**DIGITAL GOVERNANCE AND SAFETY COMMITTEE MEETING - PUBLIC**

MINUTES, DECISIONS & ACTIONS TO BE TAKEN



13:00 to 16:00 11/08/2021

MS Teams

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| Chair | Si$\hat{a}$n Doyle |

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

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| **In Attendance** | **Initials** | **Title** | **Organisation** |
| Julie Ash | JA | Head of Corporate Services | DHCW |
| Paul Evans  | PE  | Assistant Head of Clinical & Informatics Assurance | DHCW |
| Sophie Fuller | SF | Corporate Governance and Assurance Manager | DHCW |
| Jamie Graham | JG | Infrastructure Programme Manager | DHCW |
| Darren Griffiths  | DG | Audit Wales Representative  | Audit Wales |
| Laura Tolley | LT | Corporate Governance Co-ordinator (Secretariat) | DHCW |

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| **Apologies** | **Title** | **Organisation** |
| Rhidian Hurle | RH | Medical Director |

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| **Acronyms** |
| DHCW | Digital Health and Care Wales | NWIS | NHS Wales Informatics Service |
| SHA | Special Health Authority | DG&S | Digital Governance and Safety |
| IG | Information Governance | ISD | Information Service Directorate |
| NEAG | Notifiable Events Assurance Group | WIS | Welsh Immunisation System |
| DEA | Digital Economy Act | SAIL | Secure Anonymised Information Linkage |
| IRLG | Incident Review & Learning Group | PTR | Putting Things Right |

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| **Item No** | **Item** | **Outcome** | **Action to Log** |
| 1 | **PART 1 – PRELIMINARY MATTERS** | **Outcome** | **Action to Log** |
| 1.1 | **Welcome and Introductions**Si$\hat{a}$n Doyle (SD) welcomed everyone to the second meeting of the DHCW Digital Governance and Safety Committee. SD explained that the Committee’s agenda was an evolving one and commended the team for all the hard work undertaken on the reports presented. SD requested that in the November meeting, the forward work plan be expanded and detailed to include items with potential future risks and issues to ensure these aligned with the Corporate Risk Register and material risks to the delivery of the Annual Plan. SD reminded colleagues that the core purpose of the committee was to provide assurance to the SHA Board 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 Committee
* Incident Review and Organisational Learning

SD advised that work was being undertaken with Chris Darling, Board Secretary, to schedule in at least one Committee Development Session before the next Formal Committee meeting to help shape future Committee agendas, in addition SD explained the next Committee meeting date may be changed due to apologies received.  | Noted |  None to note |
| 1.2 | **Apologies for Absence**Apologies from the Executive Medical Director, Rhidian Hurle were noted. | Noted |  None to note |
| 1.3 | **Declarations of Interest**There were no declarations of interest received. | Noted |  None to note |
| 1.4 | **Forward Work Plan & Horizon Scanning**Chris Darling (CD) advised that the Cycle of Business and Forward Work Plan had been discussed in detail at the last meeting and confirmed that several items had been added to the agenda for the Committee meeting in November 2021. CD reiterated the Chair’s request for horizon scanning to be included in meetings going forward and added that the Committee Development Session would feed into the forward work plan.**The Digital Governance and Safety Committee resolved to:**Note the Forward Work Plan & Horizon Scanning. | Noted | None to note |
| 2 | **PART 2 – MAIN AGENDA** | **Outcome** | **Action to Log** |
| 2.1 | **Minutes of the Last Meeting held on 12th May 2021**The Digital Governance and Safety Committee reviewed the minutes of the last meeting held on 12th May 2021. **The Digital Governance and Safety Committee resolved to:**Approve the Minutes of the Last Meeting held on 12th May 2021. | Approved |  None to note |
| 2.2 | **Action Log**SD confirmed there was only one action open, which was scheduled for the November meeting. **The Digital Governance and Safety Committee resolved to:**Discuss the Action Log. | Discussed |  None to note |
| 2.3 | **Velindre Quality, Safety and Performance Committee Minutes**Darren Lloyd (DL) confirmed that DHCW presented Velindre University NHS Trust with a handover report at the Quality, Safety and Performance Committee which were provided for completeness, noting the Velindre Committee thanked Digital Health and Care Wales for the comprehensive closure report.**The Digital Governance and Safety Committee resolved to:**Note the Velindre Quality, Safety and Performance Committee Minutes. | Noted |  None to note |
| 2.4 | **Wales Informatics Assurance Report**Paul Evans (PE) introduced the report and confirmed that it outlined all the activity presented to the Wales Informatics Assurance Group in the reporting period.PE explained that there had been a total of 8 Assurance Quality Plans, all of which had been approved. Due to pressures caused by the COVID-19 Pandemic, there were 5 projects that had not gone through, therefore these required retrospective assurance. These were identified as:* TTP
* Lateral Flow
* Wales Immunisation Service
* COVID results in WLIMS
* English Covid results.

