITAL GOVERNANCE AND SAFETY COMMITTEE MEETING - PUBLIC

MINUTES, DECISIONS & ACTIONS TO BE TAKEN

🕐 13:00 –15:00   📅 4 August 2022

📍 MS Teams

Chair	Rowan Gardner

Present (Members)	Initials	Title	Organisation
Rowan Gardner	RG	Independent Member, Chair of the Digital Governance and Safety Committee	DHCW
David Selway	DS	Independent Member, Vice Chair of the Digital Governance and Safety Committee	DHCW
Carwyn Lloyd Jones	CLJ	Director of Information and Communication Technology	DHCW
Rachael Powell	RP	Associate Director of Information, Intelligence and Research	DHCW
Chris Darling	CD	Board Secretary	DHCW
Jamie Graham	JG	Head of Cyber Security	DHCW
Keith Reeves	KR	Service Management Team Manager	DHCW
Gareth Davis	GD	Interim Executive Director of Operations	DHCW
Ifan Evans	IE	Executive Director of Strategy	DHCW
Rhidian Hurle	RH	Executive Medical Director	DHCW
Darren Lloyd	DL	Associate Director for Information Governance and Patient Safety	DHCW
Julie Ash	JA	Head of Corporate Services	DHCW
David Sheard	DSh	Assistant Director of Service Transformation	DHCW

Unconfirmed minutes for the:
Digital Governance & Safety Committee 4 August 2022   **1**

In Attendance	Initials	Title	Organisation
Carys Richards	CR	Corporate Governance Coordinator (Secretariat)	DHCW
Mark Cox	MC	Associate Director of Finance (item 3.1 only)	DHCW
David Murphy	DM	Principal Auditor	Audit Wales

Apologies	Title	Organisation
Paul Evans	Interim Head of Quality & Regulatory	DHCW
Michelle Sell	Director of Planning & Performance and Chief Commercial Officer	DHCW

Acronyms			
SHA	Special Health Authority	DG&S	Digital Governance and Safety
NDR	National Data Resources	DPIF	Digital Priority Investment Fund
R&I	Research & Innovation	ETR	Electronic Test Requesting
DSPP	Digital Services for Patients and the Public	WEDS	Welsh Emergency Dept System
WICIS	Welsh Intensive Care Information System	RISP	Radiology Informatics Solution Programme
WIAS	Welsh Imaging Archive Service	DMTP	Digital Medicines Transformation Portfolio
DHCW	Digital Health and Care Wales	IM	Independent Member
ISD	Information Services Directorate	NHS	National Health Service
BAU	Business as Usual	IRLG	Incident Review and Learning Group

Item No	Item	Outcome	Action to Log
	PART 1 – PRELIMINARY MATTERS		
1.1	**Welcome and Introductions** Rowan Gardner, Independent Member and Chair of the Digital Governance and Safety Committee (RG) welcomed everyone to the meeting, including David Murphy who was observing on behalf of Audit Wales.	Noted	None to note

1.2	**Apologies for Absence** Apologies for absence were noted from: Paul Evans, Interim Head of Quality & Regulatory (PE) Michelle Sell, Director of Planning & Performance and Chief Commercial Officer (MS)	Noted	None to note
1.3	**Declarations of Interest** There were no declarations of interest made.	Noted	None to note
1.4	**Matters arising** There were no matters raised.	Noted	None to note
	PART 2 – CONSENT AGENDA Items on the consent agenda were circulated prior to the meeting and it was noted that there were no comments received by the Chair beforehand or during the meeting to note.		
2.1	**Minutes of the Last Meeting** • Public • Private abridged There were no amendments to note to either set of the minutes. **The Digital Governance and Safety Committee resolved to:** Approved the Minutes of the last meeting.	Approved	None to note
2.2	**Forward Workplan** **The Digital Governance and Safety Committee resolved to:** Note Forward Workplan	Noted	None to note
2.3	**Quality and Engagement Act Update** **The Digital Governance and Safety Committee resolved to:** Note the Quality and Engagement Act Update	Noted	None to note
	PART 3 – MAIN AGENDA		
3.1	**Action Log** Led by Chris Darling, Board Secretary (CD) who presented the action log for discussion, noting there were currently 4 open	Discussed	None to note

actions in the public domain, 3 of which were underway:

- 2021115-A04 social care data – Darren Lloyd, Associate Director for Information Governance and Patient Safety (DL) updated his action as follows:
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.

- 2022-12-05-A01: CD documented follow up with DL on risk 2021115-A04 (above) action to be closed.

- 2022-12-05-A02 Data Promise – DL updated his action as follows:
14.07.2022 DL waiting for feedback from seconded position in Welsh Government before a plan can be established

- 2022-12-05-A03 – IRLG data was better presented in the report to this committee:
Keith Reeves, Service Management Team Manager (KR) noted the main changes within the report were the incorporated common themes and work plans for approaching recommendations, which would appear in the report for item 3.2.

At this point Mark Cox, Associate Director of Finance (MC) joined the meeting to deliver a brief update on the DPIF position which had been discussed at the SHA Board meeting in July.

MC advised that the current the funding position of 3.2m revenue and 6.7m capital had been received for the 2022/23 financial year, with a further 50% of capital and some revenue outstanding due to the wait on Funding Letters from Welsh Government.

Ifan Evans, Executive Director of Strategy (IE) added that the team were working closely with Welsh Government to

	understand the position and that there was reasonable confidence that the remaining funding letters would be circulated within the next few weeks, however it remained as a potential impact on the financial plan and project workstreams. The discussion continued on whether this delay impacted on the project work and deliverables within the milestones with IE confirming no impact was seen from a DHCW perspective, however it was worth noting that Healthboards were taking a more cautious risk appetite approach and were not progressing any work without the confirmation of funding being received from Welsh Government. It was noted that the impact within DHCW would be primarily on resourcing internal posts if the situation prolonged and that currently it remained a recoverable position within the current financial year however the position could become unrecoverable or recoverable at a potential expense elsewhere with regards to moving resource from within one digital project to another. RG noted that certain programmes were not covered specifically in terms of resourcing and undertaking and referenced CANISC as an example. Rhidian Hurle, Executive Medical Director (RH) added that funding was assured to Phase 1, and discussions were ongoing to understand the funding model beyond this. It was confirmed that DPIF was noted as a risk at Executive level. **The Digital Governance and Safety Committee resolved to:** Discuss the Action Log		
3.2	**Incident Review and Organisational Learning Report** KR led on the report noting the major changes as: • Q1 showed a reduction in reviews, this was due to a reduction in the number of incidents. • Improvements in quality and identifying areas of learning were taking place. • Ongoing work was taking place to manage the themes that had been identified, such as major IT incident management and process improvement.	Discussed for Assurance	IRLG: RG noted the work completed by request from the committee in identifying common themes in operational improvement and how trends can be tracked and fed back. This will be added as a

	• An IRLG working group had been established • Further improvement within Change Management had been identified, with an audit taking place. Outcomes would be reported to IRLG in August. • Workforce behavior groups were looking into the organisational culture using results from staff surveys and exit interviews etc. • Outputs resulting from the working groups, including quality and quantity measures would be presented to the committee in November RG noted the work completed by request from the committee in identifying common themes in operational improvement and how trends can be tracked and fed back. This will be added as a standing item on the Forward Workplan for reporting to future committee meetings. **The Digital Governance and Safety Committee resolved to:** Discuss the Incident Review and Organisational Learning Report for Assurance			standing item on the Forward Workplan for reporting to future committee meetings.
3.3	**Assurance Reports** I. Information Governance Assurance Report DL advised the report covered the period from 19th April to 12th July, with areas of note which included: • Your privacy and your rights report, which appeared later on the agenda, which reinforced the need for a framework around code of conduct. • Ongoing activity around Data Protection impact assessments. • Target dates from the IG toolkit regarding implementation • Subtype moved due to All-Wales datix system • Data promise was still required to come back to committee with an action plan, however this was currently with Welsh Government, which Helen Thomas, Chief Executive Officer was aware of. A member of the Information Governance team had been seconded into Welsh Government to support this work.		Noted for Assurance	None to note

David Selway, Independent Member, Vice Chair of the Digital Governance and Safety Committee (DS) enquired as to whether the Data promise, from a DHCW perspective, was preventing programme work going ahead. In response, DL advised that even though the strategy underpinned the roots of data use it did not prevent DHCW from moving forward, however it does prevent DHCW from being a robust organisation with legal data promise at its core.

A discussion took place on the current policy and legislation that was being discussed in West Minster with regards to Data Protection, potentially a new bill, and whether this would affect the plans in Wales.

DL explained that assurance from Welsh Government was that they are part of the consultation process ensuring that Wales were directly involved, with the thought that it would likely be a reset, confirming the responsibilities of roles such as Data Protection officer, not stripping away current regulations and rules but developing a national framework.

II.   Informatics Assurance Report

RH gave a brief update noting there were no items currently red in the report.

III.   Information Services Assurance Report

Rachael Powell, Associate Director of Information, Intelligence and Research (RP) presented the report noting that assurance was provided for information systems and the introduction of the NDR, which allowed a collaborative approach for more robust assurance. RP advised that 14 reviews of quality assurance plans had taken place within the reporting period. 7 cases for new developments were considered for potential impact on information services and 8 projects attended the ISD Assurance Group with a further 5 scheduled to present in the coming months.

It was noted that there were no new corporate risks identified, however RP informed the Committee that an internal audit review was taking place on the switching service, with the likelihood of a recommendation to de-escalate the risk once the audit is complete.

DS queried the coordination of work with the NDR programme, specifically the large demand for new services resulting from the NDR and the methodology behind implementing the best

	approach.

RP responded to confirm that the ISD would be working closely with the NDR to jointly review the incoming work packages through the NDR stream to collectively make a decision on how best to manage each one individually.

The Digital Governance and Safety Committee resolved to:
Note the reports for Assurance. | | |
| 3.4 | **Corporate Risk Register**

CD led on the risk register noting that there were currently 25 risks on the Corporate Risk Register, of which 18 are for the consideration of the Committee, 9 were within the public domain, with the other 9 classified as private due to their sensitivity and advised the risks would be discussed in the private session of the meeting. .

It was noted that there were 3 new public risks:

- DHCW0291 Network Equipment delays in relation to Data Centre 2 move

  Gareth Davis, Interim Executive Director of Operations (GD) noted that supplier demand had been challenging to navigate due to the impact of covid, however in order to mitigate the risk the Purchase Order was being adapted to fall into the next financial year and advised the Committee would be kept updated of any new developments. Carwyn Lloyd Jones, Director of Information and Communication Technology (CLJ) added that the team were currently sourcing equivalent items with shorter lead times, to keep as much as possible within this financial year.

  A discussion took place on the project cost and whether a potential delay in the data centre project due to this risk would prove costly. CLJ noted that it was anticipated that any cost fluctuation now would even out in the future due to the rise in energy costs and the likelihood that the total energy consumption for Data Centre 2 would decrease and with a fixed term contract imposed.

  A more generalised discussion ensued on the root cause behind risk levels not moving towards target levels across the board. | Discussed | None to note |

	CD advised that even though significant decreases in risk scores had not been achieved thus far, risks were being mitigated against, and used CANISC as an example and the likelihood of this remaining a high risk until the service is completely decommissioned. It was noted that the same could be said of the Data Promise risk and clarity being received from Welsh Government before the risk score could be altered on the risk register. In addition to waiting for an internal audit to be completed on the Switching Service risk before this score was likely to be reduced. The discussion continued on long standing risks and the plan to mitigate against them. CD advised that the Audit & Assurance Committee had requested a deep dive into all digital inflation and financial pressure key risks. The Committee noted the deep dive would be fed into the Committee once complete. • DHCW0292 Insufficient human resource capacity in the infrastructure teams to undertake business as usual (BAU) activity and activities in the 1-year plan A discussion took place on the specific shortage of resource within Operations. GD confirmed the impact was of a general nature across the board, and highlighted that the larger more complex projects, such as a data centre move ideally needed additional funding to ensure internal teams are not impacted on too much in terms of BAU. • DHCW0293 Funding letters – This risk was discussed earlier in the meeting as part of the action log update **The Digital Governance and Safety Committee resolved to:** Discuss the Corporate Risk Register		
3.5	**Research & Innovation Strategy Update** RP presented the update noting the main areas of ongoing work as: • Testing the R&I objectives to understand some of the emerging priorities • A working group would be established to oversee the work, monitor, and guide on activities, using the R&I	Noted	

	activities register, which logged key independencies that could be linked back to key milestones. • A high-profile study had been completed on breast cancer treatment, which was a large amount of work, with the key findings and learnings now with stakeholders. • Partnership agreements and MOUs would be formalised to strengthen arrangements going forward. • Key engagement work and key activities were ongoing A discussion took place on increasing capacity within the team to support the work. RP noted that a strategy was being developed to include a function to coordinate the work this would include working with resource specific leads, as well as training current staff to help support in some areas. The discussion continued on how to productionise initiatives identified by the NDR and the coordination of the potential pipeline of innovations to ensure fruition and value. IE explained there were ongoing discussions especially with regards to the volume of initiatives within the breadth of the portfolio, and how to find capacity around building commercial partnerships which could be difficult but needed to be brought out at the beginning of innovation work. IE noted that a lot of work was needed through stakeholder engagement in terms of the approach, with frameworks developed to identify clear parameters to gain the confidence of Healthboards and Trusts so that DHCW can work on their behalf. RG noted the challenge of turning a digital innovation prototype into a product, finding the correct commercial environment, proving clinical value for deployment of a system and establishing product ownership from the beginning of any partnership. RG advised the Committee of her experience as a co-founder of Precision Life and declared her interest for transparency purposes. It was agreed that RP would explore resourcing into R&I and to report back to the committee in November, this to also include a competitive intelligence piece. **The Digital Governance and Safety Committee resolved to:** Note the Research & Innovation Strategy Update.		R&I Strategy Update: RP to explore resourcing and to report back to the committee to include a competitive intelligence piece.

3.6	**Digital Programme Overview Update**
	
	Led by David Sheard, Assistant Director of Service Transformation (DSh) he highlighted the following to note against the Digital Programmes:
	
	• NDR status had moved to green which reflected the Google Cloud procurement
	• Cancer programme work was slightly behind due to must do changes in the scope from Velindre, but the target November date was currently still achievable
	• ETR had suffered from some historical delays due to covid, but these were now coming to fruition
	• Welsh Nursing Care Record had changed to amber, but an agreed approach was place.
	• DSPP was close to the beta of private app and preparing for the autumn booster campaign
	• WEDS was currently red, this had been affected by 2 issues;
	    ○ The uncertainty of funding, however the team were fairly confident it would come through, as noted in the earlier discussion around DPIF.
	    ○ A long standing, principal issue in the system in use in Neath Port Talbot Minor Injury Unit, was halting Swansea Bay adopting the system in Morriston Emergency Department. Commercial negotiation discussions were being held between the suppliers and Swansea Bay.
	• Welsh Community Care System – Aneurin Bevan University Healthboard long awaited go live was still on
	• WICIS – first go live scheduled for January into the Grange, within Aneurin Bevan University Healthboard
	• RISP – Completed first round of competitive dialogue
	• WIAS – moving towards a pilot to test migration of data into a cloud solution
	• DMTP – the inaugural board for the shared medicines record met for the first time in July.
	
	DS asked whether going forward a shared resourcing centre would be established for a more collaborative approach in managing the programmes and projects. DSh noted that reporting was currently disparate across DHCW and that a combined resource for a consistent approach on reporting and monitoring was being looked at now since the appointment of the Executive Director of Strategy.
	
	IE added that there were currently over 100 staff working across DHCW in different ways across the portfolio of work,
		Noted for Assurance	None to note

	and a paper was scheduled to be presented to Weekly Executive Directors in the next few weeks to outline a potential shift to a more structured profession, that operated with the benefit of open architecture with consistent toolkits and resource etc. in order to drive efficiencies, however, IE noted it would also be very ambitious to implement within the current operating annual cycle of business. **The Digital Governance and Safety Committee resolved to:** Note the Digital Programme Overview Update for Assurance.		
3.7	**Your Privacy Your Rights** DL noted the layered approach to the report which served to inform individuals about their privacy and rights with regards to their personal data. DL explained that it was also a resource to assist those delivering NHS services in Wales to adopt a consistent approach across frontline care. DL commented on the slight change in narrative as the report had been updated and was available on DHCW's website to all members of the public, with the overarching aim to promote confidence in what NHS Wales does with patient/client information. **The Digital Governance and Safety Committee resolved to:** Note Your Privacy Your Rights for Assurance.	Noted for Assurance	None to note
	PART 4 – CLOSING MATTERS		
4.1	**Any Other Urgent Business** There was no other business to note.	Noted	None to note
4.2	**Items for Chair's Highlight Report to the Board** RG felt that items raised to be included in her Chair's Highlight Report to the Board had been sufficiently noted throughout the meeting, specifically the inclusion of the discussion on the Corporate risk register.	Noted	None to note
4.3	**Date of next meeting:** The date of the next Digital Governance and Safety Committee meeting was confirmed to take place on 3 November at 1.00pm.	Noted	None to note

DIGITAL GOVERNANCE AND SAFETY COMMITTEE MEETING – PRIVATE ABRIDGED

MINUTES, DECISIONS & ACTIONS TO BE TAKEN

🕐 15:10 – 17:00　　📅 4 August 2022

📍 MS Teams

Chair	Rowan Gardner

Present (Members)	Initials	Title	Organisation
Rowan Gardner	RG	Independent Member, Chair of the Digital Governance and Safety Committee	DHCW
David Selway	DS	Independent Member, Vice Chair of the Digital Governance and Safety Committee	DHCW
Carwyn Lloyd Jones	CLJ	Director of Information and Communication Technology	DHCW
Rachael Powell	RP	Associate Director of Information, Intelligence and Research	DHCW
Chris Darling	CD	Board Secretary	DHCW
Jamie Graham	JG	Head of Cyber Security	DHCW
Keith Reeves	KR	Service Management Team Manager	DHCW
Gareth Davis	GD	Interim Executive Director of Operations	DHCW
Ifan Evans	IE	Executive Director of Strategy	DHCW
Rhidian Hurle	RH	Executive Medical Director	DHCW
Darren Lloyd	DL	Associate Director for Information Governance and Patient Safety	DHCW
Julie Ash	JA	Head of Corporate Services	DHCW
David Sheard	DSh	Assistant Director of Service Transformation	DHCW

Private abridged minutes for the:
Digital Governance & Safety Committee 4 August 2022 **1**

In Attendance	Initials	Title	Organisation
Carys Richards	CR	Corporate Governance Coordinator (Secretariat)	DHCW
David Murphy	DM	Principal Auditor	Audit Wales

Apologies	Title	Organisation
Paul Evans	Interim Head of Quality & Regulatory	DHCW
Rebecca Cook	NDR Programme Manager	DHCW

Acronyms			
SHA	Special Health Authority	NDR	National Data Resources
OSB	Operational Services Board	DG&S	Digital Governance and Safety
DHCW	Digital Health and Care Wales	NIS	National Information System
ADS	Application Development & Support	CRU	Cyber Resilience Unit
IM	Independent Member	NHS	National Health Service
SIRO	Senior Information Risk Owner	BAU	business as usual
SRO	Senior Responsible Officer		

Item No	Item	Outcome	Action
	PART 1 – PRELIMINARY MATTERS		
1.1	**Welcome and Introductions** Rowan Gardner, Independent Member and Chair of the Digital Governance and Safety Committee (RG) welcomed everyone to the private session, including David Murphy who was observing on behalf of Audit Wales.	Noted	None to note
1.2	**Apologies for Absence** Apologies for absence were noted from: • Paul Evans, Interim Head of Quality & Regulatory (PE) • Rebecca Cook, NDR Programme Manager (RC)	Noted	None to note
1.3	**Declarations of Interest** RG declared that she is a co-founder of Precision Life.	Noted	None to note

	PART 2 – MAIN AGENDA		
2.1	**Minutes of the last meeting** There were no amendments to note. **The Digital Governance and Safety Committee resolved to:** APPROVE the minutes of the last meeting.	Approved	None to note
2.2	**Action Log** There were no private actions open to discuss.	N/A	None to note
2.3	**Cyber Assurance Report** The Committee received a detailed Cyber Assurance Report from Carwyn Lloyd Jones, Director of Information and Communication Technology (CLJ) which included updates on a number of areas including: • Penetration testing and remediation • Phishing campaigns • ISO27001 certification and re-certification being achieved • Microsoft Patching • Microsoft SQL Servers • The overarching Cyber 3 year plan • Supply chain management **The Digital Governance and Safety Committee resolved to:** Note the Cyber Assurance Report for Assurance	Noted for Assurance	
2.4	**CRU Posture Report** CLJ led on the report noting it detailed funding and resource requirements to deliver the 3-year overarching cyber plan. Jamie Graham, Head of Cyber Security (JG) confirmed that DHCW did not manage all critical systems, however its network was a key component to apply National Information System (NIS) standards to its infrastructure, with ongoing discussion with the Cyber Resilience Unit (CRU) for the correct narrative. Chris Darling, Board Secretary (CD) noted that the CRU were due to present at the next IM Digital network meeting and in terms of a financial position, the Cyber Overarching Plan was scheduled to be presented to the SHA Board in a private session in September where options would be considered, and	Noted for Assurance	None to note

	decisions would be made. **The Digital Governance and Safety Committee resolved to:** Note the CRU Posture Report for Assurance		
2.5	**Verbal update on the development of the 3-year cyber plan** GD gave a verbal update on the cyber plan and advised it was a 3-year rolling plan. RG noted the need for the 3-year cyber plan to remain as a standing item on future agendas as it continues to develop. **The Digital Governance and Safety Committee resolved to:** Note the Verbal update on the development of the 3-year cyber plan for Assurance	Noted for Assurance	3-year Cyber Plan: RG noted the need for the 3-year cyber plan to remain as a standing item on future agendas as it continues to develop.
2.6	**Corporate Risk Register – private items** The Committee discussed in detail the 9 private risks assigned to the Committee, of which most related to Cyber. **The Digital Governance and Safety Committee resolved to:** Discussed the Corporate Risk Register – private items	Discussed	None to note
2.7	**National Data Resource Update** Ifan Evans, Executive Director of Strategy (IE) led on the NDR update and noted that it was likely to be an ongoing item, with a fresh programme road map for this year, programme governance and a strategic plan in place. RG noted that the programme was currently the biggest investment line within DHCW, core to delivering open architecture and underpinned all of DHCW's ambitions, adding the importance of understanding the right level of resource needed to enable value from the data collected as an enabler of digital health eco-system in Wales. DS added what he felt would be key in delivering the programme of work and what could potentially be of issue as: 1. The need for significant benefits from the investment made, most from wider NHS organisations come with major risk, to get value from data, risk we will inherit which would need mitigating 2. How benefit realization could be measured,	Noted	

	engagement with KPMG would be needed 3. NDR was a programme with capability, however there was no recognition how DHCW as an organisation productionise innovation from it 4. The need for more digital capability The discussion continued on the importance of clear governance and stakeholder engagement. DS highlighted the importance of taking a step back and reviewing DHCW's IMTP, to leverage investment of the NDR to fulfil our remit of a digital organisation, and somehow defining this in the programme of work. RG summarised that the NDR programme has to be a success in delivering a foundation of data, which even though is an externally governed project, DHCW still had an internal requirement. It was agreed that RG/DS/IE/RC would meet outside the meeting to discuss how the NDR was programmed for success. **The Digital Governance and Safety Committee resolved to:** Note the National Data Resource Update		NDR Update: RG/DS/IE/RC to meet outside the meeting to discuss how the NDR was programmed for success.
2.8	**Staff Identity Update** IE informed the Committee that the survey was a current view of where DHCW were at the moment. Research would begin to look at what a master staff index needed to do for DHCW and how it would be implemented into the milestones and resourced. **The Digital Governance and Safety Committee resolved to:** Note the Staff Identity Update	Noted	None to note
	PART 3 – CLOSING MATTERS		
3.1	**Any Other Urgent Business** CLJ advised the Committee that JG had been appointed as Assistant Director of Cyber Security.	Noted	None to note
3.2	**Items for Chair's Highlight Report to the Board** Items to be included in the Chair's Highlight Report to the Board were noted throughout.	Noted	None to note

3.3	Date of next meeting:	Noted	None to note
	The date of the next Digital Governance and Safety Committee meeting was confirmed to take place on 3 November at 1.00pm.		

