

Trust Board
29 July 2021

AGENDA ITEM	16.7	
TITLE OF PAPER	Integrated Digital Committee Minutes (Open) 2021-02-04	
Confidential	NO	
Suitable for public access	YES	
PLEASE DETAIL BELOW THE OTHER SUB-COMMITTEE(S), MEETINGS THIS PAPER HAS BEEN SUBMITTED.		
The Minutes were approved at the Integrated Digital Committee meeting of 15/07/2021		
<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 Minutes of the Open Session of the Integrated Digital Committee Meeting held on 15 April 2021 are attached. The key points are:</p> <ul style="list-style-type: none"> The minutes of the previous meeting were approved, and the actions reviewed. Actions regarding the modification of previous minutes were noted. The BAF Risks were reviewed with several additions approved which strengthen to overall understanding of the risks, as well as an amendment to risk appetite on 3.3. Updates were received from the Surrey Safe Care Programme, the wider Digital Services Programme of the Trust, and the Surrey Heartlands ICS Programme. The draft Terms of Reference for the newly convened Digital Programme Steering Group was presented with approval to proceed subject to amendments. 	

	<ul style="list-style-type: none"> The Information Governance Steering Group Minutes from the 20 January 2021 were received An update on the PACS procurement 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>3.1 ePR Programme (digital strategy) The Trust's service delivery may be compromised if the current strategy to exploit the electronic patient record fails.</p> <p>3.2 Critical Systems Maintenance and Replacement Failure of key IT systems could lead to issues of patient safety, experience or quality risks, or process delays.</p> <p>3.3 Cyber Security and Data Protection 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>
AUTHOR NAME/ROLE	Laura Ellis-Philip, Director of Digital (CDIO/SIRO)
PRESENTED BY DIRECTOR NAME/ROLE	Chris Ketley, Non-executive Director and Chair of the Integrated Digital Committee
DATE	29 July 2021
BOARD ACTION	RECEIVE

INTEGRATED DIGITAL COMMITTEE MEETING (OPEN)

MINUTES
15 April 2021
10:00 HRS – 12:30 HRS
TEAMS MEETING

PRESENT		
	Chris Ketley (CK)	Non-Executive Director (<i>Chair</i>)
	Suzanne Rankin (SR)	Chief Executive
	David Fluck (DF)	Medical Director
	Keith Malcouronne (KM)	Non-Executive Director
	Andy Field (AF)	Chairman
	Louise McKenzie (LM)	Director of Workforce
	Arun Thiagarajan (AT)	Associate Non-Executive Director
	Fred Watson (FW)	Chief Clinical Information Officer for Nursing, Midwifery and AHPs
	Laura Ellis-Philip (LEP)	Director of Digital
	Morné Beck (MB)	Head of IT
	Shaun Van Niekerk (SVN)	Head of Cyber Security
	Andrea Lewis (AL)	Chief Nurse
APOLOGIES	Simon Marshall (SM)	Director of Finance
	Tom Smerdon (TS)	Director of Transformation
	James Thomas (JT)	Chief Operating Officer
MINUTE TAKER	Nicki Rayment (NR)	Head of Digital Programme Delivery
IN ATTENDANCE	Jonathan Spinks (JS)	Digital Programme Manager
	Katherine Church (KC)	Joint Chief Digital Information Officer, Surrey Heartlands/Surrey County Council (joined at 12:00)

ITEM No.	OPEN	ACTION No.
IDC 1	Introduction and Apologies	
IDC 1.1	Introduction and Apologies Introductions were covered in the closed meeting where CK welcomed attendees and conveyed that that the meeting was being recorded. LEP presented apologies from SM, TS, JT and introduced AT to the meeting.	
IDC 1.2	Declarations of Interest	
	None	
IDC 2	Minutes of Previous Meeting	

