360 ASSURANCE

AUDIT YORKSHIRE

Digitalisation Event

Welcome

9 March 2023 – we will start at 13:15

Gordon Elder

Regional CNIO - North East & Yorkshire – NHS England

Digital Initiatives across the North East & Yorkshire

Gordon Elder

Regional CNIO - North East & Yorkshire – NHS England

Associate Director of Nursing & CNIO – Newcastle upon Tyne Hospitals

Why is Digital important?

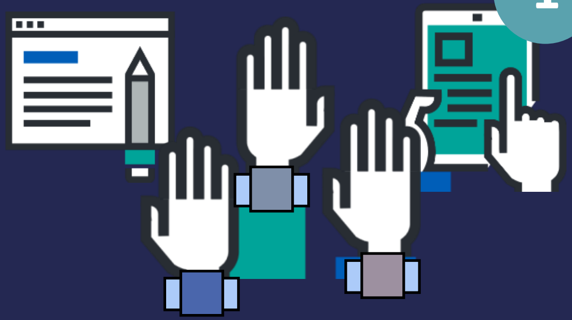
The benefits to patients and carers include:

- improved self-care for minor ailments
- improved self-management of long-term conditions
- improved take-up of digital health tools and services
- empowering patients
- time saved through accessing services digitally
- cost saved through accessing services digitally
- reduced loneliness and isolation

And benefits for the health and care system, including:

- lower cost of delivering services digitally
- more appropriate use of services, including primary care and urgent care
- better patient adherence to medicines and treatments

An example…



1 Recording vital signs at home

The patient records their own vitals signs eg blood pressure, temperature, oxygen levels and enters readings onto an app, website OR they wear a device that does this automatically.

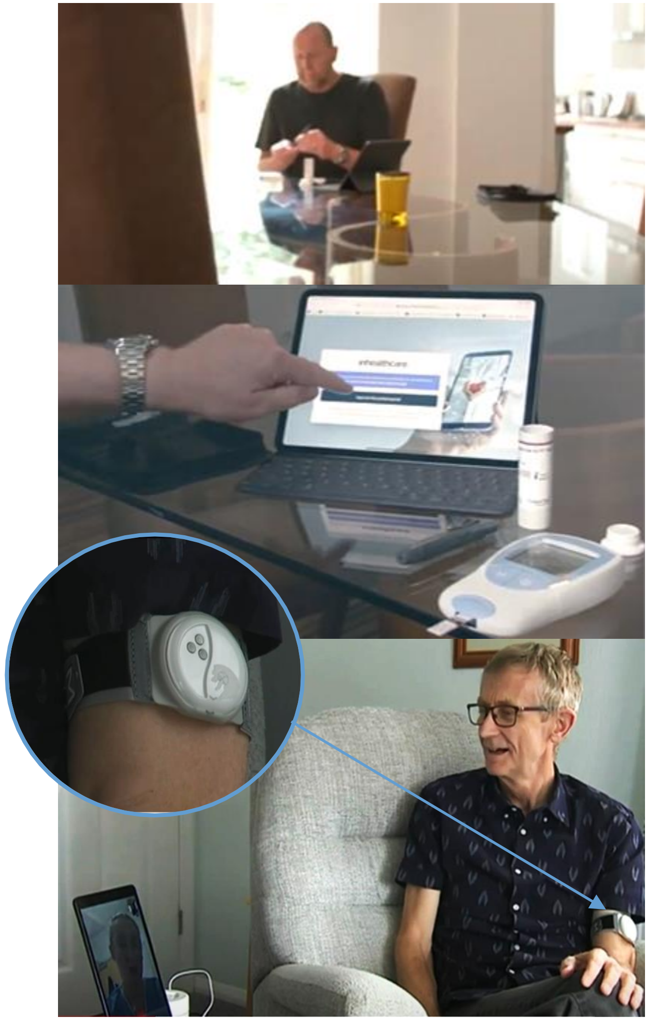
2 Care team closely monitoring remotely

Clinical teams are able to see patient inputted data and take action where required. Able to support a greater number of patients.

3 Patient self-managing care

Patient able to better self-manage own care, using technology, whilst supported by their care team in their own home.

What is ‘Tech-enabled remote monitoring’?



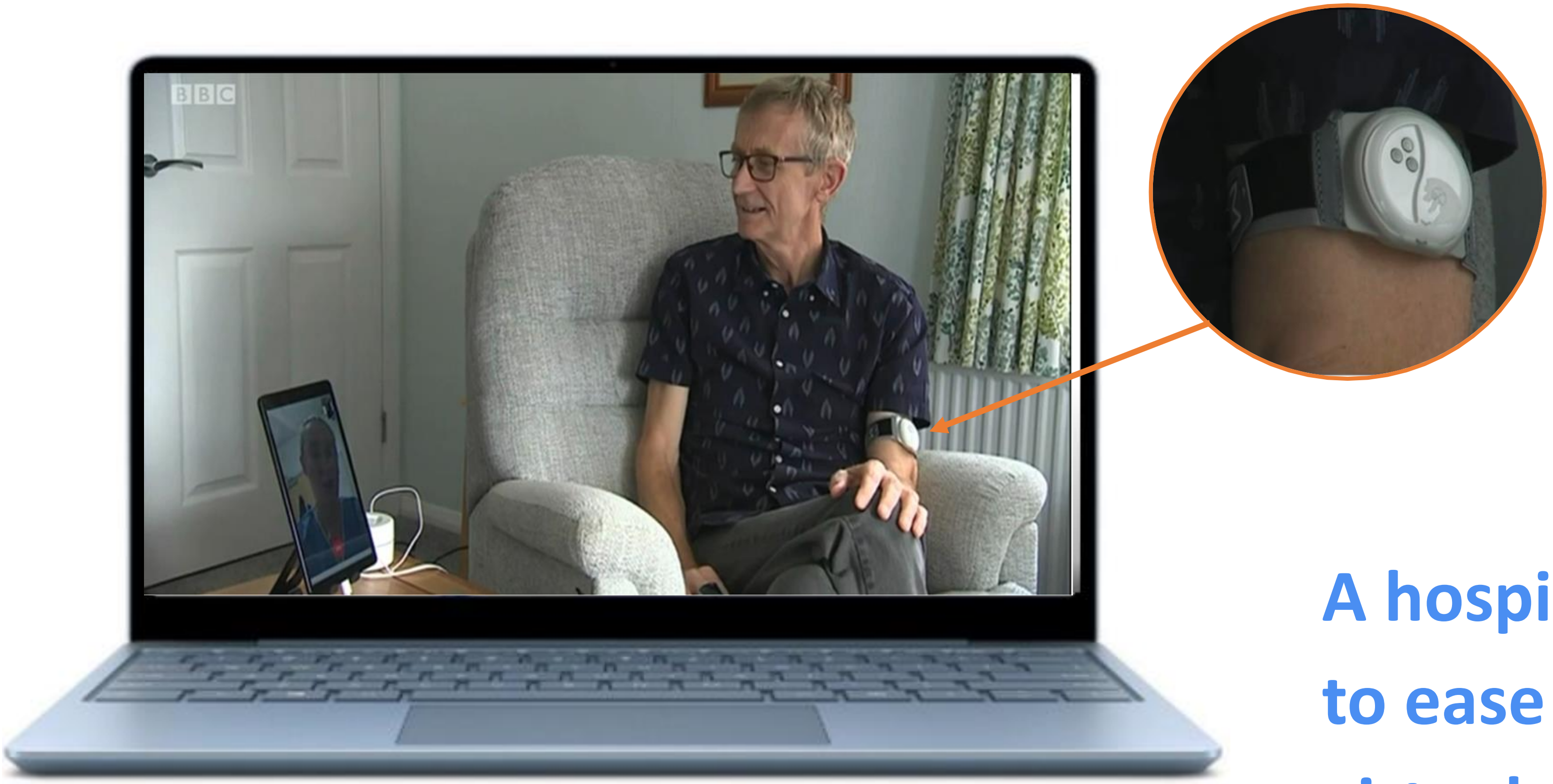
The use of technology, devices or apps to support patients, or their carers or advocates, to monitor and manage their health or long-term conditions.

Information is shared using technology between a patient or citizen and their health or care team to assist in monitoring that person's health.

Further resources:

- Supporting care with remote monitoring
- Supporting transformation through the Innovation Collaborative
- The role of remote monitoring in the future of the NHS

Norfolk and Norwich University Hospital expands its virtual ward



A hospital looking at different ways to ease pressure on beds expands its virtual ward.

