

Trust Board
31 January 2019

AGENDA ITEM	17.4.1	
TITLE OF PAPER	Integrated Digital Committee Minutes 10-01-19 (DRAFT)	
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		
<u>STRATEGIC OBJECTIVE(S):</u>		
Quality Of Care		
People		
Modern Healthcare		
Digital	✓	<p>The prime purpose of the Integrated Digital Committee (IDC) is to provide assurance to the Trust Board of:</p> <ul style="list-style-type: none"> 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		

	<p>The draft minutes of the Integrated Digital Committee meeting held on 10 January 2019 are attached for noting. The key points are:</p> <ul style="list-style-type: none"> • ePR Procurement Update: <ul style="list-style-type: none"> ○ 3 bids received and currently being evaluated ○ Core Evaluation Team members were agreed ○ Wider team across the Trust will also be involved in the evaluation ○ The ePR Business Case route to approval was noted • The ePR Draft Business was presented and favourably received. It was noted for its length and detail. The ePR programme will be presented as a Board Masterclass, and in the meantime the business case will continue through its approval route and also be updated with actuals from the bid evaluation outcome. • A verbal update from Surrey Heartlands digital team was received. The LHCRE programme is in procurement and close to completion. The business case requires a review due to Rol concerns. The SyH digital strategy is being revised and will be circulated by the end of January for input from the partner organisations. • Updated reports were received on Cyber Security and GDPR. <ul style="list-style-type: none"> ○ Cyber Security: Several pieces of work to identify and address vulnerabilities, supported by SMEs from the central security team in NHS Digital. This is continuing and will shortly include board-level training. KPIs were requested going forward. The Committee agreed to receive six-monthly updates. ○ GDPR: There is an Action Plan in place, with the most emphasis on ensuring compliance with the new Data Protection and Security (DSP) Toolkit, (which replaced the IG Toolkit). It was recognised that there are areas of challenge in ensuring overall GDPR compliance within the resources available • The Chief Clinical Information Officer role has been circulated for feedback and will be put out to advert imminently. Dr Barry Sellick is currently assisting on an interim basis due to the ePR evaluation requirement. • A draft Digital Risk Appetite Log was received and discussed. Amendments were suggested and further KPIs regarding the ePR programme were requested for the future, once the programme has commenced.
RECOMMENDATION:	<i>Receive and Note</i>
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	31 January 2019
BOARD/TEC ACTION	Receive

INTEGRATED DIGITAL COMMITTEE MEETING

MINUTES

10 January 2019

11.00 HRS – 13.00 HRS

HEALTH INFORMATICS MEETING ROOM, CHERTSEY HOUSE

PRESENT	Chris Ketley	Non-Executive Director (<i>Chair</i>)
	Simon Marshall	Director of Finance & Information
	Andy Field	Chairman
	James Thomas	Director of Operations – Planned Care
	Laura Ellis-Philip	Associate Director of Informatics
	Tom Smerdon	Director of Operations – Medicine & Emergency Care
	Sue Tranka	Chief Nurse
MINUTE TAKER	Jonathan Spinks	IT Programme Manager
APOLOGIES	David Fluck	Medical Director
IN ATTENDANCE	Dawn Poon	
	Steve Abbott	
	Margaret McHugh	IT Benefits Realisation Manager
ITEM No.		ACTION No.
IDC4 1	Apologies	
	As above	
IDC4 2	Minutes	
	All taken as read and approved.	
IDC4 3	Matters Arising	
3.1	<p><u>Action Log</u></p> <p>The Committee reviewed all open and non-agenda actions contained within the log:</p> <p>Identify Clinical Informatics Lead: Job Description has been circulated for feedback.</p> <p>Risk Register: SM updated the group and it was agreed that the whole document, not just key risks, should be circulated and brought to the next meeting.</p> <p>GDPR: see agenda item 7.2.</p> <p>System-wide Development Sharing: SA and DP in attendance, agenda item 6.1.</p> <p>Action Log to be updated accordingly.</p>	
IDC4 4	Reports	
	N/A	
IDC4 5	ePR Progress	