DIGITAL HEALTH AND CARE WALES
FORWARD WORKPLAN

Agenda Item	2.2

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	3 November 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.	

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

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

1   IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Development of the new Digital Organisation

CORPORATE RISK (ref if appropriate)	

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

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

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

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

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

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 3 November 2022:

- EPS section 255 request
- Keeping patient data safe
- Research and Innovation Strategy
- IRLG Workforce Learning
- Policy Report

Forward Workplan Report   Page 3 of 4   Author: Carys Richards
Approver: Chris Darling
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    o Disaster Recovery Plan
    o Service Target Level (all-Wales)

4.2 The below items are expected to be presented at the meeting scheduled on 2 February 2023:

- NIIAS Reporting and Accessing
- 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
- NIIAS Reporting and Accessing
- Information Governance Strategy
- IP Policy
- Delivering the Data Promise for Health and Social Care in Wales
- Policy Report
  - Principles & Standards of Privileged Access Management

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

Forward Workplan Report   Page 4 of 4   Author: Carys Richards
Approver: Chris Darling
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Digital Health and Care Wales Digital Governance and Safety Committee Forward Workplan

Meeting Date	Standing items	Assurance Reports	Additional items
12th May 2022	- Welcome and Introductions - Minutes - Declarations of interest - Action log - Review of risk register relevant to committee - Forward Work Programme - Committee Highlight Report to Board	- Information Governance - Informatics Assurance - Information Services Assurance - Incident Review and Learning Report - Cyber Security – Private - NIS Compliance Update Report - Private - Cyber Security Highlight of previous private session - Digital Programme Overview	- 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
4th August 2022	- Welcome and Introductions - Minutes - Declarations of interest - Action log - Review of risk register relevant to committee - Forward Work Programme - Committee Highlight Report to Board	- Information Governance - Informatics Assurance - Information Services Assurance - Incident Review and Learning Report - Cyber Security – Private - Cyber Security Highlight of previous private session - Digital Programme Overview	- Quality and Engagement Act Update - Staff Identity - DHCW CRU Cyber Posture - Cyber Security Report - Cyber Security Annual Objectives (Cyber Overarching Plan) - Your Privacy Your Rights (IG – Darren Lloyd) - National Data Resource Update - R&I Strategy Update
3rd November 2022	- Welcome and Introductions - Minutes - Declarations of interest - Action log - Review of risk register relevant to committee	- Information Governance - Informatics Assurance - Information Services Assurance - Incident Review and Learning Report – incl. themes and learning trends (IRLG Workforce Learning) – MS	- EPS section 255 request – DL - Keeping patient data safe – DL - Research and Innovation Strategy - RP PRIVATE (potentially) – CLJ / JG - Advanced ransomware incident reflections

	• Forward Work Programme
	• Committee Highlight Report to Board
		• Cyber Security – Private
		• Cyber Security Highlight of previous private session
		• Digital Programme Overview
		• Policies
		    o Disaster Recovery Plan
		    o Service Target level (all-Wales)
			• Cyber incident response plan – CLJ/JG
			• Procurement assurance security processes – CLJ/JG
			• Cyber 3 year plan update – CLJ/JG

2nd February 2023	• Welcome and Introductions • Minutes • Declarations of interest • Action log • Review of risk register relevant to committee • Forward Work Programme • Committee Highlight Report to Board	• Information Governance • Informatics Assurance • Information Services Assurance • Incident Review and Learning Report – incl. themes and learning trends • Cyber Security – Private • Cyber Security Highlight of previous private session • Digital Programme Overview • Policies o Principles & Standards of Privileged Access Management	• 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 – DL/JG • NIIAS Reporting and Accessing - DL • Information Governance Strategy - DL • IP Policy – MS / JF • Delivering the Data Promise for Health and Social Care in Wales – DL • Cyber 3 year plan update – CLJ/JG
Identified for 2023-24	•	•	• Staff Identity Update – to return (August 2022 initial update / IE / Private)

Reference	Date of Meeting	Action/Decision	Action Lead	Due Date	Status/Outcome Narrative	Status	Session Type
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	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. 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.	Closed	Public
2022-04-08-A01	04/08/2022	IRLG: RG noted the work completed by request from the committee in identifying common themes in operational improvement and how trends can be tracked and fed back. This will be added as a standing item on the Forward Workplan for reporting to future committee meetings.	Chris Darling (DHCW - Board Secretary)		Incident Review and Learning Report (including themes and learning trends) included as a standing item on the DG&S Forward Work Plan.	Complete	Public
2022-04-08-A02	04/08/2022	R&I Strategy Update: RP to explore resourcing and to report back to the committee to include a competitive intelligence piece.	Rachael Powell (DHCW - Information Services)		There's a paper going to DG&S for noting on the R&I Strategy, which was approved at Board on 29th Sept. The Strategy specifically addresses our intention to resource a specific team to drive this area on behalf of DCHW and the areas where we'll be looking to bring in funding opportunities to expand the team further. We appointed a Head of R&I a few weeks ago, Rachel Gemine, who will be joining us on 1st January. An action plan is currently being developed to pick up the key activities, aligned to our Strategy, which will have some specific milestones over the next 12months and where specific funding/resources will be addressed.	Underway	Public
2022-12-05-A02	12/05/2022	Data promise – DL to provide an update at the next Committee, potential resolution, and timelines to be outlined.	Darren Lloyd (DHCW - Information Governance)	04/08/2022	14.07.2022 DL waiting for feedback from seconded position in WG before a plan can be established	Underway	Public

DIGITAL HEALTH AND CARE WALES
CORPORATE RISK REGISTER REPORT

Agenda Item	3.2

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	3 November 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

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services

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

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

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

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

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: Risk Management and Assurance activities, equally 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.

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

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

2 SITUATION/BACKGROUND

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

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

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

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

3.3   Further to discussions at the last DG&S Committee a request was made to deep dive review the risks which have remained on the corporate risk register, assigned to the DG&S Committee since its establishment. An analysis of corporate risks including the movement in corporate risks over the past 18 months, from 1 April 2021 (DHCWs establishment) to 30 September 2022 has been undertaken and can be seen as item 3.2i Appendix A. Deep dives into the five corporate risks assigned to the DG&S Committee that have remained on the corporate risk

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register since 1 April 2021 are included in as item 3.2ii Appendix B, a number of the risk deep dives are included in the papers for the private session.

3.4   In terms of DHCW's Corporate Risk Register, there are currently 28 risks on the Corporate Risk Register, of which 20 are for the consideration of this Committee. The Risk register presents the 11 public risks assigned to this Committee at item 3.2iii Appendix C with the further 9 classified as private due to their sensitivity and will be received in the private session of the Committee.

3.5   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 (3) – 3 public, 0 Private

Reference	Name	Primary Risk Domain
DHCW0294	DHCW Service Ownership and resource commitment not agreed for the NHS Wales App	Service Delivery
DHCW0295	Lack of resources to implement key IMTP Milestones	Service Delivery
DHCW0296	Allergies/Adverse Reactions - Single Source	Safety / Wellbeing

RISKS REDUCED (2) – 2 public, 0 private

| Reference	Name	Primary Risk Domain
DHCW0291	Network Equipment delays in relation Data Centre 2 move	Service Delivery
DHCW0295	Lack of resources to implement key IMTP Milestones	Service Delivery

RISKS REMOVED (1)

| Reference	Name	Commentary
DHCW0293	DPIF Funding Letters 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	There are two outstanding responses, impact has been reduced and therefore the risk has been downgraded to Directorate level

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	to support expenditure RESULTING IN delays to scheme deliverables and possible risk to scheme objectives, benefits and completion.	

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 10 Significant and 10 Critical risks assigned to the Committee. The key indicates movement since the last risk report to the Committee.

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

Key: ★ New Risk   ⬌ Non-Mover   ⬇ Reduced   ⬆ Increased   ** Private Risks
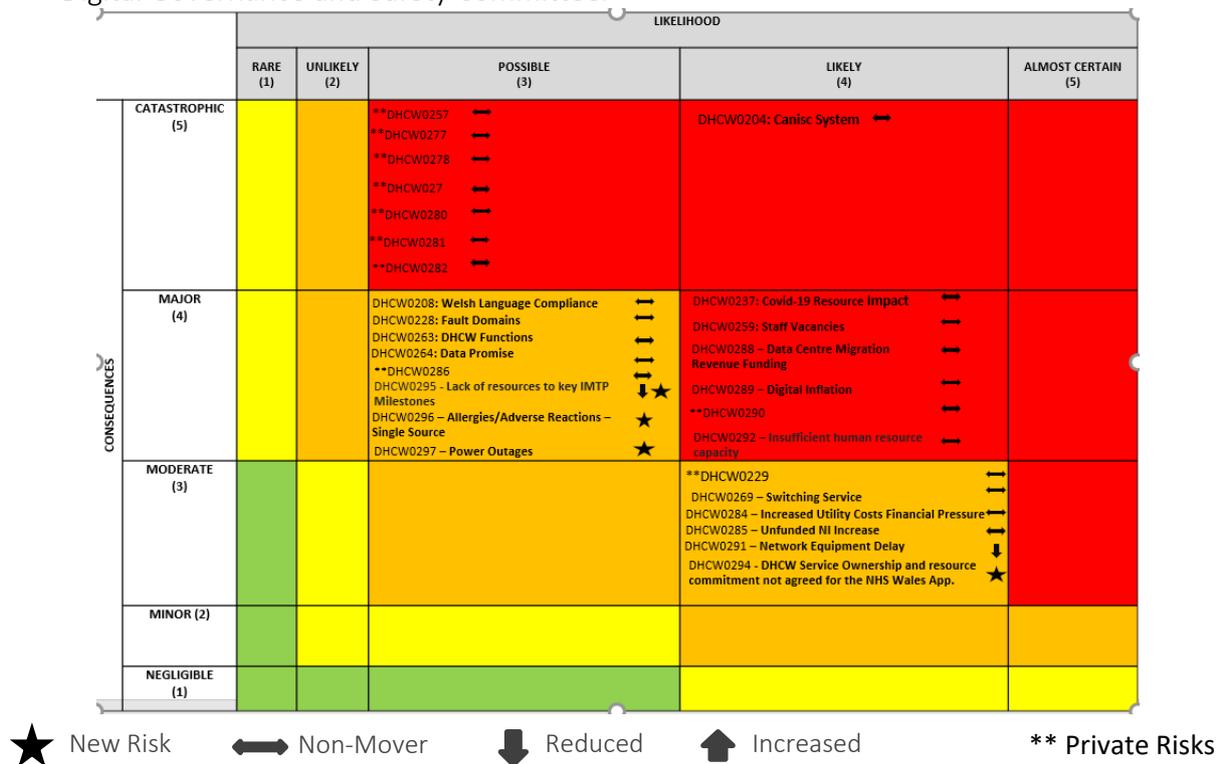
3.7 The Committee are also asked to consider of the risks assigned to the Committee, the overview of initial risk score versus current versus target and risks that may be identified for further investigation and action. Those highlighted with a red circle represent those risks with a score increased from their initial scoring, those in green have reduced their current score below initial scoring, the remainder are the same as their initial score.

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INITIAL VS CURRENT VS TARGET
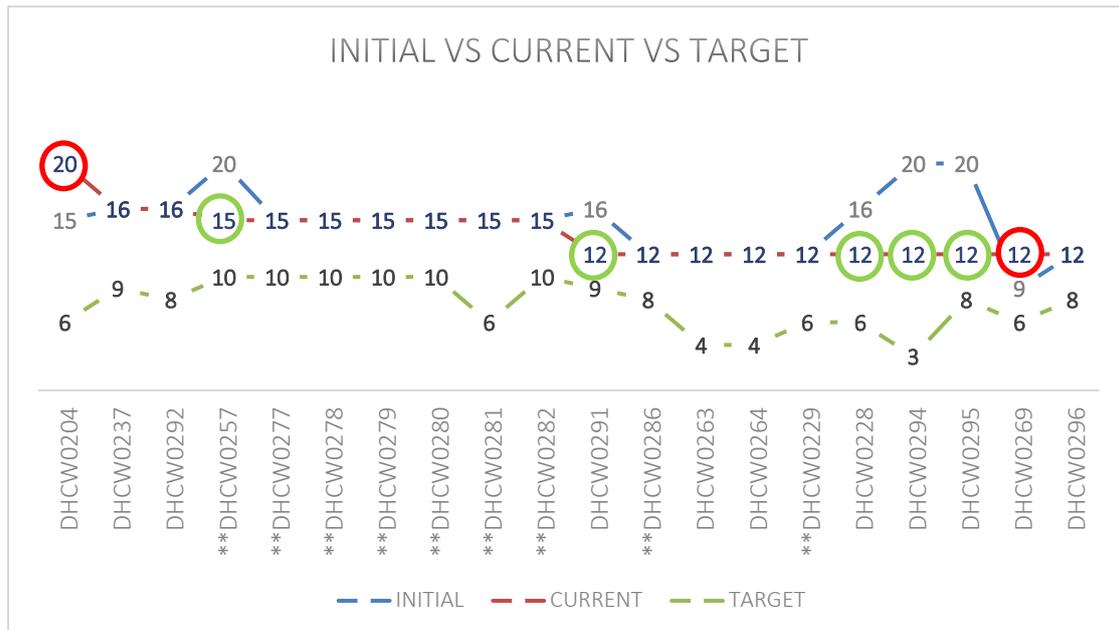
4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

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 and note the movement in corporate risk over the past 18 months, including risks that have remained on 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	4 October 2022	Reviewed
Management Board	20 October 2022	Reviewed

Author: Bethan Walters
Approver: Chris Darling

Corporate Risk Trending Analysis April 2021 – Sept 2022

DHCW

October 2022

Corporate Risks covering April 2021 – September 2022

Context

- DHCW was established on the 1 April 2021, the SHA Board approved the Risk and Board Assurance Framework Strategy on the 27 May 2021. A committee assignment approach was agreed as part of this strategy.

- All corporate risks are added to the corporate risk register with the approval of the relevant Executive Lead.

- Corporate risks are reviewed each month via Management Board.

- During the period April 2021 – September 2022 deep dives have taken place on the corporate risks assigned to the committees by the relevant committee.

- In May 2022 the Board Assurance Framework Report was approved by the SHA Board with corporate risks assigned to each of the five DHCW strategic missions.

- As part of the risk work-plan for 2022/23 a review of the movement of all corporate risks during this18 months period of operation was agreed, which is presented in these slides.

Corporate Risks – Changes since 1 April 2021

- On the 1 April 2021 there were 14 risks on the corporate risk register.

- Between 1 April 2021 – 30 September 2022 there have been 52 individual risks managed on the corporate risk register for a period of time. Of these seven have remained active risks throughout this 18 month period.

- 38 new risks have been escalated since 1 April 2021.

- 26 risks have been removed (de-escalated or closed) since 1 April 2021, as at 30 September 2022.

- Of the 52 corporate risks during this period, half have been de-escalated or closed.

Digital Health and Care Wales

Corporate Risks – 1 April 2021

There are a number of risks that have been on the corporate risk register since DHCW was established in April 2021 that remain active on the Corporate Risk Register. These account for **26%** of active DHCW Corporate Risks. These are:

DHCW0204 – Canisc System (DG&S Committee)

DHCW0208 – Welsh Language Compliance (A&A Committee)

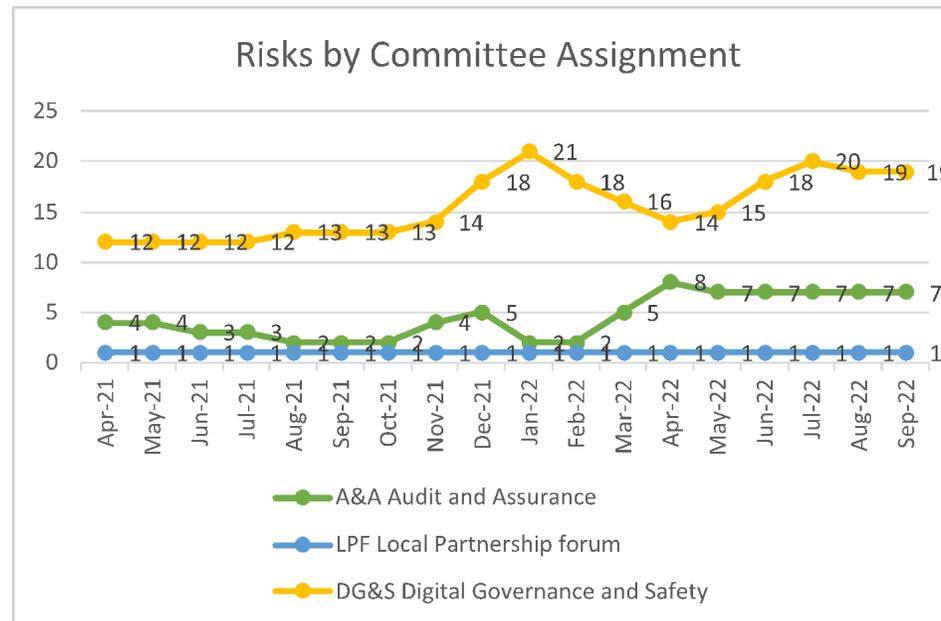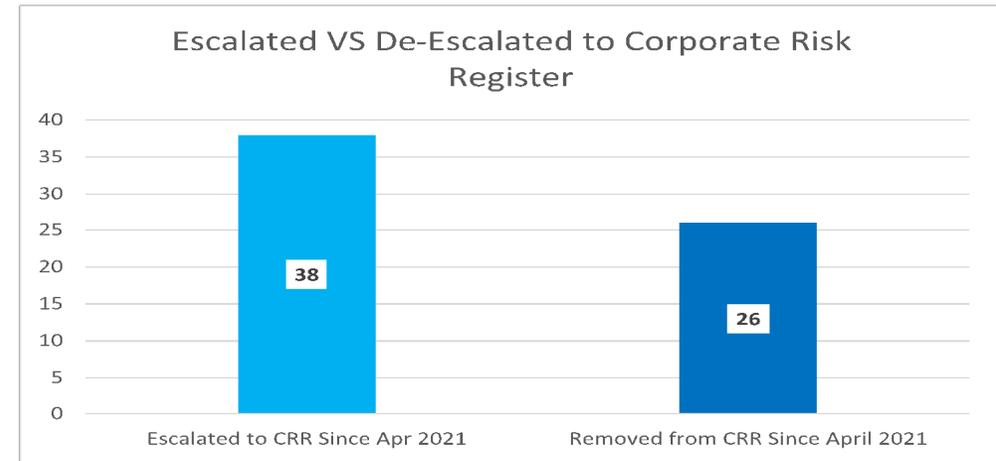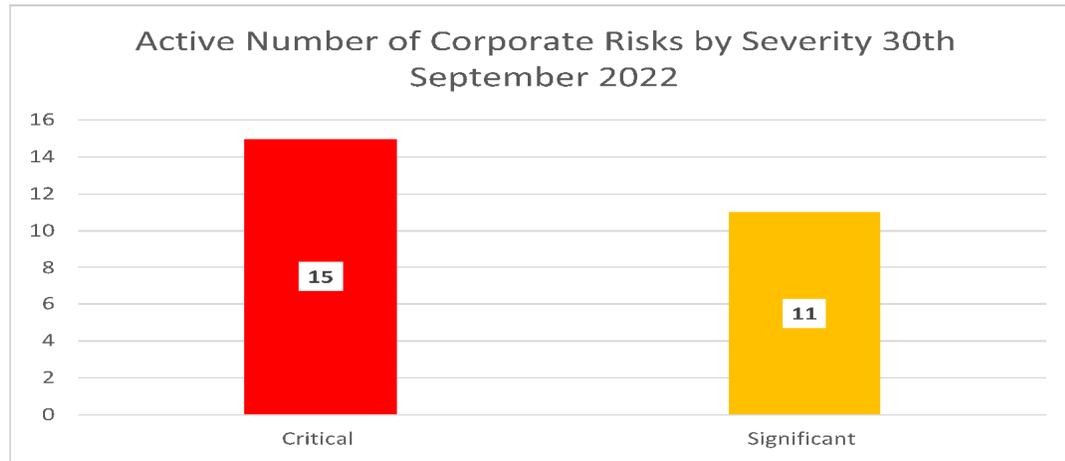DHCW0228 – Fault Domains (DG&S Committee)

DHCW0229 – **PRIVATE (DG&S Committee)

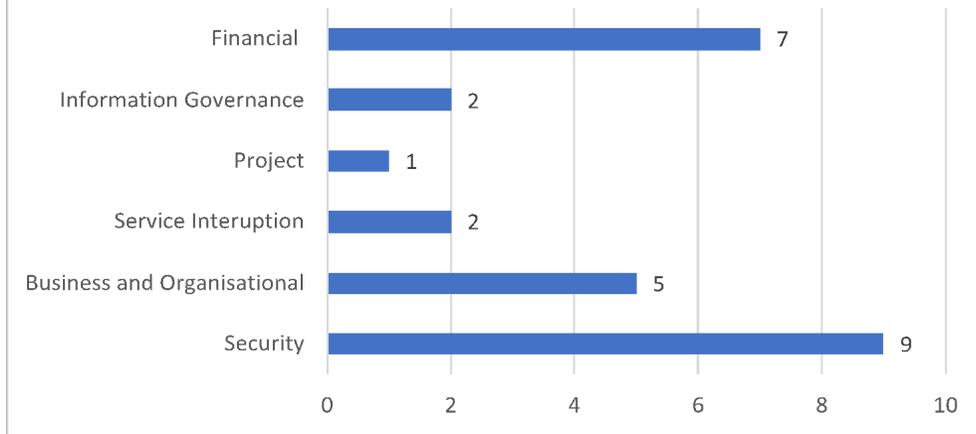DHCW0237 - New requirements impact on resources and plan (DG&S Committee)

DHCW0257 - **PRIVATE (DG&S Committee)

DHCW0259 – Staff Vacancies (A&A Committee)

The following slides shown demonstrate the movement in the Corporate Register from April 2021 until 30 September 2022.
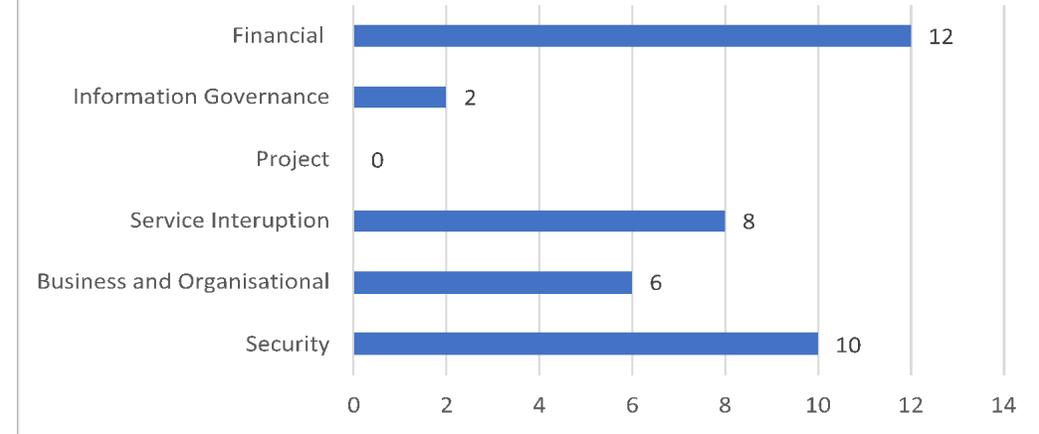

Active Number of Corporate Risks by Severity 30th September 2022

Escalated VS De-Escalated to Corporate Risk Register

Risks by Committee Assignment

Active Risks by Risk Domain - 30th September 2022

Domain	Value
Financial	7
Information Governance	2
Project	1
Service Interuption	2
Business and Organisational	5
Security	9

Number of Risks raised by Domain Since Apr 2021

Domain	Value
Financial	12
Information Governance	2
Project	0
Service Interuption	8
Business and Organisational	6
Security	10

The above graph shows the 26 corporate risks by domain as of 30 September 2022.

