


DIGITAL GOVERNANCE AND SAFETY COMMITTEE MEETING - PUBLIC

MINUTES, DECISIONS & ACTIONS TO BE TAKEN

 9.00am – 12.00pm

 18/02/2022

 MS Teams

Chair	Rowan Gardner
-------	---------------

Present (Members)	Initials	Title	Organisation
Rowan Gardner	RG	Independent Member, Chair of the Digital Governance and Safety Committee	DHCW
Chris Darling	CD	Board Secretary	DHCW
Rhidian Hurle	RH	Executive Medical Director	DHCW
Darren Lloyd	DL	Head of Information Governance	DHCW
Carwyn Lloyd-Jones	CLJ	Director of Information and Communication Technology	DHCW
Rachael Powell	RP	Deputy Director of Information	DHCW
David Selway	DS	Independent Member, Vice Chair of the Digital Governance and Safety Committee	DHCW
Michelle Sell	MS	Chief Operating Officer (left after item 3.5)	DHCW

In Attendance	Initials	Title	Organisation
Julie Ash	JA	Head of Corporate Services	DHCW
Paul Evans	PE	Quality Manager (Regulatory Compliance)	DHCW
Martin Prosser	MP	Head of Infrastructure Operations	DHCW
Keith Reeves	KR	Service Management Team Manager	DHCW

Confirmed minutes for the:
Digital Governance & Safety Committee 18 February 2022

Carys Richards	CR	Corporate Governance Coordinator (Secretariat)	DHCW
David Sheard	DSh	Assistant Director of Service Transformation (joined for item 3.9 only)	DHCW
Griff Williams	GW	Product Manager (joined for item 3.9 only)	DHCW

Apologies	Title	Organisation
None to note		

Acronyms			
SHA	Special Health Authority	DG&S	Digital Governance and Safety
SAIL	Secure Anonymised Information Linkage	IP	Intellectual Property
CANISC	Cancer Network Information System Cymru	MOU	Memorandum of Understanding
IMTP	Interim Medium-Term Plan	R&I	Research & Innovation
WEDS	Welsh Emergency Department System	WCCIS	Welsh Community Care Information System
NPT	Neath, Port Talbot	SB	Swansea Bay
ETR	Electronic Test Requesting	ICT	Information, Communication & Technology
ToR	Terms of Reference	WG	Welsh Government
POSA	Provision of Service Agreement		

Item No	Item	Outcome	Action to Log
1	PART 1 – PRELIMINARY MATTERS	Outcome	Action to Log
1.1	<p>Welcome and Introductions</p> <p>Rowan Gardner, Chair (RG) welcomed everyone to her first meeting as Chair. She introduced David Selway, Independent Member (DS) and thanked him for taking on the Vice Chair role.</p> <p>RG highlighted the core purpose of the committee and revisit</p>	Noted	None to note

Confirmed minutes for the:
Digital Governance & Safety Committee 18 February 2022

	<p>its main functions, those being to provide the provision of assurance to the Board that there were effective governance measures in place with regards to digital services throughout the Welsh healthcare system.</p> <p>This assurance would span, but not exhaustive to, areas such as;</p> <ul style="list-style-type: none"> • Cyber security • Information governance, to ensure data promise • Informatics assurance and information services, to ensure standards are met • Learning and development, to review any potential incidents and learn from them • Risk management, to remain open and transparent in identifying and sharing risks and issue for improvement and success 		
1.2	<p>Apologies for Absence</p> <p>There were no apologies of absence to note.</p>	Noted	None to note
1.3	<p>Declarations of Interest</p> <p>There were no declarations of interest made.</p>	Noted	None to note
1.4	<p>Matters arising</p> <p>There were no matters raised, however it was noted that prior to the meeting questions raised by RG and DS on items under the consent agenda were circulated and returned. The purpose of this was to gain clarity on any such item that was for noting or assurance without using meeting time for lengthy discussion.</p> <p>RG and DS confirmed that they were both satisfied with the responses that had been received and confirmed that the responses would be published along with the minutes of the meeting.</p>	Noted	None to note
2	PART 2 – CONSENT AGENDA	Outcome	Action to Log
2.1	<p>Forward Workplan Report</p> <p>The Digital Governance and Safety Committee resolved to: Note Forward Work Plan</p>	Noted	None to note

