Confirmed Minutes of the Public Digital Health & Intelligence Committee
Thursday 8th October 2020 9:30am – 12:30pm
Via MS Teams

Chair:		
Eileen Brandreth	EB	Committee Chair / Independent Member - ICT
Members:		
Michael Imperato	MI	Committee Vice Chair / UHB Interim Vice Chair
Charles Janczewski	CJ	UHB Chair
Gary Baxter	GB	Independent Member
In Attendance:		
Nicola Foreman	NF	Director of Corporate Governance
Christopher Lewis	CL	Interim Executive Director of Finance
Angela Parratt	AP	Director of Digital Transformation – IM&T
David Thomas	DT	Director of Digital & Health Intelligence
James Webb	JW	Information Governance Manager
Secretariat:		
Raj Khan	RK	Corporate Governance Officer
Apologies:		
Allan Wardaugh	AW	Chief Clinical Information Officer
Stuart Walker	SW	Executive Medical Director
Len Richards	LR	Chief Executive Officer

		Action
DHIC 20/10/001	**Welcome & Introductions** The Committee Chair (CC) welcomed everyone to the public meeting.	
DHIC 20/10/002	**Apologies for Absence** Apologies for absence were noted.	
DHIC 20/10/003	**Declarations of Interest** There were no declarations of interest.	
DHIC 20/10/004	**Minutes of the Committee Meeting held on 9th July 2020** The Committee reviewed the minutes of the meeting held on 9th July 2020 **Resolved that:** (a) The Committee approved the minutes of the meeting held on 9th July 2020 as a true and accurate record.	
DHIC 20/10/005	**Action Log following the Committee Meeting held on 9th July 2020** Actions were noted as complete or on the agenda save for: **20/02/009** Data Repository Governance – The Information Governance Manager (IGM) updated Committee that this work had not yet been progressed and requested that it be deferred to the next meeting. **20/02/017** Information Governance Policy EHIA – this had been deferred to the February meeting.	**JW**

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DHIC 20/10/006	**Chair's Action taken since the Committee Meeting held on 9th July 2020**	
	There were no Chair's Actions.	
DHIC 20/10/007	**Digital Strategy – Final Version**	
	The CC highlighted that this was approved by Board on 30th July and had come back to Committee to update on changes since, mainly in relation to governance arrangements.	
	The Director of Digital & Health Intelligence (DDHI) advised that following Board approval there was one change made to the governance structures to manage the implementation of the strategy being the establishment of Delivery Programme Boards.	
	The UHB Chair queried whether the structure was too bureaucratic to enable decisions to be made at speed. The DDHI responded that there was a balance between ensuring appropriate representation and the ability to make decisions at pace. He considered that this current structure was the best way going forward and the only problem would be in how quickly they could work through the massive transformation programme. He highlighted that they did not underestimate the complexity of the situation.	
	The CC queried where the financial approvals sat and who managed any contingencies. The DDHI responded that it ultimately sat with the Management Executive. He added that there would be finance representation within the Programme Boards and a number of business cases over the next year.	
	The Interim Executive Director of Finance (IEDF) added that a Business Case Group had been established and depending on review of that group, a recommendation went to the Management Executive to consider approval depending on funding so there was a well-rehearsed system in place to manage such things.	
	The CC queried the part played by the Digital Service Management Board. The DDHI responded that the Digital Service Management Board would oversee how the work programs were being delivered and prioritization. He would follow up with the IEDF with regards to ToR and how they are consistent with BCAG.	
	Resolved that: (a) the final version of the Digital Strategy for the UHB for 2020-2025 be agreed.	
DHIC 20/10/008	**Digital Strategy - Plan on a Page**	
	The DDHI explained that the challenge was capturing what they wanted to achieve from the Digital Strategy on one page. It was a first draft and provided a useful outline but did not give the detail behind or timelines on the delivery of all items but including too much detail could make it illegible.	
	The CC commented that it should show progress made, risks and budgeting information and in addition a dashboard so that the Committee	

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	could easily consume the full scope of the Programme. The Committee would like to see this evolve and get more structure introduced in each of the themes to see what the plan was, the timescales, where approval/funding was obtained, the spend, key risks etc. to provide assurance of progress and status. **Resolved that:** (a) the progress being made in developing a plan on a page to support the roadmap for delivery of the Digital Strategy be noted.	

DHIC 20/10/009	**Digital Mobile Strategy – Final Version**
	
	The DDHI stated that the Mobile Strategy had been developed late last year ahead of big changes made due to the pandemic, he added that it was focused on the community services component of the UHB.
	