Regular contact was being made with the teams and the work was expected to be presented in due course to the Wales Informatics Assurance Group. **The Digital Governance and Safety Committee resolved to:**Note for assurance the Wales Informatics Assurance Report.  | Noted for Assurance  | None to note |
| 2.5 | **Information Governance Assurance Report** DL advised the report outlined the DHCW Information Governance activity from 1st May 2021 – 21st July 2021.DL explained that the number of calls into the DHCW Information Governance ActionPoint System were mainly from the Data Protection Officer service that DHCW provided to 85% of all GP practices in Wales.DL confirmed that Freedom on Information requests were included within the report to provide assurance that DHCW responded within the statutory timescales.DL advised the one incident showing on the report was a data breach from Cardiff and Vale University Health Board, where DHCW received patient identifiable information from Cardiff and Value University Health Board, and it was subsequently entered onto a DHCW system. This incident has since been dealt with and closed.**The Digital Governance and Safety Committee resolved to:**Note for assurance the Information Governance Assurance Report.  | Noted for Assurance  | None to note |
| 2.6 | **Information Services Assurance Report**Rachael Powell (RP) introduced the report and highlighted the following:The Information Services Directorate (ISD) had formalised the Welsh Immunisation System (WIS) Data Group and was meeting weekly to provide assurance of the work being undertaken in relation to COVID-19 vaccinations. The ISD Assurance Group terms of reference were being reviewed due to the growing remit of the department. SD asked in relation to the growing functions, if this caused any capacity risks at present? RP confirmed that the department were managing with existing resource, therefore no additional risks had been identified.RP informed the Committee that DHCW were currently undergoing assessment to gain accreditation by the UK Statistics Authority under the requirements of the Digital Economy Act (DEA). This will assure potential suppliers of data to the Secure Anonymised Information Linkage (SAIL) database that DHCW can act as a Trusted Third Party.Rowan Gardner (RG) asked how long the review process would take and if it had any impact on any work that was being undertaken. In response, RP confirmed that all documents had already been submitted for review, there was no critical timeline to gain the accreditation as DHCW were already operating within the SAIL area. This accreditation is for assurance purposes.RP advised the Committee of two Corporate Risks:* **DHCW0260 – Shielded Patient List** – This remained on the Corporate Risk Register due to the manual intervention required to produce and maintain the list. RP explained the risk continued to be monitored at a Corporate level until the ongoing work being undertaken by a third-party supplier to automate and quality assure the process was completed. It was anticipated this work would be completed by late August 2021.

David Selway (DS) asked if the testing and parallel running work was on track to be completed within the timescales? RP explained that the work was a learning case environment which caused challenges, however, it was on course to have a process in place by the end of August 2021. RP added that a future challenge would be to assess how the list would be managed going forward. DS queried once the automated process was in place if manual oversight would be required? RP confirmed this was correct, manual oversight would be required to deal with anomalies, however, most of the process would be automated. RP explained that work was being undertaken to look at risk stratification and platforms to identify robust and streamlined processes to aid similar activities going forward. **ACTION 20210811 – A01** It was agreed that the Risk Stratification Approach to the Shielded Patient List be presented at the next Committee meeting in November and review the approach in line with future activities.* **DHCW0269 – NHS Wales Data Switching Service** (NWDSS)– This had been escalated onto the Corporate Risk Register concerning the need to replace the current NWDSS which is used to acquire much of the national health data from Welsh Health Boards and NHS England. This risk would be monitored through the ISD Enablement Report Out meetings.