	<p>Amendments to the minutes of the previous meeting were requested as follows:</p> <p>SR requested that the wording in IDC 5.1 be amended from 'trusting' to 'confident'.</p> <p>IDC 5.1 spelling correction to the word received.</p> <p>IDC 14.1 spelling correction from 'cover the operating model' to 'over the operating model'.</p> <p>Committee Action: The Minutes of the previous meeting (04/02/2021) were APPROVED subject to the requested amendments being made.</p>	<p>Action 2.1.1 Amend 'trusting' to 'confident' on 5.1</p> <p>Action: 2.1.2 Spelling correction on 5.1</p> <p>Action: 2.1.3 wording correction on 14.1</p>
IDC 3	Matters Arising	
IDC 3.1	<p>Action Log</p> <p>LEP presented the action log. It was noted that the version in Admin Control was blank, LEP to re-upload after the meeting.</p> <p>LEP confirmed the actions relating to amendments to the previous minutes had been completed.</p> <p>4.1.1 Propose close, further discussion as part of the agenda today.</p> <p>4.1.2 Regular cyber reports being received, agreed to remain open as work in progress.</p> <p>4.1.3 Propose close, LEP confirmed meeting regularly with SR, ongoing conversation and will cover on agenda.</p> <p>5.1 LEP advised still to progress, as was not right time to raise conversation with Surrey Safe Care programme lead. LEP requested AF to provide further examples. LEP and AF to follow up conversation outside the meeting.</p> <p>5.5 Propose close, LEP advised KC has taken business case forward and obtained some approval. Will be explored further on the agenda. CK reiterated the requirement for alignment with prioritising the digital programme with ICS.</p> <p>Committee Action: The Committee REVIEWED the Action Log.</p>	<p>Action: 3.1 LEP to reupload Action Log to Admin Control</p>
IDC 4	Board Assurance Framework – risk review	
IDC 4.1	<p>Review of Strategic Risks and KPIs- Digital</p> <p>CK conveyed that fellow NED Marcine Waterman (MW) had reviewed the IDC BAF Risks paper. Following this, CK and LEP had revised wording to align with other committees, to be reflective of the level of risk that we have and that mitigating actions are moving the risks in the right direction.</p> <p>LEP confirmed there had been two sources of feedback, firstly through MW and secondly the Audit Committee report; as a result this report will develop as learning and familiarity improves. CK advised that the rationale is provided as a narrative, for example if there is no change,</p>	

	<p>the rationale behind why there is no change should be provided.</p> <p>LEP presented the BAF risk report and proposed the following:</p> <p>3.1 proposing no change.</p> <p>3.2 proposing downgrade, likelihood reduced due to improvements made with Evolve and progress with the new servers.</p> <p>3.3 proposing no change but may review after reflection from the closed meeting.</p> <p>AF queried why mitigation for 3.1 is not working as the score has increased. LEP explained that the initial score was pre programme launch and pre-pandemic and had increased as a result but had not gone up higher since last amended.</p> <p>DF queried whether this risk is described correctly as project delivery where it reads that care could be degraded. It was proposed that the risk is rewritten to help plan the mitigation. The committee agreed; CK reflected that the risk is dynamic. SR expressed that it is the complexity of this risk that is a challenge and in removing one risk others may be introduced. LEP to review.</p> <p>KM added that service will be improved by the project and stated that if targets are not hit it is not that things will go back to where they were as the current PAS is already a risk. CK reflected that there were two parts to the risk, delivery of the project and the outcomes in terms of patient care and safety, and maybe these should be kept separate.</p> <p>LEP advised that MW recommended KPIs should be recorded within the report for when it goes to Board except for those covered in the closed meeting.</p> <p>CK conveyed the report was good in terms of showing progress, evidence, and controls.</p> <p>The committee discussed the feedback LEP shared from audit in terms of what a tolerable risk score should be for 3.1 given that the risk appetite is stated as high. It was agreed that the decision regarding tolerable score would be revisited at the end of the meeting.</p> <p>LEP proposed amending the risk appetite to medium for 3.3. AF reflected that the likelihood appears to be too low given the information provided in the cyber reports.</p> <p>SR advised that any change to risk appetite needs to be agreed at Board, the sub-committee will need to make a recommendation to the Board for this. Decision to made at the end of this meeting.</p> <p>LEP thanked the Committee for their support and guidance in helping to develop this report.</p> <p>Committee Action: The Committee REVIEWED the Digital risks of the BAF</p>	<p>Action: 4.1.1 LEP to review wording of risk</p> <p>Action: 4.1.2 SR to schedule risk appetite review at Board</p>
<p>IDC 5</p>	<p>Strategy, Transformation and Innovation</p>	
<p>IDC 5.1</p>	<p>Surrey Safe Care Programme Highlight report</p> <p>LEP presented the highlight report and confirmed the programme is tracking to amber, an improvement from the previous report which</p>	