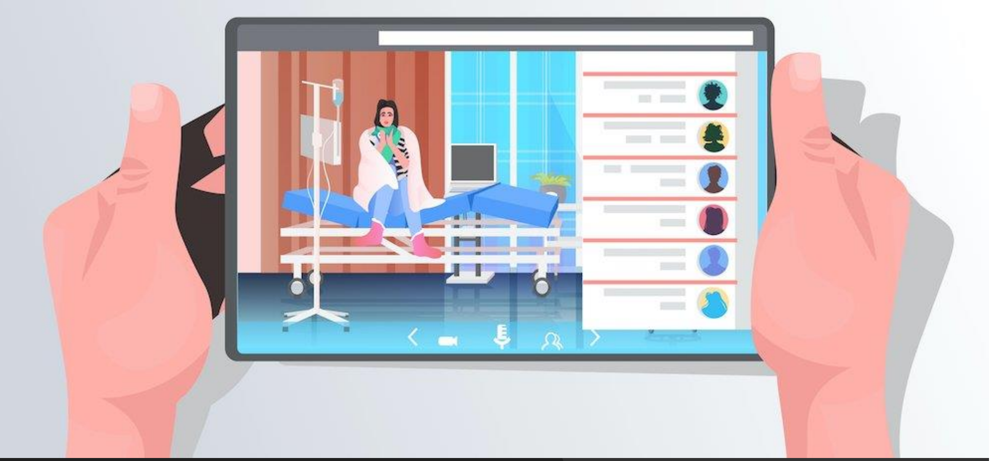
https://youtu.be/8RVxZKw0RKM

Runtime: 2 mins 28 secs

Frontline Digitisation

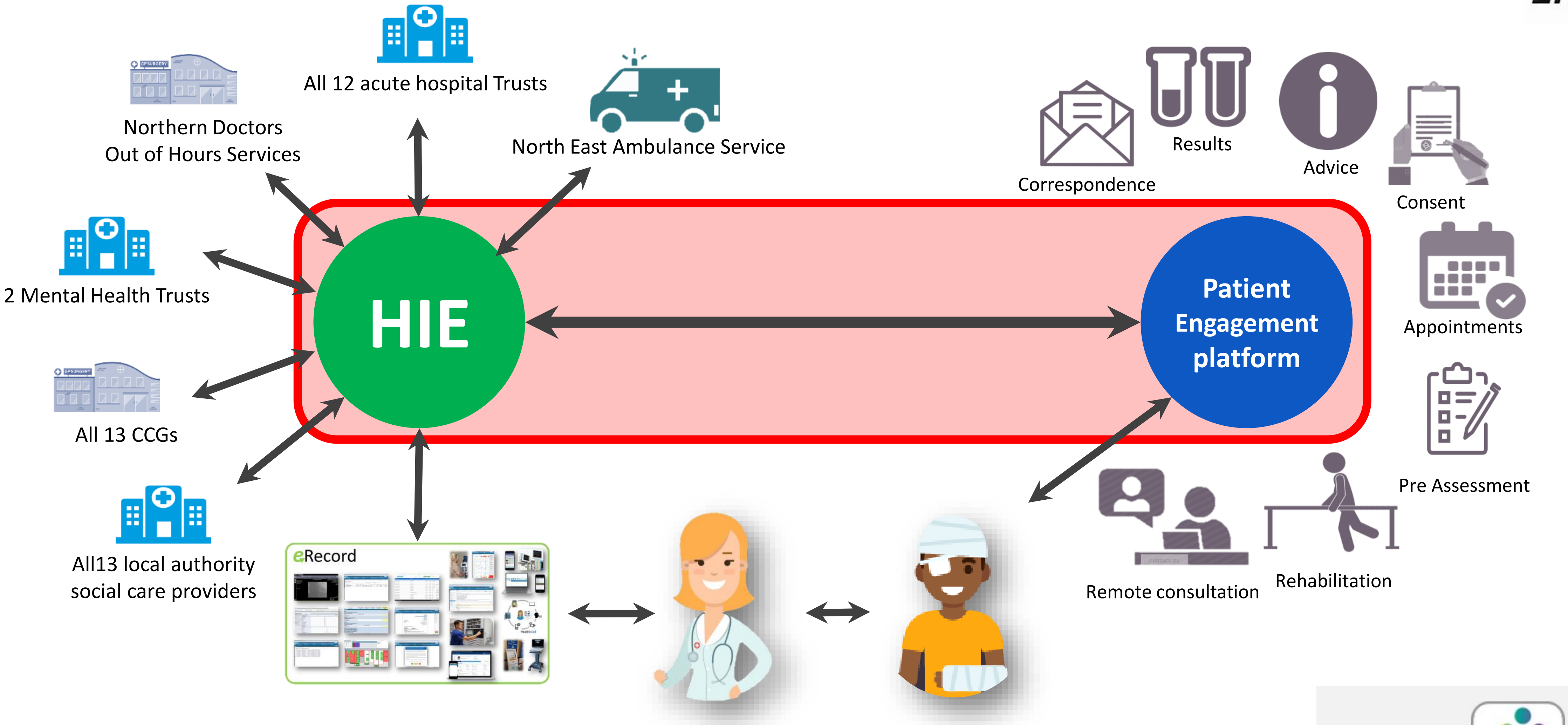
- Levels of digitisation across health and social care are mixed. In order to maximise the benefits of digital transformation for patients and clinicians, and to harness the power of data, the NHS is investing £1.9bn to ensure we have the right digital foundations in place
- Levelling up program
- What Good Looks Like
- Regional programs

Virtual Wards



- Provide acute clinical care delivered by a multidisciplinary team (MDT) if clinically appropriate,
- Have clearly defined criteria to admit and reside, supported by daily clinical review, by an MDT if clinically appropriate, to provide a safe and robust service.
- Ensure that patients are given clear information on who to contact if their symptoms worsen, including out of hours. There should be clear pathways to support early recognition of deterioration and appropriate escalation processes in place to maintain patient safety.
- Provide patients (and/or their carers) with adequate information to allow informed consent
- Have access to specialty advice and guidance/diagnostics equivalent to acute hospital access as appropriate to enable timely clinical decision-making.
- Deliver time-limited interventions and monitoring based on clinical need for a secondary care bed.
- Be fully aligned or integrated with other service development programs,
- Be developed for a range of conditions/symptoms/settings and should track specific metrics that measure appropriate outcomes to demonstrate patient safety and sustainability
- Consider the risk of excluding patients from virtual wards through the exclusive use of digital tools, and offer alternatives should patients lack the ability to fully use the technology.

NHS England



All 12 acute hospital Trusts

Northern Doctors Out of Hours Services

North East Ambulance Service

2 Mental Health Trusts

All 13 CCGs

All13 local authority social care providers

HIE

Patient Engagement platform

Correspondence

Results

Advice

Consent

Appointments

Pre Assessment

Remote consultation

Rehabilitation

Great North Care Record

Yorkshire & Humber Care Record

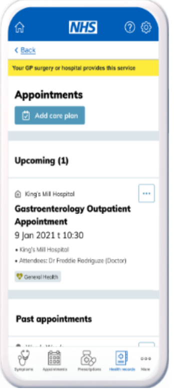
Digital Solutions

Smart Cities UK

NHS England

Citizens Online

NHS England



‹ Back

Your GP surgery or hospital provides this service

Appointments

Add care plan

Upcoming (1)

King's Mill Hospital

Gastroenterology Outpatient Appointment

9 Jan 2021 t 10:30

- King's Mill Hospital
- Attendees: Dr Freddie Rodriguze (Doctor)

General Health

Past appointments

We're enabling more people to be cared for in their preferred place of care

Great North Care Record

NHS App

Digital in the NHS

What do we need to think about?

CONNECTIVITY

not everyone has the ability to connect to the internet and go online

DIGITAL SKILLS

not everyone has the ability to use the internet and online services

CONFIDENCE

some people fear online crime, lack trust or don’t know where to start online

MOTIVATION

not everyone sees why using the internet could be relevant and helpful

DESIGN

not all digital services and products are accessible and easy to use

AWARENESS

not everyone is aware of digital services and products available to them

STAFF CAPABILITY AND CAPACITY

Cyber security

What do we need to do?

Digital inclusion is about ensuring the benefits of the internet and digital technologies are available to everyone.