The above graph shows the 38 new corporate risks added to the corporate risk register by domain during the period from 1 April – 30 September 2022.

The past nine months has seen an increase in the number of financial and security risks in particular.

Digital Health and Care Wales

Number of Active Risks by Strategic Mission as at 30 Sept 2022

Mission	Number of Corporate Risks assigned
1. Enabling digital transformation supporting joined up, consistent care	2
2. Delivering high quality technology, data products and services to support efficiencies and improvements in care processes	14
3. Expanding the content, availability and functionality of the digital health and care record so that care and treatment quality is improved	1
4. Driving Value and innovation for better outcomes and value based care	2
5. Becoming the trusted strategic partner and a high performing, inclusive, ambitious organisation supporting our workforce and stakeholders	7

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

Date of Report:	21 Oct 2022		

Originator:	Ruth Chapman	Risk Name:	New requirements impact on resource and plan
Likelihood/Probability Rating (1-5):	4	Impact/Consequence Rating (1-5):	4
Risk Reference ID:	DHCW0237	Initial Score:	16

Target Score:	6	Current Score:	16

Background:

(a brief background history of the risk being reviewed)

The risk was drafted in March 2020 at the start of the Covid -19 pandemic crisis where DHCW shifted from a 3 year planning cycle into a quarterly plan due to the emergency situation. The risk has morphed over time from the specific impact of covid requirements on the DHCW plan to new recovery requirements to help the NHS deal with the aftermath of Covid and other new work.

The current period of financial pressure for the NHS could comprise DHCW's ambition to become the digital 'Trusted strategic partner' if funding is cut back on new work, so the risk is unlikely to be scored down in immediate future.

Risk Description (IF….THEN…..RESULTING IN…..)
(Risk descriptions to include details of the associated impact)

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.

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

Provide agile processes and communication to understand the new requests (both DHCW and external) and to reallocate / rehire / hire new staff as needed. ---- ACTION ----- Management through Planning and Performance Management Group to understand impact on plan and look to reprioritise. Develop specific plans for urgent activities if necessary. Use Teams to collaborate and communicate demand hotspots and new ideas.

FORWARD ACTIONS: Continue to monitor new requirements for Covid recovery and other new initiatives. Use formal change control methods to ensure impact is mapped and impacted work is re-baselined.

ACTIONS TO DATE:

IMTP approved by SHA Board end March 2022. Annual Business Plan approved April 2022 - this plan is flexible and new requirements will be assessed against available capacity and go through a formal change control process before being added to the plan. Still significant Covid backlog and new requirements coming through some of which are on a candidate list until resource is confirmed. Anticipated new requirements from Emergency and Unscheduled Care (Six Goals Framework) and new National Vaccination programme.

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

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

- The organisation is reviewing the expectations for the rest of 22/23 and 23/24 as part of the IMTP planning cycle and these are significant. Once a funded plan can be agreed then the risk can be reduced, and any changes managed through the formal DHCW change control process.

- Currently the planning guidance for next year is not available and there is some uncertainty about the sign off date for organisation's IMTPs for next year, so an exact target date would depend on that and the date of confirmed funding.

- Work with WG to prioritise the new work requests from policy departments. Discussions underway. Target date 30 Nov 2022.

Recommendation from the risk owner:

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

Remain the same.

Meeting Comments/Feedback

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

3.2i 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
	NEGLIGIBLE (1)	1	2	3	4	5

Key – Risk Type:

Critical	Significant	Moderate	Low

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	Security	Canisc System IF there is a problem with the unsupported software used within the Canisc system THEN the application will fail RESULTING IN disruption to operational service requiring workarounds.	08/02/2018	04/10/2022	15	5	3	AIM: REDUCE Impact and REDUCE Likelihood FORWARD ACTION: Replace Canisc across Wales Continue development of replacement functionality and interfaces (Phase 1) Health Boards to continue UAT of functionality VCC Go Live 14th November 2022 (WPAS & WCP) Commence development of Phase 2 work streams (Palliative Care & Screening & Colposcopy) CIPB agreed VCC go live with MDT/Cancer datasets pre health boards. Scoping of future phases continues including Palliative Care & Screening & Colposcopy however funding risk noted as no DPIF funding letter to date. ACTIONS TO DATE: 22/8/22 CIPB agreed VCC go live with MDT/Cancer datasets pre health boards. Scoping of future phases continues including Palliative Care & Screening & Colposcopy however	20	5	4	6	3	2	Executive Medical Director	Non Mover	Mission 3 - Expanding the content

3.2i 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
					16	4	4	funding risk noted as no DPIF funding letter to date. 29/06/22 Continued iterative roll out of software made available for UAT in WCP and WPAS.	16	4	4	9	3	3			
DHCW0237	Project	New requirements impact on resource and plan IF new requirements for digital solutions to deal with Covid 19, recovery of services and other new areas of work continue to come in, THEN staff may need to be moved away from other deliverables in the plan RESULTING in non delivery of our objectives and ultimately a delay in benefits being realised by the service.	30/03/2020	03/10/2022	16	4	4	AIM: REDUCE Impact and REDUCE Likelihood FORWARD ACTIONS: Continue to monitor new requirements for Covid recovery and other new initiatives. Use formal change control methods to ensure impact is mapped and impacted work is re-baselined. ACTIONS TO DATE: IMTP approved by SHA Board end March 2022. Annual Business Plan approved April 2022 - this plan is flexible and new requirements will be assessed against available capacity and go through a formal change control process before being added to the plan. Still significant Covid backlog and new requirements coming through some of which are on a candidate list until resource is confirmed. 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.	16	4	4	9	3	3	Executive Director of Strategy	Non Mover	Mission 5 - Trusted Partner
DHCW0292	Service Interruption	Insufficient human resource capacity in the infrastructure teams to undertake BAU	01/04/2022	27/09/2022	16	4	4	AIM: REDUCE Likelihood FORWARD ACTIONS: Develop workforce plan for the resources required for major Infrastructure	16	4	4	8	4	2	Interim Executive Director of Digital Operations	Non Mover	Mission 2 - Delivering Technology

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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
		activity and activities in the 1-year plan IF DHCW are unable to secure revenue funding to support major infrastructure developments identified in the IMTP and 1-year business plans, THEN there will be a delay to these activities RESULTING IN increased costs and/or system failures. Examples include: * Data Centre 2 Project * Migration of systems from legacy virtual server platform * WPAS Hardware Replacement * Legacy Operating System Replacements						maintenance work such as those identified. ACTIONS TO DATE: 27/09/2022 Review of resource capacity to take place 25/08/2022. CLJ. Independent third party being engaged to undertake an assessment on the sizing of the teams which have resource constraints and highest levels of unfunded resources. The output of this will be used to develop the case for increased funding levels in the affected teams (if needed) 15/07/2022. CLJ. Updated description. Work is underway to describe the BAU activity - to justify the needs to additional resources 12/05/2022. CLJ. Initial meeting to develop the workforce plan has taken place.									
DHCW0291	Finance	Network Equipment delays in relation Data Centre 2 move IF the networking kit required for the data centre move doesn't arrive by Quarter 1 23/24 THEN the replacement network required will not be implemented prior to the end of the current contract with our current supplier RESULTING IN	30/06/2022	27/09/2022	16	4	4	AIM Reduce Likelihood FORWARD ACTIONS Work with supplier to determine delivery dates and if alternative equipment can utilised. ACTIONS TO DATE 27/09/2022 MP - Current status on deliveries is that all equipment will arrive by end of February 2022. However, weekly catch ups are happening with the supplier to ensure no	12	3	4	9	3	3	Interim Executive Director of Digital Operations	Non Mover	Mission 2 - Delivering Technology

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
		extension of the existing contract, and a elongated project plan.						slippages are forecast. 25/08/2022. CLJ. Equipment delivery is being actively tracked. Most equipment will arrive in FY 22/23. Currently, approx £180k of equipment is anticipated to be delivered in FY 23/24 (Late April 23). DHCW teams are working with our suppliers to look at similar, but alternative models which can be delivered sooner. This is looking positive at the moment. Therefore, risk to capital plan is reducing. However the data centre move will not take place before the end of June, but a contract extension for up to 1 year (with 2 months notice period) has been secured. This will likely be at higher costs due to energy prices. The value of the equipment which could be delayed (i.e. cost pressure in FY 23/24) is around £180k. The anticipated extra costs due to energy are expected to be less than £200k. Therefore reducing impact to Moderate (3). ----- This action has been raised at the end of June 2022. Orders placed with supplier and discussions ongoing to determine equipment delivery dates.									
DHCW0263	Information Governance	DHCW Functions IF directions from Welsh Government do not provide a sound legal basis for the collection,	26/01/2021	04/10/2022	12	4	3	AIM: REDUCE Likelihood FORWARD ACTIONS: Continue discussions with Welsh Government colleagues to define the parameters of the functions. Review in July	12	4	3	4	4	1	Executive Medical Director	Non Mover	Mission 4 - Value and Innovation

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
		processing and dissemination of Welsh resident data, THEN (i) partners, such as NHS Digital, may stop sharing data, (ii) DHCW may be acting unlawfully if it continues to process data RESULTING IN (i) DHCW being unable to fulfil its intended functions regarding the processing of data, or, in the case of continued processing, (ii) legal challenge, or (iii) the need to submit a further application to the Confidentiality Advisory Group (which may not be successful) to assess the public interest in processing confidential data without a legal basis or consent.						2022 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: (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.									

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	Data Promise IF the national conversation regarding the use of patient data (Data Promise) is delayed, THEN stakeholders and patients will not be assured that the proposed uses of Welsh resident data include sufficient controls to ensure data is treated responsibly, handled securely and used ethically. RESULTING IN (i) potential challenges to proposed uses of data, and/or a loss of public/professional confidence, and (ii) a failure to realise the desired outcomes regarding 'data and collaboration' (effective and innovative uses of data, joined up services, better outcomes for individuals) set out in Welsh Government's Digital Strategy.	26/01/2021	04/10/2022	12	4	3	AIM: REDUCE Likelihood FORWARD ACTIONS: Continue discussions with Welsh Government colleagues to define the Data Promise. To be reviewed in July 2022 ACTIONS TO DATE: 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.	12	4	3	4	4	1	Executive Medical Director	Non Mover	Mission 1 - Enabling Digital Transformation
DHCW0228	Service Interruption	Fault Domains IF fault domains are not adopted across the infrastructure estate THEN a single infrastructure failure could occur	05/06/2019	27/09/2022	16	4	4	AIM: REDUCE Likelihood and REDUCE Impact FORWARD ACTIONS: A newly installed virtual server farm has been implemented with two fault domains at each data centre. Work is now underway to migrate	12	4	3	6	3	2	Interim Executive Director of Digital Operations	Non Mover	Mission 2 - Delivering Technology

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
		RESULTING IN multiple service failures.						existing virtual servers onto this infrastructure which is expected to take around 5 months. This will provide some additional resilience for many of our services. This does not include our Microsoft database platforms (which live on a dedicated virtual server farm for licensing reasons) and this will follow the current migration. Introduction of further fault domains will be considered in the planning and migration of services from on-premises to cloud providers. ACTIONS TO DATE: 27/09/2022 MP - Migration work continuing. 25/08/2022 CLJ. Migration of Virtual Machines onto new platform continues. We have migrated 45% of the total of 754 servers on the old platform. This migration is not including our database platforms and these will follow after the current migration. 04/08/2022 CLJ. Migration of Virtual Machines onto new platform continues. This migration is not including our database platforms and these will follow after the current migration. 25/07/2022 MP - Work continuing to migrate services to new infrastructure which is utilising the fault domain methodology.									

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
DHCW0294	Business & Organisational	DHCW Service Ownership and resource commitment not agreed for the NHS Wales App. If: The approach for the support of the NHS Wales App is not agreed and DHCW are unable to commit to service ownership, or provide resources (Staff) to support the NHS Wales App as a Public-facing service (both short-term and long-term) to handle both early volumes and increased take-up Then: the DSPP Programme would need to outsource Service Management, in particular 1st Line & 2nd Line support to an external 3rd Party, leaving insufficient time to establish or test the new support model as part of the private beta testing. Resulting in: Additional costs to the DSPP Programme (is DHCW funded), further delays due to procurement and commercial sign-off, wider detachment from DHCW's existing	21/07/2022	28/09/2022	20	4	5	AIM: Reduce Likelihood ACTIONS TO DATE 28/09/2022 Target Date for Private Beta is 17/10. After OSB Review on 08/09, a DHCW/DSPP Support Workshop call was held on 23/09 and the following concerns were raised: *Current model does not offer patient-facing technical support (other than Help articles) *No end-to-end ticket management system *Likely to require a ticketing system to fulfil support of a Public Launch. Furthermore, lessons learned from comparable public-facing applications such as 'My Health Online' (MHOL) and NHS Digital's 'NHS App' have shown: *Users having technical problems during onboarding was prominent *High volumes of NHS login related issues were common during early releases. Actions to address the above concerns: 1. Assess setting up a patient-facing service desk for 'on boarding support and rapid response for IG issues' to run for 6-12 months initially. ETA by late December. 2. Assess if DHCW can resource this or if this needs to be 3rd Party provided.	12	3	4	3	1	3	Director of Strategy	Non Mover	Mission 2 - Delivering Technology

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
		Service Support Models, risk that the externally provisioned service support will not meet regulatory standards and compliance, and risk of reputational damage as an insufficiently tested and under-developed service model may still be perceived as a DHCW provided service.						31/08/2022 Current target date for private beta with up to 10 GP Practices is around 17th October – working with Kainos to finalise the support model in time for private beta. There will be no public-facing Service Desk, only a Technical Support Service Desk provided by Kainos for the ticketing and management of technical Incidents, all other content will be directed to the appropriate existing channels. Users of the NHS Wales App will be able to leave comments or report technical issues via a Feedback feature within the App. The DSPP Programme will review the tickets with support from Kainos and DHCW as required, also providing Service Owner (interim) and support resources. This model is likely to be in place for 12-24 months until such time of readiness to transition into DHCW services. ACTIONS TO DATE 09/08/2022 A DSPP service management strategy paper has been agreed, for an interim support model (6 to 12 months) utilising a Feedback Channel with support arrangements built into the existing Kainos contract. Options under review are: 1. Kainos provide full support coverage for the App 2. Kainos provide 3LS only,									

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
								DHCW or other provide the rest Support Model and resourcing to be finalised and reflected in the Kainos contract. Meeting scheduled 10/08/22 to discuss service management with senior reps from DHCW Directorate. Current go-live target for a public launch is October/November and until such time the beta volumes are targeted at a max of 5k users - so an interim 'Service Management' solution utilising the DHCW (MHOL) Service Desk could be considered as the volumes of Feedback tickets to triage is expected to be low.									
DHCW0295	Business & Organisational	Lack of resources to implement key IMTP Milestones IF additional resources are not made available to the 3rd Party Applications team in the Integration & Reference Applications (IRAT) area THEN we will not be able to meet our contractual commitments to numerous parties. Other Milestones which will be affected include: > Single Patient Record	21/07/2022	21/09/2022	20	4	5	AIM: Reduce Likelihood FORWARD ACTION: An SBAR has been drafted which highlights a deficiency of resource across several areas within IRAT team and makes recommendations to address. This is currently with Directors for review. ACTIONS TO DATE: 21/09/2022 Scoring reduced as likelihood has reduced - 12 Significant	12	4	3	8	4	2	Interim Executive Director of Digital Operations	Reduced	Mission 2 - Delivering Technology

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
		• WCCIS o Hospital to Community referrals o GP to community referrals o Transfer of WCCIS documents to WCRS and GP Practices • Dental referrals • 111 Transfer of Care Communications to GP Practices • Provision of additional test requesting functionality into GP Practices RESULTING IN a reduced range of GP systems available within Wales in the short-term, reputational damage to DHCW, and potential financial penalties, as per the contract.															
DHCW0269	Business & Organisational	Switching Service IF the current switching service fails THEN no data new will be acquired into the ISD Data Warehouse RESULTING IN the inability to provide updates to multiple reporting systems.	07/12/2020	16/09/2022	9	3	3	AIM:REDUCE Likelihood and REDUCE Impact ACTION TO DATE: 04/08/2022: Should the switching service fail, there is a process in place, whereby spreadsheets can be imported to manually update the service. The overall risk impact should be reduced. Downgraded to Directorate level by owner	12	3	4	6	3	2	Interim Executive Director of Digital Operations	Non Mover	Mission 4 - Value and Innovation

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
DHCW0296	Clinical	Allergies/Adverse Reactions - Single Source

IF allergies and adverse reactions are not stored in a single source and in a simple, structured, standardised and SNOMED-coded manner THEN a clinician may not be able to retrieve all the relevant, updated information in the system that they are logged in RESULTING IN patient harm due to missing or not-updated information being presented in the system.

Possible Causes:
• Single source of truth (CDE) in which to input and retrieve information not used widely
• Lack of integration API with CDE - Interoperability
• Allergen not SNOMED coded
• Reaction not SNOMED coded
• Difficulty filtering through SNOMED results
• No standard as how to portray Adverse reactions (ie: not all systems display them in the patient banner) | 13/09/2022 | 04/10/2022 | 12 | 4 | 3 | AIM: Reduce Likelihood

FORWARD ACTION: DHCW has a Clinical Data Engine CDE) as a central source and is being used by the Welsh Clinical Portal (WCP)

Discussion ongoing with DHCW Architects and National Data Resource (NDR) Programme on how standards and guidance can be defined that informs other downstream systems on how to interface thus creating once source.

The CDE is reliant on several key systems reading and feeding to it. The work ahead is looking to create this as a 'standard' to comply with.

ACTION TO DATE: 04/10/2022 - Wording rewritten to reflect the risk Presented to the Medical Director risk 8391 on 12/09/2022 which has resulted in the writing of this risk to cover all interoperability risks for allergies, warnings, and medications in clinical facing systems. | 12 | 4 | 3 | 8 | 4 | 2 | Executive Medical Director | New Risk | Mission 2 - Delivering Technology |

3.2i Appendix A DHCW Corporate Risk Register – Assigned to Digital Governance and Safety Committee

DIGITAL HEALTH AND CARE WALES
INCIDENT REVIEW AND ORGANISATIONAL LEARNING REPORT

Agenda Item	3.3

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	3 November 2022

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

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

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

1. IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services

CORPORATE RISK (ref if appropriate)	N/A

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

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

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

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A
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	Yes, please see detail below

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

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

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

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

3.1   The following report covers the **Quarter 2 period 1st July 2022 to 30th September 2022 inclusive.**

3.2   Notification Period Compliance Summary

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

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

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

Timescales are defined by the relevant body, for further information see the Glossary of Terms and Definitions

Incident Type	Lead	Timescale	Total Notifications	Notification within timescales
Business Continuity	Emergency Planning Lead	As agreed	-	-
Clinical / Patient Safety	Clinical Serious Investigation/Safety Manager	7 days	1	1
Cyber Security	Assistant Director of Cyber Security	3 days	-	-
Health & Safety	Head of Corporate Services	10 days	-	-
Information Governance	Associate Director of Information Governance	72 hours	-	-
Information Services	Head of Information & Health Records Programmes	As agreed	2	2
MHRA Reportable Event	Interim Head of Quality and Regulatory Compliance	2 days	-	-
		10 days	-	-
		30 days	-	-
Technical	Service Management Team Manager	As agreed	-	-
Welsh Language Standards	Board Secretary	As agreed	-	-
Other	Board Secretary	As agreed	1	1
Total			4	4

There were 4 Early Warning Notifications / National Reportable Incidents this quarter
- 2 relating to Information Services
- 1 Clinical Incident
- 1 Workforce Related Incident

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).

Review Type	Total Review Activity in Quarter	Open Reviews	Closed Reviews		
			Downgraded	Completed	Breached
Business Continuity	-	-	-	-	-
Clinical / Patient Safety	2	2	-	-	-
Cyber Security	-	-	-	-	-
Health & Safety	-	-	-	-	-
Information Governance	-	-	-	-	-
Information Services	1	-	-	1	-
MHRA Reportable Event	-	-	-	-	-
Technical	10	8	-	2	-
Welsh Language Standards	-	-	-	-	-
Other Reviews	1	-	-	1	-
Total	14	10	-	4	-

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

The Other review that was undertaken during this quarter relates to an internal audit of DHCW's Major IT Incident Processes.

One complaint was received and subsequently withdrawn

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

Quarterly Comparison of Reviews

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

There has been an increase in reviews in general in the last quarter compared with Q1 and in comparison with same quarter in the previous year, however the reviews are wider ranging in their subject matters.