2.2	<p>SAIL Policy and MOU</p> <p>A number of questions were raised by Independent Members prior to the meeting, as outlined below together with the responses provided.</p> <p>Question: Do we have a confidentiality agreement between Swansea University and DHCW? The name of our Data Centre is disclosed in the Agreement – Are we satisfied that this is “Non Confidential Information”, or have we advised Swansea that this is confidential information?</p> <p>Answer: No specific confidentiality agreement exists. Currently we have an MOU and are starting to draft an SLA.</p> <p>Question: Disaster Recovery and Business Continuity Policy – Can assurance be provided that the lack of a Disaster Recovery (DR) and Business Continuity (BC) policy relates to the processing of patient information into the SAIL databank i.e. The Appliance and does not extend to the SAIL databank. As SAIL is owned by Swansea the DR&BC for the databank is presumably the University’s responsibility.</p> <p>Answer: The “no disaster recovery” only extends to the appliance, which is hosted within DHCW, provide by Swansea, and provides the linkages and currently is the workaround for all data feeds to Swansea. Responsibility for disaster recovery of the SAIL databank resides with SAIL and the impact of any issues/downtime of their systems including the databank would be their responsibility.</p> <p>Question: Can the committee confirm that there are no warrants provided by DHCW or Liabilities arising to DHCW in the event that the SAIL databank becomes unavailable as part of a third party research project? Any such warrants or liabilities (if provided as part of the R&I contract) remain with Swansea University.</p> <p>Answer: If the SAIL databank was the issue, as above, that would be SAILs responsibility. When the SLA is being drafted, I am aware they are keen to include service level agreements on us providing the services we provide them also, whereas the MOU only covers the service they provide us (providing the appliance and associated support).</p> <p>Question: Do any of the 3rd parties who use the SAIL data pay for access. If they do how is this allocated?</p>	Noted	None to note
-----	--	-------	--------------

	<p>Answer: They do; however, the charge is for the resources used to access the data (IT costs and analyst time) whereas the actual access to the data is “free”. They have a tiered charging model depending on the source of the users (academia, NHS, private sector) & size of the project. This is in public domain I believe.</p> <p>The Digital Governance and Safety Committee resolved to: Note SAIL Policy and MOU</p>		
2.3	<p>Provision of Service Agreement with NHS Digital</p> <p>A number of questions were raised by Independent Members prior to the meeting, as outlined below together with the responses provided.</p> <p>Question: The Definition of a Sub Processor is not present. Please can we ensure that in the signed document this is corrected.</p> <p>Answer: The cross reference will be fixed in the Agreement and for reference, as the appendix that it is pointing to is embedded in the PDF version issued, a Sub-Processor is defined as <i>a third party sub-contractor appointed to Process the Personal Data (“Sub-Processor”)</i></p> <p>Question: IP rights – Can you assure the committee that clause 7.2 does not create a potential limitation in DHCW freedom to exploit IP that it generates under the agreement or reputational risk that the English NHS may seek to exploit IP generated in Wales in a manner that would be unacceptable to NHS in Wales? And that full consideration of the consequences of that IP clause have been considered.</p> <p>Answer: The NHS Digital POSA is intended to cover the provision of services from NHS Digital to DHCW/NHS Wales. As such we would not anticipate any IP developed by DHCW or indeed exclusively for DHCW. In the event that IP is generated and DHCW wishes to exploit that IP then specific provisions would be set out in the related work package as allowed in the drafting of Clause 7.2.</p> <p>Question: During the Independent Member Digital Network meeting held in January 2022, an issued was raised about the lack of integration between Betsi Cadwaladr University Health</p>	Noted	None to note

