

# Digital Governance and Safety Committee - Public

Wed 12 May 2021, 13:00 - 16:00

## Agenda

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### 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*

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### 2. MAIN AGENDA


#### 2.1. Digital Governance and Safety Committee Terms of Reference

*For Approval*                      *Chair*

 2.1 DHCW Digital Governance and Safety Committee ToR d0.4.pdf (11 pages)

#### 2.2. Digital Governance and Safety Committee Annual Cycle of Business and Forward Work Plan

*For Approval*                      *Board Secretary*

 2.2 DHCW Digital Governance and Safety Committee Annual Cycle of Business and Forward Work Plan.pdf (4 pages)

 2.2i Digital Governance and Safety Committee Annual Cycle of Business 21\_22.pdf (2 pages)

 2.2ii DHCW - DG&S Work Programme 21\_22.pdf (2 pages)

#### 2.3. Closure Report from Velindre University NHS Trust Committees

*For Noting*                      *Medical Director*


 2.3 Closure Report from Velindre University NHS Trust Committees-v1.0.pdf (4 pages)

 2.3i DHCW-Handover Report April 2021.pdf (13 pages)

#### 2.4. Welsh Informatics Assurance Presentation

*For Discussion*                      *Medical Director*


 2.4 Wales Informatics Assurance Process Overview Report Digital Governance and Safety.pdf (4 pages)


 2.4i Wales Informatics Assurance Process.pdf (8 pages)

#### 2.5. Information Governance Presentation

*For Approval*                      *Head of Information Governance*

 2.5 Information Governance Report.pdf (3 pages)



 2.5i Information Governance Overview.pdf (7 pages)

 2.5ii DHCW IG strategy\_Final.pdf (9 pages)

## **2.6. COMFORT BREAK**



## **2.7. Information Services Presentation**

*For Discussion*                      *Deputy Director of Information*

-  2.7 Information Service Report.pdf (4 pages)
-  2.7i Information Service Presentation.pdf (3 pages)

## **2.8. Notifiable Events Assurance Presentation**

*For Discussion*                      *Medical Director*

-  2.8 Notifiable Events Assurance Process Report.pdf (4 pages)
-  2.8i Notifiable Events Assurance Process.pdf (8 pages)



## **2.9. EU Settlement Status Report**

*For Discussion*                      *Head of Information Governance*

-  2.9 European Settled Status Report.pdf (5 pages)

## **2.10. Risk Management Report**

*For Discussion*                      *Board Secretary*

-  2.10 Risk Management Approach Report.pdf (4 pages)
-  2.10i Corporate Risk Register - Digital Governance and Safety.pdf (2 pages)

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## **3. CLOSING MATTERS**

### **3.1. Any Other Urgent Business**

*For Discussion*                      *Chair*

### **3.2. Items for Chair's Report to the Board**

*For Noting*                      *Chair*

### **3.3. Date of Next Meeting**

*For Noting*                      *Chair*

Wednesday 11th August 2021 13:00 - 17:00

# TERMS OF REFERENCE AND OPERATING AGREEMENTS

## DIGITAL GOVERNANCE AND SAFETY COMMITTEE

<b>Document Version</b>	D0.4
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<b>Status</b>	Draft
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Document author:	Rhidian Hurle, Medical Director
Approved by	Sian Doyle, Chair of Committee
Date approved:	
Review date:	

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

<b>DHCW QUALITY STANDARDS</b>	ISO 9001
If more than one standard applies, please list below: ISO 20000-1:2011 ISO 27001:2013 BS 10008:2014	

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

<b>EQUALITY IMPACT ASSESSMENT STATEMENT</b>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: No Impact
Statement: Not applicable	

<b>APPROVAL/SCRUTINY ROUTE: Person/Committee/Group who have received or considered this</b>		
COMMITTEE OR GROUP	DATE	OUTCOME
Digital Governance and Safety Committee	12 <sup>th</sup> May 2021	
Digital Health and Care Wales SHA Board	27 <sup>th</sup> May 2021	



IMPACT ASSESSMENT	
<b>QUALITY AND SAFETY</b> IMPLICATIONS/IMPACT	Yes, please see detail below
	Clear guidelines about assurance requirements on behalf of the board has a positive impact on the Organisation. The successful maintenance our Organisational accreditations ensures a consolidated approach to standards and quality which will be monitored by the Committees of the Board.
<b>LEGAL</b> IMPLICATIONS/IMPACT	Yes, please see detail below
	Should the Organisation not follow the systems and processes in place to manage the areas within these Terms of Reference there could be potential legal ramifications.
<b>FINANCIAL</b> IMPLICATION/IMPACT	Yes, please see detail below
	Should the Organisation not follow the systems and processes in place to manage the areas within these Terms of Reference there could be potential financial ramifications.
<b>WORKFORCE</b> IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
<b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

## TABLE OF CONTENTS

1	DOCUMENT HISTORY .....	5
1.1	REVISION HISTORY .....	5
1.2	REVIEWERS .....	5
1.3	AUTHORISATION .....	5
1.4	DOCUMENT LOCATION .....	5
2	INTRODUCTION .....	6
3	PURPOSE OF THE GROUP .....	6
4	OBJECTIVES OF THE GROUP AND DELEGATED POWERS .....	7
5	ACCESS .....	9
6	MEETINGS .....	9
6.1	Withdrawal of individuals in attendance .....	9
6.2	Circulation of Papers .....	9
7	MEMBERSHIP, ATTENDEES AND QUORUM .....	9
7.1	Members .....	9
7.2	By Invitation .....	10
7.3	Appointments .....	10
7.4	Quorum .....	10
8	GOVERNANCE .....	10
8.1	Relationships and accountabilities with the Board and it's Committee/Groups .....	10
8.2	Reporting and Assurance Arrangements .....	10
8.3	Applicability of standing orders to Committee Business .....	11
9	REFERENCES .....	11
10	DEFINITIONS .....	11
11	ATTACHMENTS .....	11

# 1 DOCUMENT HISTORY

## 1.1 REVISION HISTORY

Date	Version	Author	Revision Summary
01.12.20	D0.1	Sophie Fuller	Initial Draft
24.03.21	D0.2	Sophie Fuller	Re-draft
10.04.21	D0.3	Sophie Fuller	Re-draft


## 1.2 REVIEWERS


This document requires the following reviews:

Date	Version	Name	Position
19.04.21	D0.3	Rhidian Hurle	Medical Director
29.04.21	D0.3	Sian Doyle	Chair of Digital Governance and Safety Committee

## 1.3 AUTHORISATION

Signing of this document indicates acceptance of its contents.

<b>Author's Name:</b>	Rhidian Hurle
<b>Role:</b>	Medical Director
<b>Signature:</b>	<div style="text-align: center;">  <hr style="border: 1px solid black;"/> <p>Author</p> </div>

<b>Approver's Name:</b>	Sian Doyle
<b>Role:</b>	Independent Member, Chair of the Digital Governance and Safety Committee
<b>Signature:</b>	<div style="text-align: center;">  <hr style="border: 1px solid black;"/> <p>Approver</p> </div>

## 1.4 DOCUMENT LOCATION

Type	Location
Electronic	Integrated Management System

## 2 INTRODUCTION

In line with Schedule 3 of the Standing Orders, the Board shall nominate annually a committee which covers oversight and scrutiny of quality, safety, information governance, data quality, security and risk. The remit of this Committee will be extended to include Organisational Learning in digital relation to health and care and will be known as the Digital Governance and Safety Committee.

The detailed terms of reference and operating arrangements set by the Board in respect of this Committee are detailed below.

These terms of reference and operating arrangements are to be read alongside the standard terms of reference and operating arrangements applicable to all committees which can be found in the Standing Orders.

The Board Secretary will ensure that all papers are distributed at least one calendar week in advance of the meeting and will determine the secretarial and support arrangements for the Committee.

These Terms of Reference shall be adopted by the Digital Governance and Safety Committee at its first meeting and subject to review at least on an annual basis thereafter.

## 3 PURPOSE OF THE GROUP

The purpose of the Digital Governance and Safety Committee (“the Committee”) is to advise and assure the Board in discharging its responsibilities with regard to the quality and integrity; safety, security and appropriate use of information and data to support health and care delivery and service improvement and the provision of high quality digital health and care.

The Committee will seek assurance on behalf of the Board in relation to DHCW’s arrangements for appropriate and effective management and protection of information (including patient and personal information) in line with legislative and regulatory responsibilities.

The Committee will, in respect of its provision of advice and assurance:

- Assure the Board and the Chief Executive (who is the Accountable Officer) on whether effective arrangements are in place to discharge its responsibilities, with specific reference to;
  - Cyber Security
  - Information Governance
  - Informatics Assurance
  - Information Services
  - Health and Care standards relevant to the remit of the Committee
  - Incident Review and Organisational Learning
- Advise, where appropriate, the Board and the Chief Executive on where, and how, its systems and assurance framework may be strengthened and developed further
- Approve on behalf of the Board policies, procedures and other written control documents

- Provide scrutiny and assurance on behalf of the board for the relevant standards and regulations within the remit of the list set out above in relation to quality and compliance.

## 4 OBJECTIVES OF THE GROUP AND DELEGATED POWERS

The Committee is an independent member committee of the Board and has no executive powers, other than those specifically delegated in these Terms of Reference.

The Digital Governance and Safety Committee has a key role in assisting the Special Health Authority Board to fulfil its oversight responsibilities.

The Committee will, in respect of its provision of advice and assurance:

- within the remit of the Committee consider implications arising from the development of the Special Health Authorities' corporate strategies and plans or those of its stakeholders and partners
- within the remit of the Committee consider the implications for the Special Health Authority of internal and external reviews and reports
- review risks from the Organisational Risk Register that are assigned to the Committee by the Board and advise the Board on the appropriateness of the scoring and mitigating actions in place.
- complete an annual self-assessment exercise in respect of the effectiveness of the Committee
- Oversee the development of DHCW's strategies and plans for maintaining the trust of patients and public through arrangements for handling and using information, including personal information, safely and securely and any requirements and standards for DHCW and NHS bodies in Wales
- Oversee the development of the DHCW's strategies and plan for the safety and security of the application and infrastructure network
- Oversee new requirements from the market/externally and potential policy that could potentially impact the future work program of DHCW and provide guidance
- To achieve this, the Committee's programme of work will be designed to ensure that:
  - there is a clear, consistent strategic direction, strong leadership and transparent lines of accountability.
  - there is a citizen centred approach, striking an appropriate balance between openness and confidentiality in the management and use of information and technology.
  - there is effective collaboration with partner organisations and other stakeholders in relation to the sharing of information in a controlled manner, to provide the best possible outcomes for its citizens (in accordance with the Wales Accord for the Sharing of Personal Information (WASPI) and Caldicott requirements)
  - the Special Health Authority is meeting its responsibilities with regard to the UK General Data Protection Regulation, the Freedom of Information Act, Caldicott, Information Security, Records Management, Information Sharing, national Information Governance policies and the

Information Commissioner's Office guidance.

- the Special Health Authority is safeguarding its information, technology and networks through monitoring compliance with the Security of Network and Information Systems regulations and relevant standards
- all reasonable steps are taken to prevent, detect and rectify irregularities or deficiencies in the safety, security and use of information, undertake appropriate levels of vulnerability testing on the NHS Wales network of applications and infrastructure, providing guidance risk assessments outlining corrective actions for implementations to reduce the risk to an acceptable level.
- incidents are reviewed, and corrective actions are implemented in a timely manner to reduce risk of repetition. Where needed review cause, and review process, to ensure continuous improvement and safeguard for future occurrences.

The Committee will review and approve related policies for all of the above standards and management systems.

## 5 ACCESS

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

## 6 MEETINGS

Meetings shall be held no less than four times a year, and otherwise as the Chair of the Committee deems necessary.

The Committee will arrange meetings to fit in with key statutory requirements during the year consistent with the DHCW's annual plan of Board Business.

### 6.1 Withdrawal of individuals in attendance

The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

### 6.2 Circulation of Papers

The Board Secretary will ensure that all papers are distributed at least 5 working days 7 calendar days in advance of the meeting.

## 7 MEMBERSHIP, ATTENDEES AND QUORUM

### 7.1 Members

The Committee shall be appointed by the Board from amongst the Non-Officer Members of the Health Authority and shall consist of not less than 3 members, comprising:

Chair: Independent Member

Members: Independent Member x 2

The Special Health Authority shall appoint the Chair of the Committee.

**Usual expected attendees:**

Executive Medical Director (Caldicott Guardian)

Executive Lead Director for ICT

Deputy Director of Information

Board Secretary

Head of Information Governance / Data Protection Officer

## 7.2 By Invitation

Other Directors / Special Health Authority Officers may be invited to attend when the Committee is discussing areas of risk or operation that are the responsibility of that Director

The Committee may also co-opt additional independent external members from outside the organisation to provide specialist skills, knowledge and experience.

## 7.3 Appointments

The membership of the Committee shall be determined by the Board, based on the recommendation of the DHCW Chair – taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

The Board shall ensure succession planning arrangements are in place.

## 7.4 Quorum

A quorum shall be two Independent Members one of whom must be the Chair or in the absence of the Chair, the Vice Chair or an Independent Member who will be nominated to Chair the Committee. In the interests of effective governance, it is expected that at least one Director listed above will also be in attendance.

# 8 GOVERNANCE

## 8.1 Relationships and accountabilities with the Board and it's Committee/Groups

The Digital Governance and Safety Committee must have an effective relationship with other committees or sub-committees of the Board so that it can understand the systems in place governing standards of safety, security and use of data. It is very important that the Digital Governance and Safety Committee remains aware of its distinct role and does not seek to perform the role of other committees.

The Committee will arrange meetings to fit in with key statutory requirements during the year consistent with the DHCW's annual plan of Board Business.

## 8.2 Reporting and Assurance Arrangements

The Committee shall provide a written, annual report to the Board and the Chief Executive on its work in support of the Annual Governance Statement specifically commenting on:

- The adequacy of the processes in place governing security, safety and the use of data across the organisation
- The extent to which the Digital Governance and Safety standards are comprehensively embedded throughout the organisation
- The appropriateness of self-assessment and assurance activity against relevant standards.

The report will record the results of the committee's self-assessment and evaluation.

The Committee will also ensure appropriate escalation arrangements are in place to alert the DHCW Chair, Chief Executive or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the SHA.

The Committee will provide a Health and Care Standards self-assessment report for the appropriate Health and Care standards and relay the information back to the Audit and Assurance Committee who will provide an organisational report for DHCW.

## 8.3 Secretariat

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

## 8.4 Applicability of standing orders to Committee Business

The requirements for the conduct of business as set out in the Special Health Authority's Standing Orders are equally applicable to the operation of the Committee.

