

TRUST BOARD (Open Meeting)

28 JULY 2022

AGENDA ITEM	16.6	
TITLE OF PAPER	Integrated Digital Committee Minutes (Open) 2022-06-16 (REVIEWED)	
Confidential	NO	
Suitable for public access	YES	
PLEASE DETAIL BELOW THE OTHER SUB-COMMITTEE(S), MEETINGS THIS PAPER HAS BEEN SUBMITTED.		
These minutes have been circulated to IDC members for comment and agreement to proceed as REVIEWED to Trust Board (28/07/2022).		
STRATEGIC OBJECTIVE(S):		
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 Minutes of the Open Session of the Integrated Digital Committee Meeting held on 16 June 2022 are attached for approval. The key points are:</p> <ul style="list-style-type: none"> The minutes of the previous meetings were approved, and the actions reviewed. The BAF Risks were reviewed 		

	<ul style="list-style-type: none"> • Updates were received from the Surrey Safe Care Programme, the wider Digital Services Programme of the Trust, and the Surrey Heartlands ICS Programme. • The Internal Audit Data Quality Report was received
RECOMMENDATION:	<i>The BOARD is asked to RECEIVE these minutes</i>
SPECIFIC ISSUES CHECKLIST:	
Quality and safety	Digital initiatives impact quality and safety by enabling improvements to both, but can also creating risk when processes are not followed, or systems fail
Patient impact	Digital initiatives impact the overall patient experience and the reputation of the Trust in the community
Employee	Digital initiatives impact staff, empowering and supporting their work, but can also introduce further burden and processes
Other stakeholders	Digital initiatives impact the wider health economy, sometimes requiring our partners to change their way of working to accommodate our new systems and processes
Equality & diversity	Digital initiatives impact all aspects of the Trust's activities and so equality and diversity must be implicitly considered to ensure no compromise
Finance	Digital initiatives carry their own cost of ownership but can also have financial implications if in-built and hidden system processes produce data that results in changes to charges and invoicing, or if data is not submitted in time for mandatory submission deadlines.
Legal	Digital initiatives impact all aspects of the Trust's activities and can contribute to error that may result in legal challenge
Link to Board Assurance Framework Principal Risk	<p>ePR Programme (digital strategy) 3.1 There is a risk that the anticipated outcomes to improve quality and safety and to avoid clinical risk, both integral to the Trust strategy, may be compromised if the Surrey Safe Care programme is not appropriately embedded (adoption) and with the anticipated exploitation of the invested resource (performance).</p> <p>Critical Systems Maintenance and Replacement 3.2 Failure of key IT systems could lead to issues of patient safety, experience or quality risks, or process delays.</p> <p>Cyber Security and Data Protection 3.3 Known cyber security and data protection breaches could threaten the provision of IT systems, leading to issues of patient safety, experience or quality risks, or process delays.</p> <p>3.3a Unknown cyber security and data protection breaches could</p>

	threaten the provision of IT systems, leading to issues of patient safety, experience or quality risks, or process delays.
AUTHOR	Nicki Rayment, Head of Digital Programme Delivery Reviewed by Laura Ellis-Philip, Director of Digital
PRESENTED BY	Chris Ketley, Non-Executive Director (Chair of Integrated Digital Committee)
DATE	28 JULY 2022
BOARD ACTION	RECEIVE

INTEGRATED DIGITAL COMMITTEE MEETING (OPEN)

MINUTES
16 June 2022
11:30 HRS – 13:00 HRS
TEAMS MEETING

PRESENT	Chris Ketley (CK)	Non-Executive Director (<i>Chair</i>)
	David Fluck (DF)	Medical Director
	Andy Field (AF)	Chairman
	Andrea Lewis (AL)	Chief Nurse
	Arun Thyagarajan (AT)	Associate Non-Executive Director
	Laura Ellis-Philip (LEP)	Director of Digital
	Simon Marshall (SM)	Director of Finance & Information (Deputy CEO (Interim) & Surrey Safe Care Senior Responsible Owner)
	Faris Zakaria (FZ)	Divisional Director SS&iMSK (Clinical Safety Officer)
	James Thomas (JT)	Chief Operating Officer
	Louise McKenzie (LM)	Director of Workforce
	Tom Smerdon (TS)	Director of Transformation
APOLOGIES	Julie Smith (JS)	Chief Executive
MINUTE TAKER	Nicki Rayment (NR)	Head of Digital Programme Delivery
IN ATTENDANCE	Claire Strathern (CS)	Programme Lead Surrey Safe Care
	Steve Lomas (SL)	Joint PACS Project Lead
	Victoria Otley-Groom (VOG)	