This is because of improvements within the review and learning processes.
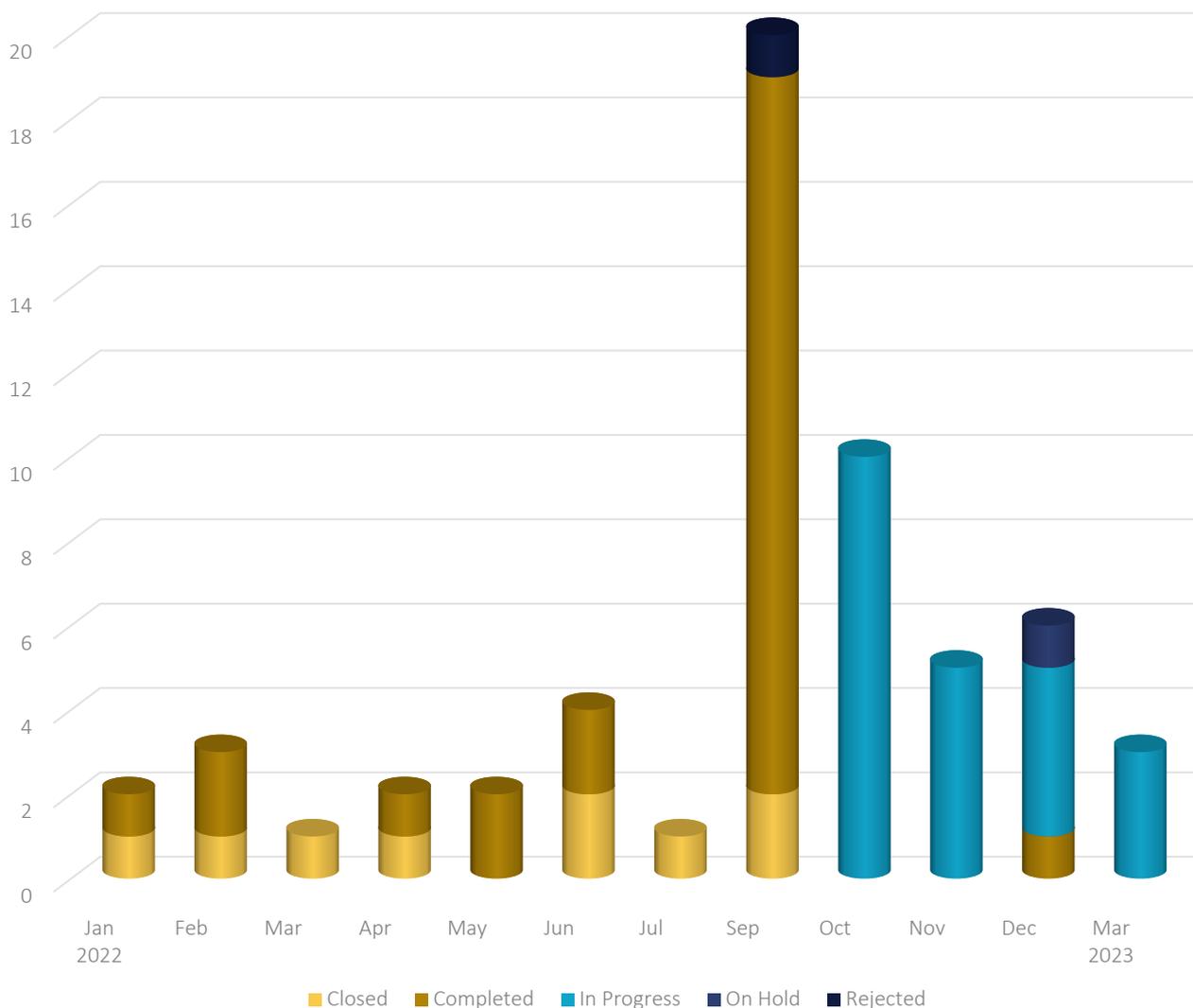
4.   LESSONS LEARNED, RECOMMENDATIONS, AND ACTIONS

4.1   Incident Report Actions / Recommendations Identified

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

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

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Actions / Recommendations by Target Date

Legend: Closed | Completed | In Progress | On Hold | Rejected

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

4.2   Common Themes from review and improvements implemented

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

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

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	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.
Improvements Implemented for Quarter 2	- Monthly awareness training scheduled 42% of management on call have attended these sessions, with more scheduled for the remainder of the financial year - Review of role profiles for Incident Commanders - Review of Incident Commander action cards - Greater involvement with Service Desk in the Major IT Incident Management processes - Service Desk undertaking greater responsibilities around the communications - Service Desk developing standardised communications templates - Audit of Major Incident Management Process undertaken
Planned Improvements for Quarter 3	- Wider process awareness scheduled - Reviews of documentation to create process on a page - Rota resourcing to be reviewed - Rationalisation of rotas - Role profiles for other areas of on call to be reviewed

Theme	Change Management	Improvement Type(s)	Process, Governance
Commencement Date	24/05/2022	Current Status	Completed
Description	A review has been completed following 2 major IT incidents which were because of Change Management activity and a recommended audit to identify common themes and suggested improvements to reduce the number of incidents caused because of non-conformances with the existing Change Management process		
Improvements Identified	Review and audit completed and improvements have been identified in the review of Changes post-implementation, and the role the DHCW Change Advisory Board plays in that part of the process		

Theme	Workforce Behaviours	Improvement Type(s)	Process, Culture
Commencement Date	28/04/2022	Current Status	Completed
Description	A review was undertaken to investigate workforce behaviours and culture looking at results from staff surveys, exit interviews, and workforce led investigations.		
Improvements Identified	- Develop and embed the Vision & Values for DHCW, including a Leadership Development Programme to underpin role modelling behaviour and appropriate action to be taken in response to concerns raised. - Relaunch of the Respect & Resolution Policy: commencing in September 2022 through training sessions to be mandated for all staff, Ten Talks, and other support materials. - Development of a route map to signpost individuals to the resources available. - New Starter reviews (currently undertaken by P&OD) to be supplemented by more regular 'check-ins' in the first six months by a multi-disciplinary group. - IRLG Working-Group to reconvene in six months' time to assess the		

	impact of the recommendations as set out above

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

5.1   There are no matters or risks for escalation

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	11/10/2022	Approved
Michelle Sell – Director of Planning & Performance & Chief Commercial Officer	19/10/2022	Approved

DIGITAL HEALTH AND CARE WALES
IRLG Workforce Learning Report

Document Version	V2

Status	Approved

Document author:	Michelle Sell, Director of Planning & Performance/Chief Commercial Officer
Approved by	Incident Review & Learning Group
Date approved:	16/08/22
Review date:	Not applicable

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

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

STRATEGIC OBJECTIVE	All Objective apply

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

DHCW QUALITY STANDARDS	BS 76000:2015
If more than one standard applies, please list below: BS 76005	

HEALTH CARE STANDARD	Staff & Resources
If more than one standard applies, please list below:	

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

APPROVAL/SCRUTINY ROUTE: Person/Committee/Group who have received or considered

COMMITTEE OR GROUP	DATE	OUTCOME
IRLG Sub Group	8th August 2022	Approved
IRLG	16th August 2022	Approved

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below
	Duty of care to our employees and Health & Safety legislation
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below
	If an employee relations case is submitted to Employment Tribunal, NWSSP legal advice.
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below
	Cost of employee relations case is successful at Employment Tribunal and NWSSP legal costs
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below
	If inappropriate behaviour is not addressed, impact on productivity, staff morale and turnover. Delivery of training to staff.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

TABLE OF CONTENTS

1   DOCUMENT HISTORY

1.1   REVISION HISTORY

Date	Version	Author	Revision Summary
19 July 2022	D0_1	Michelle Sell	Initial draft
11 August 2022	D0_2	Michelle Sell	Updated following discussion in Working-Group on 8th August 2022.
15 August 2022	V1.0	Michelle Sell	Updated for comments from IRLG Working Group.
16 August 2022	V2.0	Michelle Sell	Agreed and recommendation added by IRLG to re-run Staff Survey.

1.2   REVIEWERS

This document requires the following reviews:

Date	Version	Name	Position
11 August 2022	D0_2	IRLG Working-Group Members	
16 August 2022	V1.0	IRLG Members	

1.3   AUTHORISATION

Signing of this document indicates acceptance of its contents.

Author's Name:	
Role:	
Signature:	X _____ Author

Approver's Name:	
Role:	

Signature:	
	X ‾‾‾‾‾‾‾‾‾‾‾‾‾‾‾‾‾‾‾‾‾‾‾‾ Approver

1.4   DOCUMENT LOCATION

Type	Location
Electronic	

2   SITUATION

In March 2022 following an allegation of bullying by a previous member of staff the DHCW Incident Review & Learning Group (IRLG) considered the question of whether this was an area for concern within the current organisation. The discussion did not consider the specific case in question, which had been subject to investigation and feedback, but did prompt the establishment of a working group to consider whether this reflected wider concerns within the current organisation and merited additional focus in terms of any further learning and/or recommendations to be taken forward.

3   BACKGROUND

In April 2021, the Welsh Partnership Forum published a new Respect & Resolution Policy recognising "*that a positive working environment and good working relationships have a beneficial impact on employee wellbeing, engagement and patient experience. A positive working environment can also lead to better performance, improved employee retention and reduced stress related sickness absence*."

Valuing all of the people who work for the NHS is one of the Core Principles of NHS Wales and DHCW who's own values include our commitment to "*respect and treat everyone in the way we would wish to be treated.*"

Digital Health & Care Wales is a new Special Health Authority in Wales that is striving to *provide world leading digital services, empowering people to live healthier lives* and as such in addition to our commitment to support and respect those who choose to work with us we also have a high reliance on our people to deliver our objectives and are keen to ensure that this commitment is met. Inappropriate behaviour or bullying in the workplace is not acceptable to the organisation and the Chief Executive is therefore keen to ensure that if and when these behaviours do occur appropriate measures are in place to address them.

4   ASSESSMENT

The working-group established to consider this issue included a cross section of the IRLG membership, with various lengths of service and management experience within the Organisation, covering a number of directorates including FBA, P&OD, EDTS, Information, ADS and a staff side representative. In assessing whether this was a topic requiring further action within DHCW, the group needed to consider two key issues. Firstly

whether current employees within the organisation were experiencing inappropriate behaviour, i.e. was this a one-off incident or reflective of wider issues; and secondly whether the organisation had established appropriate response and support mechanisms in the event that anyone had concerns in this regard.

4.1　Is this a current issue within DHCW?

Initial discussions within the group indicated that this was not an issue that members had experienced themselves, or certainly not on a widespread basis, within the organisation although it was acknowledged that the group was not necessarily reflective of all staff and that further investigation should be considered.

The following information was considered by the group to assess whether individuals were experiencing 'inappropriate behaviour' in the workplace.

Grievances

From 2012 to date DHCW (and its predecessor organisation the NHS Wales Informatics Service) considered 14 grievances submitted by its' staff in relation to claims of bullying or inappropriate behaviour directed at individuals.

13 cases were investigated, 1 was anonymous and therefore could not be considered further, and none were considered to require further action to be taken.

Exit Interviews

Between 1st April 2021 and 31st March 2022, 35 staff who were leaving the organisation were interviewed by the Workforce team.
- 22 of the 35 indicated that they would consider a future role in DHCW
- 0 of the 35 cited inappropriate behaviour as the reason for their leaving the organisation

Staff Survey

According to the NHS Wales Staff Survey results in 2020 for the NHS Wales Informatics Service, the issues of bullying harassment and abuse by colleagues/managers/members of the public in the previous 12 months had reduced but was nevertheless an issue that remained a priority. As was the confidence that action would be taken, which had also reduced.

NHS Staff Survey 2020: Issues of bullying harassment and abuse by colleagues/managers/members of the public in the previous 12 months

- Reduction from managers　　　　　　　　　　2018=18%　　2020=10%
- Reduction from members of the public　　　2018=21%　　2020=15%
- Reduction from other colleagues　　　　　　2018=18%　　2020=17%
- Less confidence that action will be taken　　2018=50%　　2020=10/52%

DHCW Staff Survey July 2022

In order to assess this issue more specifically for DHCW, the group added a number of questions to the DHCW Staff Survey. Detailed results are included in Appendix 1.

58.7 % (585 out of 996 staff) responded to the survey.

- 92% are still motivated to work in DHCW

- 91% know the values and behaviours, however 38% are not sure or do not believe they are well embedded

- 85% rate DHCW as a very good/excellent place to work

- 84% have not witnessed inappropriate behaviour, 11% have witnessed inappropriate behaviour and 5% are not sure. Observations include bullying, sexist and offensive comments, inappropriate language, discrimination, derogatory banter, ageist remarks, racism, homophobic comments, victimisation. There were some comments that there is no challenge to inappropriate behaviour at a senior level.

- 80% know how to report inappropriate behaviour

- 63% are confident that inappropriate behaviour will be addressed

- 74% feel valued for their contribution

The two sets of results broadly indicate a reduction of staff experiencing bullying, harassment and abuse by colleagues/managers: 27% in 2020 and reduced to 16% in 2022.

52% lacked confidence in 2020 that action would be taken to address inappropriate behaviour whilst the 2022 survey indicates that has reduced to 37%.

For further details see Appendix 1

Respect & Resolution Policy Training Sessions

Since March 2022, over 110 members of staff have attended the training sessions as part of the roll out of the new Respect & Resolution Policy. These sessions include the opportunity for attendees to raise and/or discuss any issues or concerns in relation to the implementation of the policy and any experience of the issues addressed. Workforce leads who delivered these sessions have not picked up any specific concerns regarding inappropriate behaviour.

4.2   Are there appropriate response & support mechanisms in place?

There are several support mechanisms in place which include: -

- Workforce Business Partners and their teams aligned to specific Directorates to provide workforce advice and guidance

- Annual Staff Surveys

- New Starter Reviews (within 3 months) and Exit Questionnaires and Interviews

- Policies and Guidance – Respect & Resolution and Standards of Behaviour Policy, Hybrid Working Protocol, Team Meetings guidance

- Internal Workshops for all – Respect & Resolution (including Cuppa conversation), Conflict

Management, Mental Health Awareness

- Internal Workshops for managers– Manager's Programme, Managing with Impact and Managing Attendance at Work

- Facilitated Discussions

- Coaching and Mentoring

- Health & Wellbeing pages on Sharepoint which signpost to support and advice

- Mental Health First Aiders for signposting

- Staff support services such as Employee Assistance Programme, Silver Cloud, Health for Health Professionals and Occupational Health Referral

- Trade Union colleagues

- All Wales Mediation Service

- Raising Concerns Policy

- Datix

5   RECOMMENDATION

In considering the information set out in this report the group concluded that this did not appear to be a widespread issue within the organisation and the majority of staff regarded DHCW as a good place to work. The majority of staff know how to report inappropriate behaviour and the organisation has put in place a range of measures to support individuals in the event that they have concerns.

However, a third of respondents to the survey were not confident in the response of the organisation in the event that inappropriate behaviour is reported and others may not be entirely clear about the support mechanisms available, and which may be most appropriate.

The following recommendations are therefore intended to provide greater clarity and focus for all staff in setting expectations on how we engage with our colleagues and the actions to be taken in the event that anyone feels these commitments are not being met and will be led by the People & OD Team with involvement from other members of the senior team in DHCW as required.
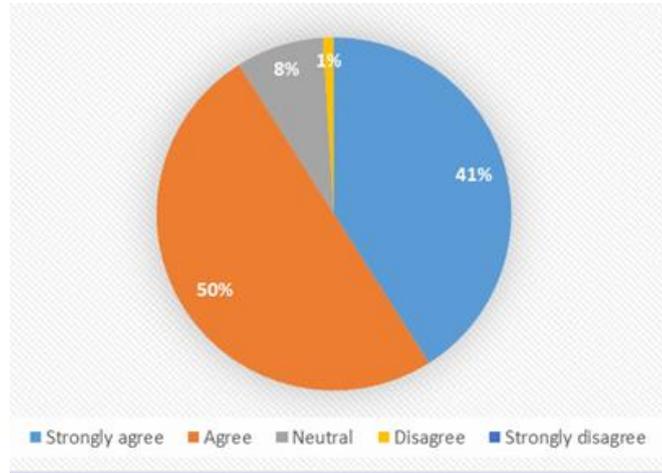
1. Shaping the Values for DHCW: Building on the sessions held during the Staff Conference to develop and embed the Vision & Values for DHCW, including a Leadership Development Programme to underpin role modelling behaviour and appropriate action to be taken in response to concerns raised.

2. Relaunch of the Respect & Resolution Policy: commencing in September 2022 through training sessions to be mandated for all staff, Ten Talks and other support materials.

3. Route Map: to be developed to signpost individuals to the resources available.

4. New Starter reviews: currently undertaken by P&OD to be supplemented by more regular 'check-ins' in the first six months by a multi-disciplinary group.

5. Staff Surveys to be undertaken periodically to test the current status on this issue, in addition to the wider NHS Wales Survey.

6. IRLG Working-Group to reconvene in six months time to assess the impact of the recommendations as set out above.

6   APPENDIX 1: Values and Behaviours – Extract from the DHCW Staff Survey Results July 2022

Do you know the DHCW Values & Behaviours?
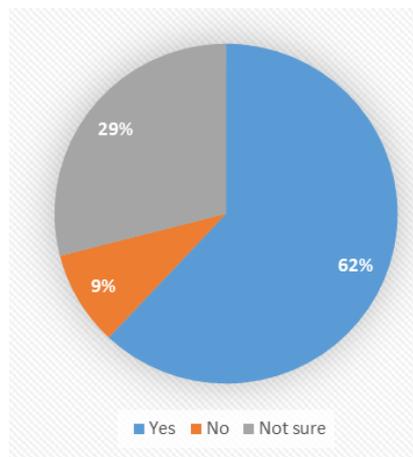
Strongly agree	241
Agree	290
Neutral	46
Disagree	7
Strongly disagree	1

Do you believe values are well embedded within DHCW?

Yes	266
No	52
Not sure	167

Have you witnessed any inappropriate behaviour in work over the last 12 months?

Yes	65
No	488
Not sure	32

Please explain what you have observed

Key words include: **'colleagues;'**
'team;' 'senior manager;' 'line manager;' 'bullying;'
'recruiters;' lack of respect;' 'inappropriate behaviour'

Example statements of inappropriate behaviour observed:

"Not willing to divulge because it never amounts to anything."

"Some derogatory 'banter' towards certain colleagues in certain roles - from technical colleagues to more administrative colleagues"

"There has been some sexism in the form of inappropriate jokes however this was challenged and dealt with."

"I am a bit unsure whether to answer this, as I am easily identifiable from my job title etc."

"Inappropriate in the way of some colleagues occasional language with speaking with others/stakeholders and I think it is one downside of virtual meetings in that some behaviour/language wouldn't naturally occur if the meeting/conversation was face to face and not virtual. It's the way some colleagues have mis-understood something that was being said/the way the received and responded to it"

Do you know how to report inappropriate behaviour?

Yes	469
No	37
Not sure	79
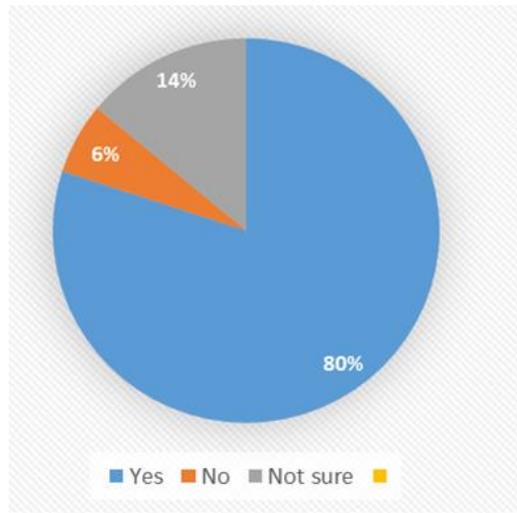
Are you confident that inappropriate behaviour will be addressed?

Yes	364
No	72
Not sure	149
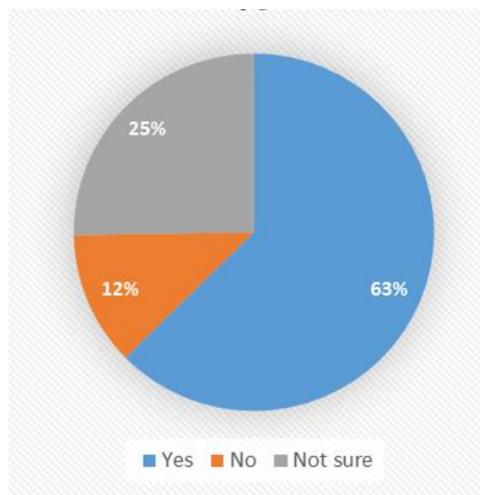
How would you rate DHCW as a place to work?

Extremely poor	1
Poor	9
Fair	75
Very Good	301
Excellent	199
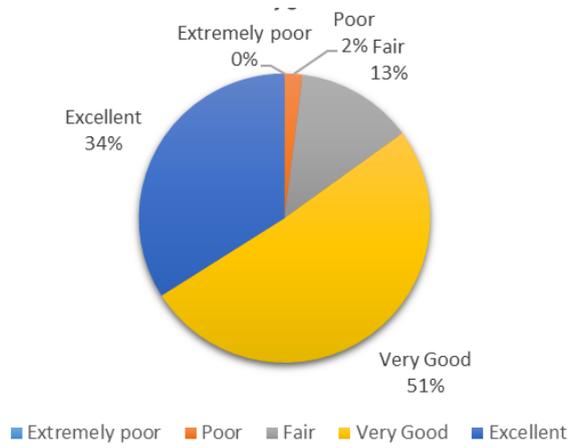
Do you feel valued for your contribution in DHCW?

Yes	432
No	42
Not sure	111
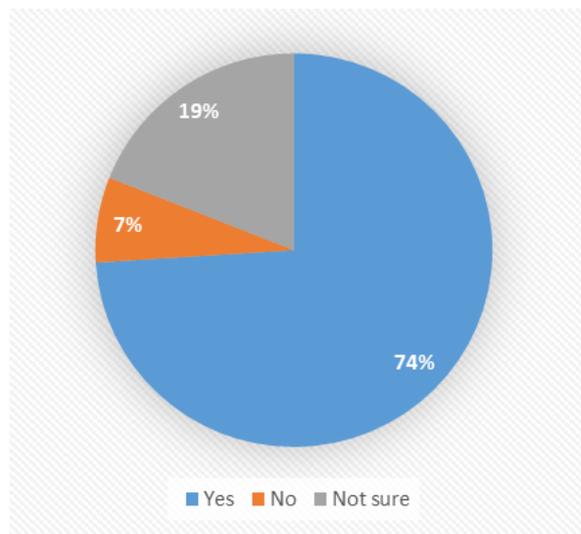
DIGITAL HEALTH AND CARE WALES
INFORMATION GOVERNANCE ASSURANCE REPORT

Agenda Item	3.4i

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	3 November 2022

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

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

Purpose of the Report	For Noting
Recommendation	
The Digital Governance & Safety Committee is being asked to: **NOTE** this report from the DHCW Information Governance team.	