Digitally-excluded people can lack skills, confidence and motivation, along with having limited or no access to equipment and connectivity. This can create additional layers of social exclusion and exacerbate social, economic and health problems. Getting online is usually life-enhancing and it can be life-changing!

Citizens Online

citizensonline.org.uk

The NHS is founded on a commitment to the principles of equal and equitable access to healthcare for all UK citizens.

Yet the use of digital healthcare technologies could undermine these principles by exacerbating inequalities, unless consideration is given to how they affect equality and equity, including the risk that vulnerable groups might be excluded or exploited

NHS Digital

QUESTIONS

Maria Riley

Director of Transformation and PMO, Joined Up Care Derbyshire

Joined Up Care
Derbyshire

Joined Up Care Derbyshire ePMO

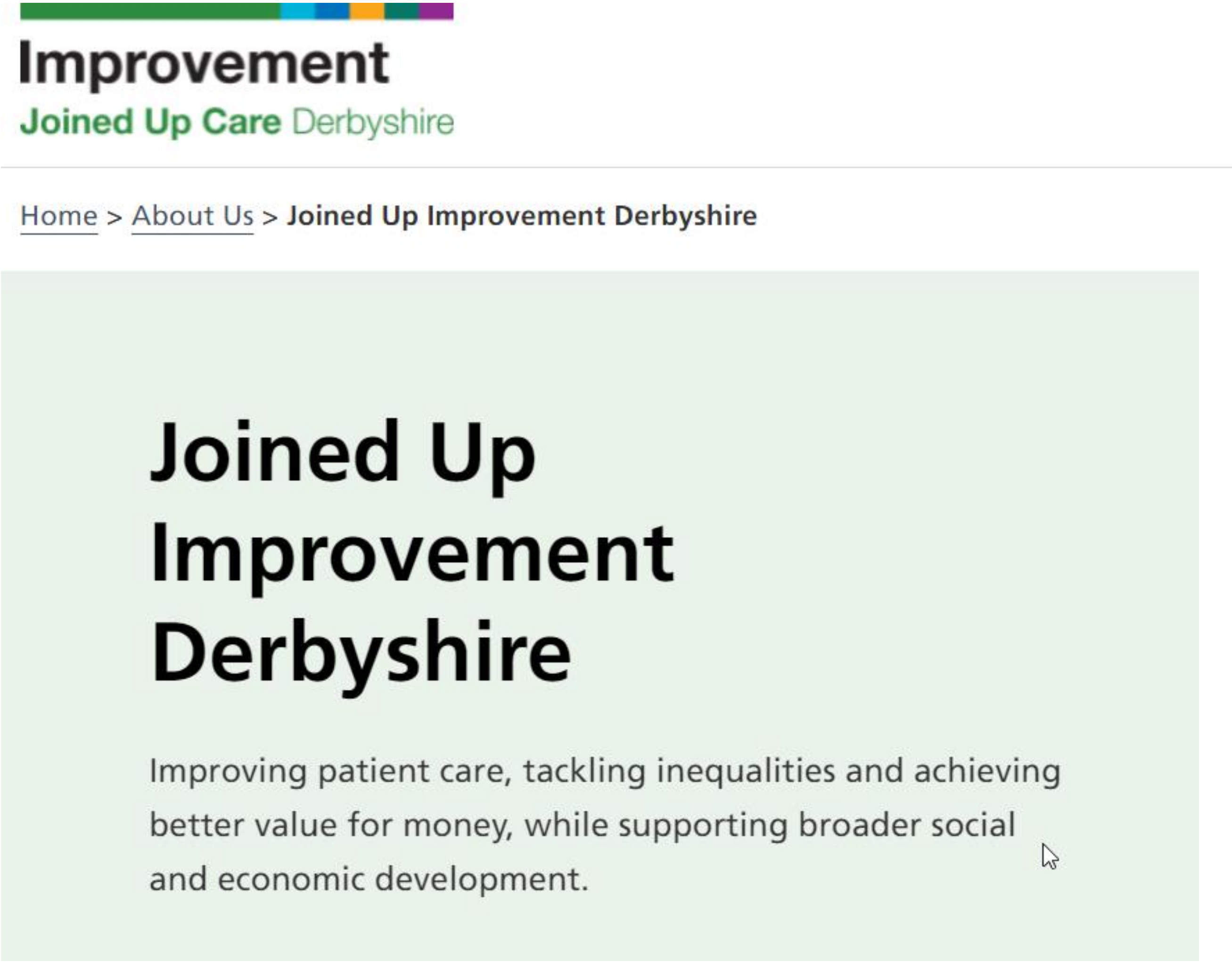
Maria Riley, Director of Transformation and PMO

NHS The Derbyshire VCSE sector Alliance Derby City Council DERBYSHIRE County Council

Our challenge

- Scale and scope of change programme
- Extensive range of financial and non financial benefits
- Long term transformational outcomes
- Design of governance and programme architecture
- Complexity of strategic and near term solutions
- Connectivity of enabling plans and understanding interdependencies

Our approach and the brief

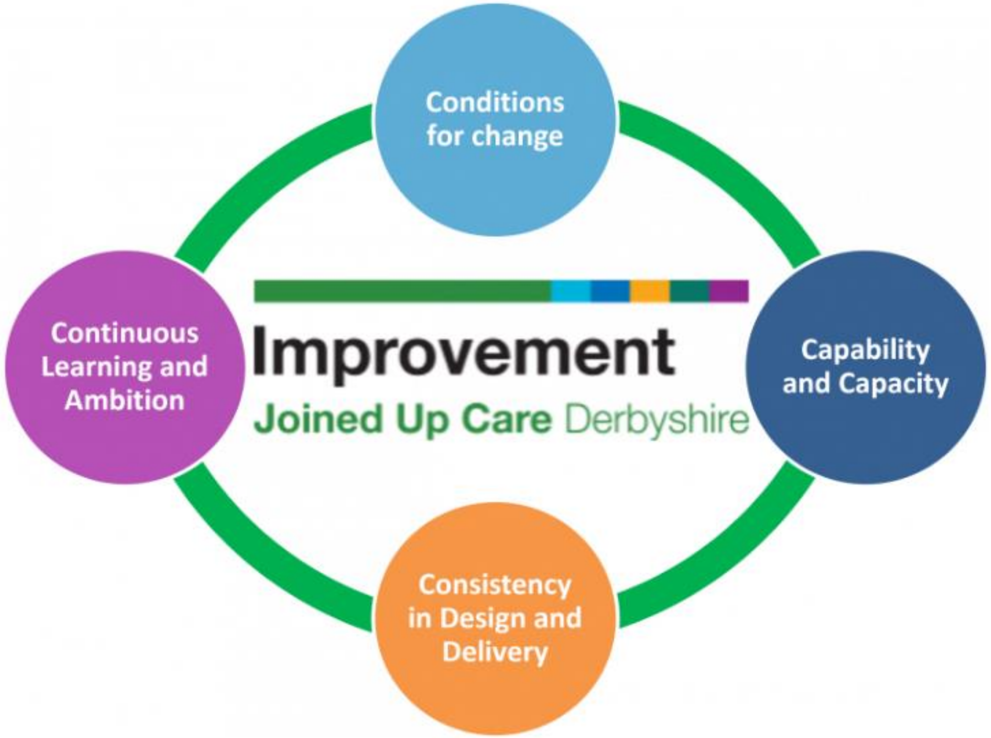


Improvement
Joined Up Care Derbyshire

Home > About Us > Joined Up Improvement Derbyshire

Joined Up Improvement Derbyshire

Improving patient care, tackling inequalities and achieving better value for money, while supporting broader social and economic development.