RP confirmed that work was being undertaken with teams to ensure minimum disruption and maximum resilience within the current system. To address the risk long term, work would be undertaken with the NDR Programme to explore replacing the current system with a more robust and resilient one.SD asked if this sat as a priority on the NDR Programme Work Plan. In response, RP explained at present it was not on the NDR Programme Work Plan but had been presented for consideration. SD confirmed that the risk would need to remain on the Corporate Risk Register until a timeframe for a replacement system had been agreed.**ACTION 20210811 – A02** After Committee discussion, it was agreed that the NDR Programme Work Plan would be presented at the next Committee meeting for information. **The Digital Governance and Safety Committee resolved to:**Note for assurance the Information Governance Assurance Report. | Noted for Assurance  | ACTION RP **-** Risk Stratification Approach to the Shielded Patient List be presented at the next Committee meeting.ACTION **RP -** NDR Programme Work Plan be presented at the next Committee meeting for information. |
| 2.7 | **Incident Review and Organisational Learning Report** Michelle Sell (MS) the Chair of the new Incident Review & Learning Group (IRLG) gave an introduction to the group and advised the Committee the terms of reference are being finalised. **ACTION 20210811 – A03** - The IRLG Terms of Reference would be brought to the next Committee meeting for approval.MS explained that the IRLG acted as a consolidated replacement of the predecessor organisations Notifiable Events Assurance Group and Organisational Learning Group to ensure that any incidents that arise were managed appropriately, and specific legal and regulatory requirements were complied with. MS informed the Committee the IRLG would provide the organisation with a clear line of sight on recommendations and actions taken and that learning would be a significant focus, with themes and trends identified and analysed to provide additional assurance to the Committee. MS confirmed that there were no issues to be escalated by Committee at present. RG commented that the totals in the reports did not add up correctly. MS confirmed this would be addressed. SD commended the team on work undertaken and welcomed the report at future meetings.**The Digital Governance and Safety Committee resolved to:**Discuss the Incident Review and Organisational Learning Report.  | Discussed | ACTION **MS –** The IRLG Terms of Reference be brought to the next meeting for approval |
| 2.8 | **Information Governance Toolkit Update** DL explained that the Welsh Information Governance Toolkit was a self-assessment tool which enabled organisations to measure their level of compliance against national Information Governance standards and legislation. The assessment helped identify areas which required improvement and assisted in informing organisations Information Governance improvement plans.DL confirmed that all Health Boards, Trusts and Special Health Authorities complied with the toolkit and DHCW were responsible for the Information Governance Toolkit Management. SD asked how DHCW compared against peers across Wales? In response, DL confirmed it was the first time that all peers had responded to the Toolkit, therefore this year the data would be compiled to provide a benchmark. DS queried what was meant by a new Information Asset Register being developed. In response, DL confirmed this was a recommendation from Internal Audit, to have a combined senior information risk owner responsibility and information asset owner responsibility. Work was being undertaken with the DHCW Security Team to develop this.DS asked where data would be stored? Carwyn Lloyd-Jones (CLJ) advised the Information Asset Register would be held in SharePoint. RG asked if DHCW moved to a Cloud Strategy, would it impact the Information Asset Register? DL confirmed this would be explored and reported back.**ACTION 20210811 – A04 –** DL **-** Explore if moving to a Cloud Strategy would impact Information Assest register and report back at next Committee meeting.SD asked if there was regular engagement with other Health Boards, Trusts and Special Health Authorities in relation to the Information Governance Toolkit? DL confirmed that regular conversations were held, however a formal forum needed to be set up. **ACTION 20210811 – A05 –** SD requested that benchmarking between DHCW, Health Boards, Trusts and Special Health Authorities be brought to a future Committee meeting for information. **The Digital Governance and Safety Committee resolved to:**Review, Support and Own the Information Governance Toolkit Update. | Discussed | ACTION **DL -** Explore if moving to a Cloud Strategy would impact Information Assest register and report back at next Committee meeting.ACTION **DL -** IG Toolkit Benchmarking between DHCW and other Health Boards, Trusts and SHA's be brought back for information. |
|  | **Comfort Break**  |  |  |
| 2.9 | **Microsoft Office 365/SharePoint Update Report**DL explained the update was in relation to an issue raised in February 2021, where an NHS Wales Microsoft Office 365 user discovered access permissions for Teams and SharePoint across NHS Wales. The cause of the issue was identified as a default permission setting on Teams and SharePoint sites where these had been set to ‘Public’ and not ‘Private’. This was changed at pace and completed within 10 working days. The issue was reported to the Information Commissioners Office where it was confirmed no further action would be taken due to the mitigated actions taken immediately. DL advised this was now monitored daily by Health Boards, Trusts and Special Health Authorities to ensure there were no future re-occurring issues. SD confirmed that mitigating actions and learning had been taken forward, therefore there was no further action from the Committee required. **The Digital Governance and Safety Committee resolved to:**Note the Microsoft Office 365/SharePoint Update Report. | Noted | None to note |
| 2.10 | **Putting Things Right Update** CD explained that when DHCW set up as a new Special Health Authority on 1st April 2021, the organisation adopted a concerns and complaints policy that was developed from benchmarking with Health Education and Improvement Wales as the other Special Health Authority. CD advised that the Putting Things Right (PTR) guidance was created for NHS organisations for dealing with concerns or complaints about services received from the NHS. The guidance reflects the content of the National Health Service Regulations 2011. At present, Special Health Authorities are not named bodies under the regulation, however, conversations were ongoing with Legal and Risk and Welsh Government Policy Leads to address this and it was anticipated the regulations would be amended to recognise Special Health Authorities. DHCW have committed to creating a concerns and complaints policy that reflect the PTR regulations ahead of SHA’s being included in the legislation and the organisation have been working on finalising this for consultation.CD advised the following next steps were being taken by Welsh Government Policy leads: * Putting advice to the Minister to gain permission to change the legislation;
* If permission is given, instruct Welsh Government Legal Services to draft necessary amendment legislation;
* 12-week public consultation on the regulations (if required); and
* Get the Regulations checked, translated and laid.