1   IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

CORPORATE RISK (ref if appropriate)	

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

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

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

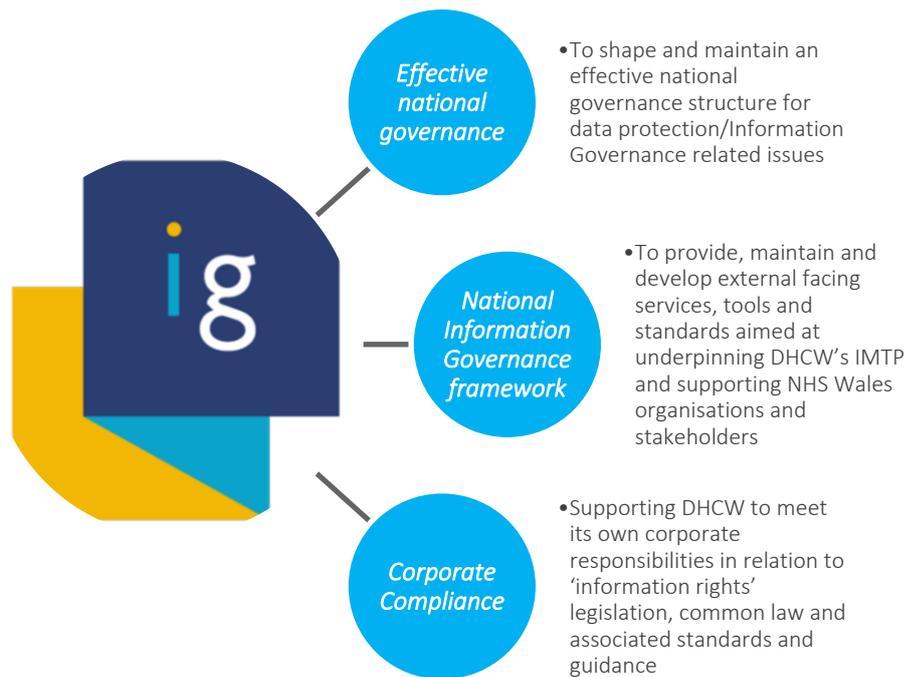| EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: N/A	

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

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

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

2   SITUATION/BACKGROUND

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

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

2.3   This report outlines key assurance activities to the Committee for the reporting period of **13th July 2022 to 10th October 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:

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

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

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

3   SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1   Effective National Governance

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

Relevant updates for this Committee period:

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

3.1.2   The DHCW Information Governance team have recruited Information Governance lead roles to support the National Data Resource programme. These staff members will be dedicated resource to the programme to provide them Information Governance advice and assistance. This together with staff working alongside programmes such as Digital Services to the Patient and Public, Digital Medicines Transformation Portfolio and Cancer Informatics Replacement

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Programme, means that Information Governance is embedded through DHCW's key programmes and workstreams.

3.1.3   In order to deliver the aims of the Digital Services to the Patient and Public programme, namely the NHS Wales App, DHCW has submitted a Section 255(1) and section 256(2)(c) under the Health and Social Care Act 2012 to NHS Digital for the use of NHS login for the NHS Wales App. The request is to enable NHS Digital to provide NHS login as an authentication and identification method for residents of Wales to access services in the NHS Wales App. On the 30th September 2022, the Committee Chair met with Information Governance team to assure the request is in order, prior to submission to NHS Digital. A copy of this letter is provided in Appendix A.

3.2   National Information Governance Framework

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

Relevant updates for this Committee period:

3.2.1   Data Protection Impact Assessments worked on during the reporting period:

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

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

Within the reporting period:

30 DPIAs worked on → 13 new DPIAs started → 11 DPIAs signed off

| DPIAs worked on within reporting period			
Project	Internal/External	Current Position	Last Update
Phlebotomy module	External	In Progress	05/10/2022
The Welsh Information Solution for Diabetes Management – Welsh Clinical Portal Diabetes view	External	In Progress	05/10/2022
Histopathology electronic test requesting	External	New DPIA - In Progress	05/10/2022
Welsh Hospital Electronic Prescribing Pharmacy Medicines Administration Phase 1	External	Signed off	22/09/2022
Colposcopy	External	In Progress	08/08/2022
Cancer Acceleration Programme - Replacing CaNISC Reporting Functionality	External	In Progress	06/10/2022
CaNISC Palliative Care replacement stream	External	Signed off	27/09/2022
Welsh Ambulance Service Trust Electronic Patient Clinical Record	External	Signed off	03/10/2022
Linking of Choose Pharmacy Data to Secure Anonymised Information Linkage	External	In Progress	04/08/2022
Cancer dataset eform	External	Signed off	03/10/2022
Welsh Clinical Portal Patient Warnings	External	In Progress	15/09/2022
Welsh Nursing Care Record Digitalisation of Nursing Documents Phase 2	External	Signed off	26/08/2022
National Subscription Service	External	In Progress	21/09/2022
Welsh Clinical Portal access for 111 Service	External	Signed off	26/08/2022
Image Annotation App	External	Signed off	27/09/2022
Diabetes Remission Programme	External	New DPIA - Signed off	27/09/2022
Individual Patient Funding Requests Welsh Health Specialised Services Committee Solution	External	New DPIA - Signed off	27/09/2022
Choose Pharmacy Bridging Contraception	External	New DPIA - In Progress	19/07/2022
Provision of Cegedim IM1 – My Health Online Replacement	External	New DPIA - In Progress	10/08/2022
Printing service – specimens label application programming interface	External	New DPIA - Signed off	02/09/2022
Float.com	Internal	New DPIA - Signed off	26/08/2022
Commissioning Care Assurance and Performance System	External	In Progress	09/08/2022
Velindre Cancer Centre Welsh Patient Administration System	External	New DPIA - In Progress	13/09/2022
Electronic Prescribing Service - Wales	External	In Progress	10/08/2022
Tractivity	External	New DPIA - In Progress	23/09/2022

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Phlebotomy module	External	New DPIA - In Progress	23/09/2022
Child Vaccine Data	External	New DPIA - In Progress	06/10/2022
National Intelligent Integrated Audit Solution	External	In Progress	04/10/2022
Qualtrics (Survey SaaS)	External	New DPIA - In Progress	04/10/2022
Radiotherapy	External	New DPIA - In Progress	07/10/2022

3.2.2   Number of calls into DHCW Information Governance ActionPoint System

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

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

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

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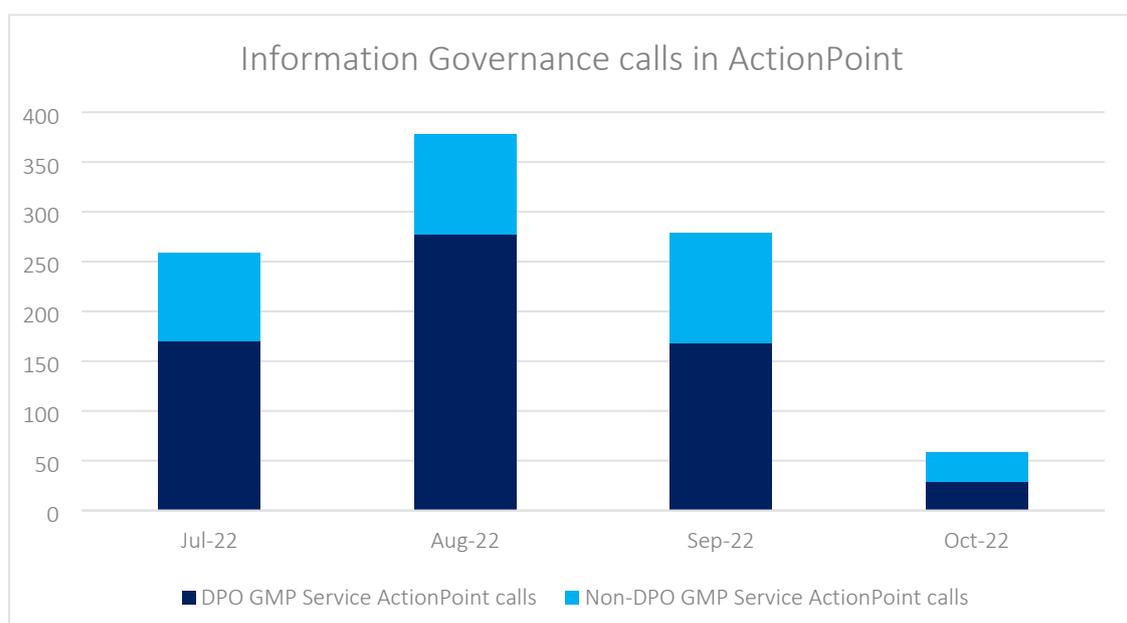
3.3 Corporate Compliance

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	Draft paper completed for discussion with Board Secretary.
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

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			Medium	September 2022 - complete
Assess DHCW's compliance with Record of Processing Activities requirements	Review and document DHCW compliance with Article 30 of the UK General Data Protection Regulation.	ICO's Accountability Toolkit		

IG Toolkit platform

As the organisation responsible for the development and maintenance of the IG Toolkit, the DHCW Information Governance team have been working on moving the IG Toolkit to a new platform. The new platform is more accessible, meets the needs of stakeholders and is futureproofed for any further expansion of the IG Toolkit. The new platform is currently in stakeholder User Acceptance Testing and therefore, timelines for the next edition of the IG Toolkit for Health Boards, Trusts and Special Health Authorities (including DHCW) has been moved to the new year.

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	1	0	0
	Inappropriately divulged	0	0	0
	Information lost	0	0	0
	Sent to the wrong recipient	0	0	0
	Information stolen	0	0	0
Access to Information	Request not responded to within statutory timescales	0	0	0
	Request not processed	0	0	0

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|	Requestor complaint	0	0	0
TOTAL		**1**	**0**	**0**

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

### 3.3.3   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
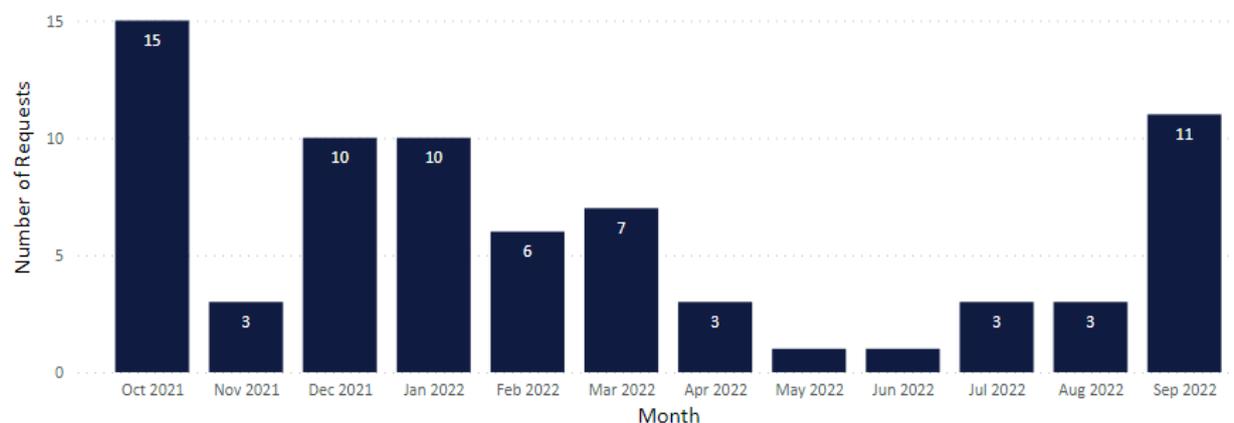
15 Freedom of Information Act (FOIA) requests were received by DHCW between 13th July 2022 to 10th October 2022.

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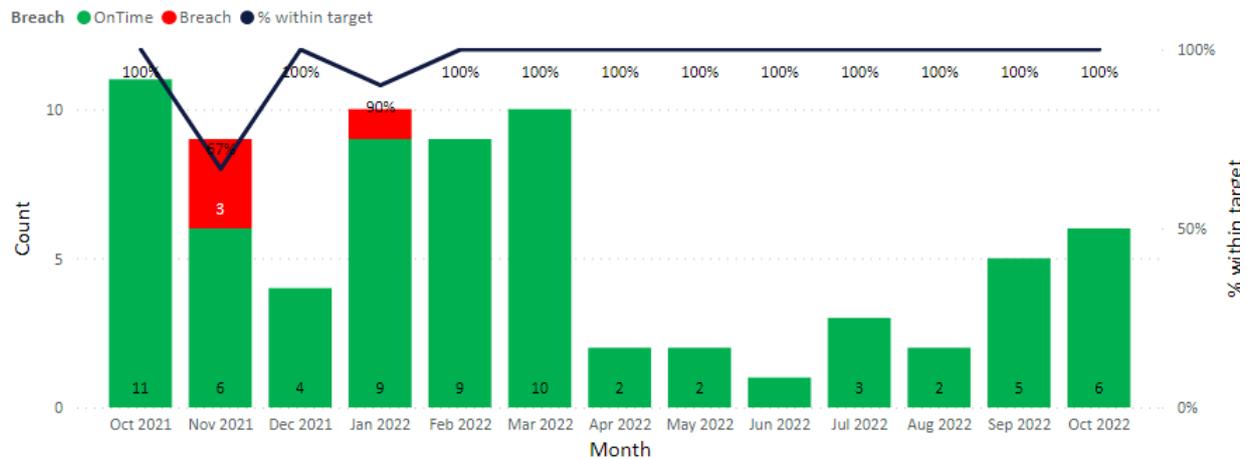
All FOIA requests within this time period was answered within the statutory timescales.

FOIA requests received within the reporting period by rating*			
	Minor	Amber	Major
July 2022	3	0	0
August 2022	1	2	0
September 2022	9	2	0
October 2022 (as of 10/10/22)	0	1	0

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

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

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

4   KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1   No issues of escalation to Committee.

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Approver: Rhidian Hurle
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5 RECOMMENDATION

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

6 APPROVAL / SCRUTINY ROUTE

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

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Approver: Rhidian Hurle
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7   APPENDIX A – SECTION 255 REQUEST

Tŷ Glan-yr-Afon
21 Heol Ddwyreiniol Y
Bont-Faen, Caerdydd
CF11 9AD

Tŷ Glan-yr-Afon
21 Cowbridge Road
East, Cardiff
CF11 9AD

Simon Bolton
Chief Executive
NHS Digital
7 & 8 Wellington Place
Leeds
West Yorkshire
LS1 4AP

17th October 2022

Dear Simon,

1.   **Section 255 Health and Social Care Act 2012: Digital Health and Care Wales - Use of NHS login for the NHS Wales App**

1.1.   I am writing on behalf of Digital Health and Care Wales to make a Request to the Health and Social Care Information Centre, known as and hereafter referred to in this Request as **NHS Digital**.

1.2.   This Request is made under section 255(1) and section 256(2)(c) of the Health and Social Care Act 2012[1] (the **2012 Act**).

1.3.   This Request is to be known as the **NHS login for the NHS Wales App Request 2022** and comes into force on the date signed.

2.   **Relevant functions and duties - The Welsh Government, Digital Health and Care Wales**

2.1.   Digital Health and Care Wales (**DHCW**) is a Special Health Authority established under section 22 of the National Health Service (Wales) Act 2006 (the **2006 Act**) and by the Digital Health and Care Wales (Establishment and Membership) Order 2020 (**Establishment Order**).

2.2.   DHCW sits alongside the current seven Local Health Boards and three NHS Trusts in Wales, and its functions relates to the provision of digital platforms, systems and services and supporting the improvement of such systems and any such other functions as the Welsh Ministers may direct so as to secure the provision or promotion of services under the 2006 Act.

2.3.   In accordance with the Establishment Order, DHCW has been directed by the Welsh Ministers under the Digital Health and Care Wales (No.2)

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[1] 2012 c.7

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Directions 2021 (the 2021 Directions) to carry out functions in relation to the provision or promotion of effective digital platforms, systems and services, including arrangements for the digital collection, storage, processing, analysis, use and dissemination of health service data (being data processed for or in connection with the provision or promotion of services under the 2006 Act).

2.4.   The Digital Services for Patients and the Public (**DSPP**) programme will help people in Wales to access better healthcare and support health providers to deliver care more efficiently via a new NHS Wales App.

3.   Purpose

3.1.   The purpose of this Request (**Purpose**), is to enable NHS Digital to support DCHW in its statutory duty to deliver digital health services by NHS Digital providing NHS login as an authentication and identification method for residents of Wales to access services in the NHS Wales App.

4.   Establishing and operating information systems for NHS Wales - NHS login

4.1.   Under section 255(1) of the 2012 Act, DHCW requests that NHS Digital establishes and operates an information system for the collection and analysis of information as is necessary to provide NHS login to residents of Wales that register for an NHS login account in the NHS Wales App. The system to be established and operated is **NHS Wales – NHS login Information System**.

4.2.   This Request is a confidential information collection request within the terms of section 256(1) of the 2012 Act because the information that will be collected will enable the identity of an individual to be ascertained. The **NHS Wales – NHS login Information System** will use NHS login to verify an individual's identity and provide an authentication system to manage access to the NHS Wales App.

4.3.   In accordance with 256(2)(c) of the 2012 Act, DHCW confirms that the information may be lawfully disclosed to NHS Digital or to DHCW because the information is voluntarily provided by users in Wales that wish to register an NHS login account in the NHS Wales App.

4.4.   The information to be collected is set out in the NHS login Services – Requirements Specification (the **Specification**) as published on the NHS Digital website and which may be updated periodically:

https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notices/secretary-of-state-directions/nhs-login-directions-2021

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4.5. DHCW requests that NHS Digital carry out the collection and analysis of such information in accordance with the Specification, or with any subsequent final version of the same document created by NHS Digital, in compliance with the NHS login Directions 2021.

4.6. Pursuant to 255(1) of the 2012 Act, NHS Digital is requested to analyse the information collected pursuant to and/or obtained by NHS Digital complying with this Request, as may be requested by DHCW or as NHS Digital determines is necessary to achieve the Purpose.

4.7. Such analysis referred to in paragraph 4.6 above includes:

4.7.1. Analysis for data quality purposes taking such steps as NHS Digital considers appropriate to maintain data quality, accuracy and consistency of information it has obtained under this Request.

4.7.2. Support and Service Management arrangements relating to the NHS login Service, including the redirection of customer queries via the relevant service management process in Wales.

4.7.3. Providing support for service queries outside of normal service management processes, such as cooperating in any requests for information for the purpose of audit and fraud prevention.

4.8. NHS Digital is requested to carry out the activities above in accordance with the **Specification** and generally in such a way as to enable and facilitate the Purpose described above.

5. Requirement for this Request

5.1. In accordance with section 255(2) of the 2012 Act, DHCW considers that the information which could be obtained by NHS Digital complying with this Request is information which is necessary or expedient for DHCW to have in relation to the exercise of DHCW's functions in connection with the provision of health care in Wales, and in particular to enable the DHCW to comply with its functions pursuant to the Establishment Order.

5.2. In accordance with section 257(4) of the 2012 Act, DHCW has consulted with NHS Digital before making this request.

6. Dissemination

In accordance with section 262(4)(b) of the 2012 Act, DHCW requests that NHS Digital exercises its discretionary dissemination powers under section 261(5)(d) to share statistical information about NHS login usage with DHCW. Such information will not contain personal data[2].

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[2] As defined under UK GDPR Article 4(1).

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7. Fees

7.1 DHCW acknowledges that in accordance with section 257(3) of the 2012 Act, NHS Digital is entitled to charge a reasonable fee in respect of the cost of NHS Digital complying with this request.

7.2 DHCW and NHS Digital (the **Parties**) have entered into a Provision of Services Agreement (**POSA DHCW**), dated 5th January 2022, which applies to the services NHS Digital is providing to DHCW in relation to this Request. A Work Package between the Parties (under clauses 3-3.6 of the POSA) will be initiated for the provision of NHS login to residents of Wales which will contain details of the services being provided by NHS Digital and the charges payable by DHCW.

8. Duration

8.1 NHS Digital is requested to operate the **NHS Wales – NHS login Information System** (the **Requested Function**) unless and until requested in writing by an authorised officer of DHCW on reasonable notice to suspend and/or permanently cease the Requested Function. Where the Requested Function is to cease, such written request will also revoke this section 255 Request in accordance with the timescales and arrangements to be agreed with NHS Digital.

9. Review of this Request

9.1 This Request will be reviewed when the Specification is amended. This review will include consultation with NHS Digital.

Yours sincerely,

Signed by authority of Digital Health and Care Wales
Prof. Helen Thomas
Chief Executive
Digital Health & Care Wales
Date signed: 17th October 2022

DIGITAL HEALTH AND CARE WALES
INFORMATICS ASSURANCE REPORT

Agenda Item	3.4ii

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	3 November 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	Rhidian Hurle, Executive Medical Director

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

STRATEGIC OBJECTIVE	All Objectives apply

CORPORATE RISK (ref if appropriate)	N/A

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

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

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

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

Workforce EQIA page

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

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	PC EPS	Primary Care Electronic Prescription Service
WRAPPER	Welsh Referral, Activity & Patient Pathway Enterprise Repository	WRRS	Welsh Results Reports Service
EPCR	Electronic Patient Clinical Record	EC	Emergency Contraception
PTHB	Powys Teaching Health Board	BCUHB	Betsi Cadwaladr University Health Board
WICIS	Welsh Intensive Care Information System	WCP	Welsh Clinical Portal
CaNISC	Cancer Network Information System Cymru	WICIS	Welsh Intensive Care Information System
WCRS	Welsh Care Records Service	UHB	University Health Board
WDS	Welsh Demographics Service	NIIAS	National Intelligent Integrated Audit Solution
IPFR	Individual Patient Funding Requests	WHSSC	Welsh Health Specialised Services Committee
NHSBSA	NHS Business Services Authority	WGPR	Welsh GP Record interface with TerraPACE EPCR
CaNISC	Cancer Network Information System Cymru (CaNISC)	DSPP	Digital Services for Patients and the Public
VCC	Velindre Cancer Centre	MVP	Minimum Viable Product

2   SITUATION/BACKGROUND

2.1 Wales Informatics Assurance Process

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

The Wales Informatics Assurance Process has been in place since 2015 and is reviewed bi-annually (SOP-WIA-001) by Quality Manager (Regulatory Compliance) with the next scheduled review due in October 2023. The process involves a two-stage check point: Assurance Quality Plan and Safety Case & Readiness Report. 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 18 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 July 2022 to September 2022.