# 9 REFERENCES

DOCUMENTS – Can be found in the Integrated Management System
Welsh Informatics Assurance Group Terms of Reference
Welsh Information Standards Board Terms of Reference
Wales Information Governance Board Terms of Reference
Notifiable Events Assurance Group Terms of Reference
Incident Review and Learning Group Terms of Reference
Information Services Assurance Group Terms of Reference
Welsh Reference Data Assurance Group Terms of Reference
Health and Care Standards Group Terms of Reference
Applications Architecture Assurance Group (AAAG) Terms of Reference
Infrastructure Management Board Terms of Reference



## 10 DEFINITIONS

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

# DIGITAL HEALTH AND CARE WALES

## DIGITAL GOVERNANCE AND SAFETY ANNUAL CYCLE OF BUSINESS AND FORWARD WORKPLAN

Agenda Item	2.2
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	12 May 2021

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

Executive Sponsor	Chris Darling, Board Secretary Rhidian Hurle, Medical Director
Prepared By	Sophie Fuller
Presented By	Chris Darling, Board Secretary

Purpose of the Report	For Approval
Recommendation	
<p>The Committee is being asked to:</p> <p><b>Approve</b> the Annual Cycle of Business for the DHCW Digital Governance and Safety Committee</p> <p><b>Note</b> the Forward Workplan</p>	

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

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

Acronyms			
DHCW	Digital Health and Care Wales		

## 1 SITUATION/BACKGROUND

- 1.1 The Digital Governance and Safety Committee should, on annual basis, receive a cycle of business which identifies the reports which will be regularly presented for consideration. The annual cycle is one of the key components in ensuring that the Digital Governance and Safety Committee is effectively carrying out its role.

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

- 2.1 The Cycle of Business covers the period 1st April 2021 to 31st May 2022. The Cycle of Business has been developed to help plan the management of Committee matters and facilitate the management of agendas and committee business.
- 2.2 The Forward Workplan covers the period 1st April 2021 to 31<sup>st</sup> October 2021. The rolling three-month plan has been developed to help manage Committee items of business not captured in the annual cycle of Committee business. The annual work-plan will be updated and shared at every Committee meeting.

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

- 3.1 All DHCW Special Health Authority members and officers should be aware of the Annual Cycle of Committee business and should note submission dates for reports falling under their remit circa two weeks before the date of the meeting.

## 4 RECOMMENDATION

The Committee is being asked to:

**Approve** the Annual Cycle of Business.  
Note the Committee Forward Workplan

## 5 IMPACT ASSESSMENT

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

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

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

<b>EQUALITY IMPACT ASSESSMENT STATEMENT</b>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: Not applicable	

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

<b>IMPACT ASSESSMENT</b>	
<b>QUALITY AND SAFETY</b> IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
<b>LEGAL</b> IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
<b>FINANCIAL</b> IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report
<b>WORKFORCE</b> IMPLICATION/IMPACT	Yes, please see detail below The forward workplan helps gives clear indication to those involved in the Committee the expectations for submissions

	to the Committee.
<a href="#">SOCIO ECONOMIC</a> IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

# Digital Governance and Safety Committee

## Special Health Authority

### Cycle of Business

(1<sup>st</sup> April 2021 – 31<sup>st</sup> March 2022)

The Digital Governance & Safety Committee should, on annual basis, receive a cycle of business which identifies the reports which will be regularly presented for consideration. The annual cycle is one of the key components in ensuring that the Digital Governance & Safety Committee is effectively carrying out its role.

The Cycle of Business covers the period 1<sup>st</sup> April 2021 to 31<sup>st</sup> March 2022.

The Cycle of Business has been developed to help plan the management of Committee matters and facilitate the management of agendas and committee business.

The principal role of the DHCW Board is set out in the Standing Orders 1.0.1.

The Committee is an Independent Member Committee of the Board and has no executive powers, other than those specifically delegated in the Terms of Reference.

The purpose of the Committee is to advise and assure the Board on whether effective arrangements are in place with regard to quality, safety, information governance, data quality, security and risk.

Digital Governance and Safety Committee Cycle of Business (1<sup>st</sup> April 2021 – 31<sup>st</sup> March 2022)

				12th			11th			10th			16th	
Item of Business	Executive Lead	Reporting period	April 2021	May 2021	June 2021	July 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022
<b>Preliminary Matters</b>														
Minutes of the previous Board Meeting	Board Secretary	All Regular Meetings		✓			✓			✓			✓	
Action Log	Board Secretary	All Regular Meetings		✓			✓			✓			✓	
<b>Governance &amp; Risk</b>														
Agree Committee Membership and Terms of Reference	Board Secretary	Annually		✓									✓	
Organisational Risks assigned to DG&S Committee	Board Secretary	All Regular Meetings		✓			✓			✓			✓	
Board Committee Highlight Report	Chair	All Regular Meetings		✓			✓			✓			✓	
Audit Reports	Relevant Lead	As required at all Regular Meetings		✓			✓			✓			✓	
Committee Cycle of Business	Board Secretary	Annually		✓									✓	
Committee effectiveness self-assessment	Board Secretary	Annually											✓	
Health and Care Standards – Relevant to committee	Board Secretary	Annually											✓	
Safety Alerts Report	Medical Director	Annually unless applicable circular is issued											✓	
<b>Digital Safety &amp; Governance Performance and Assurance</b>														
Information Governance Assurance Report	Medical Director	All Regular Meetings					✓			✓			✓	
Information Governance Strategy	Medical Director	One off					✓							
Informatics Assurance Report	Deputy Director of Information	All Regular Meetings					✓			✓			✓	
Information Services Assurance Report	Medical Director	All Regular Meetings					✓			✓			✓	
Notifiable Events Assurance Report	Medical Director	All Regular Meetings					✓			✓			✓	
Cyber Security Report - Private	Director of ICT	All Regular Meetings					✓			✓			✓	

## Digital Health and Care Wales Digital Governance and Safety Work Programme 21/22

Meeting Date	Standing items	Assurance Reports	Additional items
12 <sup>th</sup> May 2021	<ul style="list-style-type: none"> <li>Welcome and Introductions</li> <li>Minutes</li> <li>Declarations of interest</li> <li>Action log</li> <li>Review of risk register relevant to committee</li> <li>Forward Work Programme</li> <li>Committee Highlight Report to Board</li> </ul>	<ul style="list-style-type: none"> <li>EU Settlement Status Report</li> <li>Information Governance Strategy</li> </ul>	<ul style="list-style-type: none"> <li>Information Governance – Assurance landscape presentation</li> <li>Informatics Assurance – Assurance landscape presentation</li> <li>Information Services Assurance – Assurance landscape presentation</li> <li>Notifiable Events Assurance – Assurance landscape presentation</li> <li>Cyber Security and Cyber resilience Unit – Assurance landscape presentation</li> <li>Committee Terms of Reference</li> </ul>
11 <sup>th</sup> August 2021	<ul style="list-style-type: none"> <li>Welcome and Introductions</li> <li>Minutes</li> <li>Declarations of interest</li> <li>Action log</li> <li>Review of risk register relevant to committee</li> <li>Forward Work Programme</li> <li>Committee Highlight Report to Board</li> </ul>	<ul style="list-style-type: none"> <li>Information Governance</li> <li>Informatics Assurance</li> <li>Information Services Assurance</li> <li>Notifiable Events Assurance</li> <li>Cyber Security – Private</li> <li>Cyber Resilience Performance Report - Private</li> <li>Cyber Security Highlight of previous private session</li> </ul>	<ul style="list-style-type: none"> <li>Data Centre Transition Report</li> </ul>
10 <sup>th</sup> November 2021	<ul style="list-style-type: none"> <li>Welcome and Introductions</li> <li>Minutes</li> <li>Declarations of interest</li> <li>Action log</li> </ul>	<ul style="list-style-type: none"> <li>Information Governance</li> <li>Informatics Assurance</li> <li>Information Services Assurance</li> <li>Notifiable Events Assurance</li> <li>Cyber Security – Private</li> </ul>	



	<ul style="list-style-type: none"> <li>• Review of risk register relevant to committee</li> <li>• Forward Work Programme</li> <li>• Committee Highlight Report to Board</li> </ul>	<ul style="list-style-type: none"> <li>• Cyber Security Highlight of previous private session</li> </ul>	
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# DIGITAL HEALTH AND CARE WALES

## QUALITY, SAFETY AND PERFORMANCE

### COMMITTEE

### CLOSURE REPORT FROM VELINDRE

Agenda  
Item

2.3

Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	12 May 2021

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

Executive Sponsor	Chris Darling, Board Secretary Rhidian Hurle, Executive Medical Director
Prepared By	Chris Darling, Board Secretary
Presented By	Chris Darling, Board Secretary

Purpose of the Report	For Noting
Recommendation	
The Committee is being asked to: <b>Note</b> the Handover Report.	
Acronyms	

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

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

DHCW	Digital Health and Care Wales		
NWIS	NHS Wales Informatics Service		

## SITUATION/BACKGROUND

- 1.1 The NHS Wales Informatics Service (NWIS) was formed on 1 April 2010 when it was established as an organisation sitting within Velindre University NHS Trust under a hosting agreement. The agreement included a requirement for NWIS to provide assurance of its governance processes by the submission of a number of standing items to Velindre University NHS Trust Audit Committee. This was in addition to any requirement for escalation of other matters to Trust Board. NWIS also attended Velindre NHS Trust Quality & Safety Performance Committee to report on Serious Incidents and other issues of note.
- 1.2 On the 30th September 2019 the Minister for Health and Social Services, Vaughan Gething, announced that the NHS Wales Informatics Service (NWIS) will transition from its current structure, as part of Velindre University NHS Trust, to a new Special Health Authority (SHA) – Digital Health and Care Wales (DHCW). This transition was effective from 1 April 2021.

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

- 1.3 The DHCW SHA Board held their inaugural meeting on 1 April 2021 where Standing Orders and Standing Financial Instructions and a paper setting out the Board and Committee structure were approved. DHCW has designed a Committee structure to cover the aspects required by the DHCW Standing Orders, which covers DHCW Board business as follows:
  - Audit & Assurance
  - Remuneration and Terms of Service; and
  - Oversight and scrutiny of quality, safety, information governance, data quality, security and risk.
- 1.4 This attached paper sets out the business previously dealt with by the following Committees and their transfer to the equivalent Committee under the new SHA structure:

Velindre University NHS Trust Board/Committee	Digital Health & Care Wales Board/ Committee
Velindre University NHS Trust Board	Digital Health & Care Wales Board
Audit Committee	Audit and Assurance Committee
Quality & Safety Performance Committee	Digital Governance & Safety Committee
Remuneration Committee	Remuneration & Terms of Service Committee

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

The DHCW Chair (prior to the appointment of the DHCW DG&S Committee Chair) has met with the Velindre NHS Trust Chair of the Quality, Safety and Performance Committee to informally discuss handover issues with no issues or risks being escalated. The DHCW DG&S Committee Chair is arranging a meeting with the Velindre NHS Trust Quality, Safety, and Performance Committee Chair for a handover and discussion.

## RECOMMENDATION

The Committee is asked to:

**Note** the Handover Document and items moving to be standing items on the DHCW Digital, Governance and Safety Committee and Audit and Assurance Committee and actions included within the report.

## IMPACT ASSESSMENT

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

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

HEALTH CARE STANDARD	Effective Care
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: The Handover Document does not require an EQIA.	

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


IMPACT ASSESSMENT	
<b>QUALITY AND SAFETY</b> IMPLICATIONS/IMPACT	Yes, please see detail below
	The Handover Document ensures good governance of actions contributing towards high quality, safe services.
<b>LEGAL</b> IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
<b>FINANCIAL</b> IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report
<b>WORKFORCE</b> IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
<b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

# DIGITAL HEALTH AND CARE WALES (DHCW) VELINDRE UNIVERSITY NHS TRUST COMMITTEE ACTIONS HANDOVER REPORT

Purpose of the Report	For Assurance
Recommendation	
The DHCW Chair and Chairs of Velindre University NHS Trust Audit Committee and Quality & Safety Performance Committee are requested to agree handover actions set out in this paper.	

## 1 SITUATION/BACKGROUND

- 1.1 The NHS Wales Informatics Service (NWIS) was formed on 1 April 2010 when it was established as an organisation sitting within Velindre University NHS Trust under a hosting agreement. The agreement included a requirement for NWIS to provide assurance of its governance processes by the submission of a number of standing items to Velindre University NHS Trust Audit Committee. This was in addition to any requirement for escalation of other matters to Trust Board. NWIS also attended Velindre NHS Trust Quality & Safety Performance Committee to report on Serious Incidents and other issues of note.
- 1.2 On the 30th September 2019 the Minister for Health and Social Services, Vaughan Gething, announced that the NHS Wales Informatics Service (NWIS) will transition from its current structure, as part of Velindre University NHS Trust, to a new Special Health Authority (SHA) – Digital Health and Care Wales (DHCW). This transition was effective from 1 April 2021.

## 2 CONTEXT

- 2.1 The DHCW SHA Board held their inaugural meeting on 1 April 2021 where Standing Orders and Standing Financial Instructions and a paper setting out the Board and Committee structure were approved. DHCW has designed a Committee structure to cover the aspects required by the DHCW Standing Orders, which covers DHCW Board business as follows:
  - Audit & Assurance
  - Remuneration and Terms of Service; and
  - Oversight and scrutiny of quality, safety, information governance, data quality, security and risk.

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- 2.2 This paper sets out the business previously dealt with by the following Committees and their transfer to the equivalent Committee under the new SHA structure:

Velindre University NHS Trust Board/Committee	Digital Health & Care Wales Board/Committee
Velindre University NHS Trust Board	Digital Health & Care Wales Board
Audit Committee	Audit and Assurance Committee
Quality & Safety Performance Committee	Digital Governance & Safety Committee
Remuneration Committee	Remuneration & Terms of Service Committee

- 2.3 An exercise has been undertaken to map responsibilities identified in the Hosting Agreement to one of the three transition projects (Transfer of Accountabilities Project / Transition Project / Establishment Project), this is attached as Appendix A for assurance purposes.