	They had since been able to mainstream this as part of other programs to further enable true mobile working:
	    • National mobilization program
	    • Office 365
	    • MS Teams
	
	From this, a high level roadmap had been produced to ensure the right resources in investment and correct implementation of the Strategy. A number of personas were also developed to understand what we were trying to deliver as part of the mobile strategy.
	
	The Director of Digital Transformation (DDT) advised that it was about more than homeworking. She updated on the current position with regards to the personas and how staff had to be equipped with the right tools for the job and ensure that it was accessible and secure for the individuals using it. It was hoped to improve the quality of data to inform clinical decision making, speed up decision making and free up time to care. She confirmed that the personas had been developed by staff, informed by direct clinical input and highlighted that it was not complete yet due to the size and complexity of the organization but that the building blocks of the strategy could be seen.
	
	It was acknowledged that progress had been immense but the timescales for Office 365 were queried. The DDHI responded that implementation of Office 365 was due within the next 6 weeks. He highlighted resourcing considerations set out within the paper and commented that securing adequate resourcing would affect the timescales.
	
	Resolved that:
	    (a) progress with the Digital Mobile Strategy for the UHB be noted.	

DHIC 20/10/010	**Self-assessment of Committee Effectiveness & Forward Action Plan** The Director of Corporate Governance (DCG) advised that the self-assessment was completed on an annual basis at the end of the financial year; this was the first time it had come to this Committee. Appendix 1 showed the results of questions raised and appendix 2 provided an action plan for where there was an "adequate" or "no" response.	

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	The CC was reassured by the positive outcomes and considered the action plan a very pragmatic and sensible approach going forward. She wanted to encourage the availability of information in a timely fashion.
	
	Resolved that:
	    (a) the results of the Committee's self-assessment Effectiveness Review for 2019-20 be noted
	    (b) the action plan for improvement to be completed by March 2021 in preparation for the next annual self-assessment which will feed into the 2020-21 Annual Governance Statement be approved.	

DHIC 20/10/011	**GP Pilot Action Plan** The CC advised that this was to close an historic action. The DDHI informed Committee that this was a pilot of GP access of CAV patient records, it had started in 2018 and not progressed as planned. It had been picked up, expanded, lessons learned and now the action was complete. **Resolved that:** (a) the actions taken to achieve closure on this plan be noted and ratified.	
DHIC 20/10/012	**Digital Transformation Progress Report (Digital Dashboard)** The DDHI informed Committee that he was unable to bring the dashboard format to this meeting but would bring to a future one. The DDHI informed Committee that there had been a lot of progress over the last 5 or 6 months despite the Covid pressures on the Digital teams i.e. commissioning/decommissioning of Dragon's Heart, mass immunisation program, progress on the data repository on personal health records PARIS, lighfoot support. The DDHI assured the Committee that projects were moving forward and aimed to provide a simplistic view via a dashboard to highlight the risks and issues. **Resolved that:** (a) the progress across the IT Delivery Programme be noted.	**DT**
DHIC 20/10/013	**IG Data & Compliance (SIs, Data Protection, GDPR, FOI, SARs, Staffing & Mandatory Training)** The IGM informed the Committee that the paper provided an update on key IG compliance performance measures, in summary the IG structure remained largely unchanged overall, however following a retirement and departure the IG workforce had been reduced. The IGM is hopeful to reappoint vacancies which would depend upon ongoing CRP and restructuring of the digital health department. The IGM reported that the number of incidents reviewed continued to be large but those reported to ICO low. A national reporting tool was awaited to ensure a consistent approach for IG breaches across Wales. With regards to Medical compliance, subject access request compliance had been sustained throughout the year which he emphasized was a	