ITEM No.	OPEN ONLY	ACTION No.
IDC 1	Introduction and Apologies	
	<p>Introductions were covered in the closed meeting where CK welcomed attendees and stated that the meeting was being recorded.</p> <p>Apologies were noted. LEP advised DF would be late arriving.</p>	
IDC 1.1	Declarations of Interest	
IDC 1.2	None declared	
IDC 1.3	Schedule of Business and Papers	
	<p>LEP shared the Schedule of Papers and highlighted items in amber that would be brought to the October meeting as the schedule is currently slightly out of synchronisation.</p> <p>AF advised on the timeline for the over-arching Trust strategy with the aim</p>	

	for a September publish date.	
IDC 2	Minutes of Previous Meeting	
IDC 2.1	<p>Please note that as the dates for the Trust Board and this committee are out of synchronisation it has been agreed that going forward minutes will be circulated in draft and review and feedback will be conducted via email, minutes will then be sent to Trust Board ahead of being ratified at this meeting. The next Trust Board is 28 July 2022.</p> <p>Committee Action: The Minutes of the previous meetings (09/02/2022 Open Session and 12/05/2022 Extraordinary Meeting) were RATIFIED.</p>	
IDC 4	Board Assurance Framework – risk review	
IDC 4.1	<p>Review of Strategic Risks and KPIs- Digital</p> <p>LEP confirmed that the BAF risks were reviewed in the closed meeting where it was agreed to leave the scores as they were previously with further discussion to take place regarding the wording for risk mitigation for Surrey Safe Care.</p> <p>Relevant points recorded from the Closed meeting:</p> <ul style="list-style-type: none"> 3.1 LEP proposed this risk be amended to reflect the risk to the benefits and adoption as opposed to the go-live. SM added that this risk also needed to relate to avoidance of clinical risks. This was agreed. <p>Committee Action: The Committee REVIEWED the BAF Strategic Risks and KPIs and agreed to the new wording of 3.1 (with Action 4.1.1) and to retain the previous risk scores.</p>	<p>Action 4.1.1 LEP to update BAF Risk 3.1 to include 'avoidance of clinical risk'</p>
IDC 4.2	<p>Digital KPIs</p> <p>LEP took the committee through the report with the following key points:</p> <ul style="list-style-type: none"> Subject Access Requests (SARs) – a good performance with no breaches this financial year to date. Freedom of Information (FOIs) – new FOI administrator in post. AF queried whether there were many appeals when exemptions are used. LEP advised these were minimal. The most frequently used exemptions relate to cyber; circumstances where the information is not held and where the cost to retrieve the data would exceed the limit. IG Incidents – in the last financial year there were 23 incidents reported to Data Security and Protection Toolkit (DSPT) and 1 to Information Commissioners Office (ICO). This financial year to date there has been 5 incidents reported to DSPT. AF queried whether there are any targets associated with these, LEP advised no specific targets. Further discussion took place relating to the different vulnerabilities that electronic systems bring. DF advised that the committee should prepare for an increase in incidents consequently. Discussions reflected that reports come through alerts of a breach and not always a direct consequence of something that happens with the system itself. CS advised that there are audit reports available in Surrey Safe Care that could assist with identifying and improving detection facilitating a more proactive approach. 	