### 3 STANDARD AGENDA ITEMS

- 3.1 The following table, which is not exhaustive, lists items dealt with as part of the business of the Board and Committees:

Velindre University NHS Trust Board/Committee	Item
Velindre University NHS Trust Board	Lease Approvals High value contract awards (over £750k)
Audit Committee	Internal and External Audit Reports Corporate Risk Register Declarations of Gifts and Hospitality Single Tender Actions and Change Control Notices Financial Update Position Audit Action Log Transition to Special Health Authority – <i>note this activity now complete</i>
Quality, Safety & Performance Committee	Serious Incidents No Surprises Notifications
Remuneration Committee	Voluntary Early Release Scheme Applications Very Senior Roles Pay Awards

### 4 OUTSTANDING ACTIONS (INCLUDING AUDIT ACTIONS) FOR HANDOVER

- 4.1 There are no outstanding Audit Committee actions although a number of audit actions (summarised below) remain open on the Audit Tracker and will be monitored in future by the DHCW Audit & Assurance Committee:

	Recommendation	Priority	Management Action	Current/ Revised Implementation Date	Comments Audit Committee
<b>External Audit - WAO - Nationally Hosted NHS IT Systems Annual Audits</b>					
2016.1	NHS Digital (formerly known as HSCIC) are decommissioning the NHAIS system and replacing the functionality with a third-party supplier system from Capita for the payments engine for calculating general medical services payments. NHS Digital are also developing the demographic registration and reporting systems required to replace NHAIS functionality. For NHS Wales, NWIS and NWSSP are considering the system replacement options for Welsh requirements as NWIS also support and develop the Welsh Demographic System (WDS).	Medium	NWIS should, as they manage, support and develop the Welsh Demographic System (WDS) plan to provide the required functionality for NHS Wales in developing the WDS for patient demographic purposes.	Jul-22	NWIS met with NHS Digital in November 2020 where they confirmed they are still not in a position to give us revised dates for the start of decommissioning. NHS Digital are currently not in a position to provide dates for key Capita deliverables. The WDS Phase 3 development will be aligned with these timescales, but more clarity is needed from England before substantive work can take place. We are advised that the implementation date is unlikely to be before January 2022 and may take up to 6 months to complete.
2018.1	Review the age of the NHAIS servers used, some of which are approaching nine years old. NWIS should then liaise with NWSSP to agree a server replacement schedule or consider what mitigating controls can be put in place for service availability and resilience.	Medium	Although the NHAIS infrastructure is approaching 10 years of age, the team have contacted HP to enquire as to the EOSL (End of Support Life). Hewlett-Packard (HP) have confirmed that for key pieces of hardware, the c7000 Blade Enclosures and the BL860c blades, no EOSL is in place currently. Based on this response, there is no pressing need to consider replacements. NWIS will contact HP every six months to confirm the position.	Mar-22	HP have advised NWIS that a key part of the NHAIS infrastructure will reach EOSL on 31/12/2021. Analysis is underway to identify potential replacement hardware and associated costs. Adoption of the replacement PCRM (Primary Care Registration Management) product is scheduled for December 2021 with the decommissioning of NHAIS due to start in January 2022. However, NWSSP plan to retain the NHAIS infrastructure for up to



					seven years post-decommissioning so that access to the legacy data remains. Therefore, all aspects of the infrastructure will need to remain supported beyond decommissioning.
2018.6	NWIS should aim to complete accreditation to the Information Technology Standard for a Business Continuity Management System (ISO 22301).	Medium	This will be included as an objective within the 2019/2022 Integrated Medium Term Plan (IMTP). A gap analysis will be completed before the end of March to establish requirements in lights of the move to a new SHA and implications of the Civil Contingencies Act 2004.	Mar-21	First phase of BIA has been undertaken with a further 5 phases to be completed to cover the whole organisation.
2020.1	LASPAR is written in an old programming language in which NWIS have limited skills and application development capacity. We understand that the application technology platform is de-supported in 2020 and NWIS should plan to migrate to a controlled environment to enable support for LASPAR to continue or consider a new technology platform.	Medium	Migrate to a controlled environment to enable support for LASPAR to continue or consider a new technology platform.	Aug-21	An options paper is being prepared for consideration and then implementation.
2020.2	We were made aware in our 2019-20 fieldwork that the management of one of the two National Data Centres notified NWIS of their intention to exit from Data Centre Services during 2021/22.	High	NWIS should identify alternatives for additional data centre services, plan and manage the transition to the new data centre site by October 2021	Oct-21	The contract for the existing Data Centre will end in late 2021 and NWIS have a timetabled plan to leave by Summer 2021. A new datacentre location has been procured, and the contract awarded.
2020.3	The Network Information Systems (NIS) Directive requires Operators of Essential Services (OES), including critical healthcare services, to report network and/or	Medium	NWIS should seek written confirmation from Welsh Government on their future intended requirements for the applicability of the Network Information Systems (NIS) Directive for Digital Health and Care	Mar-21	DHCW has been designated as an Operator of Essential Services (OES).

	information systems/incidents which have a significant impact to the continuity of essential services. Under the NIS, reporting of incidents should take place to a National Competent Authority (NCA).		Wales from 1 April 2021.		
<b>NWSSP Findings</b>					
INF1b	Firmware, BIOS and OS on infrastructure components should be kept up to date, in particular when critical vulnerabilities have been identified. Old infrastructure components should be identified and prioritised for replacement to enable the most effective use of the WG monies.	High	Server 2008 Removal	Apr-21	This programme of work is ongoing, link to 2018.3. Extended Security Updates have been purchased to reduce the risk.
RES1	The BCP should be amended to include the requirement to create a command structure and maintain decision logs.	Medium	The BCP will be updated to include reference to a command structure and the maintenance of decision/action logs.	Jun-21	BCP to be updated to reflect audit recommendations and transition to Special Health Authority
RES2	The agreements made during the Covid response should be further developed into formal partnerships with other organisations to provide mutual support for future disruptions.	Medium	Reference to support and partnership arrangements will be included in the Business Continuity Plan.	Jun-21	BCP to be updated to reflect audit recommendations and transition to Special Health Authority
RES3	The ability to relax standard operating procedures should be clearly stated within continuity and emergency plan documentation. This should include guidance for when it is acceptable and the requirements to record when it occurs, document risk and	Medium	Guidance will be provided as part of the Business Continuity Plan documentation and will include the requirement for robust recording of any such relaxations.	Jun-21	BCP to be updated to reflect audit recommendations and transition to Special Health Authority

	ensure appropriate governance is maintained.				
RES4	The NWIS vision should be prominent on staff communication channels such as the website and newsletters in order to further develop the shared culture and mission.	Low	As part of the transition to the new Special Health Authority, Digital Health & Care Wales, we will be confirming the Strategic Objectives and Vision for the new organisation with our new Board and ensure that this is widely communicated.	Jun-21	Communications Team to confirm Strategic Objectives and Vision for new organisation following consultation with Board.

4.2 There are two Internal Audit Reports that were not available for the last meeting of Velindre University NHS Trust Audit Committee which will need to be reported to the Digital Health & Care Wales Audit and Assurance Committee, following which actions will be added to the Audit Tracker. The reports related to Cyber Security (now available) and a follow-up Supplier Management Audit (report awaited).

4.3 There were 5 Single Tender Actions and 2 Change Control Notices effected during March 2021 by the NHS Wales Informatics Service which due to timing were not reported to Velindre University NHS Trust Audit Committee and as they were actioned whilst under the governance of Velindre University NHS Trust are not appropriate to be reported to the new Digital Health and Care Wales Audit and Assurance Committee. These had a total value of £2,839,323.30.

The summary is as follows:

SFI Reference	Description	Items
12.9.4	Free of Charge Services	0
12.13	Single Quotation Actions	1
12.13	Single Tender Actions	3
12.13	Single Tenders for consideration following a call for Competition under PCR2015.	1
12.17	Contract Extensions: Award of additional funding outside the terms of the contract (executed via Contract Change Note (CCN) or Variation of Terms)	2

Detail of the submissions:

DIRECTORATE	Procurement Reference	Agreement Period	SFI Reference	Agreement Title/Description	Supplier	Anticipated Value	Reason
Data Centre Services	P302	01/07/2021-30/06/2023	CCN	Data Centre 2 (Newport)	BT	£1,964,088.00	CCN requirement - the contract did not

							include a further option to extend, however, an extension was required and approved via an options paper and Trust Board approval.
Information Services	P307	01/07/2021-30/06/2022	CCN	All Wales Data Quality System	Informatica Ltd	£455,594.00	CCN requirement - the contract did not include a further option to extend, however, an extension was required and approved via an options paper and Trust Board approval.
Workforce and OD	P661	01/03/2021-30/06/2021	STA	Executive Search and Recruitment Services	Harvey Nash PLC	£25,000.00	Direct award call off under the Crown Commercial Services Framework – RM6002 Permanent Recruitment Solutions – Lot 7 - Executive Search Senior Roles. The STA supports the Framework Direct award approach under SO/SFI's.
Directors/Infrastructure	P492.01	01/04/2021-31/03/2023	STA	Gartner for Executives and Technical Professionals	Gartner	£187,400.00	Direct award under the G Cloud Framework, previously this has been competitively tendered, but no other bids were received. The STA supports the Framework Direct award approach under SO/SFI's.
Finance	P705.01	01/04/2021-31/03/2023	STA	Gartner for Finance	Gartner	£79,200.00	Direct award under the G Cloud Framework, previously this has been competitively tendered, but no other bids were received. The STA supports the Framework Direct award approach under SO/SFI's.
Information Service	P672	01/03/2021-31/03/2024	STA	Wales Terminology Service	CSIRO	£118,060.00	Continuity of service for proof of concept licence purchased in conjunction with NHS Digital. Using an alternative product would require a redesign of the infrastructure model.
Organisational Performance	P709	15/03/2021-30/03/2021	SQA	Specialist Consultancy –	RedCortex Ltd	£9,981.30	Specialist, locally available resources

				Power BI and Organisational Performance			and knowledge of existing NWIS/DHCW tools (Oracle, ESR etc.) was required to deliver the appropriate Power Bi training to accelerate the implantation plan for Power Bi use in DHCW.
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- 4.4 There have been no offers of gifts or hospitality reported since the last report to Velindre University NHS Trust Audit Committee.
- 4.5 There is one outstanding action carried across from the Velindre University NHS Trust Quality, Safety & Performance Committee relating to a recent Microsoft Team Tenancy Issue. The action is for the DHCW Medical Director to provide the Committee with an update report. This action will form part of the workplan for the new DHCW Digital Governance & Safety Committee.
- 4.6 The remaining handover item is management of actions identified as a result of the 2020/2021 assessment against the Health & Care Standards, previously dealt with by the Velindre University NHS Trust Quality, Safety & Performance Committee. The Head of Corporate Services will ensure that a full analysis of open actions is undertaken following progress monitoring throughout the year and reported to the DHCW Audit & Assurance Committee with the 2021/2022 Health & Care Standards Assessment. It has been agreed that assessments and actions relating to workstreams falling under the DHCW Digital Governance & Safety Committee will be referred across.

## 5 RISKS

- 5.1 There are no specific risks associated with the Committee Handover Process identified.
- 5.2 Corporate Risks are managed by the DHCW Management Board and Risk Management Group, reviewed in depth by both Groups on a monthly basis. These, previously overseen by the Velindre University NHS Trust Audit Committee will now be overseen by DHCW SHA Board and Audit and Assurance Committee. There have been no significant changes to the risk profile.

## 6 RECOMMENDATION

- 6.1 The DHCW Chair and Chairs of Velindre University NHS Trust Audit Committee and Quality, Safety & Performance Committee are requested to agree handover actions set out in this paper.

## APPENDIX 1 – HOSTING AGREEMENT

## MAPPING OF ACCOUNTABILITIES

ITEM	DESCRIPTION	No Mapping Required	No Longer Needed	Transfer of Accountabilities Project	Transition Project	Establishment Project
<b>1.0 The Director for NWIS is directly accountable to the Director General / Chief Executive for NHS Wales (or their designated deputy) for performance &amp; delivery including:</b>						
1.1	Proper stewardship of public money.	✓				
1.2	Financial performance including appropriate discharge of for the management of NWIS and staffing of NWIS in delivering ICT services in accordance with the NWIS IMTP.	✓				
1.3	Performance in relation to service delivery and quality against the plans and directions set/agreed by Welsh Government.	✓				
1.4	Reporting and informing WG of any risks or incidents as appropriate in accordance with policy and regulation.	✓				
1.5	Establishing, in partnership with the Chief Executive of Velindre University NHS Trust, effective arrangements for Internal Audit and Counter Fraud.				✓	
1.6	Ensuring appropriate advice is tendered to Welsh Ministers, the Welsh Government and the NHS in Wales on all matters to support effective and efficient prudent and economic administration in relation to NHS informatics.	✓				
<b>2.0 The Director for NWIS is directly accountable to the Chief Executive of Velindre University NHS Trust for good governance including:</b>						
2.1	Acting at all times within the corporate governance framework of Velindre University NHS Trust.		✓			

ITEM	DESCRIPTION	No Mapping Required	No Longer Needed	Transfer of Accountabilities Project	Transition Project	Establishment Project
2.2	Ensuring expenditure is accounted for in accordance with the Financial Reporting and Accounting Manual and in line with Velindre Trust SOs and SFIs.					✓
2.3	Properly safeguarding NWIS resources including information.				✓	
2.4	Ensuring that proper financial procedures have been followed and that accounting records were maintained in a form suited to the requirements of management as well as in the form prescribed for published accounts.				✓	
2.5	Ensuring that assets such as land, buildings or other property, including stores and equipment, are controlled and safeguarded. <b>(MO: specific description no longer relevant but assets will be transferred in accordance with the plan)</b>			✓	✓	
2.6	Ensuring that all items of expenditure, including payments to staff, fall within the legal powers of the Trust.			✓	✓	
2.7	Acting within the scheme of delegation assigned by the Trust Board (and as directed by Welsh Government). – <b>(Revised model SO to be issued by WG end of March 2021 which will be implemented and approved by the Trust Board in June 2021)</b>			✓		✓
2.8	Ensuring that, in the consideration of policy proposals relating to the expenditure or income for NWIS, all relevant financial considerations, including any issues of propriety, regularity or value for money, are taken into account, and where necessary will be brought to the attention of the Chief Executive of Velindre University NHS Trust, as Accountable Officer for the Velindre University NHS Trust.	✓				

ITEM	DESCRIPTION	No Mapping Required	No Longer Needed	Transfer of Accountabilities Project	Transition Project	Establishment Project
2.9	Attending any Board or sub-committee meeting of the Trust in relation to NWIS performance or governance issues that may affect the operational, financial or reputational performance of the Trust. <b>(subject to confirmation of status of any open actions across the Committee structure at 31.03.2021)</b>			✓		
2.10	Compliance with such reporting structure as is reasonably required by the Velindre University NHS Trust Board in relation to the delivery of obligations. <b>(subject to confirmation of status of any open actions across the Committee structure at 31.03.2021)</b>			✓		
2.11	Compliance with regulation and legislation.	✓				
2.12	Ensuring accountabilities are appropriately discharged in accordance with a sound system of internal control and a scheme of delegation that is detailed in the Velindre University NHS Trust SOs. <b>(Revised model SO to be issued by WG end of March 2021 which will be implemented and approved by the Trust Board in June 2021)</b>			✓		✓
2.13	Ensuring that there are appropriate procedures established for Information Governance to ensure that all data / information is managed in accordance with all relevant legislation (i.e. Data Protection Act 1998, Freedom of Information Act 2000, and Access to Health Records 1990), NHS standards and guidance's issued by the Welsh Government, the Information Commissioner's Office and other professional bodies.				✓	
2.14	Escalating any risks or incidents to the Trust, Welsh Government and the NHS in Wales as appropriate in accordance with Trust policy.				✓	



