

**ANNEX D**

**MINUTES OF A MEETING OF THE TECHNOLOGY AND DATA ASSURANCE  
COMMITTEE HELD ON 15 MAY 2017 AT 2.00pm AT WELLINGTON HOUSE,  
LONDON SE1 8UG**

**Present:**

Sigurd Reinton, Non-Executive Director (Chairman)  
Caroline Thomson, Non-Executive Director  
Jora Gill, Independent Member  
Paul Willer, Independent Member  
Ted Woodhouse, Independent Member

**In attendance:**

Bob Alexander, Executive Director of Resources/Deputy Chief Executive  
Graham Binns, Enterprise Architect  
Jessica Dahlstrom, Head of Governance  
Peter Hill, Associate Director of Technology and Data  
Keith McNeil, Chief Clinical Information Officer of NHS Improvement and NHS England  
Peter Sinden, Chief Digital Officer  
William Smart, Chief Information Officer, NHS Improvement and NHS England  
Iain Wallen, Director of Information and Analytics

**1. Welcome and apologies**

- 1.1 Apologies for absence had been received from Richard Douglas, Non-Executive Director

**2. Declarations of interest**

- 2.1 No interests were declared.

**3. Minutes and matters arising from the meeting held on Wednesday 22  
February 2017 (TDAC/17/05)**

- 3.1 The minutes of the meeting held on Wednesday 22 February 2017 were approved subject to a small correction to paragraph 5.1, and matters arising were noted.

**4. NHS Improvement technology and data: Overview of 2017/18 plan and  
Business Transformation Programme (TDAC/17/06)**

- 4.1 Steve Russell, Executive Regional Managing Director (London), attended the meeting for this item.
- 4.2 The Chief Digital Officer introduced the paper, which provided an overview of progress made in relation to technology and data at NHS Improvement in the period from February 2017 to May 2017, including progress made on the Business Transformation Programme.
- 4.3 The importance of designing appropriate governance structures while not allowing discussions on governance to delay progress was highlighted. Consideration was given to the prioritisation of the programme of work. The Committee noted that the three key areas identified as priorities were as follows: (1) helping NHS Improvement staff access available resources to support providers, (2) enabling staff of working with providers to be aware of all contacts NHS Improvement teams were having with the provider(s) in question and (3) enabling staff to access files and data from any location.
- 4.4 A discussion took place on the extent to which the priorities above could be addressed through improvements in technology. The importance of changes in leadership, behaviour and culture was emphasised, and the Committee noted that minor technology improvements could sometimes lead to substantial culture shifts.
- 4.5 Consideration was given to the timing of the Business Transformation Programme, which coincided with a number of other changes and uncertainties for staff. The role of the internal communications team in ensuring staff understood how various initiatives would fit together was discussed. The Committee noted that regular interactions with representatives of the business users were envisaged as part of the programme, to ensure any solutions delivered were fit for purpose. A 'show and tell' event was planned for 23 May 2017 to test the priorities outlined above with staff.
- 4.6 The Committee discussed the procurement route for services beyond discovery and noted that a business case was going through internal governance processes and would be submitted to the Department of Health for additional sign-off. The importance of including a contingency was highlighted.
- 4.7 The Committee also discussed the need to rapidly progress other services being commissioned, including Business Systems, Analytics Platform development and operations, Digital and Model Hospital cases and a case to convert a proportion of pay to non-pay to procure a more responsive and flexible resource pool. The opportunity costs of not being able to progress programmes such as the Get It Right First Time programme and the Model Hospital programme were discussed. The Committee agreed to expedite approvals where possible.
- 4.8 A discussion took place on resources for data and technology work programmes more generally. The Committee thanked the staff currently working in this area for all that had been achieved in spite of significant challenges. The difficulties associated with recruiting more staff were discussed and consideration was given to the issues created by recruiting on Agenda for Change terms and conditions for such roles, and the possibility of using Recruitment and Retention premia to

overcome the problems. It was noted that the Arms' Length Bodies should work together where possible to try to attract talented professionals. An update on recruitment and retention would be provided at the next meeting of the Committee.

**ACTION: PS**

- 4.9 The Committee discussed some of the successes which had been achieved to date including in relation to automatic data collection. The Chief Digital Officer provided an overview of plans to build on the automatic data collection for the Emergency Care Improvement Programme. It was noted that this data collection could be rolled out to additional trusts quickly. Expanding automatic data collection to include additional data sets would take longer to resolve and would require close working with NHS Digital. A progress update on this subject was expected to be available in 2-3 months and would be provided at the next Committee meeting.

**ACTION: PS**

- 4.10 Updates were provided on the analytical hub and on the improvement hub. It was noted that with regard to the latter, the Executive Director of Improvement was in the lead and was working closely with the communications team. There were a number of sources of improvement information available to providers and NHS Improvement could play a coordinating role.

## **5. Oversight and coordination of the NHS-wide digital agenda (TDAC/17/07)**

- 5.1 The Committee considered two diagrams which had been provided by the Chief Information Officer, setting out the current oversight arrangements for the NHS-wide digital agenda.
- 5.2 It was noted that while there were a number of executive-led oversight groups, there was currently no joint oversight across the Arms' Length Bodies at Non-Executive Director level. It was suggested that this Committee could fulfil that role, and that this would be explored in further discussions among NHS England, NHS Digital and NHS Improvement.
- 5.3 The importance of joint regional as well as national oversight was emphasised.

## **6. Cybersecurity update (TDAC/17/08)**

- 6.1 The Chief Information Officer provided an overview of the cyber-attack which had occurred on Friday 12 May. The Committee noted key information including the number of affected trusts and progress which had been made to address the resulting issues. The link between computers and medical devices was considered.
- 6.2 Consideration was given to strategies which could be put in place to improve the resilience of NHS organisations to future cyber-attacks. The importance of ensuring that 'patches', which addressed areas of vulnerability in software, were installed by providers was highlighted. The Committee also discussed the need for investment in the upgrading of software.

- 6.3 A discussion took place on ensuring appropriate accountability for the management of cybersecurity risk. The role of NHS Improvement as a regulator was considered alongside the role of NHS provider boards and leadership teams. The Committee considered that this needed to be explicitly included under the 'Well Led' heading of the Single Oversight Framework for providers. The importance of regular training and education of staff was also noted.
- 6.4 The Committee noted that a Task & Finish Group with senior non-executive membership from NHS Improvement, NHS England and NHS Digital would be created to take forward a programme of work in this area.

## **7. Any other business**

- 7.1 It was noted that technology and cybersecurity would be discussed at the meeting of the NHS Improvement Board on 25 May 2017. The Chief Clinical Information Officer would attend for this discussion.