CD advised that updates would be provided when appropriate. SD asked who would be the DHCW Accountable Officer for Putting Things Right? CD confirmed this would be Rhidian Hurle, Executive Medical Director.SD commented on the good progress made to date and ththe committee confirmed that DHCW would want to be recognised as a Special Health Authority within the regulations.**The Digital Governance and Safety Committee resolved to:**Note the Putting Things Right Update. | Noted  | None to note |
| 2.11 | **Data Centre Transition Report** CLJ confirmed that an action from the Committee during the inaugural meeting in May 2021 was to describe the assurance process surrounding the Data Centre Transition Project.CLJ confirmed that plans and activities were divided into three work streams:1. Data Centre Procurement
2. Architecture and Infrastructure
3. Cloud

A Project Board had been established with the Chair and Project SRO being DHCW Director of ICT. The Project Board membership includes representatives from Local Health Boards, Welsh Government, and various teams in DHCW including Technical, Finance and Procurement. CLJ confirmed that a transition batch plan and transition schedule had been developed, tests had taken place in advance of moves, all of which had been successful.CLJ confirmed that Cloud risk assessments had been undertaken to ensure suitable controls were in place to protect patient identifiable information. SD asked if there were any risks that may delay the project? CLJ confirmed that availability of staff due to COVID-19 was a risk, however contingency plans were in place to address this if required. DS queried if funding was a risk as future funding would be covered through the Cloud Strategy and this had not yet been agreed or approved to date? CLJ confirmed work was being undertaken with Finance colleagues to develop a Cloud Business Case and assured the Committee that the spend would be manageable for the organisation if Cloud Strategy funding was not agreed. SD asked what were the benefits of the Data Centre Transition Project? CLJ confirmed benefits included, but were not limited to:* Increased systems resilience;
* More environmentally friendly; and
* More economical