Conditions for change
Continuous Learning and Ambition
Improvement
Joined Up Care Derbyshire
Capability and Capacity
Consistency in Design and Delivery

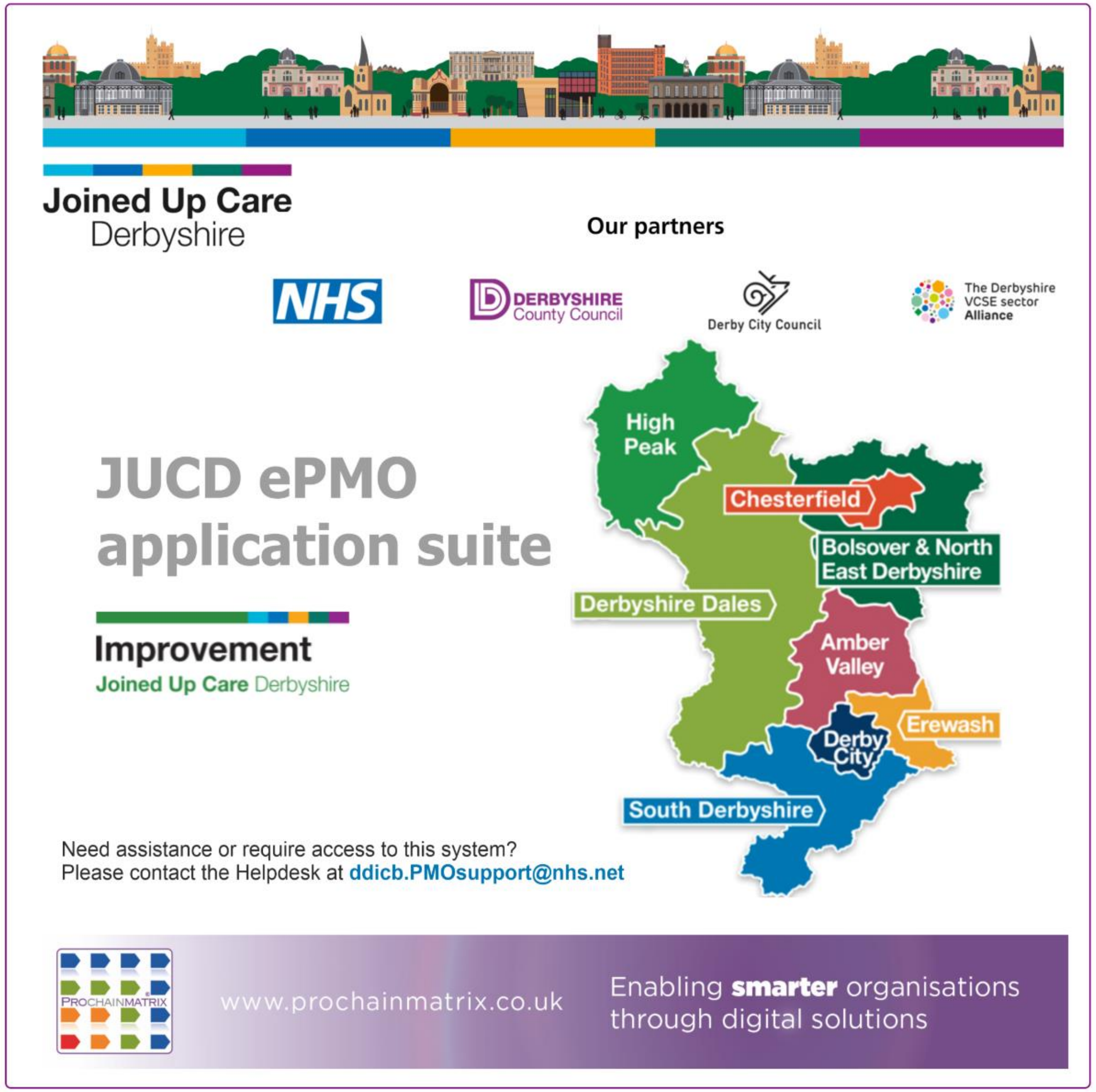
Involvement and engagement

Extensive engagement and involvement from stakeholders across JUCD in designing and testing the ePMO

- ➢ Organisational testing phase
- ➢ Introduction to the Digital PMO
- ➢ Design Workshop 1
- ➢ Design Workshop 2
- ➢ Design Workshop 3
- ➢ Weekly design and development drop in session

Web hosted and accessible by all

Joined Up Care Derbyshire



Joined Up Care Derbyshire

Our partners

NHS

DERBYSHIRE County Council

Derby City Council

The Derbyshire VCSE sector Alliance

JUCD ePMO application suite

Improvement
Joined Up Care Derbyshire

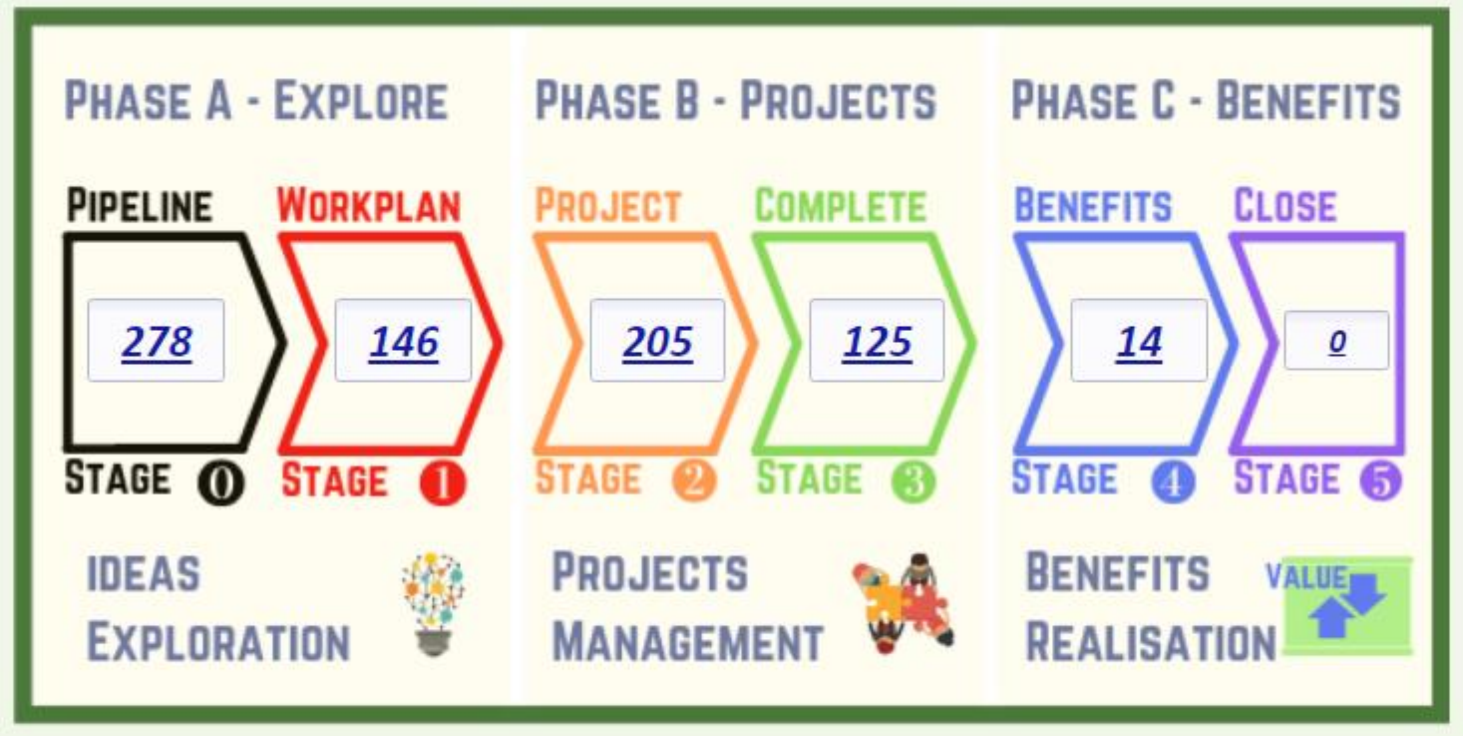
Need assistance or require access to this system?
Please contact the Helpdesk at ddicb.PMOsupport@nhs.net

PROCHAINMATRIX

www.prochainmatrix.co.uk

Enabling **smarter** organisations through digital solutions

Gateway and documentation



PHASE A - EXPLORE

PHASE B - PROJECTS

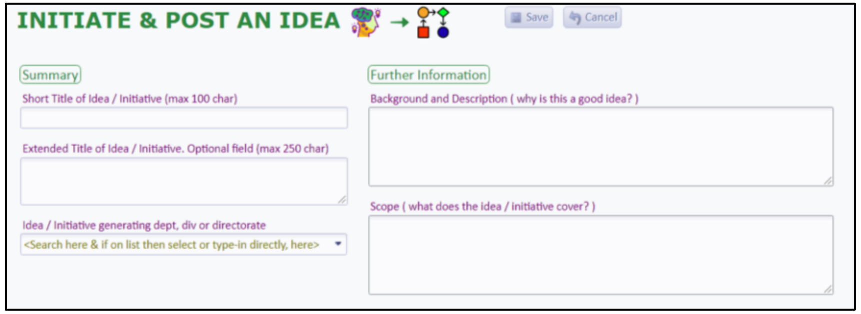
PHASE C - BENEFITS

PIPELINE	WORKPLAN	PROJECT	COMPLETE	BENEFITS	CLOSE
278	146	205	125	14	0
STAGE 0	STAGE 1	STAGE 2	STAGE 3	STAGE 4	STAGE 5

IDEAS EXPLORATION

PROJECTS MANAGEMENT

BENEFITS REALISATION



INITIATE & POST AN IDEA

Summary

Short Title of Idea / Initiative (max 100 char)