<p>5.1</p>	<p><u>ePR Procurement Update</u> LEP provided an update on the procurement progress:</p> <ul style="list-style-type: none"> • 3 x bids opened. Fewer than expected but no disappointments. • Preparation for evaluation has commenced and the timescales were presented • Core Evaluation Team: composition had been discussed at TEC and the resulting list of names was presented. LEP noted that there was a realistic expectation that the individuals identified would be able to make most of the meetings. • CK reminded the group of DF’s concerns about the lack of non-technical clinicians, so it was agreed that there is still scope for more clinical input – e.g. there will be plenty of opportunities to look at the Quality Responses. However, it was agreed that the list presented represents the core team • LEP presented a Matrix for all business areas, describing the approach and clarifying that more than the core group can take part • TS and SM noted their concern regarding the lack of Community Health input. TS also offered to identify another individual for the list • Evaluation will commence 14th January 2019 • Full Business Case (FBC) – route to approval: the group agreed that the objective of the Master Class in Feb is to gain “buy-in” and should summarise the activities required 	
<p>5.2</p>	<p><u>ePR Draft Business Case</u></p> <p>LEP asked the group for its reaction to the draft case. AF and CK described it as long but thorough, comparing it to private sector cases. This was welcomed by LEP, who explained the reasons for this and SM emphasised the need for thoroughness because of the Trust being a public body.</p> <p>LEP pointed out the timely publication of the new NHS Long Term Plan and the need to review the full business case against that plan. LEP also pointed out the benefits of moving early with the digital programme because it will give the Trust choice. Waiting will mean no choice in the future.</p> <p>The group discussed briefly the implications of the NHS Plan with the following key points:</p> <ul style="list-style-type: none"> • The plan is about equipping staff with modern tools that help rather than hinder staff • Plan will enable wider data sharing • Gaps – CK emphasised the need for clarity on the minimum viable product (MVP). AF added that the MVP will develop over time and will be updated moving forward. LEP stated that the combination of the traditional PRINCE2 approach alongside an Agile project management methodology will ensure this happens • Goals – TS expressed concerns about the likely data analysis capability and LEP agreed to take this into consideration. LEP also pointed out that the Local Health Care Record (LHCR) and the Surrey Care Record (SCR) are all referenced in the business case. SM cautioned that there is a risk of double-counting the savings across these different projects and their respective business cases. SA 	

	<p>pointed out that there will be a distinct data layer, giving rise to a longitudinal record, but that there is no funding yet for the data hub required to deliver the data analysis needed; this will therefore come in a later phase. LEP queried whether these are strategic issues that should remain outside the ePR business case</p> <ul style="list-style-type: none"> • Benefits - SM stated that the starting point must be safety, with other issues, such as affordability, to be considered later. LEP stated that some cash-releasing benefits will be challenging to accurately track and record. The group considered Length of Stay (LoS) as an example and queried whether it can be wholly attributed to the ePR benefits when so many other initiatives are working towards the goal of a reduction in LoS. It was agreed that many business cases will claim credit for reduced LoS but it was also agreed that the ePR project will have a positive impact if it is done right • SM pointed out that the benefits will be needed relatively early in the process, before the capital funding runs out, which is likely to be two to three years. Therefore, these early benefits must be clear in the FBC. SM agreed with LEP that full confidence in the cash benefits is lacking but that a leap of faith is required, emphasising that this means that the operational side of the business must take the opportunity to identify inefficiencies and transform ways of working to address these • It was agreed that careful planning will be required to achieve the cash benefits and SM offered examples, such as employing on short term contracts, knowing that some posts will not be required long-term • SA and DP queried whether the RSCH seeing the procurement through to conclusion was a dependency for the procurement and the group agreed that it was not • LEP and SM concluded the discussion, agreeing that the figures in the draft case are as robust as they can be. CK then asked what was required from the committee and SM replied that feedback is needed for inclusion in the FBC ahead of 21st February 2019, ready for Trust Board and TEC on 28th February 	<p>Action 5.2.1 ALL</p>
<p>IDC4 6</p>	<p>Surrey Heartlands ICS Digital Workstream</p>	
<p>6.1</p>	<p>Update:</p> <p>SM reported that the LHCRE programme is now in procurement, explaining that there is £7.5m in capital funding from the Centre but that it is becoming apparent that the associated revenue costs of £2m are an issue. Some decisions are required on the SCR, etc. and the business case itself is not yet acceptable, with £20m in costs versus £23m in benefits. This needs to be much better and therefore more work on the case is needed.</p> <p>Strategy:</p> <p>The group discussed the SyH strategy and it was agreed that there is a need to “socialise” the programme. There needs to be a balance between the expectations of the day to day work of the respective organisations and the importance of not distracting those organisations from the massive change programme.</p> <p>LEP added that the programme needs to be agile in case it becomes clear that other systems need changing because they are not cost-effective to integrate into the new system. CK cautioned that care is needed not to move</p>	

