Ashford and St. Peter's Hospitals
NHS Foundation Trust

Trust Board
31 January 2019

AGENDA ITEM	17.4	
TITLE OF PAPER	Integrated Digital Committee Minutes 13-12-18	
Confidential	**~~YES~~/NO**	
Suitable for public access	**YES/~~NO~~**	
PLEASE DETAIL BELOW THE OTHER SUB-COMMITTEE(S), MEETINGS THIS PAPER HAS BEEN SUBMITTED		
Integrated Digital Committee		
STRATEGIC OBJECTIVE(S):		
Quality Of Care		
People		
Modern Healthcare		
Digital	✓	The prime purpose of the Integrated Digital Committee (IDC) is to provide **assurance** to the Trust Board of: • the Trust's **Digital Strategy,** which focuses on using digital technology and innovations to improve clinical pathways, safety and efficiency, and empower patients • the **prioritisation and development** of the Trust's digital assets and programme of work in support of the Trust's strategic objectives • how **external partner activities and relationships**, such as Surrey Heartland ICS, NHS Digital, NHS England and others, impact and contribute to the Trust's digital priorities • the **education** of staff in the benefits that technology will bring, and the changes needed to **working practices** and **culture** for its effective delivery
Collaborate		
EXECUTIVE SUMMARY		

	The minutes of the Integrated Digital Committee meeting held on 13 December 2018 are attached for noting. The key points are: • An update on the CCIO role was provided – JD to be circulated ready for advertising role. • An update on the ePR procurement was provided – the procurement has been issued. Bids are due on 03 January 2019. Business case is under development • The membership of the Core Evaluation Team for the ePR procurement was discussed, with an action to gain input from TEC regarding suitable candidates. This was done the same day and names were put forward. • The Core vs Option Call-off lists of the ePR procurement were discussed, with an action to discuss further at a Board Masterclass, when costs would be clearer and members of the Integrated Digital Committee would have read the ePR Business Case. • A brainstorming session was held regarding the committee members' perceived and anticipated benefits of the implementation of the ePR programme. These were noted down and to be then compared with the draft business case before it is brought the next committee meeting in January 2019. • It was noted that the business cases for four new digital projects are being drafted: o Endoscopy System – end of life: replacement needed o NICU BadgerNet – Upgrade: NICU has the basic BadgerNet neonatal application but now that Maternity is using BadgerNet the full neonatal ePR is required o Mosos CTG Foetal Monitoring – end of life: upgrade or replacement o ViewPoint Maternity Ultrasound – end of life: upgrade or replacement
RECOMMENDATION:	*Receive and Note*
SPECIFIC ISSUES CHECKLIST:	
Quality and safety	
Patient impact	
Employee	
Other stakeholder	
Equality & diversity	
Finance	

Legal	
Link to Board Assurance Framework Principle Risk	Risk Appetite Statement now complete and strategic risks under development.
AUTHOR	Laura Ellis-Philip, Associate Director of Informatics
PRESENTED BY	Chris Ketley, Non-executive Director & Chair of Committee
DATE	25 January 2019
BOARD ACTION	Receive

INTEGRATED DIGITAL COMMITTEE MEETING

MINUTES

13 December 2018

09.00 HRS – 10.30 HRS

HEALTH INFORMATICS MEETING ROOM, CHERTSEY HOUSE

PRESENT	Chris Ketley	Non-Executive Director (*Chair*)
	Simon Marshall	Director of Finance & Information
	Andy Field	Chairman
	James Thomas	Director of Operations – Planned Care
	Laura Ellis-Philip	Associate Director of Informatics
	David Fluck	Medical Director
MINUTE TAKER	Jonathan Spinks	IT Programme Manager
APOLOGIES	Tom Smerdon Abdullah Jibawi Sue Tranka	Director of Operations – Medicine & Emergency Care Chief Clinical Information Officer Chief Nurse
IN ATTENDANCE	Margaret McHugh	IT Benefits Realisation Manager

ITEM No.		**ACTIONNo.**
IDC3 1	**Apologies**	
	Tom Smerdon - Director of Operations – Unplanned Care Sue Tranka – Chief Nurse Abdullah Jibawi – Chief Clinical Information Officer	
IDC3 2	**Minutes**	
	All taken as read and approved.	
IDC3 3	**Matters Arising**	
3.1	Action Log The Committee reviewed all open and non-agenda actions contained within the log: Clinical Lead – SM described the approach: short-term requirement for the procurement (approx. 3 months) followed by longer-term requirement for the implementation. Short term requires a safe pair of hands from within the organisation, with Dr Sellick volunteering, although there are some issues to resolve to facilitate this. The CCIO role will be advertised shortly. Longer term, the organisation may wish to widen the scope to bring in a non-conformist or disruptive element to help enable real transformation. Digital Risk Register – SM advised that this was in development. Site Visits/Extra Question – AF was concerned about damage to the reputation of ASPH and asked for his previous advice to be noted in the Minutes. The specific concern was that the process might select a supplier with a good score and a friendly preferred site, but which had a poor track record. SM assured AF that there is enough scrutiny in the tender, particularly in the Finance section, the scoring system and criteria to tease out issues of this nature. AF accepted SM's reassurance. CK summarised the discussion and suggested the matter be closed. This was agreed. STP Strategy Refresh – CK stated that he was meeting with Dawn Poon and that the group should take a view on her strategy refresh and its impact on	