	<ul style="list-style-type: none"> • Tendable Report – LEP explained this report is based on the ward self-assessment spot checks. The advantage is that this is a monthly report for visibility, although there are some concerns around rigour. Screen lock times are invoked but there is a need to balance between practicality and clinical safety impact. <p>Committee Action: The Committee REVIEWED the Digital KPIs.</p>	
IDC 5	Strategy, Transformation and Innovation	
IDC 5.1	<p>Surrey Safe Care Programme Update</p> <p>LEP presented the most recent Cerner Lights-On figures which demonstrate good use of the system and stressed that there were many positive stories alongside the acknowledgement that there were also issues to resolve. LEP asked the committee to reflect on both Trusts' achievement of go-live as a positive, irrespective of the ongoing troubleshooting, particularly in light of the large scope of the programme.</p> <p>FZ requested an explanation on the overridden alerts, CS advised these are active overrides and there are different scenarios, a review will be required around whether the alerts are relevant or not and which should be removed.</p> <p>SM presented the key issues, these being:</p> <ul style="list-style-type: none"> • Speed of throughput Emergency Department – impact on throughput and ability to function on a fast basis, the department is still to recover performance to previous levels. Ongoing support is being provided to the team. • Discharge Process – challenges in four main areas, this has resulted in people finding shortcuts which then misses out part of the workflow. Work taking place on ensuring all patients are properly discharged from the system. • Early Warning Scores (EWS)– change implemented this morning to resolve however Paediatric Early Warning Scores (PEWS) still being investigated. • Outpatients – biggest challenge has been around booking and scheduling. First ten specialities to be rebuilt will all be live on Monday. Most significant risk at the moment is delays to onward care and timeliness of care. This is being tracked carefully and the Trusts are exploring additional resources to facilitate catch-up. FZ explained that the scope of the problem is difficult to assess. DF advised of a decrease of staff feeling they are in limbo and some areas are doing really well in terms of booking follow-ups. JT described the impact on the bookings, impact on the waiting lists and delays to patients waiting for diagnostic services. Also to be considered is the impact on staff some of whom are finding the change of system challenging. Discharge process presenting challenges around people having to do things differently and having responsibility for tasks that might not always be what they had done before. • Correspondence – data quality issue with namings of documents, these are being worked through systematically to rectify. 	

	<ul style="list-style-type: none"> • Access and Roles – went into go-live with fixed role profiles and very quickly had to amend some to reflect the different duties across areas. LEP advised that this is complex and involves multiple teams. There will be a need a further review and rationalisation of roles to retain a manageable number. • Appointments – SM reiterated there is a significant amount of work to do and will continue through the summer months, additional resources will be required. • Theatres scheduling and views – improving views of future lists is underway. • Tracking performance – got the systems to track but further work around validation and data quality is required before reports can be generated and presented. • Resourcing challenge – a significant number of the programme team staff moved onto new contracts and as a result now functioning on minimum team through to September. Options for external support are being investigated. SM expressed thanks to the assistance from operational teams over the recent weeks. DF queried how the financial risk going forward would be flagged, SM agreed this will be a challenge and will need to be managed, there may be opportunities for central funding and these will be explored. <p>FZ highlighted the emerging reputational risk and advised that community partners are feeling the impact of the deployment to patients. AF added that the right level of communications was imperative, including messages to Board, Governors and the public. SM explained that the in-house communication teams are supporting and the situation is being collectively managed. JT reiterated that the impact on booking cannot wait any longer without additional resource.</p> <p>LEP presented the proposed post go-live governance structure for Surrey Safe Care which highlighted the key changes, a draft paper has been shared with the Committee and is available in the reading room. CK confirmed that this had been discussed at the Joint Digital Committee.</p> <p>Andy Carne has been appointed as Joint Chief Clinical Information Office (CCIO). A transition structure is in place until end of September.</p> <p>CK thanked CS on behalf of the Committee and the Trust for her leadership of the programme.</p> <p>Committee Action: The Committee RECEIVED the Surrey Safe Care Programme Update.</p>	
<p>IDC 6</p>	<p>Reports and Updates</p>	
<p>IDC 6.1</p>	<p>PACS Highlight Report</p> <p>SL presented the PACS highlight report, the key points being:</p> <ul style="list-style-type: none"> • Overall RAG status is red due to the go-live dates for the whole Consortium being rescheduled to consecutive weekends from mid-September through to end of October; this is due to the delivery of leased lines for four Trusts. Actual dates for Trusts are yet to be confirmed. 	