	<p>tracked red. LEP reiterated that deadlines are tight but confirmed the project is now in the testing phase.</p> <p>AF asked for clarification on the whether the score reflected the re-baselined dates. LEP confirmed that the issue was within the programme not in the overall schedule, which was postponed by three weeks.</p> <p>CK highlighted the amazing effort done but with a recognition there is still a vast amount of work to complete with tight deadlines.</p> <p>SR suggested making a recommendation back to the Surrey Safe Care Programme Board regarding the narrative alongside the RAG rating. DF added that Cerner reflect their risk in relation to the IT implementation whereas the Trust perspective is around the risk to the organisation in relation to financial impact and patient safety, which doesn't give the Committee a true reflection of the risk.</p> <p>DF expressed a preference for a one-page report at a high level which reflects some of the changes to the programme and elements that have been moved to post go-live implementation resulting in an increased risk to the programme in the future.</p> <p>Committee Action: The committee RECEIVED the programme highlight report</p>	<p>Action 5.1 LEP to make recommendation back to Surrey Safe Care Programme Board around the articulation of risks and issues, and presentation of the programme report</p>
<p>IDC 5.2</p>	<p>Surrey Safe Care Joint Programme Board Minutes and Surrey Safe Care Programme Overview</p> <p>LEP advised documents are in the reading room for full reference. Key point to note being that the milestone gateway has been met and the impact is a three-week delay to go-live to both organisations.</p> <p>Committee Action: The Committee RECEIVED the programme board minutes and overview</p>	
<p>IDC 5.3</p>	<p>Digital Programme Steering Group Terms of Reference</p> <p>LEP presented the terms of reference for the Digital Programme Steering Group and provided an explanation of the approval to proceed process which is aligned with the IT Projects Policy. LEP explained that the group had been in existence in various guises before but did not have a defined reporting line.</p> <p>It was noted that controls for new systems and technologies are essential given the discussion in the closed meeting relating to cyber security.</p> <p>SR suggested extending out the reach of the group further and to include BPS projects.</p> <p>KM requested further clarification be provided within the terms of reference on the boundaries of the digital programme.</p> <p>CK queried whether there was sufficient representation on the group and the overlap and alignment with the Information Governance Steering Committee.</p> <p>The risk of the group becoming a barrier and not an enabling function was expressed by DF. NR added that the purpose of the group is to</p>	<p>Action: 5.3</p>