	<p>Board and health boards in England. Do DHCW have a plan to address this, and would it form part of this agreement?</p> <p>Answer: In conjunction with Powys Health Board, DHCW have agreed additional DPIF funding to support cross border developments - these will be developed in a way that would support other HBs; In parallel there is work with NHS England looking at across the border data exchange, that DHCW is involved with Welsh Government and includes tertiary care services as well as secondary care. The POSA with NHS Digital provides a framework under which we can commission services from NHS Digital as and when they are agreed and includes a number of services developed in NHS England in use in Wales - e.g. the Patient Demographic Service.</p> <p>The Digital Governance and Safety Committee resolved to: Note Provision of Service Agreement with NHS Digital</p>		
2.4	<p>British Standard 10008 – External Audit Outcome</p> <p>The Digital Governance and Safety Committee resolved to: Note the British Standard 1008 – External Audit Outcome</p>	Noted	None to note
2.5	<p>Appropriate Policy Document</p> <p>A question was raised by an Independent Member prior to the meeting, as outlined below together with the responses provided.</p> <p>Question: The “Records Management Code of Practice’ published by NHSX in December 2021 has been reviewed and it is not clear what retention period DHCW are looking to adopt?</p> <p>Answer: Given the outdated guidance and whilst Welsh Government consider an all-Wales adoption/consideration of NHSX’s Records Management Code of Practice, as in interim measure it was suggested that DHCW adopt the principles from NHSX’s Records Management Code of Practice. This sets out retention periods in relation to the practice of managing records.</p> <p>The Digital Governance and Safety Committee resolved to: Noted the Appropriate Policy Document for Assurance.</p>	Noted	None to note

2.6

Health and Care Standards

A number of questions were raised by Independent Members prior to the meeting, as outlined below together with the responses provided.

Question: What does the Quality Improvement and Research Innovation standard say about R&I? We don't have an R&I strategy so how are DHCW scored at a 4? What assurance can we provide that We know what we at a 4 in respect of R&I noting that DHCW may be a 4 in Quality Improvement?]

Answer: Only some parts of the Standard are applicable to DHCW:

- Part 2 Progress is measured, recorded and learning is shared
- Part 4 Research and innovation have a direct impact on improving the efficiency and effectiveness of services, delivering better health and well-being outcomes for people, and improving the experience of care
- Part 5 There is a structured approach to promoting and supporting research and Innovation and it is applied in everyday practice
- Part 6 There is clear visible leadership and a strong collaborative approach with university and industry partners
- Part 7 Quality of clinical records is improved through implementing standards which enable re-use of the data for research

The assessment (which was based on Quality Improvement and R&I Activity) considered the following and was assessed at Level 4:

- Shared Patient Stories at DCHW Board
- Management of Quality Improvement Actions
- Incident Review and Learning Group activity
- Collaboration across healthcare and with academia and industry maintained
 - Research and Innovation Working Group established to progress and coordinate activities
 - H&SC Research Wales, Covid 19 Evidence Centre, UKRI and Welsh Innovation networks, HDRUK
- Resources and infrastructure
 - IRENE hub SharePoint site established to increase awareness of R&I resources

