NHS
Improvement

To	The Board
For meeting on:	28 September 2017
Agenda item:	8
Report by:	Jessica Dahlstrom, Head of Governance Sofia Bernsand, Deputy Head of Governance
Report on:	Corporate Report

Introduction

1. The Corporate Report brings together reports of all of NHS Improvement's Board committees. This report summarises the committees' activity since the last meeting of the Board, which took place on 20 July 2017.

Provider Leadership Committee meeting – 27 July 2017

2. Remuneration of NHS trust chairs and NEDs: The Committee considered proposals for a remuneration framework for NHS trust chairs and non-executive directors (NEDs), aimed at better aligning NHS Trust and NHS Foundation Trust pay. It was noted that the framework was based on the framework for executive pay, which was in a later stage of development. A discussion took place on various aspects of the framework and the proposals were approved subject to comments made.

3. NHS provider board membership and diversity: The Committee received a report on this topic, which set out the results of a survey which had been conducted among NHS provider boards. It was noted that the report was in draft and that a final version of the report would be circulated to the Committee in correspondence for comments ahead of publication.

4. Improving board diversity: The Committee discussed the roles which NHS Improvement and the Provider Leadership Committee could play in relation to improving board diversity.

5. Aspirant chair programme: The Committee considered and approved a paper which outlined proposals for a pilot aspirant chair programme.

6. Full draft minutes of the meetings are attached as Confidential Annex A.

Audit and Risk Assurance Committee meeting – 6 September 2017

7. Deep dive risk reviews: The Committee received reports of deep dive risk reviews in the areas of business continuity and major incident planning, regional consistency in financial reporting and sector workforce issues. A number of comments were made and at the request of the Committee, an update on business continuity and major incident planning would be provided at the next meeting of the Committee, and workforce capacity and capability would be discussed at a future Board meeting.

8. Proposals for consolidated provider accounts and consolidated FT accounts: The Committee approved proposals which envisaged NHS Improvement preparing one set of consolidated accounts for all providers, as part of that to identifying separately the FT sector results to ensure compliance with relevant legislation.

9. Internal audit progress report, report on procurement and action update: The Committee received an update on progress made against the internal audit plan and approved one change to the plan. An internal audit report on procurement, which provided moderate assurance, was also received and discussed, and an update on outstanding audit actions was considered.

10. Update on Value For Money (VFM) programme: Representatives from the National Audit Office provided an update on the VFM programme including recent and upcoming health-related publications.

11. Risk review: Q1: The Q1 risk report, which provided an overview of NHS Improvement's exposure to risk at the end of Q1 2017/18, was considered and the main changes to the risk register were noted. The Committee requested future deep dives into the risk relating to integration and into regional risk registers. The importance of clear links between the Board agenda and the corporate risk register was highlighted.

12. Full draft minutes of the meetings are attached as Confidential Annex B.

Technology and Data Assurance Committee meeting – 13 September 2017

13. Paperless 2020 programme: The Committee received an update on the Paperless 2020 programme and the Global Digital Exemplars project. The amber/red rated risks on the programme risk register were discussed and the Committee considered the role NHS Improvement should play in various domains of the programme. The role which digitalization could play in improving patient pathways was discussed.

14. Data and cybersecurity: The Committee considered a paper outlining the data and cybersecurity activities which were being undertaken across the system following the WannaCry incident, and the implications for NHS Improvement on a strategic and operational level. A response to the questions posed in the paper would be agreed at ExCo level before being presented to the Board.

15. <u>Technology and data update:</u> An update was provided on progress made in relation to technology and data initiatives at NHS Improvement. The Committee noted that positive developments had occurred in the quarter and that several senior posts had now been filled. Joint working and data sharing with other Arm's Length Bodies was discussed and an update was provided on the Business Services Transformation programme.

16. <u>IT strategy internal audit report:</u> The Committee considered the report.