	the Trust's strategy; the latter is specific whereas the STP strategy is more focused on alignment. SM suggested that the main issue is resource. Digital Roadmap – LEP noted that the group will return to the roadmap at future meetings as this is a work in progress. Action Log to be updated accordingly.	
IDC3 4	**Reports**	
	N/A	
IDC3 5	**ePR Options Discussion**	
5.1	<u>ePR Procurement Update</u> LEP provided an update on the procurement progress: • Objectives - CK and SM agreed the need to review and agree the options list, which should reflect the Trust's priorities and the business needs of the users • LEP stated that there was a good mix of suppliers. AF and SM were reassured that the process is having the desired effect • Numerous clarifications requested, suggesting the specification is good • HSLI funding awaiting final approval • Next funding application is for a joint bid for ePMA funding with RSCH – the application needs to be returned by the end of January • Timelines on track, although LEP advised that final negotiations with suppliers may move out the final contract signature date (currently mid-April 2019) • Core Evaluation Team o DF concerned that the current proposal is one-dimensional and too technically orientated; he would like it to include non-technical clinicians that can describe what the new system needs to do, to reflect all divisions, and that the Chief Nurse should agree any nurse appointments. LEP advised that she had met with ST about this and that the two nurses currently on the list both do front-line shifts in addition to their project roles. She also advised that the current list reflects clinicians currently who have actively offered to engage o SM felt the organisation should be putting names forward and was also concerned about the lack of Execs on the team. LEP and JT both indicated that there is a lack of operational leads o All group members were concerned about the time commitment required (likely to be 3 weeks full-time and then part time for up to 3 months) and its effect on engaging support o AF proposed an "observer" role to assist in the process – e.g. a NED could review the supplier videos. SM cautioned that an observer would need to understand the whole offer, not just the videos	

5.2	○ CK proposed that the list of roles (not names), along with a timetable and a list of what is required, should be presented at TEC for consideration to ensure the right representation clinically, operationally and at executive level ○ LEP indicated the lack of clarity for RSCH representation at this point in the process • Route to Approval – DF asked if more committees should be included to ensure full coverage. SM agreed and suggested holding a Master Class on the subject to bring the Board and its committees and their members to a similar level of understanding. The group agreed with this approach and a date of 28th Feb 2019 was suggested (as the Board is not held in February), although LEP was concerned about a clash with site visits, etc. Details to be discussed at TEC and worked out offline with a view to sending the date out by mid next week (19 December). ○ AF and CK will follow up on how and when the Board and its committees should be educated • <u>FBC - Executive Input</u> Benefits - LEP asked the group to identify benefits, suggesting that a better description for the requirement would be "targets", with benefits being more aspirational: • DF – organisational benefits and aims • AF – eradication of hand-written notes • DF – paperless process to create a plan of care and a framework to deliver this • JT – priorities should be dictated by the Trust Risk Register • AF – enable nursing resource to be directed to the places with the greatest need • DF – releasing of staff time to be deployed elsewhere • JT – workforce issues: outpatients, patient contracts ("enabling the patient") • JT & SM – lost to follow-up, reporting, cancer performance, patient booking. May need to map out what the Trust has already and aim for the middle level (shared care record) • AF noted the need for structured data to achieve these and CK agreed, suggesting that data should be a separate item under benefits. SM added that all data should follow national standards, allowing links into other care systems (e.g. London, etc.) • AF expanded the issue, stating that there should be a common data model across ASPH and RSCH • CK asked if benefits will include ROI. SM was of the view that the new system would incur significant costs in the first few years (approx. £3m) and that the ROI would be delivered much later • DF suggested taking this item to TEC • MM suggested the benefits should align with the Trust's 3 strategic aims (Workforce, Patient enablement and self-service - e.g. a patient	Action 5.1.1 LEP Action 5.1.2 LEP Action 5.2.1 LEP

	portal) Core ePR and Call-off Options LEP advised that an off-the-shelf ePR would be expected to include elements like Clinical Communications, Ordering Diagnostics, Planned Care Pathways, and ED information to support flow and discharge. Some options are system-wide across GPs, Ambulance Services and Patients. It was emphasised that the options list did not necessarily mean these items would be delivered later. It means that these may not be part of a supplier's catalogue and need to be acquired separately from a third party. The supplier/partner would be expected to obtain items on behalf of the Trust as part of the contract, although SM added that the STP or the "System" may provide them instead. SM advised that the option list can be agreed as part of the proposed Master Class in February 2019, by which time there will be a clearer understanding of costs.	Action 5.2.2 LEP
IDC3 6	**IT Business Cases**	
6.1	LEP advised that 4 new business cases are in development and will come back to the group at future meetings: • Endoscopy System – end of life: replacement needed • NICU BadgerNet – Upgrade: NICU has the basic BadgerNet neonatal application but now that Maternity is using BadgerNet the full neonatal ePR is required • Mosos CTG Foetal Monitoring – end of life: upgrade or replacement • ViewPoint Maternity Ultrasound – end of life: upgrade or replacement	
IDC3 7	**General Updates**	
	N/A	
IDC3 8	**Q&A Session**	
	N/A	
IDC3 9	**ANY OTHER BUSINESS**	
	The Chair reminded the meeting that its purpose is to ensure that progress is up to date and suggested that the next meeting should have the results of the discussions at TEC on the issues raised above. There was no other business.	
IDC3 10	**REFLECTION**	
	N/A	
IDC-3 11	**DATE OF NEXT MEETING**	
	Thursday 10th January 2019, 11.00 – 13.00 hrs.	
	The meeting closed at 10:30 hrs.	