ITEM	DESCRIPTION	No Mapping Required	No Longer Needed	Transfer of Accountabilities Project	Transition Project	Establishment Project
2.15	Ensuring a Senior Officer of NWIS can act on behalf of the Director of NWIS in their absence.					✓
2.16	Completing an annual declaration to confirm compliance with Velindre University NHS Trust Governance Arrangements to assist the Velindre Chief Executive in signing the Annual Governance Statement. <b>(statement issued pending receipt)</b>			✓		
<b>3.0 In relation to the Hosting Agreement for NWIS, the Chief Executive of Velindre University NHS Trust is directly accountable to the Director General / Chief Executive of NHS Wales for:</b>						
3.1	Transferring funds received from Welsh Government directly to NWIS to allow NWIS to undertake its functions.			✓	✓	
3.2	Providing advice to NWIS on statutory and regulatory compliance.	✓				
3.3	Holding employment contracts for NWIS staff.			✓		
3.4	Appointing the Director of NWIS at the direction of the Chief Executive for NHS Wales.					✓
3.5	Providing the Governance Framework within which NWIS will operate including the Trust's Policy Framework and associated advice.				✓	
3.6	Provide office space, payroll and other corporate services as detailed in a Service Level Agreement. <b>(MO: no longer relevant)</b>			✓	✓	
3.7	Providing the framework for authorising expenditure in excess of the NWIS Director's delegated limit but within			✓		✓

ITEM	DESCRIPTION	No Mapping Required	No Longer Needed	Transfer of Accountabilities Project	Transition Project	Establishment Project
	this, delegations awarded to the Velindre Trust Board or as directed by the lead official in Welsh Government.					
3.7	Providing the statutory framework by being the named body to hold contracts and other legal instruments on behalf of NWIS as requested by Welsh Government.		✓			
3.8	Granting access to the lead official in Welsh Government or authorised officers or agents such access to Trust information they may reasonably require to monitor the performance of NWIS functions.		✓			
3.9	Manage any claims brought against the Trust relating to NWIS in accordance with NHS Wales policy at the direction of the lead official in Welsh Government.			✓		
3.10	Returning any under spend of NWIS funds within 30 days of the end of the financial year in which the underspend occurs.			✓		

**Status Key:**

- = Complete / No further action required
- = On target to complete within required timeframes
- = At risk of not completing within required timeframes
- = Not completed within required timeframes

# DIGITAL HEALTH AND CARE WALES

## WALES INFORMATICS ASSURANCE OVERVIEW REPORT

Agenda Item	2.4
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	12 May 2021

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

Executive Sponsor	Rhidian Hurle, Medical Director
Prepared By	Paul Evans, Interim Head of Clinical and Informatics Assurance
Presented By	Rhidian Hurle

Purpose of the Report	For Discussion/Review
Recommendation	
The Committee is asked to <b>NOTE</b> and <b>DISCUSS</b> the content of the presentation as set out in item 2.4i	

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Acronyms			
DHCW	Digital Health and Care Wales	PQQ	Pre-Qualification Questionnaire
WIAG	Wales Informatics Assurance Group	AQP	Assurance Quality Plan

## 1 SITUATION/BACKGROUND

- 1.1 The Wales Informatics Assurance process is in place to ensure that during the development, design and/or procurement phase of the service lifecycle, the required workstreams within DHCW review the adequacy of the proposal on behalf of DHCW. Assurance activities are scrutinised by the DHCW Directors, which are supported by the Wales Informatics Assurance Group (WIAG).
- 1.2 The process has two stages; the development of an Assurance Quality Plan to guide the proportional assurance requirements, the development of the service and a Safety Case and Readiness Report which should demonstrate the outcome of the assurance activities and provide a position on the safety and readiness of the service before its release to the live environment.

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

- 2.1 The presentation should provide to the Committee the high-level assurance process in place to ensure the system is ready for the live environment from a patient safety perspective.

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

- 3.1 A robust assurance process to protect patient safety is integral to DHCW and the services and systems the organisation provides. Introducing a Committee to provide assurance on behalf of the DHCW Board aims to strengthen the existing governance and accountability through stronger leadership and oversight.

## 4 RECOMMENDATION

The Committee is asked to **NOTE** and **DISCUSS** the content of the presentation as set out in item 2.4i

## 5 IMPACT ASSESSMENT

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

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

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

<b>EQUALITY IMPACT ASSESSMENT STATEMENT</b>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: This report does not require an EQIA. Each system that is proposed is required to undergo an Equality Impact Assessment.	

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

<b>IMPACT ASSESSMENT</b>	
<b>QUALITY AND SAFETY</b> IMPLICATIONS/IMPACT	Yes, please see detail below Should the assurance process outlined in the presentation not be followed, there would be quality and safety implications.
<b>LEGAL</b> IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
<b>FINANCIAL</b> IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report
	Yes, please see detail below

<p><b>WORKFORCE</b> IMPLICATION/IMPACT</p>	<p>There are clear responsibilities outlined within the Wales Informatics Assurance Process, should those responsibilities not be fulfilled there could be a negative impact on the process.</p>
<p><b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT</p>	<p>No. there are no specific socio-economic implications related to the activity outlined in this report</p>



# Wales Informatics Assurance Process Overview

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Rhidian Hurle

Medical Director



GIG  
CYMRU  
NHS  
WALES

Iechyd a Gofal  
Digidol Cymru  
Digital Health  
and Care Wales



# Overview of the Informatics Assurance Process

Internal arrangements for the management of Informatics Assurance

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POL-WIA-002 - Wales Informatics Assurance Policy v5.0

SOP-WIA-001 - Welsh Informatics Assurance Process-v6.0docx

WIA - Quality Assurance Plan

WIA - Safety Case and Readiness Report

TEM-COM-002 - PQQ Shortlisting Report D01

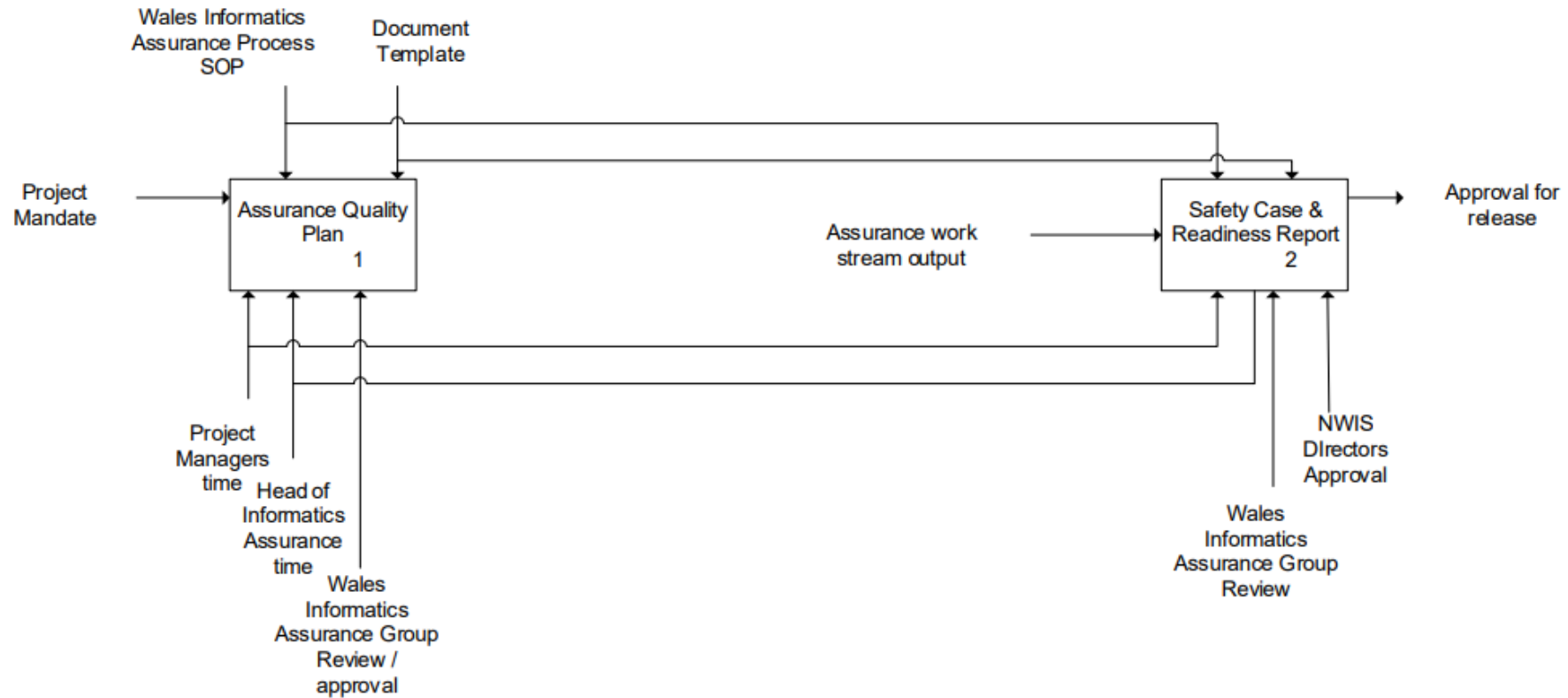
TEM-WIA RFC DHCW-v1.0

This process covers all DHCW informatics service including;

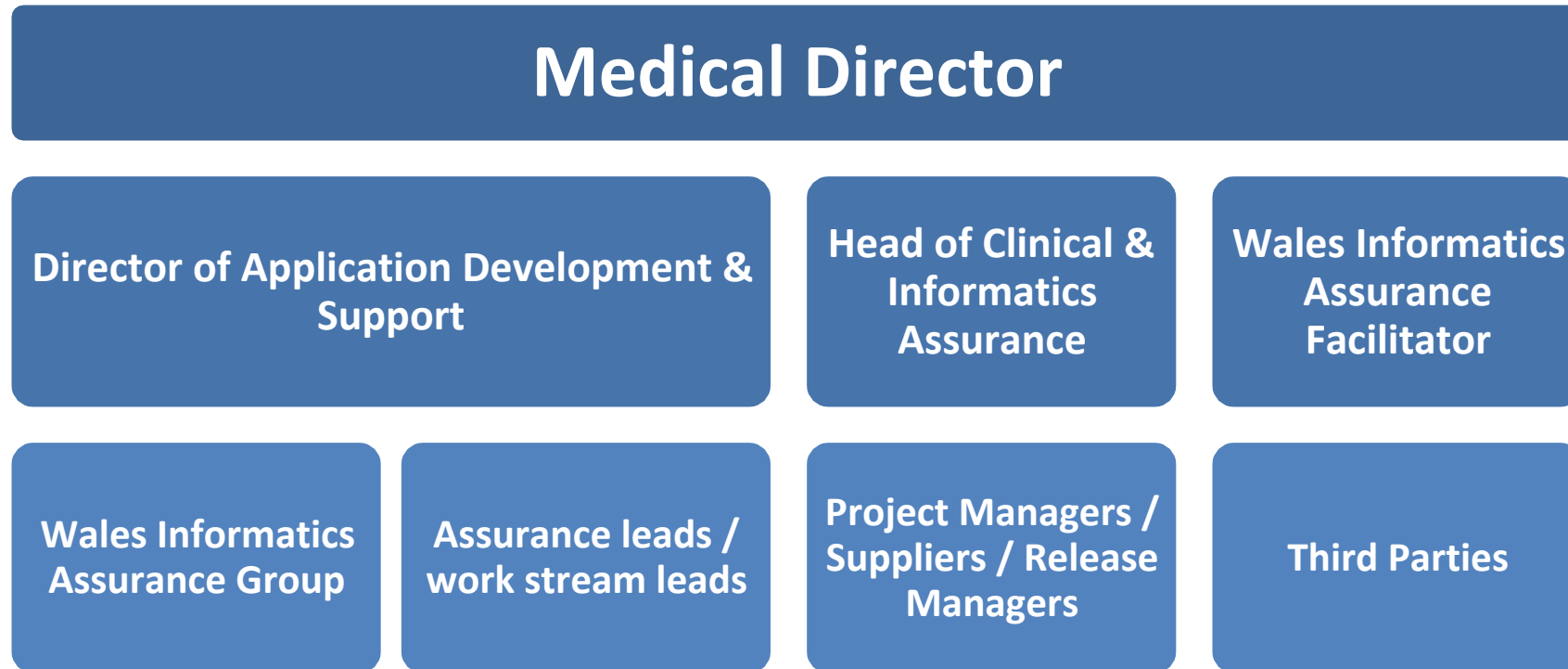
- new services
- major changes to or new developments in existing services
- releases, procurements
- proof of concepts; and
- innovation products



# Assurance Process



# Roles and Responsibilities



# Areas of review in the process

The Assurance Quality Plan is a template filled in by the Project Manager/Release Manager and Assurance Leads

Architecture Design and Delivery Assurance

Business Assurance

Clinical / User Requirements

**Evaluation** -All papers need Evaluation requirements adding. For clinical applications, an Early Adopter Safety Case & Readiness Report is required to state evaluation needs prior to roll out, the Safety Case & Readiness Report for roll out needs to have a project / programme board approved evaluation. The evaluation shouldn't have any significant defects raised or significant clinical risks