17. Full draft minutes of the meetings are attached as Annex C.

Recommendation

18. The Board is asked to note recent committee activity.

NHS Improvement

**MINUTES OF A MEETING OF THE TECHNOLOGY AND DATA ASSURANCE
COMMITTEE HELD ON 13 SEPTEMBER 2017 AT 1.30pm**

AT WELLINGTON HOUSE, LONDON SE1 8UG

Present:

Sigurd Reinton, Non-Executive Director (Chairman)
Simon Stone, 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
Barry Frostick, Head of CCIO Operations (NHS England) (deputising for William Smart,
Chief Information Officer, NHS Improvement and NHS England)
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
Indi Singh, Head of Architecture (NHS England) (deputising for 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), Jora Gill (Independent Member) and William Smart (Chief Information
Officer, NHS Improvement and NHS England).

2. Declarations of interest

2.1 No interests were declared.

3. Minutes and matters arising from the meeting held on 15 May 2017 (TDAC/17/09)

3.1 The minutes of the meeting held on 15 May 2017 were approved.

4. Update on the Paperless 2020 programme (TDAC/17/10)

4.1 The Chief Clinical Information Officer provided an overview of the Paperless 2020 programme. The Committee noted the progress that had been made to date to deliver the programme's objectives and the work that was outstanding.

4.2 A discussion took place on the need to refocus the programme as, two to three years after its initial design, imperatives had changed. It was noted that the programme had been aligned with the vision set out in the Five Year Forward View. The Committee discussed the fact that there were not sufficient resources to complete the programme in its entirety and that a prioritisation exercise was currently ongoing. Demand management and delivering safe services during the winter period were top priorities, and other workstreams were being prioritised using deliverability and return on investment criteria.

4.3 An overview was provided of the Global Digital Exemplars project, in which 16 acute providers had been identified to lead in the area of digital development. Funding had been allocated to these providers and each had been asked to identify a fast follower to ensure learning was shared across the NHS. A similar approach had been taken in relation to mental health providers where seven organisations had been identified as Global Digital Exemplars.

4.4 The Committee considered workforce initiatives which were in place to support digital development across the NHS and noted that work was ongoing with Health Education England to incorporate this in the curriculum for medical students. A digital academy had also been created.

4.5 An update was provided on the risk register for the programme and the Committee discussed the amber/red rating which had been assigned to the interoperability and architecture workstream. It was noted that delays had been incurred at the business case approval stage as a result of the General Election. The amber/red rating for e-referrals was also discussed and the Committee received assurances that a definite move away from paper referrals would take place. The CCIO confirmed that the criteria in any referral management schemes would be incorporated as part of e-referrals, thus eliminating the delays and extra bureaucracy of the current referral management systems.

4.6 A discussion took place on the role with digitalisation could play in addressing issues around delayed discharges and rehabilitation. It was noted that work was ongoing to improve communications between tertiary and secondary hospitals and between NHS and social care providers.

4.7 Domain G of the work programme was discussed and the Committee asked for assurance that NHS Improvement was sufficiently involved in this aspect of the programme. A clear description of the actions required from NHS Improvement would be considered useful in this regard.

4.8 The Committee noted that the Chief Clinical Information Officer would finish in his current role on 1 December 2017 and that plans to identify a successor were underway.

5. Data and cybersecurity (TDAC/17/11)

5.1 The Head of Architecture introduced the paper, which outlined the data and cybersecurity activities which were being undertaken across the system following the WannaCry incident, and the implications for NHS Improvement on a strategic and operational level.

5.2 The key themes which had emerged from the analysis of the response to the WannaCry incident were the need for proactive action to improve cybersecurity, the need for better communications between Arm's Length Bodies and with the service, and the need to ensure cybersecurity was sufficiently prominent on board agendas.

5.3 The Committee noted the programme of work which was now underway as a result. A proactive approach to following up on CareCERT alerts had been developed and a capital fund had been made available to Major Trauma Centres. An engagement programme to highlight the critical role of local leadership had been designed and was to be led by NHS England and NHS Improvement. The Committee requested that further details on this would be presented at the next meeting.