- DHCW also manages NHS Wales e-Library for Health which provides evidence based information to support innovation, good practice and research for all NHS Wales staff, contract holders and students, working closely with HEIW
- DHCW in collaboration with University of Wales Trinity St David and University of South Wales manages Wales Institute of Digital Information (WIDI)
- Links with other academic institutions in Wales and UK
- R&I collaborations
 - SeRP NDR platform, governance model and processes (about to go live) providing invaluable lessons learnt in terms of the required work to establish and support SeRP, IDEATE
 - Developed Covid19 project/programme specific work
 - Developing WIDI R&I work programmes with DHCW
 - Networked Data Labs Wales (Health Foundation funded project with DHCW (NDR/DSPP), PHW, SAIL Databank, Social Care Wales and four other NDLS in UK have worked together to analyse and publish data using Covid19 topics then evaluated and shared with the public)
- DHCW are key partners with the Bevan Commission, ARCH, Mid Wales Collaborative as well as supporting colleagues in Welsh Government in coordinating Health Informatics engagement
- There is an active DHCW Research and Innovation Working Group chaired by Deputy Director of Information
- Links with academic institutions including University of Wales Trinity Saint David and University of South Wales through WIDI Governance Board (CEO is member) and WIDI Operational Board (DHCW members, USW and UWTSD, Coleg Sir Gar)
- DHCW continues to work with WIDI, Bevan Commission and Life Sciences Hub, Health Education, and Improvement Wales
- The Information Services Directorate is responsible for data standards and works very closely with National Data Resource on improving the quality of

	<p>information with the Advanced Analytics Group and Welsh Information Standards Board</p> <p>Question: Do we have any insight on why our score for “Governance, Leadership and Accountability” has reduced?</p> <p>Answer: The score was lowered by Board Secretary, to reflect the fact that DHCW are a new organisation with a need to fully embed our new and much changed governance arrangements. Previously, we used a well-established reporting mechanism into Velindre University NHS Trust but upon the establishment of DHCW, were required to quickly implement robust arrangements for governance and reporting which will mature over time. We expect to see a rise in score at next year’s assessment.</p> <p>The Digital Governance and Safety Committee resolved to: Note the Health and Care Standards for Assurance.</p>		
2.7	<p>Minutes of the Last Meeting Public Private abridged</p> <p>A question was raised by Independent Member prior to the meeting, as outlined below together with the responses provided.</p> <p>Question: It was noted that the R&I strategy and IP strategy are not being presented at the February Meeting. When, what information are we providing in respect of the delay?</p> <p>Answer: The IP Strategy is included under the policy update for the February meeting, this is on as part of the consultation on this policy. The R&I strategy was originally scheduled to come to this Committee in February but following a Board Development session on R&I on the 17 January it was agreed more time was required to develop this strategy, and it has been programmed into a future DG&S Committee meeting at a later date.</p> <p>The Committee reviewed the minutes of the previous meeting. Carwyn Lloyd-Jones, Director of ICT (CLJ) advised of one minor amendment to both sets, which was the Operational Security Services Management Board</p>	Approved	None to note

Confirmed minutes for the:
Digital Governance & Safety Committee 18 February 2022

	The Digital Governance and Safety Committee resolved to: Approved the Minutes of the last meeting, subject to the above amendment being made.		
3	PART 3 – MAIN AGENDA		
3.1	<p>Action Log</p> <p>CD noted that there were 3 actions from the last meeting, 1 had since been closed and invited Darren Lloyd, Head of Information Governance (DL) to update the committee on the remaining 2 that are underway.</p> <p>DL noted that the assurance process in line with both actions were being completed retrospectively and that Paul Evans, Quality Manager (Regulatory Compliance) (PE) would be providing a comprehensive update to the committee as part of his overall assurance process update.</p> <p>After Committee discussion it was agreed to amend the timelines to the end of the quarter.</p> <p>PE added that the item related to the covid passport will go to WIAG at the end of the quarter also.</p> <p>CD noted that a response from Welsh Government had been received to a letter sent by the previous Committee Chair with regards to DHCW Functions, this would be discussed in detail during the Committee meeting.</p> <p>The Digital Governance and Safety Committee resolved to: Discuss the Action Log</p>	Approved	None to note
3.2	<p>Annual Cycle of Business and Forward Workplan 2022/23</p> <p>CD presented the Annual Cycle of Business, and It was noted that a digital programme overview developed by Micelle Sell, Chief Operating Officer had been included as a key item and reflected in the Annual Cycle of Business, which was previously reviewed by the committee and was now a standard agenda item for the Committee.</p> <p>CD explained that the Forward Workplan was a live document that informed the Annual Cycle of business.</p> <p>DS raised that, as part of the committee’s remit it needed to build more digital capability as the committee matures in due</p>	Noted	None to note