	<p>give assurance on alignment and prioritise the programme.</p> <p>Committee Action: The committee RECEIVED the Digital Programme Steering Group Terms of Reference.</p>	<p>NR to revise TORs based on feedback from the committee and resubmit for approval at next meeting</p>
<p>ICD 5.4</p>	<p>Digital Services Programme Highlight Report</p> <p>LEP presented the Digital Programme Highlight Report and advised overall tracking status as green. LEP advised that a business case for the O365 project was in progress which will propose a change of approach from moving straight to a cloud-only environment.</p> <p>With reference to the PACS reprourement AF asked for clarification regarding the requirement for additional investment. LEP confirmed that this was the case. The committee reflected on lessons learned from the previous deployment, LEP advised that this time the Trust is more engaged and involved, and there is an appetite for a joint project manager between ASPH and RSCH. Deadlines for approvals will be a challenge due to project timelines.</p> <p>SR reflected that historically the NHS had not been mature in contract and commercial engagement. LEP restated the need to move forward as the current PACS contract ends July 2022.</p> <p>CK proposed that the presentation of the programme report be further developed to transition away from a narrative perspective.</p> <p>Committee Action: The Committee RECEIVED the Digital Programme Highlight Report.</p>	<p>Action: 5.4 NR/JS to revise format of the programme highlight report for next meeting</p>
<p>IDC 5.5</p>	<p>Surrey Heartlands ICS Digital Workstream & Local Health Care Record programme update</p> <p>KC was welcomed to the meeting.</p> <p>KC provided the Committee with an update on the previous business case and advised that partial funding on a non-recurrent basis had been approved. This will facilitate the continuation of the Surrey Care Record for a further year, and the population health management initiative. KC expressed commitment to work with providers to agree a future operating model.</p> <p>The gap between cyber and digital maturity was raised and how this is being approached at ICS level. KC advised that the proposal for a system-wide Cyber Information Security Officer (CISO) was in the previously presented business case and that the risk with not being able to recruit to this post has been highlighted.</p> <p>Committee Action: The Committee RECEIVED the programme update.</p>	<p>Action: 5.5 KC and LEP to discuss how to link in with the Cyber programme and evidence this on future reports.</p>

IDC 6	Reports and Updates	
IDC 6.1	<p>Information Governance Steering Group Minutes.</p> <p>The minutes were taken as read.</p> <p>SR raised that there had been a significant number of disciplinary cases relating to information governance breaches and proposed that there is an opportunity to increase the profile of IG through communications and training and with emphasis on consequences and ramifications for staff.</p> <p>It was advised there were no patterns as to any particular teams or groups of staff involved.</p> <p>DF highlighted that moving to an electronic patient record could increase the number of breaches as all activity will be fully auditable.</p> <p>LEP reflected on nature of the recent breaches and the need to highlight the lessons learned to staff and ensure the potential and significant consequences of unlawful action and breaches are fully understood by all colleagues. SR proposed a report to be taken to the Peoples Committee.</p> <p>Committee Action: The Committee RECIEVED the Information Governance Steering Group Minutes.</p>	<p>Action: 6.1 LEP to provide a Report for Peoples Committee</p>
IDC 6.2	<p>PACS - Surrey and Sussex Collaborative PACS Procurement Timeline</p> <p>Discussed in section 5.4</p> <p>Committee Action: The Committee RECIEVED the PACS Procurement Timeline</p>	
IDC 7	AOB	
	<p>AL brought the committees attention to a recent issue with BadgerNet which occurred due to a recent upgraded and asked for advice where to raise.</p>	<p>Action: 7.1 LEP to discuss with AL to get further understanding on the issue and direct to appropriate forum</p>
IDC 8	<p>Reflection on BAF Risks 3.1, 3.2 and 3.3</p> <p>3.1 The Committee supported rewriting this risk based on earlier discussions</p> <p>3.2 The Committee supported the proposal to downgrade the likelihood of this risk</p> <p>3.3 The Committee reflected on the discussion that took place at the start of the meeting regarding amending the risk appetite for 3.3 to medium based on the increase of probability. This was agreed, and a proposal to be taken to Board in May.</p>	<p>Action: 8.1 CK to make recommendatio n to Board to amend the cyber</p>

	Committee Action: The Committee REVIEWED the meeting's discussions in the context of the BAF risks.	security risk appetite of 3.3 to medium
IDC 9	DATE OF NEXT MEETING	
	Thursday 15 July 2021, 10.00 – 12.30, Microsoft Teams	
	The Open meeting concluded at 12:40	