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

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

Activity	AQP	SC&RR	WIAG review sign off	Director sign off
CaNISC_MVP_Observations	🟩		The Project Manager is currently dealing with the caveats that have been raised. No confirmed Go-Live date	In Progress
NHS Wales Test, Trace & Protect Service	🟩		The Project Manager is currently dealing with the caveats that have been raised. No confirmed Go-Live date	In Progress
API Management (API Platform) National Data Resource	🟩		Pending Service Management statement	In Progress
Bridging Contraception	🟩		The Project Manager is currently dealing with caveats and Go Live has been moved to Q3 2022/23	In Progress
WCCIS Implementation in BCUHB	🟩		22/09/2022	14/10/2022
Welsh Referral, Activity & Patient Pathway Enterprise Repository (WRAPPER)Phase 1	🟩			In Progress
Radiology e Requesting (Welsh Clinical Portal)	🟩		The Project Manager is currently dealing with the caveats that have been raised. No confirmed Go-Live date	In Progress
DSPP / NHS Wales App (Private Beta)	🟩		The Project Manager is currently dealing with the caveats that have been raised. No confirmed Go-Live	In Progress – Project Go-Live

			date	date is delayed
WelshPAS in Velindre Cancer Centre				In Progress
Powys THB Endoscopy WRRS Results Feed			27/09/2022	28/09/2022
CaNISC MVP - Cancer Dataset Record EForm				In Progress
Systemic Anti-Cancer Therapy record into WCRS				In Progress
Renal Digital Summaries				In Progress
WAST ePCR Phase 2.1 - WGPR			05/10/2022	06/10/2022

Assurance Quality Plans within the reporting period

Activity/Project	Received by WIAG	Ref Number	Outcome of WIAG
Image Annotation App	4th Jul 2022	AQP-WIA-0064	Approved
Diabetes Remission Programme	4th Jul 2022	AQP-WIA-0065	Approved
IPFR WHSSC Solution	4th Jul 2022	AQP-WIA-0066	Approved
Growth Chart	18th Jul 2022	AQP-WIA-0067	Approved
Universal Audit and Inspection Tool	18th Jul 2022	AQP-WIA-0068	Approved
National Trauma Unit Patient Survey Process	18th Jul 2022	AQP-WIA-0069	Approved
Histopathology Electronic Test Requesting	12th Sep 2022	AQP-WIA-0070	Approved
Phlebotomy Module	12th Sep 2022	AQP-WIA-0071	Awaiting Statements
School Audio Pathway	12th Sep 2022	AQP-WIA-0072	Awaiting Statements
Primary Care Electronic Prescription Service (PC EPS)	26th Sep 2022	AQP-WIA-0073	Awaiting Statements
Shared Medicines Record	26th Sep 2022	AQP-WIA-0074	Awaiting Statements

- **Image Annotation App**

Develop an app that links to a patient account or "episode of care", so user can take images and annotate them in real time. This will be using NHS Wales device or a personal device but can only work by using the users NHS Wales account logged in with multi-factor authentication.

- **Diabetes Remission Programme**

The Welsh Government have funded a Programme to manage type 2 diabetes patients through a dietary Programme, so they are diabetes free within a 12-month period. This is a national service operating across all health boards (except Powys). The objective is to build a solution for all dietitians to manage the patients accepted onto the Programme and monitor their progress from start to finish. It will also provide essential reporting and dashboard functionality to enable managers and Welsh Government monitor the progress and success of the Programme.

- **IPFR WHSSC Solution**

Create a digital solution using Power Platform and core M365 tools that all teams involved in the IPFR/WHSSC process can work within. This will replace the many spreadsheets and access database that is currently being used within the central IPFR / WHSC teams to capture requests for and approval of specialist services /

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treatments / drugs.

- **Growth Chart**

The proposal is to deliver a growth chart e-form within Welsh Clinical Portal (WCP) that will allow clinicians to record, store and review patient's height, weight, head circumference and other growth marker data. Once captured the e-form will be stored within Welsh Care Record Service (WCRS) and allow users to view the data within a growth chart format from within WCP, including use of percentiles markers to assess the clinical status of the patient and their growth progress.

- **Universal Audit and Inspection Tool**

Create a generic tool using M365 tools that can be used any user across NHS Wales for general audits, inspections, or risk assessments.

- **National Trauma Unit Patient Survey Process**

Create a national solution that allows mental health therapists who treat patients with traumatic stress disorders. This includes creating one standard survey solution that all therapists across Wales can use when assessing and managing patients through their therapy, a central databases that captures the results of all surveys completed for all patients who are receiving traumatic stress treatment across Wales, plus a dashboard that is able to provide charts, tables and results of surveys, how many patients are in the system, the progress of the patients etc., as well as providing regular stats to the Welsh Government.

It will also act as a central log of all patients who have been referred through to the traumatic stress process and will replace the disparate processes and systems that are currently in use across the health boards.

- **Histopathology Electronic Test Requesting**

A histopathology test requesting e-form is being developed for the Welsh Clinical Portal (WCP) to pilot in Betsi Cadwaladr University Health Board (BC UHB).

The functionality in the histopathology e-form will be available in a 2022/23 release of WCP and will have consistent demographic and sign off information and functionality with the existing blood sciences and microbiology test request forms. The blood sciences and microbiology test request form have already been assured in the native WCP and it is currently live in BC UHB and several other health boards.

- **Phlebotomy Module**

This project will provide a new Phlebotomy module to enhance the WCP Pathology Requesting function. The scope of the project is to enable clinicians to defer specific tests in a Pathology Request to a Phlebotomist's worklist to enable a phlebotomist to collect the sample on their ward round or at a Phlebotomy clinic.

- **School Audio Pathway**

On 25th March 2021 Welsh Government Set out in a Welsh Circular a set of recommendations to develop and roll out a national school entry hearing screening service. This will include a hearing test offered to all pupils who reach the age of five in their current school year. Welsh Government have asked that the outcome of this screening test is recorded on the National Child Health Database.

- **Primary Care Electronic Prescription Service (PC EPS)**

NHS Wales will adopt the EPS that is provisioned by NHS Digital and currently used by GP practices, community pharmacies, dispensing appliance contractors and patients across England. The initial focus of the Programme will be to deploy EPS to GP practices, dispensing doctors, and community pharmacies/dispensing appliance contractors in Wales. Planning, readiness, assurance, business change and implementation activities will be informed by the lessons learned by the deployment in England and supported via knowledge transfer and service support from NHS Digital and the NHS Business Services Authority (NHSBSA).

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- **Shared Medicines Record**

The vision is to deliver a Shared Medicines Record to present the patients medicine view in a clinically useful context to better share medicines information across care providers, regardless of where these medicines originated or are managed from. This is dependent on implementation of a consistent language for recording and storing medicines information. Data from all clinical systems using medicines will be 'written' to the shared medicines record and supported by system logic and will be made available to other clinicians caring for that patient in other care settings. The detail of the data to be captured and stored will be informed by user research.

- **Welsh Care Records Service (WCRS) Medical Photograph Uploader: Welsh Clinical Portal e-form**

Currently, medical photographs can be uploaded to CaNISC against a patient record. Under the CaNISC acceleration replacement project, a request has been raised to introduce the same principles and controls to enable clinically authorised photographs to be uploaded into WCRS for viewing in the WCP.

Requests for Change within the reporting period

Activity/Project	Received by WIAG	Ref Number	Current Status	Outstanding Actions
ServicePoint APIs	18/07/2022	RFC-WIA-0016	Approved	None
MPI 11.6 Upgrade	11/08/2022	RFC-WIA-0013	Approved	None
Outpatient Medical Note	12/09/2022	RFC-WIA-0014	Approved	None
Choose Pharmacy	12/09/2022	RFC-WIA-0015	Approved	None

Safety Case and Readiness Reports within the reporting period

Activity/Project	Received by WIAG	Ref Number	Current Status	Outstanding Actions
API Management (API Platform) National Data Resource	04/07/2022	SCRR-WIA-0041	Pending Service Management statement	In Progress
Bridging Contraception	18/07/2022	SCRR-WIA-0044	The Project Manager is currently dealing with caveats and Go Live has been moved to Q3 2022/23	In Progress
WCCIS Implementation in BCUHB	18/07/2022	SCRR-WIA-0042	Approved	None
Welsh Referral, Activity & Patient Pathway Enterprise Repository (WRAPPER) Phase 1	01/08/2022	SCRR-WIA-0043	Awaiting Statements	In Progress
Radiology e Requesting (Welsh Clinical Portal)	15/08/2022	SCRR-WIA-0045	The Project Manager is currently dealing with the caveats that have been raised. No confirmed Go-Live date	In Progress
DSPP / NHS Wales App (Private Beta)	15/08/2022	SCRR-WIA-0046	The Project Manager is currently dealing with the	In Progress – Project

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			caveats that have been raised. No confirmed Go-Live date	Go-Live date is delayed
WelshPAS in Velindre Cancer Centre	12/09/2022	SCRR-WIA-0050	Awaiting Statements	In Progress
Powys THB Endoscopy WRRS Results Feed	12/09/2022	SCRR-WIA-0048	Approved	None
CaNISC MVP - Cancer Dataset Record EForm	12/09/2022	SCRR-WIA-0049	Awaiting Statements	In Progress
Systemic Anti-Cancer Therapy record into WCRS	26/09/2022	SCRR-WIA-0050	Awaiting Statements	In Progress
Renal Digital Summaries	26/09/2022	SCRR-WIA-0051	Awaiting Statements	In Progress
WAST ePCR Phase 2.1 - WGPR	26/09/2022	SCRR-WIA-0052	Approved	None

▪ **API Management (API Platform) National Data Resource**

To establish a single API platform managing access to APIs from registered applications. And then, to make the platform available as a service to API teams, to improve API monitoring, performance, and security, thereby reducing the work needed to set up connections for external software suppliers and increasing the security of connections from internal applications.

▪ **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.

▪ **WCCIS Implementation in BCUHB**

The Welsh Community Care Information System is an integrated electronic patient record, for use across health and social care.

▪ **Welsh Referral, Activity & Patient Pathway Enterprise Repository (WRAPPER) Phase 1**

The Proof-of-Concept phase – to design and build a WRAPPER data repository – was completed in January 2021. Phase 1 then involved connecting all WelshPAS instances together in WRAPPER to provide the ability to view patient data across organisational boundaries. This was completed and the WRAPPER functionality was implemented into the WelshPAS 21.2 release in September 2021. This was a 'soft' release with health boards being advised that usage should be limited to testing out the functionality only. As agreed with WIAG on 20th June 2022, this Safety Case and Readiness report has been drafted now to retrospectively seek approval for the implementation of phase 1.

▪ **Radiology e Requesting (Welsh Clinical Portal)**

To enable additional health boards with the Radiology electronic test requesting functionality. Users will be able to use the Welsh Clinical Portal to complete a radiology referral on screen, then submit the form electronically to the WRIS (RadIS) in health boards BCU, Hywel Dda and Swansea Bay University Health Board.

▪ **DSPP / NHS Wales App (Private Beta)**

The Digital Services for Patients and the Public (DSPP) Programme has been established to deliver the

following vision:

i. Use transformational digital services to increase people's involvement in the management of their health and wellbeing to engender more positive health outcomes for the people of Wales.

ii. Opening up channels to capture and share information relating to people's health and wellbeing:

· Greater visibility of and access to the information that the NHS holds at an individual level.

· Ability for the patient to collect and share information with carers, medical professionals, and others of their choosing.

· Create a technical and cultural environment that can extend beyond traditional NHS boundaries and into social care and the third sector.

iii. Providing Information sharing under clear models for consent, data provenance, and audit including controlled proxy access and accountability for actions based on available information at a given point in time.

- **WelshPAS in Velindre Cancer Centre**

CANISC is the Patient Administration (and Clinical) System used by Velindre Cancer Centre (VCC) which has been deemed as 'end of life' and the decision made to replace the administration functions only with the Welsh Patient Administration System (WPAS). The VCC migration to WPAS is scheduled to take place on the weekend 11th to the 14th of November 2022. This will be followed by a two-week dedicated warranty support period by the DHCW WPAS Team to VCC.

- **Powys THB Endoscopy WRRS Results Feed**

The objective of the project is to make Endoscopy PDF diagnostic results reports from the MEDILOGIK Endoscopy Management System (EMS) in Powys Teaching 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 THB results feed and new secure infrastructure components implemented, to receive Endoscopy results reports for Powys THB and process the HL7 observational result (ORU) report messages into WRRS, making the reports visible in WCP to All Wales clinicians.

- **CaNISC MVP - Cancer Dataset Record EForm**

This plan is associated with the design and product realisation phase of the life cycle of the Cancer Dataset Record user interface in Welsh Clinical Portal (WCP), as part of the accelerated CaNISC replacement Programme capable of being used by any Health Board/Cancer Centre to record data about a diagnosis (including relevant to referral/pathway data, diagnosis, observations/history, imaging, keyworker, molecular & biomarkers, treatment, pathology, clinical trials, HNA & rehabilitation, Progression/Transformation, Recurrence) starting from 2021/2022 Q2 for any cancer diagnosis (Core Version) and the different versions for cancer site specific diagnosis (the full list of required versions is being compiled, 5 versions to support National Audit submissions have been prioritised for go-live as part of the CaNISC MVP phase).

- **Systemic Anti-Cancer Therapy record into WCRS**

The scope of the workstreams forms part of the accelerated CaNISC replacement Programme to replace the CaNISC functionality which allows the presentation of Radiotherapy and SACT treatment summary information in the clinical user interface, via the Welsh Care Records Service (WCRS). The treatment summaries will then be available for viewing via Welsh Clinical Portal (WCP).

- **Renal Digital Summaries**

The project is seeking to make renal digital care summaries available for all renal patients across Wales.

- **WAST ePCR Phase 2.1 - WGPR**

Demographics [WDS] and WCRS/WCP was introduced as Phase 1 of this project. Phase 2 will focus on obtaining access to WGPR [IHR Retrieval Service] and NIIAS for auditability, NIIAS was a stipulated pre-requisite outlined by GPC Wales at the initial WAST / GPC Wales meeting held in June 2021.

3.2 Managing Workload and Capacity

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

3.3 WIAG Workshop Activity

In March 2022 a WIAG Workshop took place to discuss potential efficiency improvements that could be made to the WIAG process. This workshop identified various aspects of the WIAG process that could be reviewed and updated to improve the overall efficiency of this process. A follow up Workshop took place on the 20th of June 2022, where these potential improvements were discussed and agreed by the Assurance Leads for WIAG.

The decisions made during the WIAG Workshop in June by the Assurance Leads are listed below and have received Director approval.

1. The WIAG process will have a more efficient use of Microsoft Teams. This will include two separate Teams channels, one for Project Managers and another for the Assurance Leads. The meeting invites will be sent via the Teams channel and the new WIAG documentation will be stored on Teams. Once approved, the documentation will be uploaded to iPassport. In turn this should streamline the WIAG process.
2. The E-Vote on ServicePoint will be removed from the WIAG process. This removal will reduce the length of Assurance Quality Plan approval times.
3. There will be an additional Assurance Lead for Welsh Language, Equality Impact Assessments, and Application Development Support.
4. Project Managers will have 6 months post Assurance Quality Plan approval to bring their Safety Case and Readiness Report to WIAG for consideration. A spreadsheet has been set up to record the dates that Assurance Quality Plans are approved and if 6 months has passed, the Project Managers will be contacted to provide an update. This may then be tabled at WIAG under AOB for discussion. Additionally, the Safety Case and Readiness Report will have a 6-month deadline for the project to Go-Live and will be managed in the same format as the Assurance Quality Plan.

3.3 Upcoming WIAG Papers

Date	Project Title	Document Type
10th Oct 2022	Change of management at Cegedim's London data centers	Show & Tell
10th Oct 2022	EMIS IM1	Show & Tell
10th Oct 2022	Mobile application deployment for WCCIS	Show & Tell
10th Oct 2022	ePMA & CAVUHB	Show & Tell
21st Nov 2022	EMIS IM1	AQP
19th Dec 2022	EMIS IM1	SCRR

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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

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

5 RECOMMENDATION

5.1 The Digital Governance & 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
Rhidian Hurle	17/10/2022	

Appendix A
Assurance Quality Plan (AQP)

If the initial review identifies the service development needs to undertake the assurance process, or assurance will be required an Assurance Quality Plan will be completed by the project manager/ release manager and assurance leads. The plan will follow the template provided. The following process will apply: -
- Proposer to complete Intended use statement within the plan (as agreed by the WIAG review) detailing the: -
  - ➢ Proposed scope
  - ➢ Previous assurance etc.
- Draft plan to be submitted to Quality Manager (Regulatory Compliance) for review (as per published time scales),
- Proposer to present draft plan to WIAG, members will review the document on Microsoft Teams prior to the meeting and provide advice where possible in advance, or complete the check list at WIAG meetings,
- Once complete the Wales Informatics Assurance Facilitator will review the document and send to the Quality Manager (Regulatory Compliance) for approval of the Assurance Quality Plan (unless WIAG advise the plan should be escalated to Directors for approval).

Safety Case & Readiness Report (SCRR)

The Safety Case and Readiness report is the primary vehicle for presenting a statement concerning the safety of the informatics service at a defined point in the service's life cycle e.g., prior to use in the live environment for

Informatics Assurance Report   Page 11 of 12   Author: Lydia James
Approver: Rhidian Hurle
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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 r e g a r d i n g informatics service deployment. This report i s developed by the project manager / release manager.

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

Request for Change (RFC)

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

Appendix B: Assurance Areas within the Wales Informatics Assurance Process

APPLICATION DEVELOPMENT SUPPORT

ARCHITECTURE DESIGN & DELIVERY ASSURANCE

FINANCIAL AND BUSINESS ASSURANCE

CLINICAL/ USER REQUIREMENTS

EQUALITY IMPACT ASSESSMENT

EVALUATION

IMPLEMENTATION PLAN

INFORMATION GOVERNANCE

INFORMATION SERVICE

INFRASTRUCTURE REQUIREMENTS

MEDICAL DEVICE APPLICABILITY

PATIENT SAFETY

PRIMARY CARE SERVICE SUPPORT

SECURITY

SERVICE MANAGEMENT & SUPPORT

SERVICE DESK

TESTING

VALIDATION & VERIFICATION

WELSH LANGUAGE

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DIGITAL HEALTH AND CARE WALES
INFORMATION SERVICES ASSURANCE REPORT

Agenda Item	3.4iii

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	3 November 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	Andrew Warburton, Head of Information and Health Records Programmes

Purpose of the Report	For Assurance
Recommendation	
The Digital Governance and Safety Committee is being asked to: **NOTE** the current position in relation to the ongoing work to enhance the assurance around the management and reporting of data.	

1   IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Driving value from data for better outcomes

CORPORATE RISK (ref if appropriate)	DHCW2069

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

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

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

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

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

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 Plan
SCRR	Safety Case and Readiness Report		

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   Good progress is being made by Information Services on the development of the internal system and associated process to co-ordinate many of the current management processes into a single space. This will help ensure the effective management of all work requests, particularly where resource requirements are shared between ISD and NDR.

3.2   In addition, the joint ISD and NDR operational group has been established and is now meeting on a monthly basis to review new work and ensure that there is an agreed approach undertaken for more robust assurance.

3.3   Since the beginning of August 2022, the ISD Assurance Group (ISDAG) have reviewed eight Assurance Quality Plans (AQP's) and nine Safety Case and Readiness Reports (SCRR's) for new developments to consider the impact on Information Services. Four projects have attended the ISDAG to present to the group prompting timely engagement with ISD teams. A further two

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projects are scheduled to present to the group during November 2022.

3.4   As previously reported, the ISD Service Portfolio entries were out of date and did not reflect the COVID and current services provided by ISD; the agreed solution was to advertise for a 12 month fixed term or secondment opportunity funded by TTP. This commenced in October 2021 to deal with the COVID related priority areas which had been identified as the more "critical" in terms of use by third parties, particularly in respect of developments to support the Covid-19 responses. These included the ISD Data Hub, Primary Care Information Portal and the Contact Tracing Dashboard. These are now all complete.

However, there remains a number of ISD Service Portfolio entries that still need refining utilising a "start from scratch" approach and to assume that whatever is in place is incorrect/out of date, and to create all documentation for all services from new. This will not be completed now as the 12 month secondment for the ISD Service Management work has come to an end. A paper is being drafted for discussion with Management Board, setting out the current position and implications of not being able to complete this work.

3.5   DHCW responsibilities for Official Statistics Publishing have been in place for 18 months, and work is underway to ensure that we are fully compliant with all the requirements. A further paper is being developed for discussion with Management Board with a range of options, both in terms of meeting the minimum necessary requirements and expanding our offerings in this area further.

3.6   The initial findings of the internal audit review undertaken by NHS Wales Shared Services Partnership in respect of the NHS Wales Data Switching Service has provided a reasonable level of assurance on this area. The purpose of the review was to ensure that the Switching Service is maintained appropriately and that risks to the operation of the service are appropriately managed. The review concluded that the Switching Service "is currently operating to enable the provision of information services as currently required. There are strong data governance controls in place and the service is stable and has recently been moved onto new hardware to improve its resilience." The team are currently drafting the management response, along with colleagues from the Operational Directorate.

3.7   The Corporate PowerBI team have completed the draft documentation in respect of the Assurance Framework for the publication of dashboards within DHCW. This includes detailed user guidance as well as the terms of reference for an approval (to publish) panel.

This governance framework is being established to provide assurance that data is only shared where there is a legitimate reason to do so, and that no personal or sensitive data is shared inadvertently through the publication of dashboards.

4   KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1   The risk (DHCW0269) remains on the corporate risk register which addresses the need to

replace the functionality of the current NHS Wales Data Switching Service (NWDSS) although ownership of the risk has been transferred to the Executive Director of Digital Operations. The internal audit review of the Switching Service by NHS Wales Shared Services Partnership has presented initial findings, which are being reviewed in order to develop appropriate responses to the recommendations and the development of a specific management action plan.

4.2   A departmental risk had previously been raised in reference to the need for Service Management resource to take forward the work required on the Information Services contained within the DHCW Service Portfolio. This risk has now been updated to take account of the outstanding work and the inability to extend the secondment in order to progress and complete this. The SBAR is being drafted to escalate this to the Management Team.

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 the 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
DIGITAL PROGRAMME OVERVIEW UPDATE

Agenda Item	3.5

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	3 November 2022

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

Executive Sponsor	Ifan Evans, Executive Director of Strategy
Prepared By	David Sheard, Assistant Director of Service Transformation
Presented By	David Sheard, Assistant Director of Service Transformation

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

1 IMPACT ASSESSMENT

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

CORPORATE RISK (ref if appropriate)	

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

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

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

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

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

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

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

2 SITUATION/BACKGROUND

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

2.2 These are national digital programmes of work which are governed by programme or project boards made up of NHS Wales senior stakeholders. The Chair of the Board is usually external to DHCW. The Boards make key decisions on objectives, scope, timing and allocation of resources and apply the project RAG status. These initiatives are characterised by their high level of complexity both technically and operationally as their service delivery can be procured, built in DHCW or with another organisation and would be rolled out to NHS local organisations which may have different operational service requirements.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1 The Welsh Emergency Department System (WEDS) project is rated as Red. The principal issue is continued system issues affecting Neath Port Talbot MIU, that are impacting the confidence for future go lives. The supplier continues to work with SBU and DHCW to investigate. This situation has been escalated to Director level with the supplier.

3.2 The National Data Resource (NDR) programme is now rated Amber. Resources to support the Data Platform need to be in place before the platform can go live.

3.3 The Welsh Information System for Diabetes Management (WISDM) is rated Amber. The delivery of the Paediatric form has been delayed due to issues in the test environment.

3.4 Two additional projects have been added to the overview. These are the Powys England Cross Border project and the Laboratory Information Network Cymru (LINC) Programme.

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

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

5 RECOMMENDATION

5.1 The Digital Governance & Safety Committee is being asked to NOTE the progress of programmes and projects to aid an understanding of where DHCW focusses its project implementations, as agreed with external stakeholders 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	20/10/2022	Noted

CORPORATE PLANNING | PROJECT PORTFOLIO Q2 (1/5)

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

Key

Alerts
- Finance
- Timescale
- Resourcing and/or skills
- Dependencies
- Scope
- Agile

Status remains same
Status improving
Status deteriorating

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

RAG DEFINITION	Good may require refinement	Requires attention	Highly Problematic

PORTFOLIO	PRODUCT						GOVERNANCE	RAG

Information Availability and Flow

National Data Resource
Supporting health and care in Wales to be innovative, modern and using data to drive decisions

Initiate | Define | Build | External Build | Internal Build

- Cloud Platform
- Open Architecture
- Advanced Analytics
- Data Strategy

Roll Out

Google Cloud Platform Procurement: Contract Award is on track, but subject to SHA approval. Award Q3.