	<p>course. This point was noted as a future marker for discussion and the Committee agreed that Research and Innovation needs to be developed and reported on during future Committee meetings.</p> <p>The Digital Governance and Safety Committee resolved to: Approve the Annual Cycle of Business and Forward Workplan 2022/23</p>		
3.3	<p>Annual Committee Self-Assessment Report</p> <p>The Annual Committee Self-Assessment Report was discussed by the committee. CD explained that as a newly established organisation the self-assessment would be a tool whereby feedback was gathered from committee members to inform how DHCW operate, develop, and engage going forward.</p> <p>It was suggested that as the committee matures developmental sessions could potentially be arranged for committee members to interact away from the business discussed as part of the meeting agendas.</p> <p>The Digital Governance and Safety Committee resolved to: Discussed the Annual Committee Self-Assessment Report</p>	Noted	None to note
3.4	<p>Terms of Reference Review</p> <p>CD presented the ToR to the group and explained that it was an essential document, similarly to the cycle of business, prescribed by WG, and was being presented for first review and approval. CD added that the TOR would be reviewed on annual basis going forward.</p> <p>It was noted that there are no major changes to the document, with minor changes to include the new Chair and Vice-Chair.</p> <p>CD raised that membership of the committee was missing one independent member from the membership as there is an Independent Member vacancy, therefore if for some reason the Chair or Vice-Chair were unexpectedly unavailable the meeting can continue but the ability for decisions to be made would halt.</p> <p>A discussion took place on the infrastructure of the committee and its relationships with surrounding boards, and groups.</p> <p>It was noted that after the IMTP was approved that R&I could</p>	Noted	None to note

	<p>be specifically referenced under section 2 of the ToR and that the committee would begin to look at how it can support the need for improving the skills gap under the Organisational plan for a more holistic approach.</p> <p>The Digital Governance and Safety Committee resolved to: Approve the Terms of Reference</p>		
3.5	<p>Policies, Procedures and Strategies</p> <p>i. IP Policy</p> <p>RG noted that she had expressed some concerns to CD/MS in regard to the IP Policy and felt that further specialist legal advice should be sought.</p> <p>A discussion took place on the freedom to operate stance surrounding digital health and IP law within a regulatory capacity and the ownership of personal data with regards to patient information and the rights to use this data.</p> <p>It was agreed that a more robust position was required to avoid confusion and ensure DHCW continued to operate within the correct legal remit.</p> <p>It was agreed that Innovation and IP rights were not the same therefore, work could continue, however, more time was afforded to the policy for MS to seek further specialist advice, engage with colleagues outside of this meeting and adapt the policy and it would be brought for approval at a future meeting.</p> <p>The Digital Governance and Safety Committee resolved to: Discuss the IP Policy</p>	Discussed	MS to seek further specialist advice, engage with colleagues outside of this meeting and adapt the policy and it would be brought for approval at a future meeting