Implementation Plan

Information Governance

Information Services

Infrastructure

Patient Safety

Primary Care Support

Security

Service Management & Support

Service Desk

Testing

Validation & Verification

# Relationships

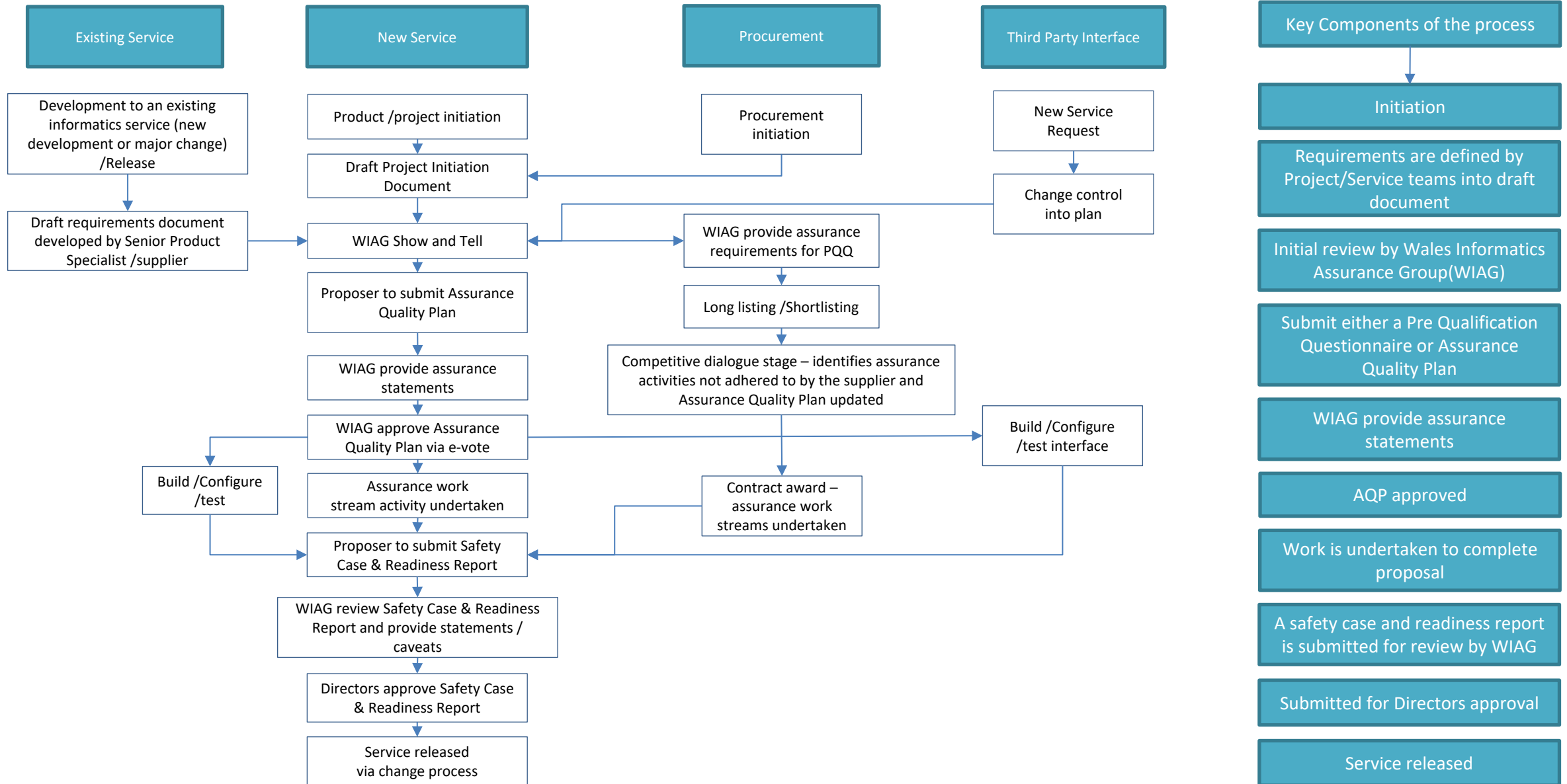
## Body

- Wales Clinical Informatics Council
- Wales Information Governance Board
- Wales Information Standards Board
- DHCW Planning and Performance Group
- Super Change Advisory Board(CAB)

## Where in the process

- Workstream Activity
- Workstream Activity
- Workstream Activity
- Initial requirements gather stage to include in the Organisational plan
- Agrees Go-Live date after Director approval

# Wales Informatics Assurance Process Detailed



# Products

## Assurance Quality Plan (AQP)

Template format that provides a project/release manager with the overview of required information for the Wales Informatics Assurance Group to make recommendations and agree to the proposal.

## Pre-Qualification Questionnaire (PQQ)

Specifically for procurements and must be included in the AQP where relevant.

## Safety Case and Readiness Report

Template format that includes the outcomes of the assurance work streams; identifies residual risks, mitigations that have been deployed to address significant and high risks, related operational constraints and limitations, and includes recommendations regarding informatics service deployment. This report is developed by the project manager / release manager.

# DIGITAL HEALTH AND CARE WALES

## INFORMATION GOVERNANCE STRATEGY

### REPORT

Agenda Item	2.5
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	12 May 2021

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

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

Purpose of the Report	For Approval
Recommendation	The Committee is asked to: <b>Discuss</b> the associated presentation; and <b>Approve</b> the strategy

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

<b>Acronyms</b>			
DHCW	Digital Health and Care Wales	IG	Information Governance

## 1 SITUATION/BACKGROUND

- 1.1 The aim of the DHCW Information Governance strategy is to set out how the Information Governance (IG) Team will support the delivery of DHCW's functions and contribute to its Annual Plan/Integrated Medium-Term Plan, and associated business plans. The strategy is for internal and external stakeholders. It focuses on three key strands of the team's work; effective national governance, the development of a national IG framework and corporate compliance.

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

- 2.1 The vision, aims and strategic objectives, are described in the strategy document.

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

- 3.1 Confirmation that an Information Governance strategy has been approved.

## 4 RECOMMENDATION

The Committee is asked to:

**Discuss** the associated presentation; and

**Note** the strategy

## 5 IMPACT ASSESSMENT

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



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

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

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

<b>APPROVAL/SCRUTINY ROUTE:</b>		
Person/Committee/Group who have received or considered this paper prior to this meeting		
COMMITTEE OR GROUP	DATE	OUTCOME
Head of Information Governance	21/04/2021	Approved
Medical Director	27/04/2021	Approved

<b>IMPACT ASSESSMENT</b>	
<b>QUALITY AND SAFETY</b> IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
<b>LEGAL</b> IMPLICATIONS/IMPACT	Yes, please see detail below The strategy will help DHCW and other NHS Wales organisations meet legal, regulatory and common law requirements and considerations in the areas of data protection, freedom of information and associated subject areas.
<b>FINANCIAL</b> IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report
<b>WORKFORCE</b> IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
<b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

# Information Governance Overview

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Darren Lloyd

Head of Information Governance



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NHS  
WALES

Iechyd a Gofal  
Digidol Cymru  
Digital Health  
and Care Wales



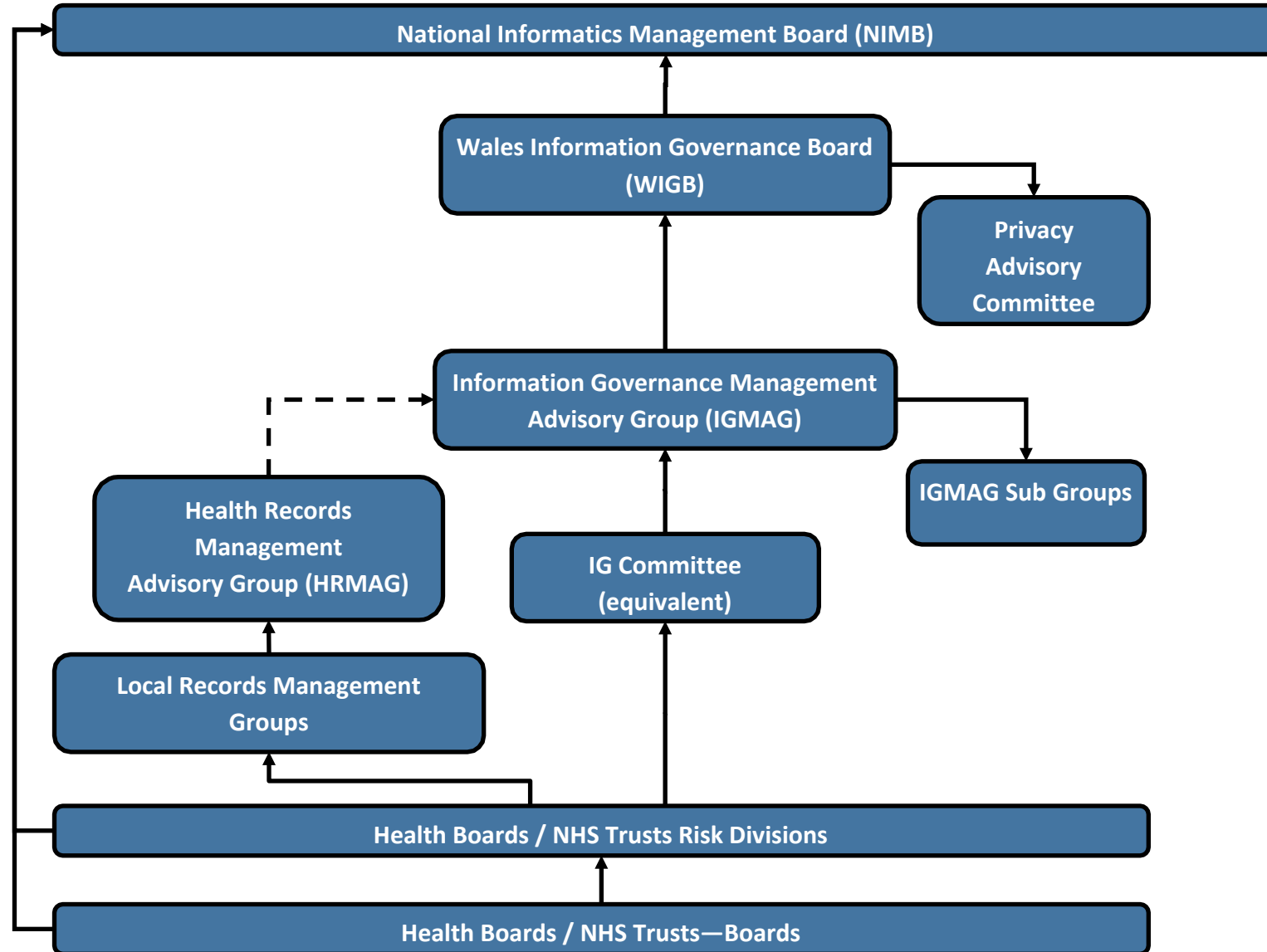
## What the DHCW Information Governance does

### Our Vision:

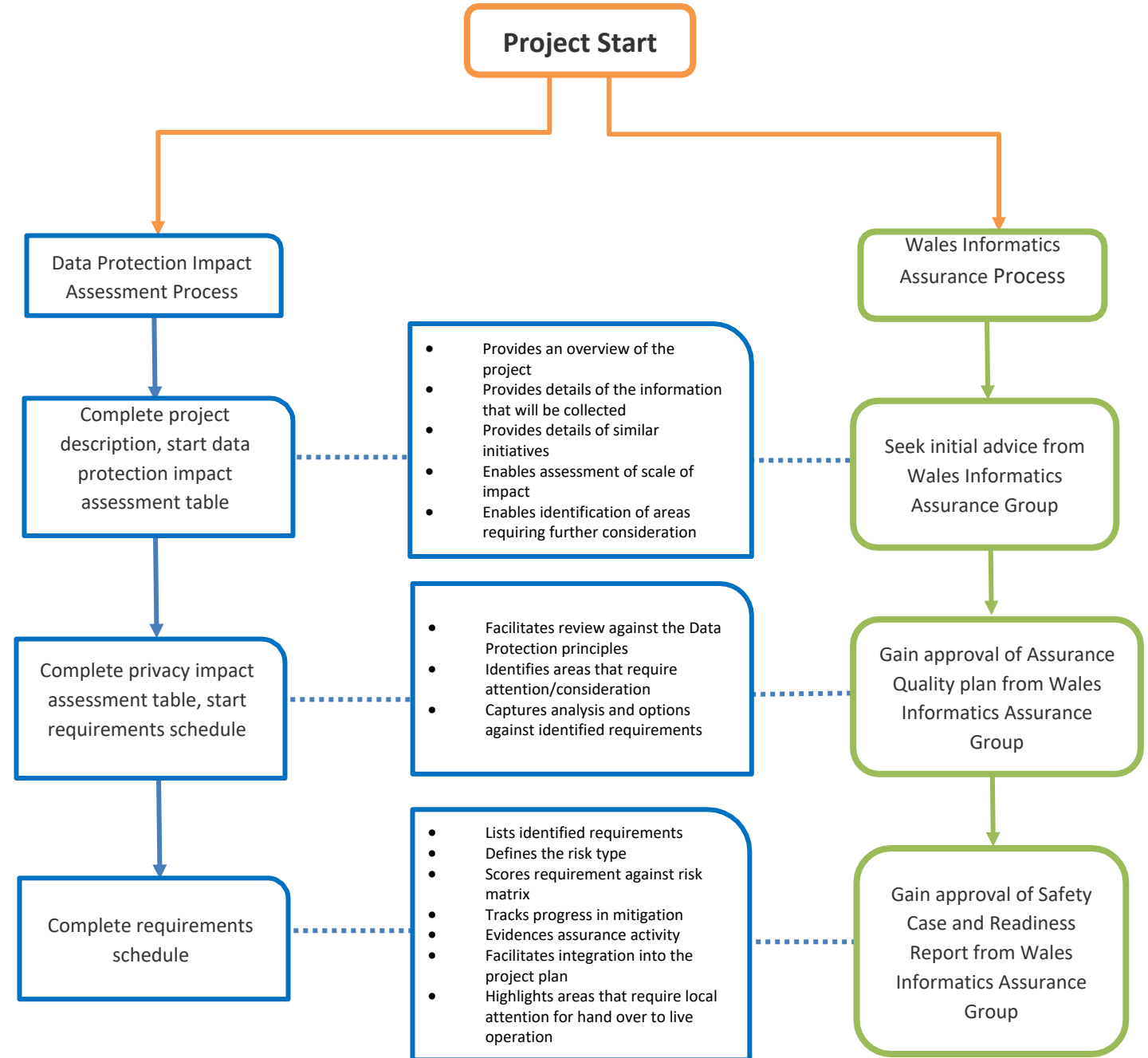
DCHW sets the standards and provides the Information Governance support that enables the NHS in Wales to **lawfully, and confidently, collect, process and share health and care data** to maximise the benefits to people in Wales.



# Information Governance NHS Wales Structure



# Information Governance's role in the Wales Informatics Assurance Process





# Arrangements for the management of Information Governance

Policies	Standard Operating Procedures (SOPs)
<p><b><u>National All Wales Policies (DHCW IG led)</u></b></p> <ul style="list-style-type: none"> <li>• All Wales Information Governance Policy</li> <li>• All Wales Information Security Policy</li> <li>• All Wales Internet Use policy</li> <li>• All Wales Email Use Policy</li> </ul>	<ul style="list-style-type: none"> <li>• Logging IG calls on ActionPoint</li> <li>• Managing FOI Requests in NWIS</li> <li>• Personal Data Breach Reporting and Management</li> <li>• Information Governance Contract Review Guidance</li> <li>• Data Protection Impact Assessment Process</li> <li>• Electronic Transfer Procedure</li> <li>• Electronic Storage Procedure</li> <li>• Retention of Electronic Medical Records in National Data Repositories</li> <li>• Ensuring Information Governance Compliance whilst procuring goods and services</li> <li>• Information Asset Ownership and Management</li> </ul>
<p><b><u>DHCW Policies</u></b></p> <ul style="list-style-type: none"> <li>• Access to Information Policy</li> <li>• Information Asset Policy</li> </ul>	



# European Union Settled Status

## Entitlement to Healthcare – NHS Wales data feed from Home Office via NHS Digital

European Union Settled Status (EUSS) will be used in a post-Brexit world to determine if EU citizens receiving Healthcare from the NHS should be charged or not.