ACTION: WS

5.4 The Committee welcomed the paper and in particular the questions it posed for NHS Improvement. It was noted that while a substantial amount of activity was ongoing in the area of cybersecurity within NHS Improvement, this had not yet been systematised. The Committee requested that a response to the questions outlined in this paper would be developed and discussed at the Executive Committee, prior to being presented at the NHS Improvement Board at its November meeting. The work would be coordinated by the Executive Director of Operational Productivity who was currently also coordinating NHS Improvement's work on business continuity and incident management.

ACTION: BA/JM

5.5 Consideration was given to the governance arrangements for cybersecurity within NHS providers and it was noted that it may be appropriate for each provider to have one non-executive director nominated to lead on assurance regarding appropriate processes, training and risk mitigations in the area of IT, cybersecurity and the use of data to improve care. The approach to holding providers to account for the delivery of cybersecurity work was discussed and it was noted that the Executive Director of Strategy, who was responsible for policy work on the Single Oversight Framework, would be asked to develop proposals to incorporate this.

ACTION: JD/BD

6. Technology and data update (TDAC/17/12)

6.1 Nina Schmidt-Marina (Programme Lead, London region) attended the meeting for consideration of this item.

6.2 The Chief Digital Officer introduced the paper, which provided an update on progress made in relation to technology and data initiatives at NHS Improvement.

The Committee noted that positive developments had occurred in the quarter and that several senior posts had now been filled.

6.3 It was noted that both the single network project and the work on upgrading hardware for a mobile workforce were near completion. Progress on data analytics was discussed and it was noted that while significant progress had been made on obtaining patient level activity and cost data, outcome data was more difficult to obtain. Work was ongoing in this area including close working with the operational productivity directorate and the Get It Right First Time team, which was collecting patient level data in its second phase.

6.4 Joint working and data sharing with other Arm's Length Bodies was discussed and it was noted that consistency checks were being conducted to ensure NHS England, NHS Improvement and the Care Quality Commission used the same data sets. The need for different bodies to use data in different ways was acknowledged. On digitalisation, the Committee noted that there were conflicting demands from different parts of NHS Improvement and that a mechanism for prioritising those demands should be found.

6.5 The need to capture and summarise all the work ongoing in a clear and concise strategy was highlighted, and the Committee requested that an IT strategy document would be presented at its next meeting.

ACTION: PS

6.6 An update was provided on the Business Services Transformation programme. The Committee noted that the discovery phase had been completed and Department of Health approval for funding had been obtained. A procurement process was now underway.

6.7 The Committee was provided with an overview of the engagement which had taken place with colleagues across NHS Improvement. It was noted that substantial engagement had taken place and that their most recent meeting, Executive Team members had been asked to nominate senior leads in their areas to become involved in the implementation phase of the programme.

6.8 The Committee received assurance that, should the joint working pilot with NHS England in the South region be expanded to cover other areas of the country and business, the Business Services Transformation programme would be flexible enough to accommodate such joint working.

6.9 Consideration was given to an upcoming requirement for all providers to disclose the types of data held by each organisation. Since all provider trusts hold much the same types of data, and the Committee requested that the possibility of NHS Improvement assisting providers by drafting a comprehensive template disclosure document would be examined.

ACTION: IS

7. Internal audit report on IT strategy (TDAC/17/13)

7.1 The Chief Digital Office introduced the report, which set out the finding of an internal audit review on IT strategy earlier this year. The need for an updated IT

4

strategy was noted and the Committee emphasised the importance of this being a simple document aligned with other Arm's Length Bodies.

8. Any other business

8.1 The Chair of the Committee provided an update on plans to put in place Information Governance training for the NHS Improvement Board. It was noted that the Chair of the Committee would discuss this matter with the Interim Chair of NHS Improvement before instructing the Board Secretariat to organise the training.

ACTION: SR

8.2 The importance of ensuring that the appointment process for the new Chief Clinical Information Officer was a truly joint process was emphasised.

8.3 It was noted that, in the context of work ongoing on cybersecurity, it may be useful to develop Key Performance Indicators to measure progress made should another incident occur in future.