<p>3.6</p>	<p>Corporate Risk Register</p> <p>CD noted that the Committee would focus on the deep dive into ICT / Infrastructure Risks, however summarised that there were 19 risks assigned to committee, 10 were in the public domain and 9 which would be discussed in the private session, the highest rated of which was CANISC.</p> <p>In light of the response received by WG, regarding DHCW Functions, and the previous discussion surrounding Information Governance risks, DL gave a brief update, noting that Ifan Evans clarified the position on the ongoing work, but no robust timescales were provided however it had been confirmed that the Health Minister had approved the work to progress with the Data Promise work.</p> <p>A discussion ensued on the data promise to ensure a clear framework was established to enable the process and transfer of patient information across Primary and Secondary Care and into other settings.</p> <p>DL confirmed that a senior member of his team was being seconded into the WG digital team to support this work.</p> <p>It was agreed that CD/RH/DL would meet outside the meeting to draft a response to WG and continue discussions.</p> <ul style="list-style-type: none"> • Deep Dive - ICT / Infrastructure Risks <p>Martin Prosser, Head of Infrastructure Operations (MP) briefed the committee on the infrastructure risks identified in the deep dive, noting that;</p> <p>Risk 0201 - Available funding had been identified and moved to a more revenue-based stream as we develop into the cloud, actions are being mitigated against however it is advised that this risk remains as it is for now. CD clarified that the risk had been on the register for a while, and it was a case of balancing capital funding. CLJ added that a bid to gain further funding for backend services from WG was unsuccessful, discretionary capital funding would be cut by 25% next year and that the lack of staff and licensing to support the services under revenue was the main issue.</p> <p>RG summarised that the move to the cloud exposed DHCW to a larger risk and that it potentially needed to be escalated for review at a higher level.</p>	<p>Discussed</p>	<p>ACTION: CD to draft a response to WG letter.</p> <p>CLJ to re-assess Risk 0201 Infrastructure Investment with the potential to increase the risk score.</p>
------------	---	------------------	--

	<p>The Committee agreed that the risk needed a further review before it is re-presented to the committee at the next meeting.</p> <p>It was noted that the risk would be included in the Chair's Highlight Report to note at the next Board meeting.</p> <p>Risk 0228 - Working similarly to the risk above, in line with the Cloud strategy is the risk of fault domains and single point of failures within the infrastructure. It was agreed that the risk remained the same.</p> <p>Risk 0267 - It was noted that work with the manufacturer to modify the systems had been undertaken and there have been no unexpected failures within the last 3 months and that it is advised the risk be downgraded and monitored with the view to close.</p> <p>Risk 0268 - The closure of the Data Centre – this risk didn't come to fruition, and it is recommended that it is closed.</p> <p>Risk 0205 - CLJ noted that he presented a paper to Management Board that identified services running in the DMZ, which mitigated the risk, the outcome of which was the recommendation to close this risk with the view to raise any single point of failures as additional risks.</p> <p>The Digital Governance and Safety Committee resolved to: Discuss the Corporate Risk Register</p>		
3.7	<p>Incident Review and Organisational Learning Report</p> <p>Julie Ash, Head of Corporate Services (JA) presented the report and noted that it had been agreed that a workshop on wider learning would take place and be implemented into future reports.</p> <p>It was highlighted that within the quarter there had been;</p> <ul style="list-style-type: none"> • No national reported incidents. • 1 early warning reported to WG on cyber security • 11 reviews Undertaken with 6 remaining open • no complaints logged. <p>The Digital Governance and Safety Committee resolved to: Note the Incident Review and Organisational Learning report for Assurance.</p>		None to note

<p>3.8</p>	<p>Assurance Reports</p> <p>I. Information Governance Assurance Report</p> <p>DL gave a brief overview of the Information Governance Assurance Report and noted the inclusion of the data promise description, the current performance on the data compliance tool kits included on schedule, the FOI statutory response being resolved and the assurance that DHCW were on target to deliver on identified obligations.</p> <p>II. Informatics Assurance Report</p> <p>PE led the Informatics Assurance Report and noted the following:</p> <ul style="list-style-type: none"> • 1 assurance paper would be made live; • 7 assurance papers were planned, 4 had been approved and the remaining were with the Executive Medical Director for review and approval. <p>PE asked the committee to note item 3.1, services previously without assurance, and confirmed that only 1 remaining paper was awaiting approval, and this was expected by the end of the quarter.</p> <p>III. Information Services Assurance Report</p> <p>Rachael Powell, Associate Director of Information and Digital Intelligence (RP) summarised the Information Services Assurance Report and highlighted the ongoing commitment to comply with assurance processes. RP noted the ongoing work to support covid services and added that since publishing the paper accreditation had been achieved for the Digital Economy Act.</p> <p>RP added that work was ongoing with security teams and commercial services to establish further arrangements to support the sail appliance going forward. In addition, there was an appetite for further accreditation to support services and embed more products going forward.</p> <p>RH extended thanks to DL and RP for their contribution to the work above and the positive impact on the directorate.</p> <p>The Digital Governance and Safety Committee resolved to: Note the reports for Assurance.</p>	<p>Noted</p>	<p>None to note</p>
------------	--	--------------	---------------------