	<p>too fast but LEP countered that there is a need to maintain momentum. Therefore, CK asked if an update on the SyH strategy can be fed into the Master Class in Feb. The group agreed that the update should be fed to this group in the first instance before going the TB/TEC. The update will provide context to help with the review of the ASPH ePR FBC. This will provide the Board with confidence that both Trust and STP strategies are aligned.</p>	Action 6.1.1 LEP
IDC4 7	General Updates	
7.1	<p>Cyber Security Update:</p> <p>LEP suggested that this report be tabled to the group every 6 months, unless by exception, and this was agreed. The report will highlight the items that have a genuine update and that need to be read.</p> <p>Resourcing was discussed, and AF suggested that the sharing of security expertise is the right approach as good security experts are rare and expensive. This was agreed, and SM suggested this expertise might need to be bought in rather than recruited. LEP pointed out that NHS Digital (NHSD) is already providing some welcome support.</p> <p>SM asked for a regular detailed report with suitable KPIs to be presented to the group – e.g. assurance on patching levels, Windows 10 upgrades, etc. AF then asked about an Intrusion Detection System (IDS) on the network. LEP responded that this would depend on the advice received from NHSD and SM added that some tolerance of risk may be needed.</p>	Action 7.2.1 LEP
7.2	<p>GDPR Update:</p> <p>The update had been circulated to the group and AF asked for time frames and realistic milestones to be added along with resource requirements so that the Board can understand the risk. AF stated that the risk of a substantial fine needs to be assessed against the action plan. DP stated that evidence of due process is required and LEP advised that the Data Security and Protection Toolkit (DSPT) will assist the Trust with this.</p>	
7.3	<p>CCIO Role:</p> <p>SM reported that he is working on the JD and hopes to have someone in post by April 2019. Dr Barry Sellick is providing interim support in order to provide clinical leadership to the ePR procurement process. SM then asked what the System actually wants, stating that there is probably scope for two roles: one for ASPH and one for the wider System.</p>	
IDC4 8	Trust Board Requirements	
8.1	<p>Risk Appetite and BAF:</p> <p>SM presented the first iteration of the Digital Risk Appetite log and asked the group to agree the descriptions and score, emphasising that the register must be viewed from a digital perspective. A discussion followed with the following outcomes agreed:</p> <ul style="list-style-type: none"> • Quality (digital) – there was a debate as to whether a significant appetite is compatible with patient safety. Therefore, description to be changed in relation to safety and score agreed as 2 • Finance – description agreed, and score agreed as 3 • Workforce – agreed with score of 4 • Operational – description to be changed, score agreed as 3 	

	<ul style="list-style-type: none"> • Innovation – agreed with score of 4 • Regulation – agreed that this is intertwined with Reputation and therefore the scores should be the same. It was suggested that the score could be relatively high now with a view to reducing appetite later once the digital system is bedded in. Score agreed as 2 • Reputation – description to be changed, as above score 2 <p>Score Summary:</p> <ol style="list-style-type: none"> 1. Qu. 2 2. Fin 3 3. Wk. 4 4. Op. 3 5. Inn. 4 6. Reg. 2 7. Rep. 2 <p>SM then summarised some key risks, stating that there are 4 on the BAF. LEP agreed to check if any IT risks belong on this register. AF and CK asked for Cyber Security to be included.</p> <p>There then followed a discussion regarding KPIs. It was agreed that there need to be more digital measures. CK suggested cost measures but SM was of the view that savings are years away. ST suggested process and outcome measures. SM suggested basic IT measures, such as system availability and security patching levels. LEP suggested the number of boxes going off to be scanned, which should reduce over time.</p> <p>At this point LEP reminded the group that the current priority is the ePR procurement and therefore a suitable set of KPIs will need to be developed later in the process.</p>	Action 8.1.1
IDC4 9	Q&A Session and Reflections	
	<p>AF and CK were glad to see the SyH STP members present and felt that this gave a considerable level of confidence in strategy alignment.</p> <p>LEP was pleased with the excellent attendance and the support from the Board.</p> <p>ST was impressed with what the IDC has achieved in the time.</p>	
IDC4 10	AOB	
	There was no other business.	
IDC-4 11	DATE OF NEXT MEETING	
	Tuesday 23 rd April 2019, 15.00 – 17.00 hrs., Chertsey House (An ad hoc meeting to support the procurement may be called after 28 th Feb 2019, which will be entered into calendars now)	Action 11.1.1
	The meeting closed at 13:30 hrs.	