Open Architecture has 3 projects underway: API Management, FHIR Server & Façade and Clinical Data Engine. API Management is finalising the assurance requirements for the platform and introducing priority API's further testing.

Advanced Analytics: The new Advanced Analytics Strategy has been developed and consultation is underway to support delivery of the publication in Q4. Live projects for collaboration and analytic platforms underway.

NDR Data Strategy – Live. Communications Strategy & Action Plan being finalised, Benefits Realisation has been initiated. Projects initiated for Target Operating Model, Priority Data Sets and Information Governance and Standards. Phase 1 sprints have concluded.

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

RAG reason: Resource constraints impacting go live timescales.

Information Availability and Flow

Data Centre Transition Project Phase 2
Transition of infrastructure and services from legacy data centres to new data centres and cloud

Initiate | Define | Build | Roll Out

- Data Centre 2 Procurement
- Architecture & Networking
- Resilience & Transition

Replacement Data Centre Tender requirements and specification have been published. Tender evaluation commenced end Sept 22 and is ongoing. Contract award is planned for 1st December 2022, Q3 22/23.

Next Major Milestone: Draft High-level design for the new network environment and infrastructure planned for Q3 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

Initiate | Define | Build | Internal Build

- Patient Administration Functionality
- Clinical Functionality

Roll Out
Product Available (National) – Initial Iteration for Cancer Solution is now complete. Product for the scope approved in April 2022 has been made available to VCC and Health Boards to test via staggered software delivery between November 2021 and July 2022. Additional scope accepted for VCC Go Live, development and testing ongoing. DHCW continue to respond to UAT feedback ahead of VCC implementation. Additional scope and future phases to be reviewed and planned.

Next Major Milestone: Product Available (National) – Cancer Informatics Solution Phase 2 Q3 2022/23 – at risk, knock on impact due internal delays to initial Phase 1 delivery and additional phase 1 scope accepted on to plan.

Cancer Informatics Programme Board
SRO: Tracey Cooper
DHCW Director: Rhidian Hurle

Project Completion Nov 2022 – at risk

RAG reason: Scope & Timescales extended

Digital Professional Empowerment

Electronic Test Requesting
Expanding electronic test requesting to new disciplines and improving existing electronic test requesting functionality.

Initiate | Define | Build | Internal Build

- Cardiology, Phlebotomy, Histopathology
- Rad Reqs (CTM& BCU)
- Pathology test requesting / Results Notifications

Roll Out
Radiology e-form V2 now live in CTM, BCU & HDD. SBUHB and VCC to take V2 by Q3. New Histopathology e-form to be live in BCU Q3 2022/23 and a Phlebotomy module pilot to start in Q3. 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 technical design to be agreed by end Q3.

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 Q2 (2/5)

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

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 — Paediatrics; Adult, Podiatry and Antenatal (Cwm Taf Morgannwg, Hywel Dda and Swansea Bay). **Roll Out:** Current modules – adult, podiatry and antenatal. Paediatrics design is completed, next stage is to commence development. **Next major milestone: Paediatrics Forms reforecast Q4 2022/23.** Project Completion Mar 2023	**Welsh Information System for Diabetes Management Project Board** (Reports to Diabetes Implementation Group) SRO: Phil Evans DHCW Director: Rhidian Hurle RAG reason: Technical issues in test environment have delayed next release.	(Amber) ↓
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 — Velindre, Swansea Bay, Hywel Dda, Powys, Cwm Taf, Betsi, CAV; 1 HB (AB) not yet live. Scale of implementation in CAV & AB is significant. **Roll Out:** Live in 7 health boards. AB planning for October rollout in The Grange. Criteria to deliver Single Instance is continuing to mature, and release is planned for Q4. BAU transition is continuing and on track. **Next Major Milestone: v2.2 scheduled for Q3 2022/23. (Multi Instance release, with additional functionality – on target, currently in SIT)** Project completion / handover to BAU Mar 2023	**Welsh Nursing Care Record (WNCR) Project Board** SRO: Claire Bevan DHCW Director: Rhidian Hurle RAG reason : Majority of criteria for Single Instance clarified. BAU resource profile being finalised via PPMG in Oct.	(Amber) ↔
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 — **Roll Out:** Planning in progress for 'Private Beta' deployment of NHS Wales App to small user cohort. **Next Major Milestone: Work Package 4 build complete (pending CCN)**	**Digital Services for Patients and Public Programme Board** (plus 7 national assurance groups) SRO: Huw George DHCW Director: Ifan Evans RAG reason: capacity /dependencies/ resources to deliver in line with supplier agile approach/ Access to NHS Login in Welsh /Future finance/support arrangements	(Amber) ↔
Public Health	**Test Trace and Protect** Covid-19 testing, contact tracing and vaccination data solutions	Initiate / Define / Build / External Build / Internal Build / Roll Out — Contact Tracing; Immunisation Recording; All Health Boards and local authorities; All Health Boards & Primary Care. **Roll Out:** Implementation complete of Covid test requesting, contact tracing, Immunisation System, 2 way texting and Covid Pass. New requirements are being requested for Covid Pass due to changes in policy. **Next Major Milestone: Autumn boosters Phase 1 Delivered in august and Phase 2 in Sep– phase 3 Q2 2022/23**	**Digital Pathway Group.** SRO: Ifan Evans / Helen Thomas DHCW Director: Helen Thomas Vaccination Programme Board Health Protection & Readiness Group (HPORG) RAG reason: resource constraints, enlarged scope, volume of new requirements	(Amber) ↔

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PORTFOLIO	PRODUCT					GOVERNANCE	RAG
ADS, Medicine Applications	**Choose Pharmacy** System to record enhanced services provided by community pharmacists.	Initiate	Define	Build	Internal Build — **Roll Out** Roll out complete but existing modules continually enhanced and new modules added. **Next Major Milestone,** Release Available – Bridging contraception, Q3 2022/23 — All Health Boards		**Community Pharmacy Digital Applications Programme Board Choose Pharmacy Service Management Board** SRO: Jenny Pugh-Jones DHCW Director: Meirion George — RAG reason: Resource movement due to Covid priorities.	
Primary, Community and Mental Health	**Dental E Referrals** providing dental referral system for community dentists.	Initiate	Define	Build	External Build — **Roll Out** Phase 2 integration work on hold **Next Major Milestone:** not applicable at this time		**Dental Referral Management System Project Board** SRO: Alex Slade DHCW Director: Carwyn Lloyd-Jones — 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 signed. 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 — Framework Contracts signed for all 3 suppliers		**General Medical Services Digital Programme Board** SRO: Brian Owens DHCW Director: Carwyn Lloyd Jones — 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** 5 Health Boards live (Betsi Cadwaladr, Cwm Taf Morgannwg through Local Auth instance, Powys, Hywel Dda & Aneurin Bevan), 1 further in pipeline (Swansea Bay). 15 Local Authorities live. **Next Major Milestone:** Mobile v1.4 proof of concept Q3 2022/23 — Health – Betsi Cadwaladr, Cwm Taf Morgannwg, Powys, Hywel Dda and Aneurin Bevan		**WCCIS Leadership Board (plus 4 sub boards)** SRO: Carol Shillabeer / Dave Street DHCW Director: Ifan Evans — RAG reason: Status remains amber due to delays to mobile and integration being delivered.	
Planned and Unscheduled Care	**Welsh Emergency Dept System** Implementing a managed service with EMIS Health. DHCW responsible for hosting, integration with other national systems and managing the national contract.	Initiate	Define	Build — Cwm Taf Morgannwg	External Build — **Roll Out** Swansea Bay live at first site in Dec 2021. Morriston go live date to be agreed. 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 TBA — Swansea Bay		**National WEDS Project Board** SRO: Jo Mower DHCW Director: Michelle Sell — RAG reason: Service performance issues, resource challenges in HBs, DPIF uncertainty	

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

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. **Next Major Milestone:** Complete User Acceptance Testing Dec 2022 — Project Completion Jun 2024	**Welsh Intensive Care Information System Programme Board** SRO: Mark Dickinson DHCW Director: Michelle Sell 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. **Next Major Milestone** Complete Procurement Jan 2023 — Project Completion Jun 2025	**Radiology Informatics Solution Programme Board** SRO: Matt John DHCW Director: Michelle Sell RAG reason: Delay in Business Case approval means project behind schedule to complete before the legacy contract end date	
Diagnostics	**Welsh Imaging Archive Service** Medical image sharing across Wales	Initiate	Define	Build	External Build	**Roll Out** Pilots planned with Swansea Bay and Velindre. Work has commenced to deliver the pilot data extract and is expected to take 2 months (end on Nov) Activities to further progress the project are under review. **Next Major Milestone:** Build complete Q3 2022/23	**Welsh Imaging Archive Service Project Board** SRO: None DHCW Director: Rhidian Hurle 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	**Initiation** Portfolio working with the Centre for Digital Public Services (CDPS) to complete user research. Community pharmacy supplier event held at the Life Sciences hub to discuss electronic prescription service timelines and requirements. Health Boards and trusts submitting funding requests to Welsh Government to recruit their local ePMA pre-implementation readiness teams. **Next Major Milestone** Contract Award for multi-vendor Framework (for ePMA solution) scheduled for Q3 2022/23	**Governance established** **DMTP Sponsoring Group and Portfolio Board established.** SRO: Hamish Laing DHCW Director: Ifan Evans **Primary Care Electronic Prescription Service (EPS) Programme Board** SRO: Jenny Pugh-Jones **Secondary Care Electronic Prescribing and Medicines Administration Programme Board** SRO: Gareth Collier **Shared Medicines Record Project Board** SRO: Keith Farrar RAG reason: dependencies on DHCW teams publishing Application Programme Interfaces (APIs) in line with ePMA go live milestones.	

Within the DMTP product column (Initiate/Define area):
- Primary Care Electronic Prescription Service
- Secondary Care E-prescribing and Medicines Administration
- Patient Access to Medicines
- Shared Medicines Record

CORPORATE PLANNING | PROJECT PORTFOLIO Q2 (5/5) CONTINUED

PORTFOLIO	PRODUCT					GOVERNANCE	RAG
Planned and Unscheduled Care	**Powys / England Cross Border** Pathway project for patient Information sharing between Wales and England	Initiate	Define	Build	Internal Build	**Initiation** Project is near completion of foundation stage. User requirements have been gathered and a Prioritised Requirements List drafted for Project Board approval **Next Major Milestone:** Recruitment complete Dec 2022 — Project Completion Jun 2024	**Powys Cross Border Project Board** SRO: Pete Hopgood DHCW Director: Ifan Evans	
Diagnostics	**Laboratory Information Network Cymru (LINC)** National project hosted by NHS Wales Collaborative to replace the current pathology laboratory system (Trakcare).	Initiate	Define	Build	External Build	**Roll Out** Contract has been signed with Citadel Health (Oct21) Design Phase has commenced. DHCW awaiting on all Technical Designs to commence development work required to support the LINC Project (managed by the Collaborative**)** — Project Completion 2025 **Next Major Milestone** Build complete Dec 2022	**Laboratory Information Network Cymru (LINC) Programme Board** SRO: Peter Carr LINC Director: Judith Bates DHCW Director: Michelle Sell RAG reason: Supplier Delays	

DIGITAL HEALTH AND CARE WALES
KEEPING PATIENT DATA SAFE

Agenda Item	3.6

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	3 November 2022

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

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

Purpose of the Report	For Noting
Recommendation	
The Digital Governance & Safety Committee is being asked to: **NOTE** the presentation from the DHCW Information Governance team on keeping patient data safe.	

1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

CORPORATE RISK (ref if appropriate)	

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

DHCW QUALITY STANDARDS	BS 10008
If more than one standard applies, please list below:	

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

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A
Choose an item.	Outcome: N/A
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	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

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

Acronyms			
DHCW	Digital Health and Care Wales	IG	Information Governance
IMTP	Integrated Medium-Term Plan		

2   SITUATION/BACKGROUND

2.1   Digital Health and Care Wales (DHCW) has a range of functions associated with the provision, design, management, development and delivery of digital health and care platforms, systems and services. It has a central role in the collection, analysis, use and dissemination of health information in Wales. The Information Governance (IG) team is managed by Associate Director for Information Governance and Patient Safety. He is also the Data Protection Officer for DHCW. The team is part of the Clinical Informatics Directorate and reports to the Medical Director, who is Caldicott Guardian for DHCW, and Chief Clinical Information Officer for Wales.

2.2   The DHCW three-year IG strategy 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. The IG Strategy sets out three core responsibilities of the IG team:

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

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

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

2.3 An Information Governance Assurance Report is provided at each Committee to highlight the key assurance activities, aligned to the three core responsibilities above, for the reporting period.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1 Through these core responsibilities (effective national governance, national Information Governance framework and corporate compliance) the DHCW IG team help to ensure that DHCW, NHS Wales and other stakeholders maintain the confidentiality of personal information, monitor and improve their compliance with Information Governance related legislation and therefore, keep patient/personal data safe.

3.2 The DHCW IG team will provide Committee members with an overview of the services, tools and standards which they provide to enable organisations (including corporately, within DHCW) to keep information safe, including:

- The Wales Accord on the Sharing of Personal Information
- The National Intelligent Integrated Audit Solution
- The Data Protection Officer Support Service for General Medical Practitioners
- The Welsh Information Governance Toolkit
- The Welsh Control Standard for Electronic Health and Care Records
- Data Protection Impact Assessments
- Management of Information Governance incidents and breaches
- Access to Information requests (such as Freedom of Information Act requests, Subject Access Requests and Environmental Information Regulations requests)
- The Data Promise

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3.3   Additionally, the DHCW IG team wish to highlight to Committee, some key decisions supporting the Information Governance framework.

4   KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1   No issues of escalation to Committee.

5   RECOMMENDATION

5.1   The Digital Governance & Safety Committee is being asked to **NOTE** the presentation from the DHCW Information Governance team on keeping patient data safe.

6   APPROVAL / SCRUTINY ROUTE

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

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                                                                            Approver: Rhidian Hurle
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Keeping Patient Information Safe

Digital Governance and Safety Committee – 03/11/22

Rhidian Hurle, Executive Medical Director / Chief Clinical Information Officer Wales

Darren Lloyd, Associate Director for Information Governance and Patient Safety / Data Protection Officer

IG Framework
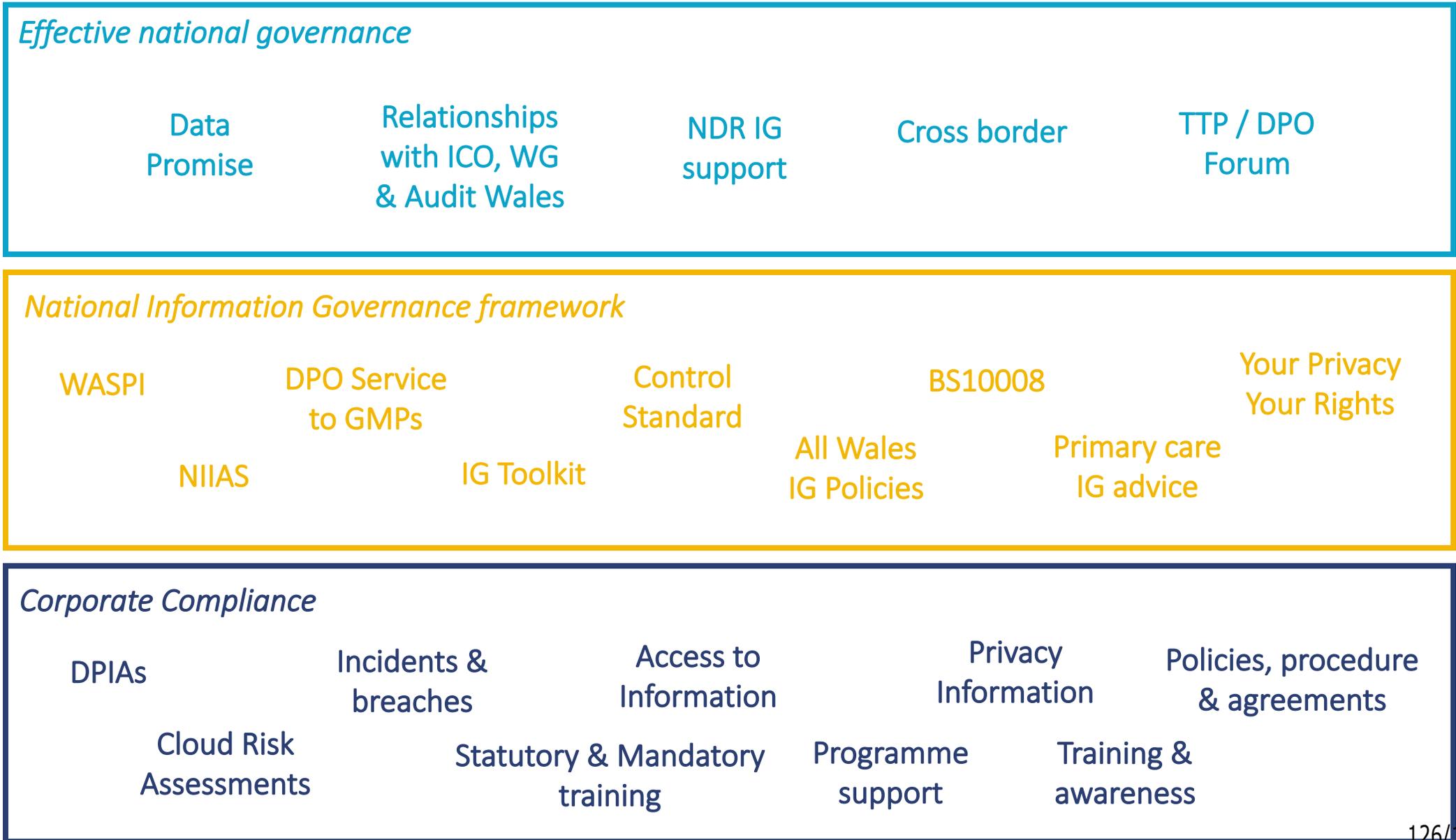
The Wales Accord on the Sharing of Personal Information (WASPI) is an information sharing framework that helps service providing organisations share information effectively and lawfully.

Over 750 organisations are signed up to WASPI and follow the good practice principles and standards set out in the Accord when sharing personal information.

WASPI is a recognised and trusted framework across Wales, its template agreements and Quality Assurance process has led to over 250 Information Sharing Protocols being assured and published as examples of good practice.

WASPI is aiming to improve its framework by transitioning into an Information Commissioner's Office approved Code of Conduct, which provides organisations an additional level of assurance.

National Intelligent Integrated Audit Solution

The National Intelligent Integrated Audit Solution (NIIAS) is a proactive monitoring tool, which identifies potential inappropriate access to clinical records for many national systems.

National systems such as the Welsh Clinical Portal, the Welsh Patient Administration System and the Welsh Demographic Service have large amounts of users accessing information on a daily basis. Whilst health and care staff are aware of their responsibilities to not access any information not relevant to them, NIIAS is in place to identify instances of potential inappropriate use.

NIIAS sits behind these systems (and more), triangulating application audit logs with demographic sources on users, to flag instances of potential inappropriate access to alert NHS Wales Health Boards and Trusts with daily notification reports of user access.

The Data Protection Officer Support Service ("the Service") provides dedicated advice and assistance to General Medical Practitioners on a subscription basis, by providing the functions of the statutory role, the Data Protection Officer.

The Service provides a range of functions including training and awareness raising, auditing of the annual Welsh Information Governance Toolkit submissions and providing a range of guidance, templates and other documentation.

84.77% of GP practices in Wales are subscribers to this service.

Through the service, subscribers are supported on all Information Governance and data protection matters, giving them the knowledge and the confidence to keep patient information safe within their practice.

Iechyd a Gofal Digidol Cymru   Digital Health and Care Wales

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.

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.

There are two versions of the IG Toolkit: for Health Boards, Trusts and Special Health Authorities and a separate Toolkit for GMPs, with plans for this to expand.

The assessment helps organisations 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.

Welsh Control Standard for Electronic Health and Care Records

The Wales Control Standard for Electronic Health and Care Records ('The Control Standard') describes the principles and common standards that apply to systems that share electronic health and care records in Wales for 'direct care' purposes.

By underpinning local level policies and procedures, the Control Standard aims to ensure broad consistency in the controls designed to ensure electronic records are accessed and used appropriately.

All Welsh Health Boards and Trusts have committed to the Control Standard.

As the need for the sharing of information grows, Social Services use of national electronic health and care systems and services increases. As such, initial discussions have been held about the feasibility of the Control Standard being adopted by Social care.

Data Protection Impact Assessments

A Data Protection Impact Assessment (DPIA) is a process to help identify and minimise the data protection risks of a project, system or programme. It is a legal requirement to complete a DPIA in some circumstances.

The DPIA process in DHCW is embedded via the Wales Informatics Assurance Group. This ensures that any new change to the way we hold data in a project, system or programme has appropriately assured by Information Governance.

The assessment identifies privacy risks and ensures lawful practice when a new project is designed or where changes are made to an existing service.

The goal is to ensure that privacy risks are identified, recorded and minimised while allowing the aims of the project to be met.

Incidents and breaches

A personal data breach means a breach of security leading to the accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to, personal data.

Under data protection legislation, the maximum an organisation can be fined for breaching data protection is €20 Million or 4% of an organisations annual turn over.

In DHCW, breaches are reported to the Information Governance team via our risk and incident management system, Datix. Staff are aware to inform the Information Governance team of any incidents ASAP as we may need to make the Information Commissioners Office or Welsh Government aware within strict timelines.

There are policies, training and guidance available to staff to make them aware of their Information Governance responsibilities.

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).

By providing public access to information we hold, we are promoting transparency and accountability.

This provides reassurance to members of the public that we have the correct assurances and processes in place to process data about them.

Not all information can be provided on request. DHCW may not hold the information requested or the information may be subject to one or more exemptions under the Act.

Digital Health and Care Wales

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Data Promise

The Data Promise is a programme of work, led by Welsh Government, to create the requirements and expectations that will demonstrate to citizens and stakeholders that uses of health and social care data are trustworthy.

DHCW are involved in ensuring that the ambitions for the Data Promise to use health and social care data more effectively to provide better care and treatment, improve the quality and value of services and to help research are met.

In order to achieve this, the Data Promise needs to be delivered in ways that are open, transparent and aligned with public expectations. By doing so this demonstrates trustworthy uses of health and social care data to the public.

DHCW currently has an Information Governance lead seconded in Welsh Government leading this programme of work.

Decisions supporting the IG Framework

- WASPI transitioning to an Information Commissioner's Office approved Code of Conduct.

- Expansion of the Welsh Information Governance Toolkit

- Funding for the Data Protection Officer for General Medical Practitioners.
  - Advanced clusters (Internal report from YMA pending).

