

Annual Report
Audit Committee
5 May 2022

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| Presented for: | Assurance |
| Presented by: | Jas Narang, NED, Chair DIT Committee |
| Author: | Jas Narang, NED, Chair DIT Committee Paul Jones, CDIO |
| Previous Committees: | DIT Assurance Committee |

| Trust Goals | |
|--|---|
| The best for patient safety, quality and experience | ✓ |
| The best place to work | ✓ |
| A centre for excellence for research, education and innovation | ✓ |
| Seamless integrated care across organisational boundaries | ✓ |
| Financial sustainability | ✓ |

| Trust Risks (Type & Category) | | | | |
|--|---|--|-----------------------|-----------------|
| Level 1 Risk | ✓ | Level 2 Risks | (Risk Appetite Scale) | Risk |
| Operational Risk | | Information Technology Risk – We will develop and maintain stable and resilient services, operating to consistently high levels of performance | Cautious | ↓ (decrease) |
| | | Information Governance Risk - we will appropriately manage information management risk through the collection, storage, management and maintenance of information. As a minimum, we will meet data protection and healthcare information governance requirements. | Cautious | ↔ (same) |
| | | Information Security Risk – we will ensure the confidentiality, integrity and availability of | Cautious | ↔ (same) |

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| | information, and its appropriate and legitimate use. | | |
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| Key points | |
| <p>1. Terms of Reference The Committee Chair, along with the Committee has reviewed the Terms of Reference (ToR) to ensure that the Committee is fit for purpose and carries out its duties as delegated by the Board of Directors.</p> <p>The Committee has discharged its duties in line with the terms of reference set out in Appendix A.</p> | Assurance |
| <p>2. Reporting Requirements The Terms of reference for DIT Committee state; The Committee will report annually on the delivery of its work programme.</p> | Assurance |
| <p>3. Work Plans The Board of Directors approved the Committees Work Plan for 2021/22, Appendix B and reports assurance against items received during the year, (or stating where it cannot provide assurance).</p> <p>The Committee sets out its draft Work Plan for the coming year in Appendix C, seeking approval from the Board.</p> | Assurance |

1. Purpose

The purpose of this paper is to provide assurance to the Audit Committee that the DIT Committee has discharged its duties in accordance with its Terms of Reference, completed its Work Plan for 2021/22, and delivered against the defined objectives, and sets out the proposed Work Plan for 2022/23.

2. Committee Membership

Jas Narang is the Chair of the DIT Committee.

Non-Executive Directors members have been:

- Tom Keeney
- John Williams (January to November 2021)
- Georgina Mitchell (September 2021 to present)

Executive membership is as stated in the Terms of Reference.

The Committee met four times in 2021/22, meeting in May, August and November of 2021 and in February of 2022.

The Committee has been effective during the year, with assurance and information from the Committee flowing to the Board via verbal and a written Chairs report. Full minutes are received in the Blue Box, Board Workshop.

3. Committee Effectiveness

Committee effectiveness is reviewed at each meeting and this was supplemented with an all member survey. Feedback from the survey was very positive with a number of improvement points identified. These points have been adopted by the Committee.

4. Delivery Against Terms of Reference

The Committee has fulfilled its duties as set out in the terms of reference.

5. Amendments to Terms of Reference

Amendments to membership were approved by the Board during the year. As per the forward plan, the Committee have carried out an annual review of the Terms of Reference with no amendments. The Committee Chair and Company Secretary also considered the feedback from the survey monkey self-assessment and the external review via AQUA and were assured that these underpinned the governance and purpose of the Committees functions.

6. Committee Objectives

The DIT Committee was set up to assure the digital work programme. Over 2021/22 the key areas the Committee wished to focus on were:

- Audit points actively managed and dealt with in a timely manner
- Focus on the cyber agenda
- Consideration and revision of the digital IQPR metrics
- Reduction of the corporate risk related to the PAS

Across all of these objectives the digital team have delivered successfully, and the Committee have been assured of the positive progress. Noting the huge significant achievement of the two-phased approach to the PAS hardware and software.

During 2022/23 the Committee will again be focussed on:

To assure the overall DIT investment and plan is being managed according to good governance principles (or reprioritisation to funding revisions, and escalation and recording of risk)

- To challenge and assess the DIT IQPR and assure progress from the DIT function
- To focus on audit actions being actively managed and dealt with in a timely manner.
- To assess the plans and delivery in improving the trust cyber preparedness (including tracking of Log4J)
- To encourage and assure the engagement of DIT with wider system partners (and emergence of WY ICS leadership/agenda)
- To assess the plans and delivery in improving the trust cyber preparedness (including tracking of Log4J)
- To assess the progression of the Project Delivery Life Cycle (PDLC) framework and methodology for all DIT projects across the Trust
- To seek assurance on the appropriate governance of the project portfolio and the management (and learning outcomes) of core digital initiatives, including (but not limited to)
 - Data platform
 - Paper-light initiatives
 - EUC Modernisation

- Infrastructure modernisation
- PAS
- Patient Portal
- Personal Connect
- PPM+
- Leeds Care Record and Yorkshire and Humber Care Record
- LIMS
- Digital aspects of the Hospitals of the Future Programme

7. Work Plan 2021/22

Strategic Risks.

The Committee regularly reviews and challenges the risks across the DIT portfolio rated 10 or higher. These are provided to each Committee and are substantive agenda items at every other meeting.

NHSX Priorities.

With the publications of “What Good Looks Like” and “Who Pays for What”, NHSX provided the start of a framework of guidance around their priorities for providers. This was reviewed at the Committee and the Committee and the DIT team are waiting for the expected further guidance and clarifications.

Audit Actions.