Extended Title of Idea / Initiative. Optional field (max 250 char)

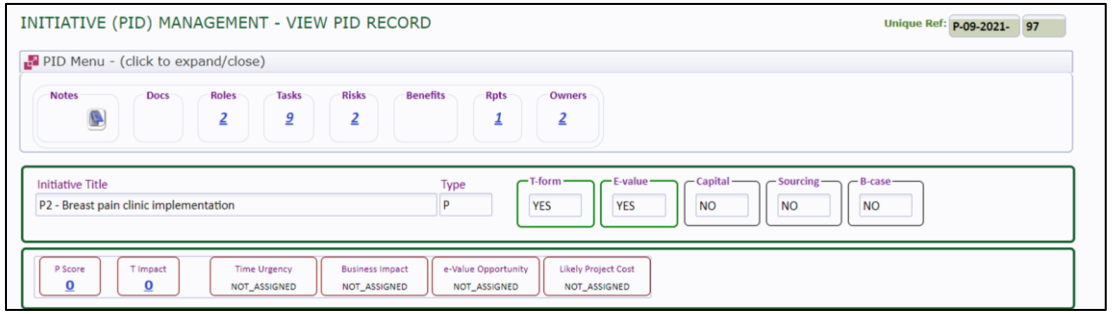
Idea / Initiative generating dept, div or directorate

<Search here & if on list then select or type-in directly, here>

Further Information

Background and Description (why is this a good idea?)

Scope (what does the idea / initiative cover?)



INITIATIVE (PID) MANAGEMENT - VIEW PID RECORD

Unique Ref: P-09-2021- 97

PID Menu - (click to expand/close)

Notes	Docs	Roles	Tasks	Risks	Benefits	Rpts	Owners
		2	9	2		1	2

Initiative Title: P2 - Breast pain clinic implementation

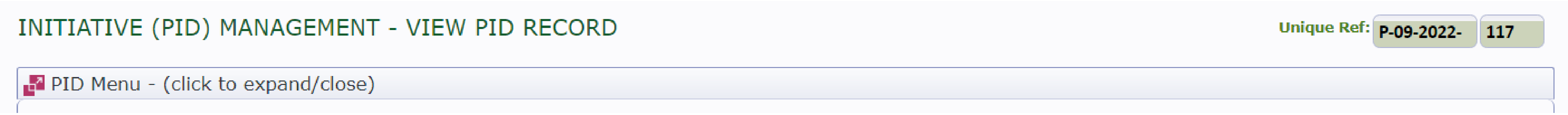
Type: P

T-form	E-value	Capital	Sourcing	B-case
YES	YES	NO	NO	NO

P Score	T Impact	Time Urgency	Business Impact	e-Value Opportunity	Likely Project Cost
0	0	NOT_ASSIGNED	NOT_ASSIGNED	NOT_ASSIGNED	NOT_ASSIGNED

Initiative management

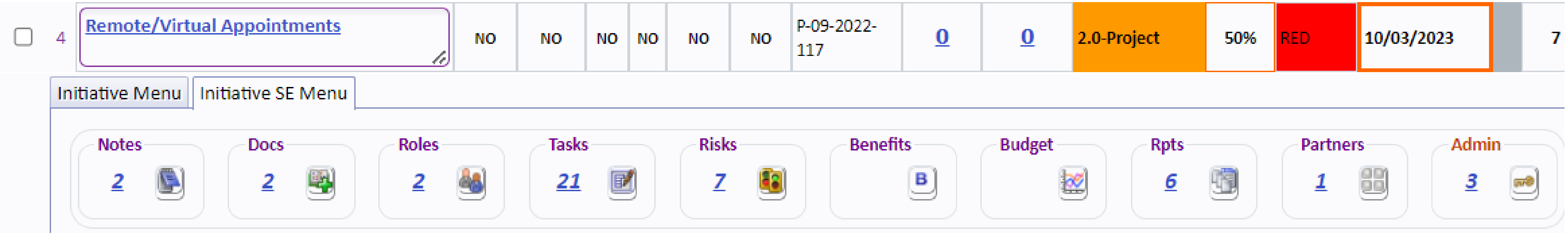
Joined Up Care Derbyshire



INITIATIVE (PID) MANAGEMENT - VIEW PID RECORD

Unique Ref: P-09-2022- 117

PID Menu - (click to expand/close)

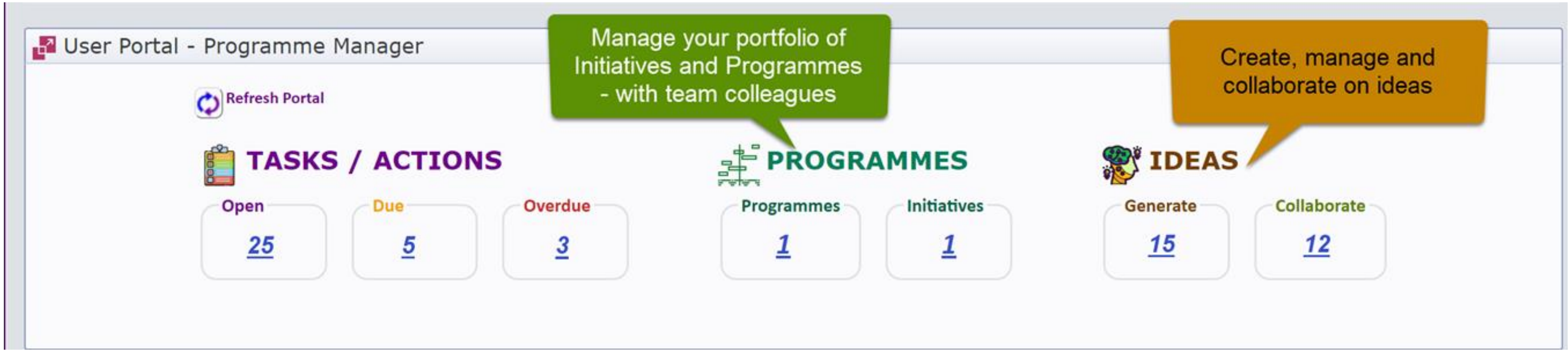


□	4	Remote/Virtual Appointments	NO	NO	NO	NO	NO	NO	P-09-2022-117	0	0	2.0-Project	50%	RED	10/03/2023	7

Initiative Menu | Initiative SE Menu

Notes	Docs	Roles	Tasks	Risks	Benefits	Budget	Rpts	Partners	Admin
2	2	2	21	7			6	1	3

User portal and tools



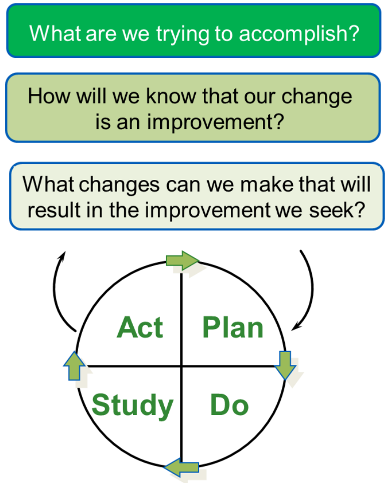
User Portal - Programme Manager

Refresh Portal

Manage your portfolio of Initiatives and Programmes - with team colleagues

Create, manage and collaborate on ideas

TASKS / ACTIONS			PROGRAMMES		IDEAS	
Open	Due	Overdue	Programmes	Initiatives	Generate	Collaborate
25	5	3	1	1	15	12