There are ongoing discussions with Welsh Government, NHS Digital, Department of Health and Social Care in England (DHSC), and the Home Office regarding information related to European Union Settled Status (EUSS).

The Committee are provided with a paper setting out the background and position. The Committee are being asked to note the discussions regarding and endorse the identified actions:

### ACTIONS:

- S255 request to be signed by DHCW Interim CEO and sent to NHS Digital;
- Associated MOU with Home Office required to confirm information flow arrangements; and
- DHCW to make arrangements so that the information will flow to Health Boards and Trusts as soon as possible.



## Our three-year Information Governance strategy; delivering an Information Governance Framework for NHS Wales and DHCW

Versions				
Amended by	Version	Status	Date	Purpose of Change
J Sweeney	0.1	Draft	4 March 2021	Adapted from a document that set out a 'national IG framework' from the perspective of DHCW. Agreed that an IG strategy would be beneficial.
J Sweeney	0.2	Draft	7 April 2021	Updated with comments from the IG Team.
J Sweeney	0.3	Draft	21 April 2021	Amended strategic objectives.

Reviewer	Version	Status	Date
Darren Lloyd, Head of Information Governance and Data Protection Officer	0.3	Draft	21 April 2021

Approver	Version	Status	Date
Rhidian Hurle, Medical Director and Caldicott Guardian	1.0	Final	27 April 2021

## 1. Background

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 <sup>1</sup> in Wales. The Information Governance Team is managed by the Head of Information Governance who is 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.

This strategy sets out how the Information Governance Team will support the delivery of DHCW's statutory functions and contribute to its Integrated Medium-Term Plan (IMTP) and associated business plans. The core responsibilities of the Information Governance Team are:

- Shaping a national Information Governance Framework for NHS Wales.
- Supporting DHCW to meet its own corporate responsibilities in relation to 'information rights' legislation, common law and associated standards and guidance.

<sup>1</sup> <https://www.legislation.gov.uk/wsi/2020/1451/made>

## 2. Policy drivers

The legislative, policy and strategic landscape with which NHS Wales organisations must comply is set out in Appendix A<sup>2</sup>. Specific directions given to DHCW are included at Appendix B. Data protection and common law policy and legislative drivers are set out in Appendix C. DHCW priorities are set out in its Integrated Medium-Term Plan, which identifies **four pillars of success**:

<b>Mobilising Digital Transformation and Ensuring High Quality Health and Care Data</b>	<b>Expand the Content, Availability and Functionality of the Digital Health and Care Record</b>	<b>Delivering High Quality Digital Services</b>	<b>Enabling Big Data Analysis for Better Outcomes</b>
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The effective and lawful use of personal data cuts across those four pillars, emphasising the need for a robust Information Governance framework that enables DHCW and its stakeholders to meet their obligations and demonstrate good practice.

## 3. Our vision

**DCHW sets the standards and provides the Information Governance support that enables the NHS in Wales to lawfully, and confidently, collect, process and share health and care data to maximise the benefits to people in Wales.**

<sup>2</sup> Produced by a third party as part of the IMTP development process.



## 4. Our aims

### Effective national governance

Aim	How we deliver
To shape and maintain an effective national governance structure for data protection/Information Governance related issues.	<p>We build relationships with key strategic stakeholders, including regulatory and audit bodies, such as the Information Commissioner's Office and Audit Wales.</p> <p>We participate in and lead strategic groups that set the IG agenda in Wales, for example work stream 3 (national opt outs, data promise).</p> <p>We are involved in agenda setting and secretariat provision for Wales Information Governance Board (WIGB) (senior Board) and Information Governance Management Advisory Group (IGMAG) (representative group for NHS Wales organisations).</p> <p>We provide IG governance and assurance for the National Data Resource.</p> <p>We lead/participate in task and finish groups to address specific actions, for example requirements related to the Test Trace Protect IG Governance Group and national DPO forum.</p>

### National Information Governance framework

Aim	How we deliver
<p>To provide, maintain and develop external facing services, tools and standards aimed at:</p> <p>(i) Supporting NHS Wales organisations and stakeholders to comply with legal obligations.</p> <p>(ii) Underpinning the delivery of the aims and objectives of DHCW's IMPT, including the four pillars.</p>	<p>Specific services, tools and standards include:</p> <ul style="list-style-type: none"> <li>- The National Intelligent Integrated Audit Solution (NIAS).</li> <li>- The Welsh IG Toolkit (self-assessment compliance tool).</li> <li>- A subscription based General Practitioner Data Protection Officer service.</li> <li>- The Wales Accord on the Sharing of Personal Information (WASPI).</li> <li>- Mandatory IG training.</li> <li>- Standards (eg BS10008, Welsh Control Standard for Electronic Health and Care Records).</li> <li>- Leading and contributing to national policy development.</li> <li>- The provision of advice and guidance to primary care service providers.</li> <li>- Advice and support to national projects and programmes, including Data Protection Impact Assessments and Cloud Risk Assessments.</li> <li>- Supporting the Programme for Digital Services for Patients and Public (DSPP)</li> </ul>

## Corporate Compliance

Aim	How we deliver
To provide an internal IG compliance framework that ensures DHCW meets its statutory obligations and other standards.	<ul style="list-style-type: none"> <li>- Staff training and awareness.</li> <li>- Advice and support to internal projects, programmes and services, including Data Protection Impact Assessments.</li> <li>- Cloud risk assessments (co-ordination of).</li> <li>- Information Asset Register / data flow mapping.</li> <li>- Policies, procedures, agreements.</li> <li>- Requests for information (Subject Access, Freedom of Information and Environmental Information Regulations).</li> <li>- Breach handling.</li> </ul>

## 5. Strategic Objectives

### Effective national governance

We will influence agendas and contribute to the work of national governance groups to ensure that DHCW is able to deliver the four pillars of success while complying with legislation and standards that apply to the processing of personal data.

We will lead best practice, set standards and provide advice and guidance in line with the functions of DHCW.

### National Information Governance framework

**GMP Data Protection Officer Service;** by ensuring that the service provides authoritative and evidence-based guidance in line with the agreed service schedule ,we will continue to support subscribers of the DPO Service to understand and comply with the requirements of UK data protection law.

**The Wales Accord on the Sharing of Personal Information (WASPI);** we will continue to deliver the five-year strategy, including the ambition to introduce a code of conduct approved by the Information Commissioner under article 40 of UK GDPR.

**The Information Governance Website;** by continuing to develop and publish resources, we will establish this website as the central resource for IG related advice and guidance for NHS Wales organisations.

**Information Governance Support for Primary Care;** as set out in the Memorandum of Understanding, we will continue to provide advice and guidance to Primary Care Service Providers, developing resources as required and provide IG support the Operational Services Team and Planning Team in DCHW Primary Care Services.

**Mandatory Information Governance training;** we will secure a new platform, review and update the content of the national IG e-Learning tool to comply with the requirements of UK data protection law, expanding its audience into other primary care settings as appropriate.

**The Welsh IG Toolkit:** to help establish a comprehensive and robust IG assurance regime, we will expand Toolkit availability to other Primary Care Service Providers, as set out in the agreed service schedule, and develop a new bespoke tool to improve the user experience and reporting functionality.;

#### **National Intelligent Integrated Audit Solution (NIIAS)**

NIIAS enables all NHS Wales LHB & Trusts to proactively monitor appropriate user access to all integrated National clinical applications (e.g Welsh Clinical Portal etc.). Additional National systems integration (e.g. Welsh Immunisation System, WCCIS and additional all Wales WCP use cases) will continue. The existing NIIAS contract, third party provided, concludes November 2023. In response, a business case and requirements analysis will inform the approach for continued coverage of National systems and, through local consultation, inform local application integration requirements.

#### **British Standard (BS100008)**

BS 10008 - Evidential Weight and Legal Admissibility of Electronic Information - outlines best practice for the implementation and operation of electronic information management systems, including the storage and transfer of information. This provides our customers with assurances that the information contained within our national data repositories is reliable, authentic and with governance arrangements following best practice in place. The repositories currently in scope are Welsh Care Records Service (WCRS) and Welsh Results Reporting Service (WRRS). Additional scope is under consideration.

### **Corporate compliance**

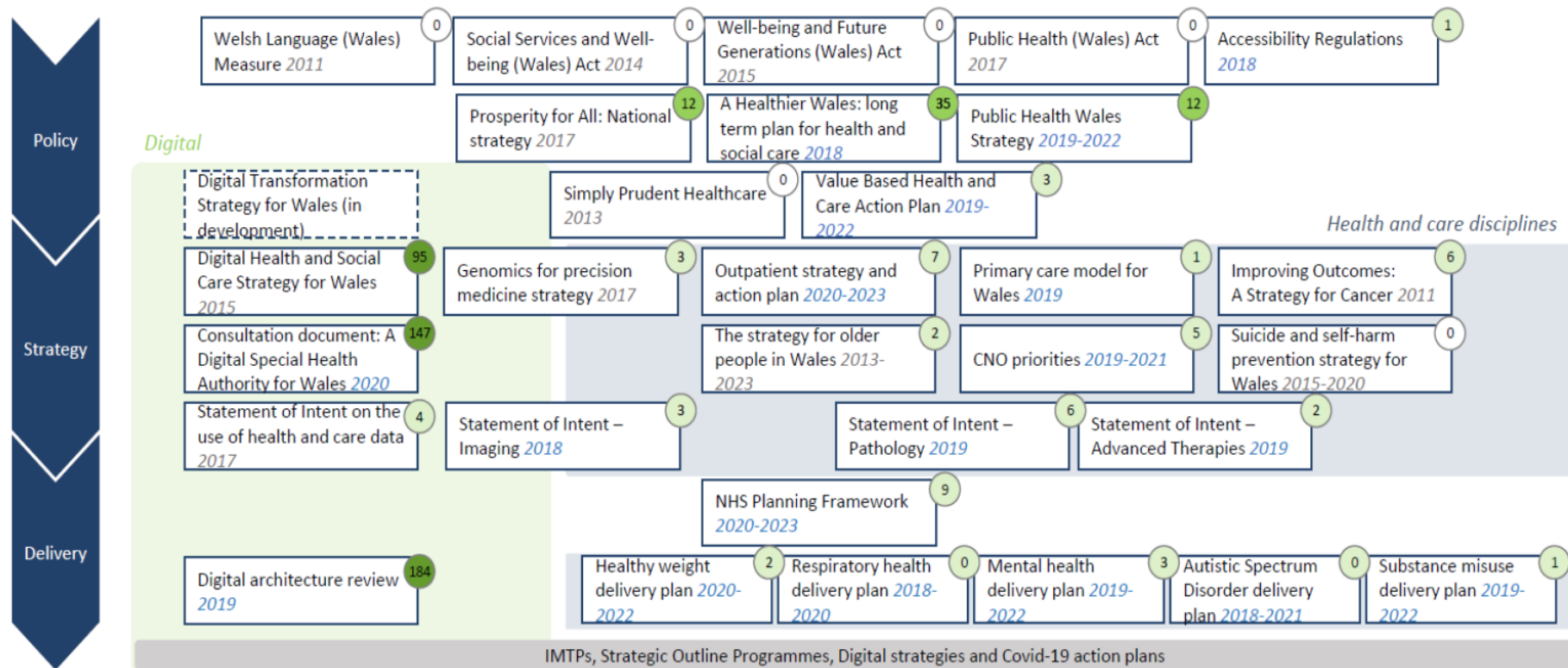
We will improve organisational practice and reduce the risk of non-compliance with relevant legislation and standards by developing a rolling annual IG action plan for DHCW based on the outcomes of the Welsh IG toolkit.

We will continue to work with other directorates and stakeholders to further develop and refine key assurance measures, such as Data Protection Impact Assessments, Cloud Risk Assessments and Information Asset Registers.

## Appendix A

### Legislative and policy landscape

A complex landscape of national policies, strategies and framework defines what is required from NHS Wales organisations with regards to digital and service delivery more generally; some of these may no longer be up to date given their publication date and the impact of Covid-19



Key: Number of mentions of 'digital' in the document 0 1+ 10+ 95+ 2017 Date of publication before 2018 2020 Date of publication after 2018

8





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and Care Wales



**LLYWODRAETHU GWYBODAETH**  
**INFORMATION GOVERNANCE**

## Appendix B

### – letter from Welsh Government giving directions to Digital Health and Care Wales

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



Llywodraeth Cymru  
Welsh Government

Helen Thomas, Interim Chief Executive  
Digital Health and Care Wales  
Ty Glan yr Afon  
21 Cowbridge Road East  
Cardiff  
CF11 9AD  
[helen.thomas5@wales.nhs.uk](mailto:helen.thomas5@wales.nhs.uk)

Wednesday 31 March 2021

Annwyl Helen,

#### Collection of data for secondary use purposes by Digital Health and Care Wales

Ahead of the official launch of Digital Health and Care Wales ("DHCW") on 1 April 2021, I am writing to confirm the requirement to continue to utilise and provide the platforms, systems and services that were previously operated by the NHS Wales Informatics Service ("NWIS") for data collection, processing and analysis, for both direct and indirect care purposes.

I am aware that in some areas there has been ambiguity around NWIS status with regards to the collection and dissemination of health service data, reflecting its historic hosting arrangements.

DHCW has a more certain status. Article 3(b) of the Digital Health and Care Wales (Establishment and Membership) Order 2020 provides that Welsh Ministers may provide direction to Digital Health and Care Wales in connection with "the collection, analysis, use and dissemination of health service data". This is further confirmed through the Digital Health and Care Wales (No.2) Directions 2021 ("the Functions Directions") and the Digital Health and Care Wales (Transfer of Staff, Property, Rights and Liabilities) Order 2021, which makes the provision for the transfer of NWIS functions from Velindre University NHS Trust to DHCW.

For the avoidance of doubt, Digital Health and Care Wales should collect, process, use and disseminate health service data, using those platforms, systems and services previously operated by NWIS, a list of these uses are set out in the Annex to this letter. In addition, Digital Health and Care Wales will provide further platforms, systems and services developed and delivered in line with the Functions Directions, and this information should be used for both direct and indirect care purposes, to support the improvement of health and care for Welsh residents.