	Comfort Break		
3.9	<p>Digital Programme Overview Update</p> <p>David Sheard (DSh) presented the December update on the overview of the programmes supported by DHCW.</p> <p>A discussion took place in the Cancer work with Velindre and its complexities.</p> <p>RH highlighted issues such as the regulation around radiotherapy and a workflow workaround, resource issues within Velindre and the need for availability to scope the issues whilst operating in a clinical environment in addition to dealing with 4 governance streams and the delays this caused which impacted on the programme and its RAG status.</p> <p>It was noted that WEDS had gone live in the Neath Port Talbot minor injuries unit, however it is delayed in other parts of SBUHB due to the impact of covid.</p> <p>DS asked with regards to WCCIS and the channel 3 audit, when the recommendations would become available. In response, CD confirmed that these would be circulated in the Chief Executive's Report at the March SHA Board Meeting.</p> <p>It was noted that due to covid and the effort to support the booster vaccination work, resources had been diverted from programmes. This would also be included in the Chief Executives Highlight report to the Board.</p> <ul style="list-style-type: none"> • Deep Dive – Electronic Test Requesting Programme <p>GW, Single Record Product Manager - gave an overview of the deep dive into the ETR programme and its findings, noting that the main challenge was the provision of hardware and the configuration needed to support it.</p> <p>GW highlighted a key lesson being that ETR needed a change at local level which in turn needed to be driven by health boards.</p> <p>RH agreed noting that there was an element of clinical championing that would be required in secondary care; when change facilitators were on the ward the process worked, however a business continuity plan was needed for when this did not happen. RH agreed to circulate his findings on the user survey that he completed recently.</p>	Noted for Assurance	None to note

Confirmed minutes for the:
Digital Governance & Safety Committee 18 February 2022

	<p>It was noted that with the rollout of the ETR programme, LINC and RISP were supporting certain areas, but the aim was to release resource from the Cancer programme to support this work further.</p> <p>A discussion took place on how DHCW could extract best practice to drive digital transformation at pace, learning from the ETR programme. GW agreed to follow up with RH on how to capture this and look to implement across the programme.</p> <p>The Digital Governance and Safety Committee resolved to: Note the Digital Programme Overview and Deep Dive into the Electronic Test Requesting Programme for Assurance.</p>		
3.10	<p>Data Centre Transition Close Out Report</p> <p>CLJ advised the committee that the completion of the project had been successful, with the outcome of benefits assisting DHCW's cloud journey and a number of lessons learnt were taken on board with regards to timescales and potential delays on networking.</p> <p>It was noted that the project was moving into its second stage of data work and CLJ advised that when project plans and timelines were set, the project would report into the committee.</p> <p>The Digital Governance and Safety Committee resolved to: Note the Data Centre Transition Close Out Report for Assurance.</p>	Noted for Assurance	None to note
4	PART 4 – CLOSING MATTERS		
4.1	<p>Any Other Urgent Business</p> <p>There was no other business to note.</p>	Noted	None to note
4.2	<p>Items for Chair's Highlight Report to the Board</p> <p>RG felt that items raised to be included in her Chair's Highlight Report to the Board had been sufficiently noted throughout the meeting.</p>	Noted	None to note
4.3	<p>Date of next meeting:</p> <p>The date of the next Digital Governance and Safety Committee meeting was confirmed to take place on the 12 May at 1.00pm.</p>	Noted	None to note