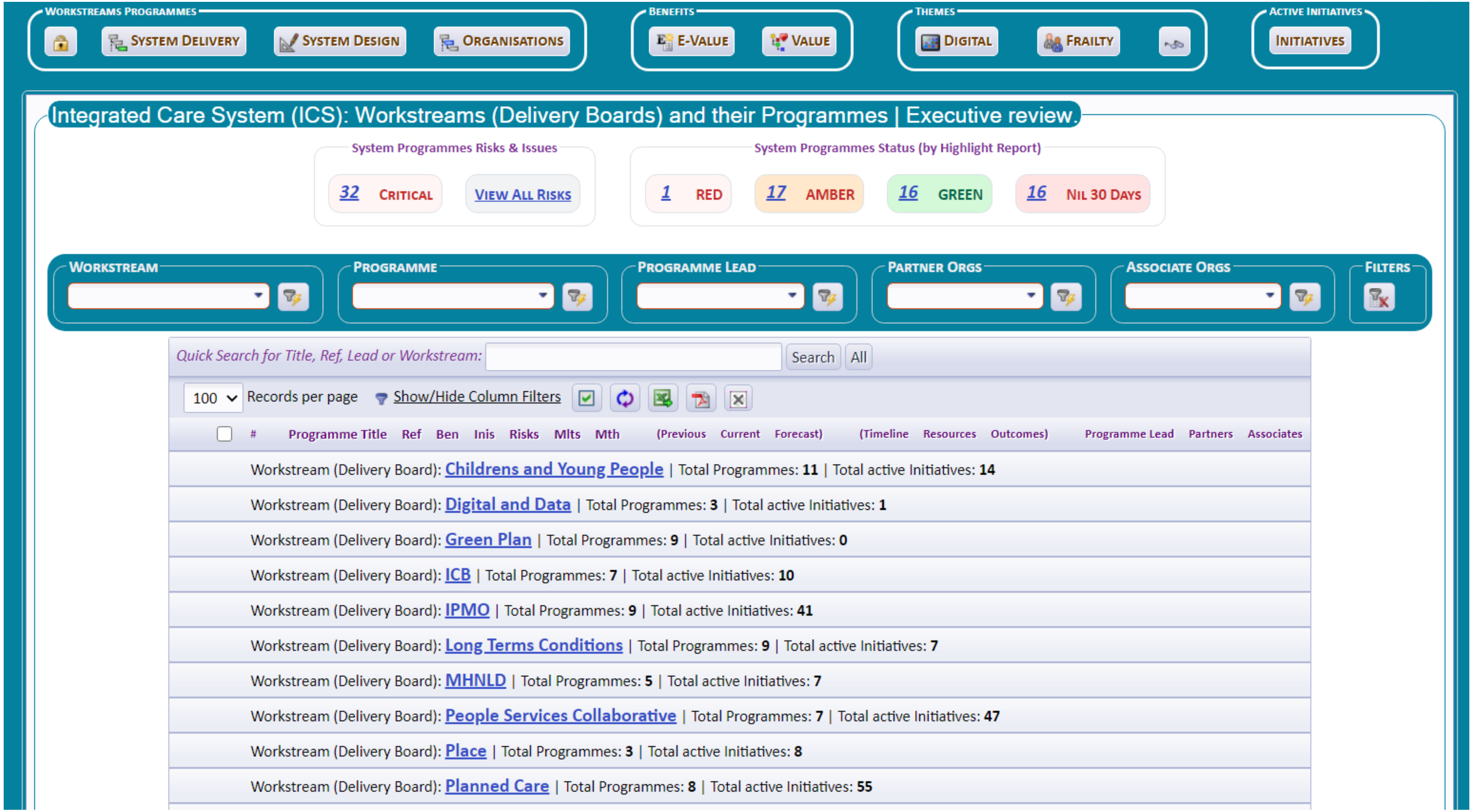
What are we trying to accomplish?

How will we know that our change is an improvement?

What changes can we make that will result in the improvement we seek?

Executive Dashboard

Joined Up Care Derbyshire



Integrated Care System (ICS): Workstreams (Delivery Boards) and their Programmes | Executive review.

System Programmes Risks & Issues

32 CRITICAL | VIEW ALL RISKS

System Programmes Status (by Highlight Report)

1 RED | 17 AMBER | 16 GREEN | 16 NIL 30 DAYS

#	Programme Title	Ref	Ben	Inis	Risks	Mlts	Mth	(Previous	Current	Forecast)	(Timeline	Resources	Outcomes)	Programme Lead	Partners	Associates

Workstream (Delivery Board): Childrens and Young People | Total Programmes: **11** | Total active Initiatives: **14**

Workstream (Delivery Board): Digital and Data | Total Programmes: **3** | Total active Initiatives: **1**

Workstream (Delivery Board): Green Plan | Total Programmes: **9** | Total active Initiatives: **0**

Workstream (Delivery Board): ICB | Total Programmes: **7** | Total active Initiatives: **10**

Workstream (Delivery Board): IPMO | Total Programmes: **9** | Total active Initiatives: **41**

Workstream (Delivery Board): Long Terms Conditions | Total Programmes: **9** | Total active Initiatives: **7**

Workstream (Delivery Board): MHNLD | Total Programmes: **5** | Total active Initiatives: **7**

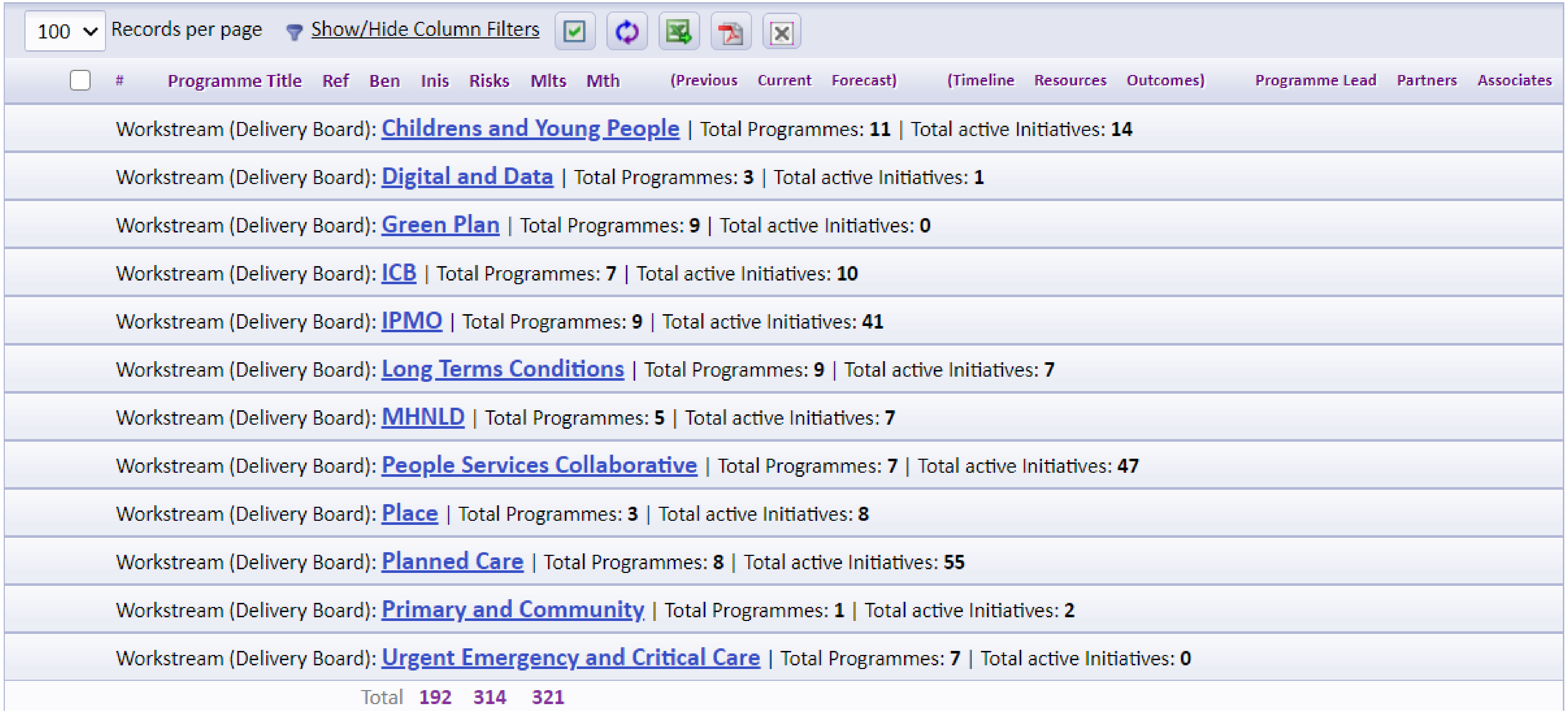
Workstream (Delivery Board): People Services Collaborative | Total Programmes: **7** | Total active Initiatives: **47**