Yn Gywir,

**Ifan Evans**  
Director – Technology, Digital & Transformation  
Welsh Government – Health & Social Services Group



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page 1



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**LLYWODRAETHU GWYBODAETH**  
**INFORMATION GOVERNANCE**

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



Llywodraeth Cymru  
Welsh Government

## **ANNEX** **SECONDARY USE SERVICE DATA**

### **1. Prescribed Data Uses**

- (a) the provision, design, management, development and delivery of digital platforms, systems and services;
- (b) the collection, analysis, use and dissemination of health service data;
- (c) supporting bodies and persons identified in directions given by the Welsh Ministers to DHCW in relation to matters relevant to digital platforms, systems and services;

### **2. Collection of Data:**

- (a) The Patient Episode Database Wales (PEDW)
- (b) National Community Child Health Database (NCCHD)
- (c) European Union Settled Status (EUSS) and Immigration Health Surcharge (IHS) data
- (d) Any episodic information on Welsh residents as processed by Health & Care establishments outside of NHS Wales
- (e) National Clinical Audits data

### **3. Processing and Dissemination of Data**

In addition to the above datasets as the service require in the exercise of:

- (a) Direct care
- (b) Healthcare planning
- (c) Commissioning and validation of services
- (d) Value based healthcare
- (e) National Tariff reimbursement
- (f) The development of national policy
- (g) Supporting the information needs of the Health Boards in the management of their resources and services.
- (h) Support the management and planning of health services
- (i) Enable general medical research and statistical functions
- (j) Identify public health issues
- (k) Monitor improvements in public health on behalf of other organisations responsible for public health provision
- (l) Develop, monitor and evaluate government policies, and otherwise support the work of the Health & Social Services Group of the Welsh Government
- (m) Contribute to the production of Welsh Government statistical publications
- (n) Improve the patient or carer experience
- (o) In support of information processed as part of the collection and remuneration of dispensed drugs by Community Pharmacies
- (p) In support of information processed as part of transactions through the delivery of additional services by Community Pharmacies



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page 2



## Appendix C

### - Data protection and confidentiality legislative and policy drivers

- The Digital Health and Care Wales (Establishment and Membership) Order 2020
- Data Protection Legislation (eg UK GDPR, Data Protection Act 2018)
- Common Law - duty of confidence
- Human Rights Act 1998
- Freedom of Information Act 2000 and the Environmental Information Regulations 2004
- Access to Health Records Act 1990 (where not superseded by Data Protection Legislation)

Relevant Codes of Practice and Standards include, but are not limited to, the following:

- Caldicott
- Information Security ISO 27001
- BS 10008
- Information Commissioner's Codes of Practice (for example the Data Sharing Code of Practice)

## DIGITAL HEALTH AND CARE WALES INFORMATION SERVICES REPORT

Agenda Item	2.7
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	12 May 2021

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

Executive Sponsor	Rhidian Hurle, Medical Director
Prepared By	Rachael Powell, Deputy Director of Information
Presented By	Rachael Powell, Deputy Director of Information

Purpose of the Report	For Discussion/Review
Recommendation	
The Committee is asked to <b>NOTE</b> and <b>DISCUSS</b> the content of the presentation as set out in item 2.6i	

Acronyms			
DHCW	Digital Health and Care Wales	ISD	Information Service Directorate
WIAG	Wales Informatics Assurance Group	DQS	Data Quality System
WCCIS	Welsh Community Care Information System	R&I	Research and Innovation

## 1 SITUATION/BACKGROUND

- 1.1 The Information Services Directorate provides services and supports the housing, organisation and distribution of all Wales Health Data.

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

- 2.1 The presentation should provide to the Committee a high-level overview of the Information Service Directorate and the assurance process in place to ensure the best use of information in a safe and managed way.

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

- 3.1 The introduction of a Committee Structure to ensure robust challenge as to the effectiveness of the assurance processes in place with regard to the information we manage and maintain will strengthen and improve the existing governance and accountability. Through stronger leadership and oversight we will demonstrate the highest levels of governance practices and use the governance structures to learn and improve in the future.

## 4 RECOMMENDATION

The Committee is asked to **NOTE** and **DISCUSS** the content of the presentation as set out in item 2.6i.

## 5 IMPACT ASSESSMENT

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

<b>DHCW QUALITY STANDARDS</b>	ISO 27001
If more than one standard applies, please list below: ISO 20000 ISO 9001:2015 BS 10008:2014	

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

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

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

<b>IMPACT ASSESSMENT</b>	
<b>QUALITY AND SAFETY</b> IMPLICATIONS/IMPACT	Yes, please see detail below Should the assurance process outlined in the presentation not be followed, there would be quality and safety implications.
<b>LEGAL</b> IMPLICATIONS/IMPACT	Yes, please see detail below Should the information we manage not be managed in an effective and safe way there could be legal ramifications.
<b>FINANCIAL</b> IMPLICATION/IMPACT	Yes, please see detail below Should the information we manage not be managed in an effective and safe way there could be financial ramifications.
<b>WORKFORCE</b> IMPLICATION/IMPACT	Yes, please see detail below There are clear responsibilities outlined within the assurance and management of information and within the Wales Informatics Assurance Process, should those responsibilities not be fulfilled there could be a negative impact on the process.

<p><u>SOCIO ECONOMIC</u> IMPLICATION/IMPACT</p>	<p>No. there are no specific socio-economic implications related to the activity outlined in this report</p>
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# Information Assurance & Governance

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**Rachael Powell**

Deputy Director of Information



**GIG**  
CYMRU  
**NHS**  
WALES

lechyd a Gofal  
Digidol Cymru  
Digital Health  
and Care Wales





## Information Services

Services and supports the housing, organisation and distribution of all Wales Health Data

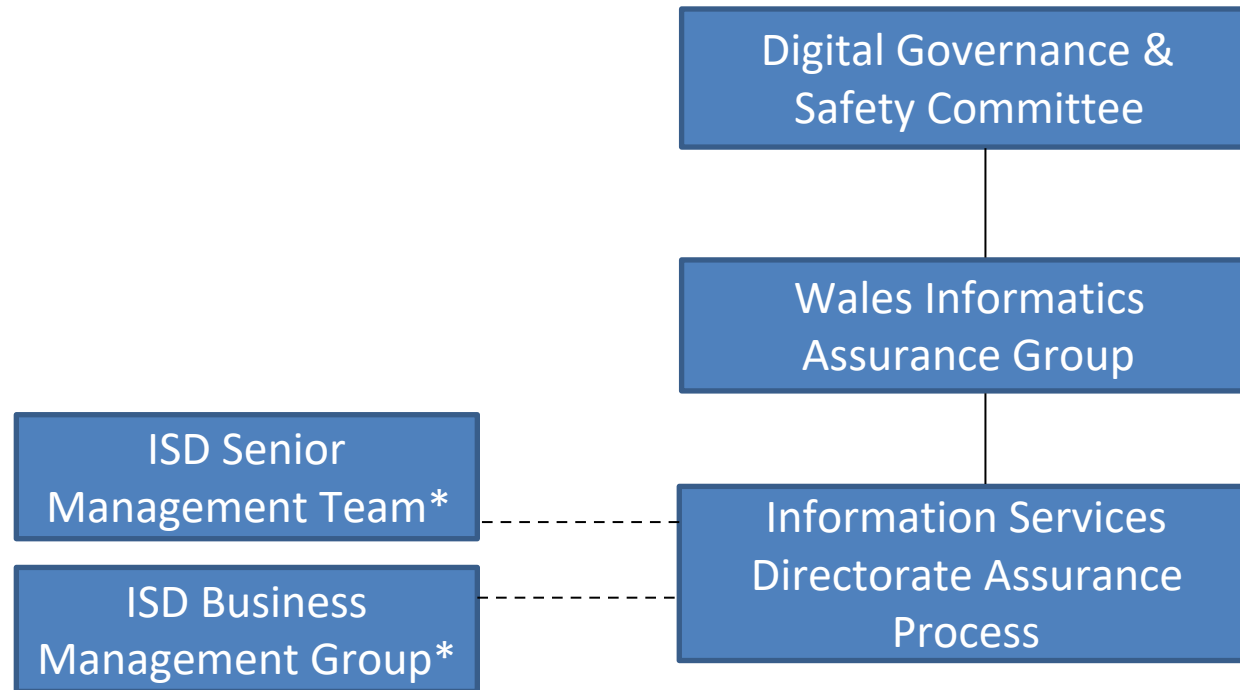
- Collect, process and store Welsh health data according to national standards and governance policies.
- Provide multi-agency access to health data via web apps, dashboards, quality indicators, health maps, online reporting tools and tailored e-portals
- Improve the quality of clinically coded health information in NHS Wales through coding standards and enhanced training programmes
- Improve the quality of information used through standardisation, aiming for a shared understanding of words and numbers used in healthcare services.



- Over 30 years of NHS Wales healthcare data
- Residence & provider based data
- >50 million outpatient attendances
- >27 million in-patient episodes of care

Secondary Care  
Maternity  
Births  
Deaths  
Child Health  
Demographics  
Cancer  
WAST  
PROMS

## Information Assurance & Governance



- ISD Information Flows Register
- ISD Risk Register
- Staff Training and Awareness

### Primary Care

- Data Quality System (DQS) for access to Primary Care Data via Audit+
- Data & Digital Workstream / National Primary Care Programme

### Community Information

- Information Management Board (WCCIS)

### Quality

- DHCW Quality and Regulatory Group

### Research & Innovation

- R&I Working Group



## DIGITAL HEALTH AND CARE WALES

### NOTIFIABLE EVENTS ASSURANCE PROCESS REPORT

Agenda Item	2.8
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	12 May 2021

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

Executive Sponsor	Rhidian Hurle, Medical Director
Prepared By	Paul Evans, Interim Head of Clinical and Informatics Assurance
Presented By	Rhidian Hurle, Medical Director

Purpose of the Report	For Discussion/Review
Recommendation	The Committee is asked to <b>NOTE</b> and <b>DISCUSS</b> the content of the presentation set out as 2.7i.

Acronyms			
DHCW	Digital Health and Care Wales	NEAG	Notifiable Events Assurance Group

## 1 SITUATION/BACKGROUND

- 1.1 The purpose of the Notifiable Events Assurance process is to ensure the appropriate review, notification, investigation and communication of any notifiable event associated with DHCW services.
- 1.2 There are a number of avenues for DHCW to be alerted to an incident. Incidents are assessed locally and escalated to the subject matter expert when they meet the criteria as defined within the localised area procedure. This triggers the notifiable event assurance process as outlined in the presentation.

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

- 2.1 The presentation provides to the Committee the process in place to manage the notifiable events assurance process, the key roles and responsibilities involved and the wider communication stakeholder groups associated with Notifiable Events.

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

- 3.1 The process to manage notifiable events provides clear guidance to the steps required considering legal requirements, best practice and organisational learning opportunities. Introducing a Committee to provide assurance on behalf of the board aims to strengthen the existing governance in place through stronger leadership and oversight.

## 4 RECOMMENDATION

The Committee is asked to **NOTE** and **DISCUSS** the content of the presentation set out as 2.7i.

## 5 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services
CORPORATE RISK (ref if appropriate)	

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

<b>DHCW QUALITY STANDARDS</b>	ISO 20000
If more than one standard applies, please list below: ISO 27001, ISO 22301, ISO 13485, BS 10008	

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

<b>EQUALITY IMPACT ASSESSMENT STATEMENT</b>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: Not applicable	

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

<b>IMPACT ASSESSMENT</b>	
<b>QUALITY AND SAFETY</b> IMPLICATIONS/IMPACT	Yes, please see detail below The process outlined within the presentation should give the organisation a clear avenue for learning and improving quality and safety.
<b>LEGAL</b> IMPLICATIONS/IMPACT	Yes, please see detail below Serious Incidents may have potential legal implications.
<b>FINANCIAL</b> IMPLICATION/IMPACT	Yes, please see detail below Serious incidents may have potential financial implications.
<b>WORKFORCE</b> IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
<b>SOCIO ECONOMIC</b>	No. there are no specific socio-economic implications related to the activity outlined in this report

IMPLICATION/IMPACT	
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# Notifiable Event Assurance Process

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Rhidian Hurle

Medical Director



GIG  
CYMRU  
NHS  
WALES

Iechyd a Gofal  
Digidol Cymru  
Digital Health  
and Care Wales



# Overview of Notifiable Events Process

Internal arrangements for the management of  
Notifiable Events Assurance

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This process is to ensure the appropriate

- Review
- Notification
- Investigation and
- Communication

of any notifiable event associated with DHCW services.

Scope includes incidents relating to:

- Clinical
- Technical
- Cyber Security
- Information Governance
- Health & Safety
- Business Continuity

# Definition of an incident

“An incident that prevents or threatens to prevent an organisation’s ability to continue to deliver health or social care services, for example, significant disruption to services due to a failure of an IM&T system, actual or potential loss or damage to property, reputation or the environment”.

## Legislation & Standards

### Legislation

Security of Network and Information Systems Regulations (NIS regulations)  
Medical Devices Regulations 2002 (UK SI 618)  
Civil Contingencies Act  
Data Protection Act  
General Data Protection Regulations  
Health & Safety at Work

### Standards

ISO 20000  
ISO 27001  
ISO 22301  
ISO 13485  
BS 10008



# EXAMPLES OF EVENTS THAT BECAME NOTIFIABLE

## Example 1: IG Incident

An error occurred on the 6<sup>th</sup> April 2020 on the process of distributing the Welsh Government communications requesting vulnerable patients to shield themselves during the COVID 19 pandemic.

Welsh Government contacted NWIS to inform them that several Welsh residents had advised that their letters had arrived at incorrect addresses.

It was confirmed that Approx. 13,000 letters were sent to a Welsh resident's previous address.