	<ul style="list-style-type: none"> • Meeting with Openreach has been arranged for later this week to agree routes of both leased lines at St Peter's Hospital. • Local PACS build is complete with test and business continuity PACS set up onsite, the gold build for reporting workstations has commenced. HSCN route to the data centre has been established to allow HL7 migration of CRIS data. • Contract extension with Philips has been agreed to allow for the go-live delay. SL advised there was no adverse impact on budget as extension is less than would be paying for Sectra if it had gone live. <p>AF asked for further details on the leased line pinch point at St Peter's. SL explained the routing map that had been provided which had identified the pinch points, and the challenge to resolve this so far has been hampered by not being able to communicate directly with Openreach and having to go through the Sectra third-party partner, Colt. The meeting this week with Openreach should result in an agreed way forward.</p> <p>Committee Action: The Committee RECEIVED the PACS Highlight Report.</p>	
<p>IDC 6.2</p>	<p>Surrey Heartlands ICS Digital Plans and Progress Update</p> <p>VOG presented the ICS Digital, Data and Technology update, the key points being:</p> <ul style="list-style-type: none"> • Regulatory changes – preparation for this has been underway for 6-9 months preparing the teams for their new duties, in particular the digital and data teams will have new responsibilities around investment, oversight and assurance. • ICS Target Operating Model – bringing together the different functions of the CCG and the ICS together to deliver the four strategic outcomes of the integrated care systems. Digital, data and technology have been brought together as part of this. Will be shared after ratification by the ICS Executive. The focus is on working in partnership together as opposed to a command and control model. • ICS Digital Maturity Assessment – there is no aggregated, up-to-date assessment so a quick assessment has been undertaken using a HIMMS tool. This gave a basic maturity level as an aggregate score. • Strategic Capabilities – the seven strategic capabilities have been agreed and activities will now take place on how partners will work together to align on these. • Integrated digital and data strategy – the current strategy for Surrey Heartlands is three years out of date, a new strategy will be developed into a single consolidated document with the support of all partners. This work will be funded through national monies, pending approval which is due in the next fortnight. 	

	<p>VOG explained in further detail the seven strategic capabilities and reinforced the message that the ICS does not have responsibility for individual provider activities therefore these capabilities are focused on what can be delivered collaboratively at scale.</p> <p>DF raised concerns relating to how the strategies already created are being connected together and across organisations. VOG acknowledged that there has been fragmentation in the past and in the last four to six months there have been efforts to bring things together. This extends to the getting the clinical leadership joined together. VOG explained that the focus is now shifting to getting organisations linked in and recognising the opportunities to improve that.</p> <p>AF queried the progress with LHCR (Local Health Care Record), VOG explained that there are still links to LHCR but conversations are required across Surrey around what should happen in the medium to long term.</p> <p>AL requested to be involved in further conversations around “what good look likes”. VOG explained that there have been some changes on approach, and there are standardisation workshops taking place. “What good likes” will remain, the work with PA Consulting was more about engagement and will be used to inform the development.</p> <p>VOG advised that the investment allocations are likely to arrive last week of July to first week of August.</p> <p>Committee Action: The Committee RECEIVED the Surrey Heartlands Programme Update.</p>	
IDC 6.3	<p>Digital Services Programme Report</p> <p>LEP explained that due to the activities around Surrey Safe Care there had been little change since April and added that there will be a need to revisit and reprioritise the programme.</p> <p>Committee Action: The Committee RECEIVED the Digital Services Programme Report.</p>	
IDC 6.4	<p>IG Steering Group Minutes March 2022</p> <p>LEP directed the committee to the reading room for the minutes of the 23 March 2022 meeting.</p> <p>The minutes were taken as read.</p> <p>Committee Action: The Committee RECEIVED the 23 March 2022 IGSG Minutes.</p>	
IDC 6.5	<p>Internal Audit – Data Quality Report</p> <p>LEP advised there were two minor actions focused on sitreps, one relating to saving emails for audit trail purposes and the second relating to version control for standard operating procedures.</p> <p>There will be a requirement to include the quality of data going into Surrey Safe Care as part of the audit. SM advised that there is a Surrey Safe Care implementation audit in the plan. It was agreed to revisit this item in October’s meeting.</p>	<p>Action 6.5 Add Internal Audit to October IDC</p>

	Committee Action: The Committee RECEIVED the Internal Audit Data Quality Report.	Agenda
IDC 7	Any Other Business None Raised	
IDC 8	Reflection on BAF Risks 3.1 and 3.2 CK reflected on discussions that took place in the closed board, there were no further amendments to be made. Committee Action: The Committee REVIEWED the meeting's discussions in the context of the BAF risks.	
IDC 9	DATE OF NEXT MEETING	
	Thursday 12 October 2022, 10.30 – 13.00, Microsoft Teams	
	The Open meeting concluded at 13:00	