Workstream (Delivery Board): Place | Total Programmes: **3** | Total active Initiatives: **8**

Workstream (Delivery Board): Planned Care | Total Programmes: **8** | Total active Initiatives: **55**

Executive Dashboard

Joined Up Care
Derbyshire



□ # Programme Title Ref Ben Inis Risks Mlts Mth (Previous Current Forecast) (Timeline Resources Outcomes) Programme Lead Partners Associates

Workstream (Delivery Board): Childrens and Young People | Total Programmes: **11** | Total active Initiatives: **14**

Workstream (Delivery Board): Digital and Data | Total Programmes: **3** | Total active Initiatives: **1**

Workstream (Delivery Board): Green Plan | Total Programmes: **9** | Total active Initiatives: **0**

Workstream (Delivery Board): ICB | Total Programmes: **7** | Total active Initiatives: **10**

Workstream (Delivery Board): IPMO | Total Programmes: **9** | Total active Initiatives: **41**

Workstream (Delivery Board): Long Terms Conditions | Total Programmes: **9** | Total active Initiatives: **7**

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Workstream (Delivery Board): Place | Total Programmes: **3** | Total active Initiatives: **8**

Workstream (Delivery Board): Planned Care | Total Programmes: **8** | Total active Initiatives: **55**

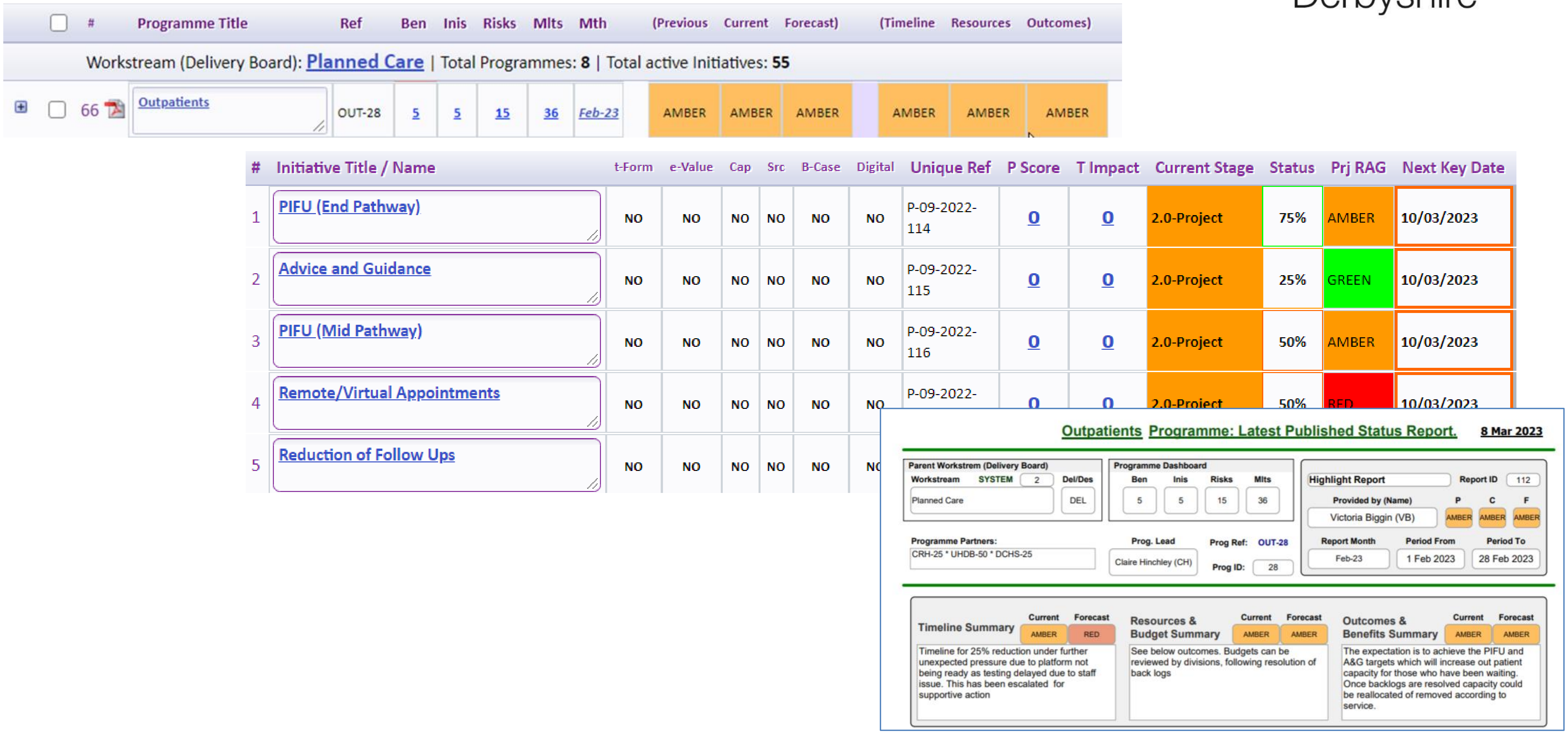
Workstream (Delivery Board): Primary and Community | Total Programmes: **1** | Total active Initiatives: **2**

Workstream (Delivery Board): Urgent Emergency and Critical Care | Total Programmes: **7** | Total active Initiatives: **0**

Total 192 314 321

Executive Dashboard - Programme interrogation

Joined Up Care Derbyshire



	□	#	Programme Title	Ref	Ben	Inis	Risks	Mlts	Mth	(Previous	Current	Forecast)		(Timeline	Resources	Outcomes)
Workstream (Delivery Board): **Planned Care** | Total Programmes: **8** | Total active Initiatives: **55**																
⊞	□	66	Outpatients	OUT-28	5	5	15	36	Feb-23	AMBER	AMBER	AMBER		AMBER	AMBER	AMBER

#	Initiative Title / Name	t-Form	e-Value	Cap	Src	B-Case	Digital	Unique Ref	P Score	T Impact	Current Stage	Status	Prj RAG	Next Key Date
1	PIFU (End Pathway)	NO	NO	NO	NO	NO	NO	P-09-2022-114	0	0	2.0-Project	75%	AMBER	10/03/2023
2	Advice and Guidance	NO	NO	NO	NO	NO	NO	P-09-2022-115	0	0	2.0-Project	25%	GREEN	10/03/2023
3	PIFU (Mid Pathway)	NO	NO	NO	NO	NO	NO	P-09-2022-116	0	0	2.0-Project	50%	AMBER	10/03/2023
4	Remote/Virtual Appointments	NO	NO	NO	NO	NO	NO	P-09-2022-	0	0	2.0-Project	50%	RED	10/03/2023
5	Reduction of Follow Ups	NO	NO	NO	NO	NO	NC							

Outpatients Programme: Latest Published Status Report. **8 Mar 2023**

Parent Workstrem (Delivery Board)

Workstream	SYSTEM	2	Del/Des
Planned Care			DEL

Programme Dashboard

Ben	Inis	Risks	Mlts
5	5	15	36

Highlight Report Report ID 112

Provided by (Name)	P	C	F
Victoria Biggin (VB)	AMBER	AMBER	AMBER

Report Month	Period From	Period To
Feb-23	1 Feb 2023	28 Feb 2023

Programme Partners: CRH-25 * UHDB-50 * DCHS-25

Prog. Lead: Claire Hinchley (CH)

Prog Ref: OUT-28

Prog ID: 28

	Current	Forecast
Timeline Summary	AMBER	RED
Resources & Budget Summary	AMBER	AMBER
Outcomes & Benefits Summary	AMBER	AMBER

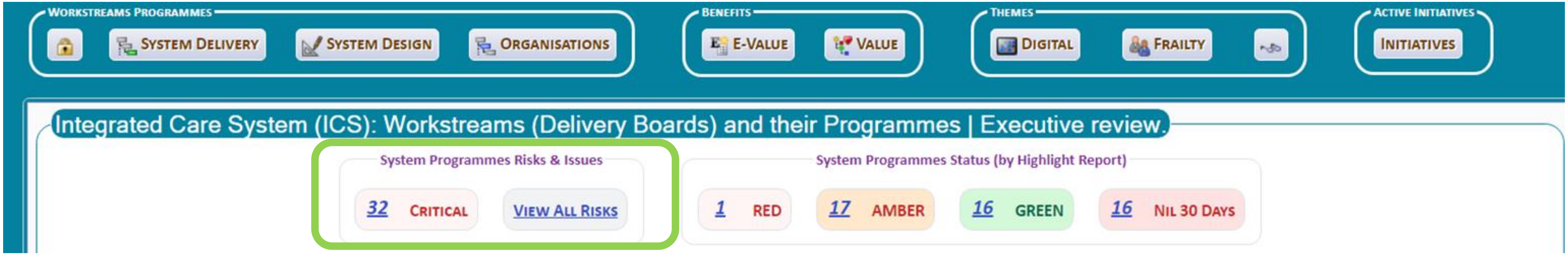
Timeline Summary: Timeline for 25% reduction under further unexpected pressure due to platform not being ready as testing delayed due to staff issue. This has been escalated for supportive action

Resources & Budget Summary: See below outcomes. Budgets can be reviewed by divisions, following resolution of back logs

Outcomes & Benefits Summary: The expectation is to achieve the PIFU and A&G targets which will increase out patient capacity for those who have been waiting. Once backlogs are resolved capacity could be reallocated of removed according to service.