DIT have maintained their focus on their allocated audit actions, and all have been completed as scheduled.

Cyber preparedness.

The Trust has a number of challenges related to the legacy nature of the estate.

The DIT 5-year capital plan seeks to address these legacy issues and the delivery of that plan will remediate many of the risks.

DIT have also invested additional resources and tools in the cyber team. It needs to be recognised that the threat landscape continues to evolve, and this will continue to be an area of focus in the coming year.

The Board and the Committee were briefed on the Trust response to the Log4J vulnerability and on the continuing work to mitigate the associated risks.

Digitalisation

This has been a core area of the Committees work. The continuing programmes of digitisation and upgrade have been reported on and reviewed. These have included:

- PAS. The upgrade of hardware and software to deliver a supported platform.
- Digital Dictation. The replacement of Winscribe with EPRO SCRIB
- Clinical Workflow-Oscopies. The replacement of ADAM, an unsupported platform, with Clinical Workflow Manager (CWM).
- Data Platform. The development of a whole new platform for data analysis in the trust.
- PPM+. Continuing enhancements and extension of our core electronic patient record.
- Covid related projects. Ongoing projects to support the response to the covid pandemic including point-of-care testing.

- New Hospital. Continuing analysis and design work for the digital aspects of the new hospital.
- Regional LIMS. The programme of work to upgrade one of the core, enterprise wide systems of the Trust was reviewed. This will continue to be monitored through 22/23.

Information and Insight

The Reporting and Information & Insight teams continue to provide services to support the Trust with key information and reports, to deliver the statutory reporting requirements and clinical audit reporting. The Committee were briefed on the scale and scope of this function and additional assurance will be sought over the coming year.

Links to other care providers

LTHT continue to provide the Leeds Care Record (LCR) across the Leeds Place. The LCR team are working closely with CCG partners to create a sustainable model for the support of the LCR.

The Yorkshire and Humber Care Record (YHCR) (formerly LHCRE) is the strategic platform for data sharing across the region. It is currently underutilised, and the ICS are delivering projects in maternity and end-of-life to increase its usage. LTHT now consumes and presents data from the YHCR and it is hoped will begin supplying data to it over the first half of 2022.

Infrastructure and Service Management

Significant improvements have been made in the DIT Infrastructure and Service Management portfolio. The Service Desk was brought in-house in April 2021 and has allowed much greater visibility of the Trusts challenges. The Committee have also been updated on the major programmes of work to remove Novell from the estate, modernise the end-user-estate and upgrade the core parts of the Trust infrastructure.

Twice annual review of DIT Project Portfolio

This item was added during 2021 following the review of the Committee's effectiveness, as such only one review of the portfolio was conducted. The Committee were pleased at the control and transparency that is evident in the project portfolio management.

Annual review of DIT Programme Governance Arrangements

This item was added during 2021 following the review of the Committee's effectiveness and was completed at the February meeting. The Committee recognised the improvements made to programme governance over the last two years and were assured that the arrangements ensured a controlled environment for delivery.

8. Other Issues Addressed by the Committee in Year

At the request of the Board, the Committee reviewed the governance arrangements around the National Pathology Imaging Collaborative. It was agreed that this project was instigated as and continued to be a research project. Its governance would therefore reside with the Research and Innovation Committee. Should NPIC change to be a core clinical service then the governance and funding arrangements will need to be reconsidered.

The Chair of the Committee carried out a self-assessment via a survey monkey seeking feedback from members which was reported to the August meeting. This was largely positive with a couple of actions that will be implemented moving forward to improve governance and reporting with additional items added to the forward plan.

The Committee was observed By AQUA as part of the external review of the CQC well-led criteria, with 1:1 feedback provided to the Committee Chair. Overall the feedback was extremely positive especially around the quality of discussion and resulting assurance to the Committee members via the various reports received at the Committee. The one point of improvement was to review the engagement with system partners on the digitisation agenda, which has subsequently been added to the Committee's annual objectives and incorporated as an agenda on the work plan too.

9. Risk Management

The most significant change within the DIT portfolio is the risk related to the PAS. At the start of the year this was on the corporate risk register with a score of 16. Following the July upgrade to hardware this reduced and with the successful upgrade to supported software this has decreased further.

Significant progress has been made regarding the wider infrastructure risks associated with the resilience of key technical and clinical assets such as the Integration Engines, which now sit on new resilient infrastructure, and PPM+ where part of the platform has been migrated to the Microsoft Cloud.

Following an Estates review, an additional significant risk has been added to the register linked to the lack of air-conditioning in some data rooms. This is being addressed through the estates plan.

It is recommended that the risk appetite statement stays the same at "cautious".

10. Internal Control Environment

The internal control environment within DIT has been strengthened considerably during 2021/22 with the introduction of the Project Delivery LifeCycle (PDLC). This structured, gated, documented process provides control and transparency on all digital projects and provides a clear route for CSU and corporate engagement with DIT.

11. Proposed Work Plan for 2022/21

Appendix C.

12. Publication Under Freedom of Information Act

This paper is exempt from publication under Section 22 of the Freedom of Information Act 2000, as it contains information which is in draft format and may not reflect the organisation's final decision. In due course this will flow to the May public Board meeting.

13. Recommendation

For the Audit Committee meeting in May to consider the adequacy of the assurance provided by DIT Committee and in turn the Audit Committee can report to the Board meeting with a statement of assurance to the Board on the function and effectiveness of the Boards Assurance and Management Committees.

14. Supporting Information

The following papers make up this report:

Appendix A - Terms of Reference
Appendix B – Work Plan for 2021/22
Appendix C – Proposed Work Plan for 2022/23

Jas Narang
Chair – DIT Committee
15 March 2022

Paul Jones
Chief Digital Information Officer