	fantastic achievement for the department considering the circumstances faced.	
	In regards to FOI Compliance, this area had suffered due to the fact they had decided not to chase senior members of the Health Board due to Covid however they were processing them.	
	The CC praised the efforts in improving the level of compliance and queried the NIOS position. The IGM responded that earlier this year they had received training and picked up responsibility, he mentioned that NIOS was an audit tool on number of national systems to look at members of your own house, celebrities, and members of your department. They had run the system once but unfortunately as a response to covid had to prioritise work and dropped audit function but intended to resume this work. He added that there was also a consequence on services as they would be running it however they would not be running the investigations as it did not differentiate between lawful and unlawful. The CC noted why it was paused and requested at the next Committee meeting an update on this item.	**JW**
	IM-University queried progress in regards to IG mandatory training and if there was any particular pattern to note. The IGM responded that the figures presented were a point in time from August with a 3% drop since last Committee in February, he mentioned there was a huge variance across patch. He highlighted that he had not broken down the staffing groups i.e. medics – only 25% of doctors had completed the mandatory IG training. The CC commented that as so many more people were now working from home this became more vital.	
	IM-University was interested to know if there was a trend and if 70% was normal or whether we had seen a real drop during the last 6 months and if it had ever approached 100%. The IGM responded that it had never been close to 100% and that they had aspirations for 85 %. At the last Committee figures across Wales showed C&V as lowest for IG, he would bring back a communications plan for the next Committee meeting.	**JW**
	Resolved that: (a) a series of updates relating to significant Information Governance issues be received and noted.	
DHIC 20/10/014	**Clinical Coding Performance Data** The IGM reported that this took a dip in February and March due to Covid however they now had recovered and were above the Welsh Government targets of 95%. Audits were rearranged for the end of the year. Also a 42% reduction on FCE compared to last year was seen, last year we were above average as we were this year. **Resolved that:** (a) the performance of the UHB's Clinical Coding Department be noted.	
DHIC 20/10/015	**Joint IMT & IG Corporate Risk Register** The CC was pleased to note that the interim Cyber staff had been deployed to mitigate risk and extra resource had arrived to manage the Windows 10	

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	work with the Dell managed service team. The CC referred to an audit action around cyber staff marked as closed and wanted the DDHI to confirm that it had been fully closed. The DDT commented that resourcing was an issue and should now be included on the risk register. The DDHI responded that this was there against top 3 risks in infrastructure referencing insufficient capital this year to deliver against the necessary plans in terms of the server infrastructure, but given it impacted against other things we may need to resource more wisely rather than aligning it to another risk where it has an impact. **Resolved that:** (a) progress and updates to the Risk Register report be noted.	**DT**
DHIC 20/10/016	**IMT Audit Assurance Tracker** The CC noted that the action was closed in the audit tracker but queried this when only interim resources were provided with no assurance of ongoing funding. The DDHI responded that interim resources would remain until they had recruited to permanent resources. The DCG further commented that these now linked in to the Audit Committee Tracking Reports. **Resolved that:** (a) progress and updates to the IMT Audit Assurance report be noted.	
DHIC 20/10/017	**IG Audit Assurance Tracker** The CC noted all but one action had been closed but queried had they been closed as they had been moved onto the ICO tracker. The IGM confirmed that not all had been closed but as some had been duplicated in the ICO report, for ease they had been consolidated into one action plan. The IGM also highlighted that the one action that had not been closed related to FOI structure which was being progressed as part of the overall wider restructure of Digital Health. **Resolved that:** (a) progress and updates to the Information Governance Audit Tracker be noted.	
DHIC 20/10/018	**ICO Recommendations and Action Plan** The IGM highlighted that appendix 1 was a full list of recommendations, without the Cyber elements for security reasons, and appendix 2 a work plan. He reminded Committee that the 60+ recommendations had been broken down into 5 actions. The CC noted the progress made on the 5 prioritized actions. The IGM confirmed that at the next Committee the recommendations would be replaced by another 5 as they were able to work through them and progress. **Resolved that:** (a) the Information Governance Department's action plan which would ensure that the ICO's recommendations were addressed be noted.	**JW**

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DHIC 20/10/019	**IMTP Work Plan Exception Report** The Committee noted the report. **Resolved that:** (a) the areas of exception which required further attention and consideration be noted.	

DHIC 20/10/020	**Schedule of Control Documents (Policies & Procedures)**
	
	The CC observed that even though the report listed all policies and procedures that would be presented to the Committee, it did not show when they should have been reviewed or provide a plan for when they would come to future meetings.
	
	Committee was advised that the list would be shared out within the team to review and the DDHI committed to complete this by the end of the financial year.
	
	It was proposed that the DCG work with the DDHI's team to bring those to the Committee for review that have changed significantly and advise:
	    • What can be deleted as superseded
	    • Those that need minor change
	    • Those that need Committee review and include in next year's timetable.
	
	Resolved that:
	    (a) progress to date and plans to address the review of remaining documents be noted.
		NF/DT

DHIC 20/10/021	**Minutes:**
	    i. **Capital Management Group 17/08/20**
	
	Resolved that:
	    (a) The minutes were noted.	

DHIC 20/10/022	**Items to bring to the attention of the Board / Committee** None	
DHIC 20/10/023	**Review of the Meeting** The CC conducted a review of the meeting. All present confirmed the meeting had run very smoothly and good, positive discussions were held.	
DHIC 20/10/024	**Date & Time of Next Meeting** Thursday 11th February 2021 9:30am – 12:30pm Via MS Teams	