- Re-procurement of the National Intelligent Integrated Audit Solution.

DIGITAL HEALTH AND CARE WALES
RESEARCH AND INNOVATION STRATEGY

Agenda Item	3.7

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	3 November 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 & Research
Presented By	Rhidian Hurle, Executive Medical Director

Purpose of the Report	For Noting
Recommendation	
Digital Governance and Safety Committee is asked to **NOTE** the DHCW Research and Innovation Strategy which was approved by SHA Board on 29/9/2022	

1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

CORPORATE RISK (ref if appropriate)	

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

DHCW QUALITY STANDARDS	N/A
If more than one standard applies, please list below: IS0 27001, ISO20000, ISO90001, ISO 14001, ISO13845, BS10008	

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

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

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

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

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

2   SITUATION/BACKGROUND

2.1   Research and Innovation lies at the heart of, and is central to, the DHCW journey. The need for digital modernisation, improvement and change based on evidence-based knowledge of health informatics is the driving force behind many, if not all, of the proposed deliverables listed in the IMTP. Furthermore, our IMTP has signalled our renewed focus in this area and our commitment to derive value from data.

2.2   This paper introduces the proposed R&I strategy, which sets out an overarching vision and four supporting aims. Underpinning these aims are a series of actions and commitments for DHCW to deliver between 2022-2025.

2.3   The strategy intends to build on the organisation's well-established role of working in partnership with other NHS organisations, Universities, Welsh Government and other bodies to enable (i.e., through expertise, data and infrastructure) high profile projects and activities. It also looks to establish robust R&I process and governance, and to cement our commitment as a learning organisation where R&I is embedded and actively supported.

Research & Innovation Strategy   Page 3 of 4   Author: Rachael Powell
Approver: Rhidian Hurle
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3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1 The DHCW R&I Strategy was formally approved by SHA Board in September 2022. Prior to this, engagement sessions were held with key stakeholders, both internal to DHCW and across the ecosystem to understand the challenges and opportunities that this strategy could address.

3.2 Since the strategy was formally approved, an action plan is being developed which picks up on the key areas and commitments which are listed and draws out deliverables and associated timelines.

3.3 In addition, DHCW has appointed to the Head of R&I post and has developed a proposal for a formal governance structure that oversees key elements of the strategy (such as effective partnerships).

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 The publication of this Strategy will enable all key stakeholders, both internal and external, to have a clear and consistent understanding of DHCW's R&I ambition, intent and approach.

4.2 It will also help to strengthen existing and develop new R&I partnerships with academia, industry and other organisations across the ecosystem, whilst at the same time confirming our commitment to investing in our own staff and expertise.

5 RECOMMENDATION

5.1 Digital Governance and Safety Committee is asked to **NOTE** the DHCW Research and Innovation Strategy which was approved by SHA Board on 29/9/2022

6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group plan for R&I Strategy Approval		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
WEDS – approval of vision/scope and themes / objectives	7/9/2022	Approval of overarching vision and aims.
Board Development Day – approval of vision / scope and themes / objectives	15/9/2022	Overall support of scope of strategy. Suggested amendments to overarching vision and aims.
Management Board – approval of R&I strategy	16/9/2022	Following BDD session, delegated final approval of strategy to Weekly Executive Directors meeting on 21/09/22
Weekly Executive Directors	21/09/2022	Approved
SHA Board – approval of R&I strategy	29/9/2022	Approved
DG&S Committee	03/11/2022	For noting

ARLOESI

ACHUB BYWYDAU

GAME CHANGING

LIFE SAVING

GIG CYMRU NHS WALES

Iechyd a Gofal Digidol Cymru
Digital Health and Care Wales

DIGITAL HEALTH AND CARE WALES

RESEARCH AND **INNOVATION**

STRATEGY   **2022 - 2025**

WORKING WITH OTHERS TO DEVELOP KNOWLEDGE, INNOVATION AND INSIGHT -
FOR SERVICE IMPROVEMENT, TRANSFORMATION AND BETTER HEALTHCARE OUTCOMES

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R&I STRATEGIC AIM 3: Identify, develop and nurture effective partnerships

R&I STRATEGIC AIM 4:   Develop a culture of innovation that promotes creativity, learning, encouragement and support

DELIVERING OUR STRATEGY

FORWARD

PROFESSOR HELEN THOMAS, CHIEF EXECUTIVE OFFICER

ESTABLISHED AS A SPECIAL HEALTH AUTHORITY IN APRIL 2021, DIGITAL HEALTH AND CARE WALES IS THE NATIONAL DIGITAL ORGANISATION FOR NHS WALES AND HAS A KEY ROLE ENSURING WALES' HEALTH SYSTEM IS FIT FOR THE FUTURE. As part of our vision 'to provide world leading digital services, empowering people to live healthier lives', we've set ourselves a strategic mission to drive value and innovation and this Research and Innovation (R&I) Strategy, very much sets out our commitment and our approach to drive this forward.

Research and Innovation lies at the heart of, and is central to, the DHCW journey. The need for digital modernisation, improvement and change based on evidence-based knowledge of health informatics is the driving force behind many, if not all, of the proposed deliverables listed in our Integrated Medium Term Plan (IMTP).

As a statutory body charged with leading on digital health and care for all of Wales, DHCW recognises it has a key role to play in taking forward national R&I strategy and policy in related areas. With common data standards, technical toolsets, infrastructure and systems architecture, as well as our role in driving the key transformative programmes, DHCW is well placed as both a system leader and an enabler that can support our partners.

These skills and resources are also required by others to support broader research, health and policy challenges and strategic requirements dependent on DHCW R&I support. Examples here include:

- A Healthier Wales (2021)

- Future Generations (2020)

- Support for National Clinical Research Strategy and Delivery (2022)

- Clinical Safety, Value in Health NHS Wales Quality and Safety Framework (2021)

- The Six Goals for Urgent and Unscheduled Care Programme (2022)

- The 'triple challenge' to health inequalities (Covid 19, post-Brexit economy and climate change)

- The Goldacre Review ('Better, Broader, Safer: Using Health Data for Research and Analysis)

- Duty of Quality and Engagement Act

- WG Innovation Strategy

Our Research and Innovation Strategy 2022 – 2025 sets out a renewed vision, explaining how we want to lead and expand our research and innovation portfolio whilst ensuring that we maximise the quality and impact of our work in this area. We also describe our plans for strengthening our partnership arrangements and distinguishing ourselves as a Trusted R&I partner in areas where data and digital expertise are required. Finally, we recognise that for us to truly commit to this area and embed this approach throughout our organisation, then we must invest in our people and equip them with the knowledge, skills and resources to support and lead on areas of research and innovation.

I look forward to seeing the impact of this strategy and welcome the opportunity it brings to elevate our role within Wales and further afield.

Professor Helen Thomas, Chief Executive Officer

INTRODUCTION

RHIDIAN HURLE, EXECUTIVE MEDICAL DIRECTOR

IT GIVES ME GREAT PLEASURE TO WELCOME THE PUBLICATION OF THIS RESEARCH AND INNOVATION STRATEGY. RESEARCH AND INNOVATION (R&I) IS THE CATALYST FOR CHANGE AND CREATIVITY WITHIN OUR OWN ORGANISATION AND THE 'GLUE' FOR SUCCESSFUL COLLABORATIONS AND PARTNERSHIPS WITH OTHERS.

With the acceleration in technology and the vast and accumulating volumes of health and care data, combined with processes such as AI, robotics, genomics, precision medicine and so forth, we must work with trusted stakeholders to deliver the value and benefits from the opportunities in front of us. The workforce and the ever-growing clinical demands that our health and care services face require us to collaborate to deliver understanding of what services deliver, the value added and the impact on users. DHCW must lead the way and set an ambitious R&I agenda that will explore these improvement opportunities and deliver real impactful positive change.

Within clinical practice, an evidence-based approach is the foundation through which we choose to operate and as Executive Medical Director, I want to ensure that this ethos is embedded within our organisation. It is important that we recognise where there are gaps in our knowledge or unanswered questions and that we seek to address those through a schedule of R&I activity. We will work with partners to explore innovative solutions which seek to address the real issues faced by the health and care services in Wales.

Central to this strategy is the need to build skills and to identify, break-down and pragmatically mitigate the potential barriers and challenges to R&I that can distract, discourage or stifle. Having proposals to establish robust governance, business and engagement processes for all R&I managed activities is essential, as well as clear priorities so that we can plan our limited resources in the right way to deliver for the people of Wales. I welcome this document which sets the compass in the right direction.

OUR VISION FOR RESEARCH AND INNOVATION

As a learning organisation, lead and enable, high quality health and care, through world-leading data and digital research and innovation.

THE FOUR STRATEGIC AIMS

R&I Strategic Aim 1

Deliver the assets and resource to facilitate the Research and Innovation environment across Wales

R&I Strategic Aim 2

Focus on quality and the impact of our research and innovation

R&I Strategic Aim 3

Identify, develop and nurture effective partnerships

R&I Strategic Aim 4

Develop a culture of innovation that promotes creativity, learning, encouragement and support

GOVERNANCE - PROCESS - ENGAGEMENT - DELIVERY - EVALUATION - INSIGHT - OUTCOMES

R&I STRATEGIC AIM 1: DELIVER THE ASSETS AND RESOURCE TO FACILITATE THE RESEARCH AND INNOVATION ENVIRONMENT ACROSS WALES

We aim to deliver to the people of Wales, world-class digital health and care services which will enable more effective, efficient and safer decision making, by providing access to content-rich, person focused health and care data and information. We believe this depends on a rich environment of research and innovation that explores and proposes transformative solutions.

DHCW currently holds over 30 years' worth of healthcare data sets from across a range of systems. We are also a key partner and contributor to the SAIL (Secure Anonymised Information Linkage) databank, which holds a wealth of population-scaled data (over 10 billion anonymised, person-based data records available) to enable important questions to be comprehensively answered. We will continue to work with SAIL and others in providing safe access to this data and expanding our offering through the provision of new datasets, in our role as SAIL's Trusted Third Party (TTP), through the process of anonymisation of personally identifiable data from non-NHS organisations.

DHCW aspires to be an active R&I organisation in respect of its contribution to a thriving foundational economy. Our research and innovation strategy covers the breadth of DHCW and will represent key strategic challenges and opportunities that impact our service.

CHALLENGES TO ADDRESS

- Navigating the ecosystem and understanding what DHCW can offer.

- Priorities are not defined, leading to a reactive approach.

- Limited capacity and resources to lead and support.

THIS WILL BE ACHIEVED BY

- Building on DHCW's legacy of supporting research and innovation across Wales, we will strengthen the mechanisms for the provision of data for research, increasing the breadth and frequency of data available via the National Data Resource (NDR) and its associated Secure Research Environments (SREs), including the UK SeRP platform. Through strong branding and a clear offering of how we can facilitate and support R&I through the provision of data and insight, we will clearly establish our role within the ecosystem.

- Embedding a systematic approach to identifying key R&I priority areas, aligned with our annual planning cycles, ensuring that our limited resources are contributing to the key healthcare challenges (i.e. the Life Sciences Vision Healthcare Missions). As part of this, we will develop impact assessments to support the selection of our R&I activities based on areas of greatest need and potential impact.

- Work with partners to maximise horizon scanning of opportunities and collectively contribute to a thriving ecosystem, with clarity on our contributions and roles as part of this ecosystem. In addition, we will leverage additional funding to support mutual aims e.g. EPSRC (Engineering & Physical Sciences Research Council) Digital Health Hub proposal scheme; NIHR, UKRI and the Office for Life Sciences have provided funding for some of our most successful programmes. By developing our approach for identifying R&I priorities, so that they are aligned with key healthcare challenges and demonstrate a collaborate approach working with key partners, we will be strengthening our chances at leveraging funding and building our R&I portfolio.

ENABLING DATA DRIVEN INNOVATION: INNOVATION IN DATA TO EVOLVE AGREEMENTS THAT ENHANCE PATIENT HEALTH OUTCOMES (IDEATE) PROJECT

IDEATE, a cross-organisation collaboration, set out to transform future design and implementation of patient-centred outcomes-based agreements (OBAs) for medicines, initially in the area of metastatic breast cancer. DHCW, Swansea University and Pfizer, did this by creating a retrospective learning environment that explored: how to establish a core set of agreed outcomes; the difficulties of setting up the data infrastructure required and how to adapt procurement systems to OBA needs.

IDEATE used the Swansea University UK SeRP environment to securely hold and access the datasets required for the outcomes of interest. DHCW worked with the Health Boards and Chemocare to ensure that necessary datasets were made available in the UKSeRP environment, with secure access given to the secure environment in order to apply the data model. Only approved, aggregated anonymised data was exported, in order to drive the financial contracts. No permission was given to 'remove' data from the UKSeRP environment.

Outputs from this project have been used to build proposals for how OBAs could be implemented with future phases planned for exploring further the feasibility of implementing OBA's in other clinical areas. Learning from this project is being shared at renowned international conferences.

R&I STRATEGIC AIM 2: FOCUS ON QUALITY AND THE IMPACT OF OUR RESEARCH AND INNOVATION

In order to achieve the greatest impact in terms of improved services and health outcomes for the people of Wales, the research and innovation activities that we support and lead must be high quality and relevant to the greatest needs of the service. We need to ensure that our activities follow established prioritisation policies, so that we are committing our resources to the areas of greatest need and impact. We also need to ensure that we follow robust governance processes, to improve the confidence that others will have in what is discovered through these activities.

Alongside this however, it is also imperative that we develop an effective approach to translating the knowledge and learning gained through research and innovation into practice. We must embed an approach that is informed and knowledge-based wherever possible, whilst also creating optimum conditions to innovate and explore.

CHALLENGES TO ADDRESS

- Co-ordination of R&I activities within DHCW.

- Impact is not always measured nor fully understood.

- Translation of knowledge.

THIS WILL BE ACHIEVED BY

- A core R&I function for DHCW or 'front door', which will make us visible and accessible. As part of this, we will ensure that the R&I activities that we support and lead will follow established policies and good governance.

- As part of our R&I approach, embed measurements of system value and benefit delivered by DHCW systems (e.g. more research embedded within our product roadmap approach that explores the impact of digital solutions we have implemented) and the measurement of system value potential and benefit delivered by 3rd party solutions.

- Encourage and embed evidence-based practices and knowledge translation throughout all of DHCW's business activities. We will commit to publish and share the learning from our activities, raising awareness of the role of DHCW in the R&I ecosystem, through regular updates and ongoing communications (e.g. joint publications and presentation of abstracts at conferences, creation of case studies for public and teaching purposes, press releases, dissemination events and activities, recognition awards, etc).

MEASURING RESEARCH AND EVALUATION: CHOOSE PHARMACY

Choose Pharmacy is a platform, developed by DHCW, that supports the provision of extended services by community pharmacists in Wales. From 2018, we started to evaluate the services provided and recorded in Choose Pharmacy, exploring whether the services available through the community pharmacy contract framework and delivered using the Choose Pharmacy platform are valued by the public/reduce demand on other NHS services.

"The ability to collect, interrogate and analyse structured data is critical to understanding the real world impact of policy decisions. Encouraging high impact research into the effectiveness of community pharmacy services is of fundamental importance to good policy making but in the past there has been limited research into the longer term outcomes of pharmacy services. This is one of the reasons why Digital Health and Care Wales' Choose Pharmacy application and the team's commitment to research is so important. Consistent data collection supported by academic expertise is helping produce high impact peer reviewed evidence, ensuring we get policy right, and demonstrating how community pharmacy is making a positive impact for people in Wales."

Andrew Evans, Chief Pharmaceutical Officer for Wales
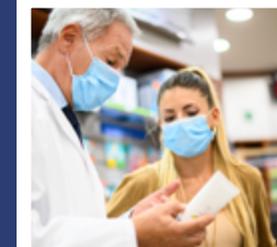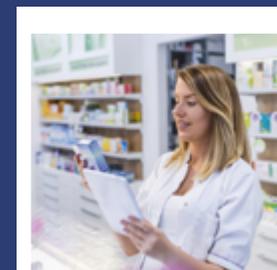
R&I STRATEGIC AIM 3: IDENTIFY, DEVELOP AND NURTURE EFFECTIVE PARTNERSHIPS

DHCW is a key part of the national transformation programme to makes Wales' health system fit for the future. As such, DHCW has a unique role as a leading data and digital organisation, who, along with other NHS organisations, academia and industry, is part of an important ecosystem.

We recognise that the most impactful research and innovation depends on strong and effective partnerships. By investing in our partnerships, moving from transactional relationships to long-term mutually beneficial partnerships, with organisations with shared values and goals, this will support DHCW 's ambition to co-develop and co-deliver effective innovative solutions.

CHALLENGES TO ADDRESS

- Lack of awareness of assets and strengths across the ecosystem that could support R&I in Wales.

- Lack of formal arrangements or dedicated function within DHCW, to enable partners to understand, engage and support our aims and ambitions.

- Lack of established frameworks within Wales to facilitate engagement with industry and academia, in order to develop and test products and enable spread and scale of innovative solutions and approaches.

THIS WILL BE ACHIEVED BY

- As part of our stakeholder engagement plans, we will identify and prioritise relevant organisations including public, private and third sector e.g. Life Sciences Hub, Digital Health Ecosystems Wales, Health Technology Wales, Welsh Government, industry, health and care organisations, academia, etc. We will identify and catalogue the strengths of our partners and use this intelligence to consider research and innovation opportunities where it is mutually beneficial.

- We will also clearly set out our key aims and ambitions so that our partners have the opportunity to engage and support us in these areas. As well as a dedicated R&I function, we will facilitate ongoing, effective communication with our partners through formal partnership boards where there are opportunities for mutual exploration of key challenges and opportunities.

OUR ACADEMIC PARTNERSHIPS

- We will develop strategic relationships with key university partners, signalled through a Memorandum of Understanding (MOU) which sets out shared values and goals, our aims and ambitions and agreed ways of working. Underpinning these MOU's, we will co-develop partnership plans with key deliverables and performance measures, with progress formally monitored at our strategic academic partnership boards. These partnerships will:

  - Improve and strengthen our awareness and alignment to the expertise and facilities offered by universities, e.g. the Data Science and National Software Academies and Digital Transformation Innovation Institute at Cardiff University; the School of Management and the Computational Foundry at Swansea University; the Wales Institute for Digital Information (WIDI).

OUR INDUSTRY PARTNERSHIPS

- Create a partnership framework to facilitate working with industry partners that includes appropriate commercial rules of engagement. The aim will be to develop relationships that embed trust and honesty to create shared visions, that foster transparent working across our ecosystem.

- Increase our engagement and visibility within the ecosystem to encourage partners with potential solutions to come forward e.g. supporting and sponsoring challenge development approaches.

- Improve our understanding and awareness of industry partners' offers and solutions and how these can support our aims.

OTHER KEY PARTNERSHIPS AND NETWORKS

- Through our data and digital expertise and infrastructure, continue to support key partnerships and draw upon the expertise of our partners. Key partnerships include: the Bevan Commission, Health and Care Research Wales, Health Technology Wales, the Life Sciences Hub, TEC Cymru, etc.

- Ensure DHCW is plugged into key networks (including international and global networks) to share knowledge and maximise R&I opportunities within Wales.

SUCCESSFUL PARTNERSHIPS: WELSH VALUE IN HEALTH CENTRE (WVHC)

DHCW is a committed partner of the WVHC, where it's recognised that implementing value-based healthcare across a system is a long-term endeavour. Strategic partnerships are necessary and helpful to create momentum for change and to provide support for overcoming barriers to delivering value, which may be universal. There are still many unknowns worldwide regarding the implementation of value-based healthcare. In Wales, we are well placed to collaborate academically and conduct research into multiple aspects of value-based healthcare.

This is important both to ensure we take an evidence-based approach to the implementation of all aspects of value-based healthcare in Wales and to maintain Wales' reputation as a leader in this field. A key part of value-based healthcare is the optimum positioning of drugs and medical devices to support pathways of care. In an ideal world, procurement of these products should be based on the outcomes delivered. This is a true aspiration across Wales but turning enthusiasm into commitment is a problem that is being grappled with around the world.

R&I STRATEGIC AIM 4: DEVELOP A CULTURE OF INNOVATION THAT PROMOTES CREATIVITY, LEARNING, ENCOURAGEMENT AND SUPPORT

The conduct and support of high-quality research and innovation requires DHCW to foster and embed a culture of innovation, that encourages and supports our own staff and sets the tone for our engagement with stakeholders. The conduct of high-quality research and innovation, requires DHCW staff to have the appropriate skills, expertise and access to resources, alongside the capacity to support and lead such activities.

We recognise that through effective partnerships and investment in a core research and innovation function, we want to develop and support our staff across the organisation and to encourage active participation in R&I activities.

CHALLENGES TO ADDRESS

- Difficulties in accessing specialist R&I knowledge and capacity within DHCW.

- Recruitment and retention difficulties in specialist roles.

- Lack of leadership to drive and enable innovation.

THIS WILL BE ACHIEVED BY

- Through our Research and Innovation Strategy and our People and OD Strategy, we will:

  - Influence educational programmes to equip our current and future workforce with the skills and expertise required to drive our data and digital agenda. e.g. keeping abreast of the required data and digital skills to deliver transformational change.

  - Develop extraordinary and compassionate leaders to enable innovation and continuous improvement.

  - Create opportunities for successful career pathways, enhanced by participation in R&I.

  - Increasing the number of studentships and academic qualifications for our staff that are aligned to DHCW's overall strategic priorities, as signalled through our Integrated Medium-Term Plan (IMTP).

  - Provide a platform to share and promote opportunities and raising awareness of the work of DHCW to identify and attract the best talent.

  - Support collaborative outreach and engagement activities to raise the profile of digital healthcare careers to encourage a diverse and inclusive approach e.g. creating role models and ambassadors, bursary programmes, apprenticeships, schools engagement etc.

WALES INSTITUTE OF DIGITAL INFORMATION (WIDI): PROFESSIONALISM, SKILLS AND ACADEMIC DEVELOPMENT

DHCW is a founding partner of WIDI, with a key aim to enable digital technology to be used to its full potential with the development of digital skills and professional standards for the current workforce and those up and coming. WIDI is committed to inspiring and encouraging the establishment of professional standards in the field of Health Informatics, developing academic qualifications and personal development opportunities for full time and part time digital degree students. Opportunities have led to professional digital courses and accredited qualifications being developed from Level 2 Health Informatics right through to PhDs in specialised career-based doctorates. All these are delivered by world leading teaching staff within the WIDI partnership.

Not only does WIDI support those already working with digital technology, we are also supporting those whose roles are evolving following the implementation of digital systems into their daily tasks. We support the development of our fulltime students, who are our workforce of the future. It is vital that we aspire to share individual practice, international experience and expertise of those currently working with our partnership organisations from a local and national perspective.

DELIVERING OUR STRATEGY

Alongside this strategy, we have developed a three-year plan that breaks down how we aim to achieve the high-level priorities detailed under each of our Strategic R&I Aims. We will embed these actions within our corporate planning process.

We will also publish an Annual Report detailing our R&I activities, celebrating our achievements and provide the opportunity to reflect to help shape our strategy and plans going forward.