**The Digital Governance and Safety Committee resolved to:**Note the Data Centre Transition Report.  | Noted  | None to note |
| 2.12 | **NHS Wales National Clinical Audit and Outcome Review Plan** DL explained that the Healthcare Quality Improvement Programme was established mid 2000’s to promote quality in Healthcare and advised Healthcare Quality Improvement Partnership (HQIP) were an independent organisation lead by academics from the Royal College, Royal College of Nursing and National Voices. DL further explained that HQIP commissioned national and local Programmes with Welsh Government responsibility and Welsh Government identified DHCW to take part responsibility for the Health Quality Improvement Programme as joint data controller.DL advised that DHCW were being asked to:Act as joint data controller with HQIP for the delivery of any project commissioned by HQIP as part of the National Clinical Audit and Patients Outcome Programme;Provide national representation related to the audit programme;Approve pre-publication of data requests; Ensure health boards participate in mandatory audits relating to Wales; Identify data sharing opportunities to support clinicians and networks in Wales;Overcome information governance and data access issues; andAdvise and support health boards in relation to audit matters. DL explained the next steps being taken:A paper to be presented to DHCW SHA Board for agreement;Welsh Government to write to HQIP to outline desired approach;Welsh Health Circular issued to formalise the change.SD confirmed that the Committee welcomed this change.**The Digital Governance and Safety Committee resolved to:**Note and endorse the NHS Wales National Clinical Audit and Outcome Review Plan.  | Noted and Endorsed. | None to note |
| 2.13 | **Risk Management Report including Risk Register** SD thanked the Corporate Governance team for the detail provided within the report and confirmed it would be a core part of the Committee agenda as it progressed.CD encouraged members of the committee when considering risks, to consider the impact on the organisation on a short- and long-term basis.CD explained that a key part of the report would be to review each risk and consider the mitigating actions taken to address these. In addition, to quantify timeframes to achieve risks to ensure the Committee could track these appropriately. CD informed the Committee that in relation to risk DHCW0204 – CANISC – Helen Thomas, CEO provided an update on this during a private session held in the early afternoon of 11/08/2021, as due to unforeseen circumstances, she was unable to make the private session scheduled following the public session.The following updates were provided:DHCW0266 – VPN Capacity – This was removed as a result of de-escalation;* DHCW 0205 – DMZ/Internet Failure – Score decreased from 16 to 8;
* DHCW 0228 – Fault Domains– Score decreased from 16 to 12;
* DHCW0268 – Data Centre Transition – CLJ confirmed this remained a high score due to staff availability due to COVID-19. CLJ advised this risk should be removed by the next Committee meeting;
* DHCW0269 – Switching Service – CD confirmed this had been covered within agenda item 2.6;

DS confirmed that he was uncomfortable that there was no identified mitigation related to this risk, DHCW0269, as the Committee had no sight of the NDR Work Programme so were unaware where this was prioritised within their plan, therefore welcomed this being shared at the next Committee meeting.* DHCW0260 – Shielded Patient List – CD confirmed this had been covered within agenda item 2.6;
* DHCW0263 – DHCW Functions – DL confirmed that both sections required Welsh Government action. Whilst ongoing discussions were being held with Welsh Government, a timeframe for completion was unknown.

**ACTION 20210811 – A06** – It was agreed that a deep dive on risk DHCW0263 would be held at the next Committee meeting. * DHCW0264 – Data Promise – DL advised this was a requirement set out in A Healthier Wales Programme of work and work was being undertaken to clarify safety and governance arrangements for Welsh Residents to advise how their information is used.
* DHCW0237 – COVID Resource Impact – MS confirmed that the team had a new recent request to support COVID-19 Certificates and the Vaccine Booster Programme. Digital funding had been allocated to support this and additional resource would be brought to the team. MS advised it was anticipated that the risk could be reviewed in 3 months’ time.
* DHCW0201 – Infrastructure Investment – CLJ confirmed that adopting Cloud migration would address this risk.
* DHCW0267 – Host Failures – CLJ explained this was an issue with a virtual server environment and work was being undertaken to identify the cause of server failure. New network cards were being installed, if this addresses the issue, the risk could be removed.

**ACTION 20210811 – A07 –** RG requested that a risk scoring scale be included within the risk register going forward. **The Digital Governance and Safety Committee resolved to:**Note the Risk Management Report including Risk Register. | Noted  | ACTION **DL** - A deep dive on Risk DHCW0263 - DHCW Functions - at the next Committee MeetingACTION **CD -** A risk scoring scale be included within the risk register going forward. |
| 3 | **CLOSING MATTERS** |
| 3.1 | **Any other Urgent Business**No other urgent business was raised. | Discussed | None to note |
| 3.2 | **Items for Chair’s Report to the Board**Items for inclusion in the Chair’s report were noted as per the actions taken for each item. The Chair confirmed she would highlight to the Board the significant work that had been undertaken by all to improve the quality and detail of the reports received at the meeting, additionally highlighting how the Corporate Risk Register had improved since the inaugural meeting in May 2021.  | Noted |  None to note |
| 3.3 | **Date and Time of Next Meeting** Wednesday 10th November 202113:00 – 16:00Microsoft Teams  | Noted | None to note |