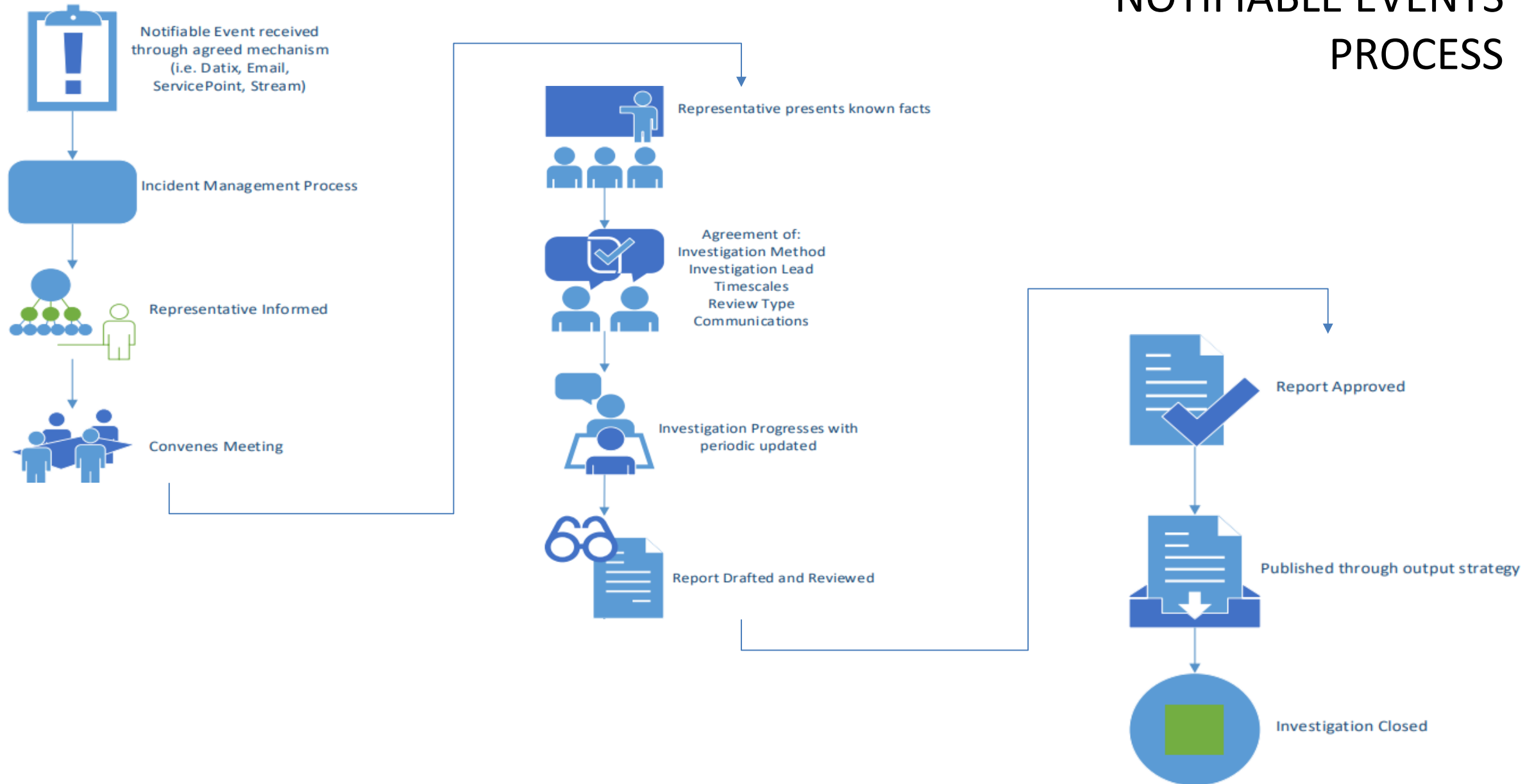
The error derived from the NHS Wales informatics Services, following a manual fault discovered in a database routine.

## Example 2: Technical Incident

At approximately 14:00 on Saturday 29th June 2019, one of the air conditioning units in Hall 1 at the Blaenavon Data Centre (BDC) started to fail.

The main NWIS services running from BDC that were directly affected included the Welsh Clinical Portal (WCP), Welsh Laboratory Information Management System (WLIMS), Canisc, GP systems, external websites hosted within the DMZ, Remote access (VPN), Hospital Pharmacy and the NHS Wales Data Warehouse.





# Roles and Responsibilities



Key Performance Metrics in Notifiable Events Assurance Timeline

Scenario	Commencement	Initial Draft	Completion	Extension Available
Preliminary Analysis / Technical Review	Commence within 1 working day of event identification	Within 3 working days to be submitted to NEAG	Determined by NEAG	Yes (NEAG approval required)
Comprehensive Review	Commencement upon completion and submission of Notification of Serious Incident Form	Within 45 working days	As agreed with Lead Health Board/NEAG (usually within 60 working days)	Yes (as agreed with appropriate bodies)

## External Reporting

The NEAG will agree whether the event is notifiable and to which body.

A number of external bodies could be informed but not limited to:

- Welsh Government – No Surprises / Cyber Events / Network and Information Systems
- National Cyber Security Centre
- Information Commissioner
- Medicines and Healthcare products Regulatory Agency
- Health & Safety Executive
- Police
- Health Boards
- Third parties
- Cross Border organisations e.g. NHS Digital

## DIGITAL HEALTH AND CARE WALES

### EUROPEAN UNION SETTLED STATUS – ENTITLEMENT TO HEALTHCARE – NHS WALES DATA FEED FROM HOME OFFICE VIA NHS DIGITAL

Agenda Item	2.9
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	12 May 2021

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

Executive Sponsor	Rhidian Hurle, Medical Director
Prepared By	Marcus Sandberg, National Information Governance Assurance and Support Lead
Presented By	Darren Lloyd, Head of Information Governance and Data Protection Officer

Purpose of the Report	Choose an item.
Recommendation	The Committee is being asked to: <b>DISCUSS</b> and <b>NOTE</b> the ongoing discussions and actions regarding information related to European Union Settled Status (EUSS).

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

Acronyms			
EUSS	European Union Settled Status	DHSC	Department of Health and Social Care in England
WG	Welsh Government	DHCW	Digital Health & Care Wales
EU	European Union	MOU	Memorandum of Understanding
S255	Section 255 of the Health and Social Care Act 2012	NHSD	NHS Digital

## 1 SITUATION/BACKGROUND

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

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

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

- 2.1 A Task and Finish group was set up six months ago in order to confirm actions of all parties and progress the EUSS information into Wales.
- 2.2 DHCW will be the recipient of the information from NHSD via a formal S255 request.
- 2.3 Section 255 of the Health & Social Care Act 2012 allows for organisations with the appropriate information responsibilities to request the processing and disclosure of certain Health related information from NHSD where a sound legal and statutory basis can be established (See Annex 1).
- 2.4 The structure of the coded information is detailed below (See Annex 1a and 1b).
- 2.5 The processing of this information has been supported by the Director of Technology, Digital and Transformation, Welsh Government, Ifan Evans – (See Annex 2).
- 2.6 Welsh Government have issued a Welsh Health Circular to inform all Local Health Boards and the Welsh Ambulance Service Trust of the National Health Service (Cross-Border Healthcare) (Wales) (Amendment) Directions 2021 and the National Health Service (Reimbursement of the Cost of EEA Treatment) (Wales) (Amendment) Directions 2021 which were adopted on 25 March 2021. (See Annex 3).

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

- 3.1 The following actions are required to support this:
  - S255 request to be signed by DHCW Interim CEO and sent to NHSD – Currently awaiting confirmation from NHSD that the S255 draft letter will be accepted (Due end April 2021) – DHCW side - action against Darren Lloyd (Head of Information Governance)
  - Associated Memorandum of Understanding with Home Office, NHSD and DHCW is required to confirm information flow arrangements (Due end April 2021) – Home Office to update MOU as final draft – DHCW side action against Darren Lloyd and Ken Leake (Applications Manager (Integration & Reference))
  - DHCW to make arrangements so that the information will flow to Health Boards and Trusts as soon as possible (End June 2021) – Integration services are currently developing the technical

components in order to establish the data flow and how this will be presented to Health Boards and Trusts in the form of a live status lookup – DHCW side - action against Ken Leake

## 4 RECOMMENDATION

The Committee is being asked to:

**DISCUSS** and **NOTE** the ongoing discussions and actions regarding information related to European Union Settled Status (EUSS).

## 5 IMPACT ASSESSMENT

<b>STRATEGIC OBJECTIVE</b>	Mobilising digital transformation and ensuring high quality health and care data
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<b>CORPORATE RISK</b> (ref if appropriate)	
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<b>WELL-BEING OF FUTURE GENERATIONS ACT</b>	A healthier Wales
If more than one standard applies, please list below:	

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

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

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

<b>APPROVAL/SCRUTINY ROUTE:</b>		
Person/Committee/Group who have received or considered this paper prior to this meeting		
COMMITTEE OR GROUP	DATE	OUTCOME
Head of Information Governance	21/04/2021	Approved

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

# DIGITAL HEALTH AND CARE WALES

## DIGITAL GOVERNANCE AND SAFETY

### COMMITTEE RISK MANAGEMENT REPORT

Agenda Item	2.10
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Name of Meeting	Digital Governance and Safety Committee
Date of Meeting	12 May 2021

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

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

Purpose of the Report	For Discussion/Review
Recommendation	The Committee is being asked to: <b>DISCUSS</b> the approach outlined in the report.

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Acronyms			
DHCW	Digital Health and Care Wales	IMTP	Integrated Medium-Term Plan
BAF	Board Assurance Framework		

## 1 SITUATION/BACKGROUND

- 1.1 The Digital Health and Care Wales Board adopted the Velindre Risk Management Policy on 1<sup>st</sup> April 2021. This outlined the approach the organisation will take to managing risk. Additionally, a new Risk Management and Board Assurance Framework (BAF) Strategy has been written by the Board Secretary and submitted for review by the relevant Committee, which is Audit and Assurance. The Strategy will then be reviewed and approved by the Board.

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

- 2.1 The Risk Management and Board Assurance Framework Strategy reiterates DHCW's commitment to developing and implementing a Risk Management and Board Assurance Framework to identify, analyse, evaluate and control the risks that threaten the delivery of its strategic objectives and delivering against its Annual Plan and Integrated Medium Term Plan(IMTP).
- 2.2 The Audit and Assurance Committee has a specific role in relation to reviewing the effectiveness of the systems and internal controls for management of the Risk Management and Board Assurance Framework. However, all Board Committees have a role to play in ensuring effective risk management, and the Strategy proposed relevant risks are assigned to the Board Committee most appropriate and able to provide scrutiny and assurance of mitigating the risk.

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

- 3.1 The Risk Management and Board Assurance Framework Strategy proposes the Digital Governance and Safety Committee will receive and scrutinise risk within their remit as outlines in the Terms of Reference and provide onward assurance to the Board in relation to risks assigned to them relating to: quality, safety, information governance, data quality, security and risk. An indicative list of Corporate Risks that could be assigned to the Digital Governance and Safety Committee is included in 2.10i.

## 4 RECOMMENDATION

The Committee is being asked to **DISCUSS** the approach outlined in the report.

## 5 IMPACT ASSESSMENT

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

<b>DHCW QUALITY STANDARDS</b>	ISO 20000
If more than one standard applies, please list below: ISO 27001:2013 BS 10008:2014	

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

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

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

<b>IMPACT ASSESSMENT</b>	
<b>QUALITY AND SAFETY</b> IMPLICATIONS/IMPACT	Yes, please see detail below Additional scrutiny and clear guidance as to how the organisation manages risk has a positive impact on quality and safety.
<b>LEGAL</b> IMPLICATIONS/IMPACT	Yes, please see detail below Should effective risk management not take place, there could be legal implications

FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below
	Should effective risk management not take place, there could be financial implications
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below
	The members of the Committee 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

Domain	Risk Ref	Risk Description	Risk level (Initial)	Risk level (Current)	Risk level (Target)	Action Status	Last Reviewed	Next Review	Risk Owner
Clinical	NWIS0260	ISD are tasked with identifying the clinically extremely vulnerable for the Shielded Patient List. Patients on the list will be eligible for the COVID-19 Vaccine within priority group 4 (those 70 years of age and over; and clinically extremely vulnerable individuals). Due to the complex nature of the process around the shielding patient lists and the reliance on some manual checks etc. it retains an element of risk.	12	12	4	ISD and NDR team are working with a third party on development of an automation process. This should remove the requirement for manual intervention and hence human error.	15/04/2021	20/05/2021	Deputy Director of Information
	NWIS0262	The BizTalk version employed in Canisc integration is obsolete and out of support. There is a risk as well that any patches may be incompatible with the current version, and where a restart of the server is required then this may cause a longer term outage if this fails	12	20	4	WLIMS integration terminated 11th December in line with WLIMS upgrade. Only SWWCN ChemoCare treatment interface now dependent on BizTalk.	15/04/2021	20/05/2021	Director of Application Support & Development
Information Governance	NWIS0263	In line with the described functions of Digital Health and Care Wales (DHCW) as laid by Welsh Government in December 2020 there is a risk that Directions set by Welsh Ministers will not provide for a sound legal basis for the collection, processing and dissemination of Welsh resident data	12	12	4	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	15/04/2021	20/05/2021	Medical Director
	NWIS0264	The is a risk that a national conversation with practitioners and patients will be delayed. In line with the principles of the Well-being of Future Generations Act (2015) the 'Data Promise' (or other appropriate IG framework) will be significantly curtailed because the legal basis for the collection, process and dissemination of Welsh resident will not be properly established via the new Special Health Authority	12	12	4	Specific responsibilities for implementation of the Data Promise given to the Head of Digital Strategy/Technology, Digital & Transformation, WG	15/04/2021	20/05/2021	Medical Director
Service Interruption	NWIS0205	Failure of the DMZ network, or Internet Circuit in Blaenavon will result in NWIS patient facing digital services being unavailable for those users. This affects services which are hosted in the BDC and are not resilient by design.	12	16	4	Work ongoing to provide resilience to some services (e.g. websites hosted in MURA platform) via cloud. Whilst the data centre project is moving DMZ servers to a Cloud provider, the risk will remain for other services.	15/04/2021	20/05/2021	Director of ICT
	NWIS0228	Due to lack of required funding over recent years, NWIS does not have sufficient 'fault domains' in the data centres. A fault domain constrains infrastructure faults to a limited set of infrastructure, resulting in disruption to less services should a fault occur. Most applications hosted in the data centres run in a single fault domain which results in infrastructure problems causing outages for many systems when they occur	16	16	6	New equipment being deployed to increase fault domains and thus provide improved availability of hosted services.	15/04/2021	20/05/2021	Director of ICT

NWIS0201	There is an underlying obsolescence relating to NWIS Infrastructure which requires timely financial support for an ongoing replacement programme.	12	20	4	A sustainable recurrent funding mechanism will form part of the new SHA financial requirement exercise.	15/04/2021	20/05/2021	Director of ICT
NWIS0204	The Canisc application is developed using Microsoft Visual FoxPro, which is no longer supported by Microsoft. Work has completed to migrate the database but the application still poses a risk. Consequence: Unavailability of application resulting in disruption to operational service requiring workarounds	15	20	6	All available mitigations are now complete. Being discussed and reviewed by SMB. The Cancer Informatics Programme has been accelerated to iteratively mitigate risk of disruption to services should Canisc fail. This work is being managed under the Silver (Managing Customers) Command Group.	15/04/2021	20/05/2021	NWIS / Velindre
NWIS0266	Due to the increased number of VPN users and increased adoption of Office 365 services, there is currently a risk that the internet and VPN infrastructure could not sustain the load at one data centre only. This would be the case should a circuit fail or certain pieces of equipment fail.	12	12	4	Quotes have been sought for two extra VPN concentrators, one for each data centre, and for increased circuit capacity. Testing of O365 split tunnelling ongoing. New firewalls installed in NDC and loan equipment being configured for installation week commencing 22nd February in BDC. New cluster arrangement available for installation into CDC when circuits and racks available.	15/04/2021	20/05/2021	Director of ICT
NWIS0267	Since early March 2021 a random host on one of the virtual server environments will occasionally crash causing guests to fail over to other hosts. However, some guests are at risk of failing to recover seamlessly.	12	12	6	Call logged with support organisation to determine root cause of shutdowns and apply fix. Some firmware levels have been updated in line with earlier feedback but problem persists. Therefore investigations are ongoing with the support organisation to determine root cause.	15/04/2021	20/05/2021	Director of ICT