Executive Dashboard - Programme risk

Joined Up Care Derbyshire



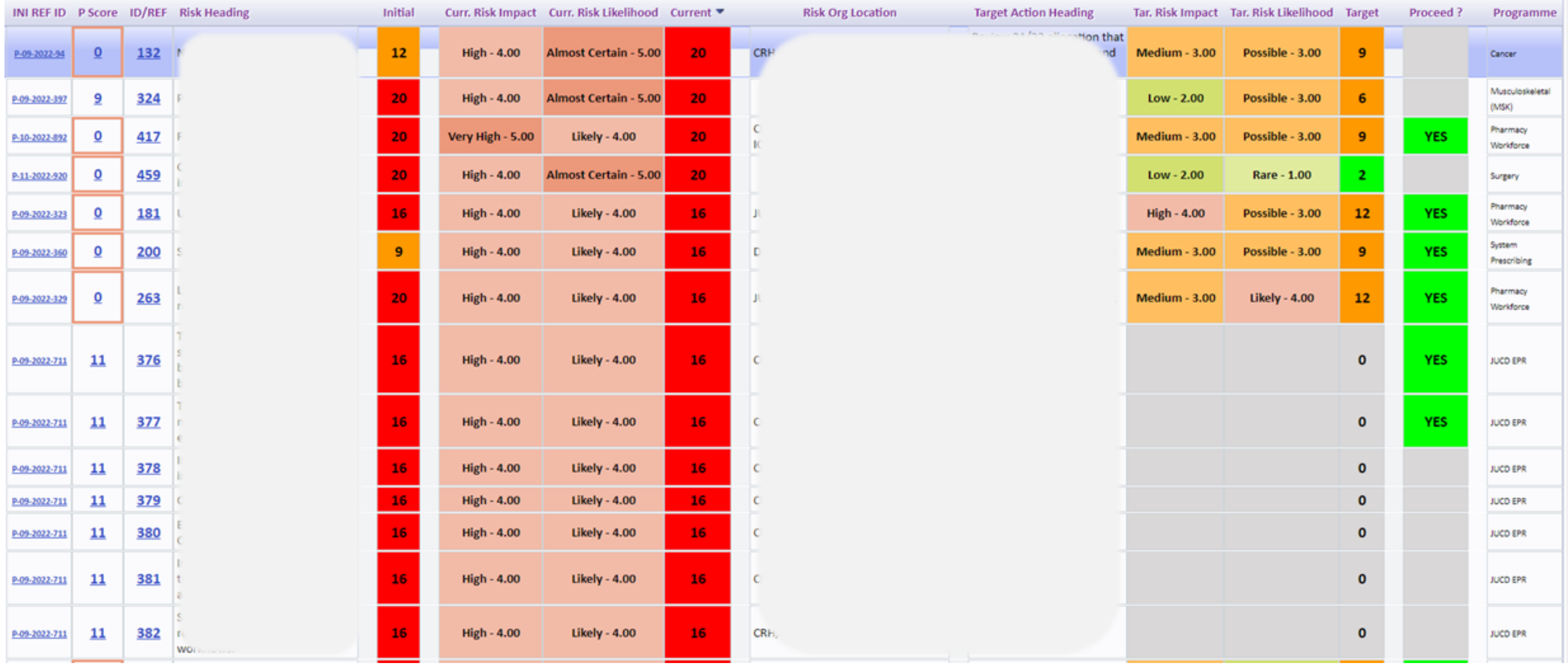
Integrated Care System (ICS): Workstreams (Delivery Boards) and their Programmes | Executive review.

System Programmes Risks & Issues

32 Critical | View All Risks

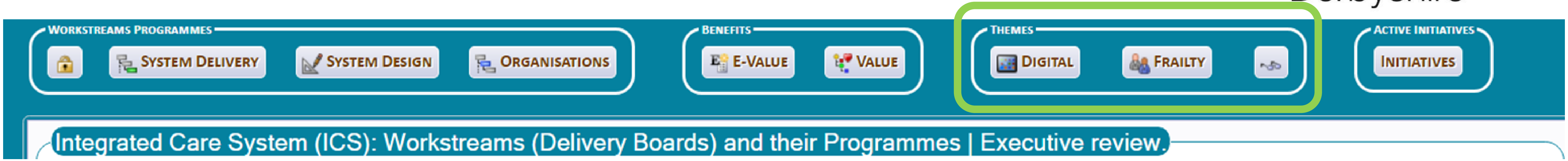
System Programmes Status (by Highlight Report)

1 RED | 17 AMBER | 16 GREEN | 16 Nil 30 Days



INI REF ID	P Score	ID/REF	Risk Heading	Initial	Curr. Risk Impact	Curr. Risk Likelihood	Current	Risk Org Location	Target Action Heading	Tar. Risk Impact	Tar. Risk Likelihood	Target	Proceed ?	Programme
P-09-2022-94	0	132	[redacted]	12	High - 4.00	Almost Certain - 5.00	20	[redacted]	[redacted]	Medium - 3.00	Possible - 3.00	9		Cancer
P-09-2022-397	9	324	[redacted]	20	High - 4.00	Almost Certain - 5.00	20	[redacted]	[redacted]	Low - 2.00	Possible - 3.00	6		Musculoskeletal (MSK)
P-10-2022-892	0	417	[redacted]	20	Very High - 5.00	Likely - 4.00	20	[redacted]	[redacted]	Medium - 3.00	Possible - 3.00	9	YES	Pharmacy Workforce
P-11-2022-920	0	459	[redacted]	20	High - 4.00	Almost Certain - 5.00	20	[redacted]	[redacted]	Low - 2.00	Rare - 1.00	2		Surgery
P-09-2022-323	0	181	[redacted]	16	High - 4.00	Likely - 4.00	16	[redacted]	[redacted]	High - 4.00	Possible - 3.00	12	YES	Pharmacy Workforce
P-09-2022-360	0	200	[redacted]	9	High - 4.00	Likely - 4.00	16	[redacted]	[redacted]	Medium - 3.00	Possible - 3.00	9	YES	System Prescribing
P-09-2022-329	0	263	[redacted]	20	High - 4.00	Likely - 4.00	16	[redacted]	[redacted]	Medium - 3.00	Likely - 4.00	12	YES	Pharmacy Workforce
P-09-2022-711	11	376	[redacted]	16	High - 4.00	Likely - 4.00	16	[redacted]	[redacted]			0	YES	JUCD EPR
P-09-2022-711	11	377	[redacted]	16	High - 4.00	Likely - 4.00	16	[redacted]	[redacted]			0	YES	JUCD EPR
P-09-2022-711	11	378	[redacted]	16	High - 4.00	Likely - 4.00	16	[redacted]	[redacted]			0		JUCD EPR
P-09-2022-711	11	379	[redacted]	16	High - 4.00	Likely - 4.00	16	[redacted]	[redacted]			0		JUCD EPR
P-09-2022-711	11	380	[redacted]	16	High - 4.00	Likely - 4.00	16	[redacted]	[redacted]			0		JUCD EPR
P-09-2022-711	11	381	[redacted]	16	High - 4.00	Likely - 4.00	16	[redacted]	[redacted]			0		JUCD EPR
P-09-2022-711	11	382	[redacted]	16	High - 4.00	Likely - 4.00	16	[redacted]	[redacted]			0		JUCD EPR

Executive Dashboard - Cross cutting themes



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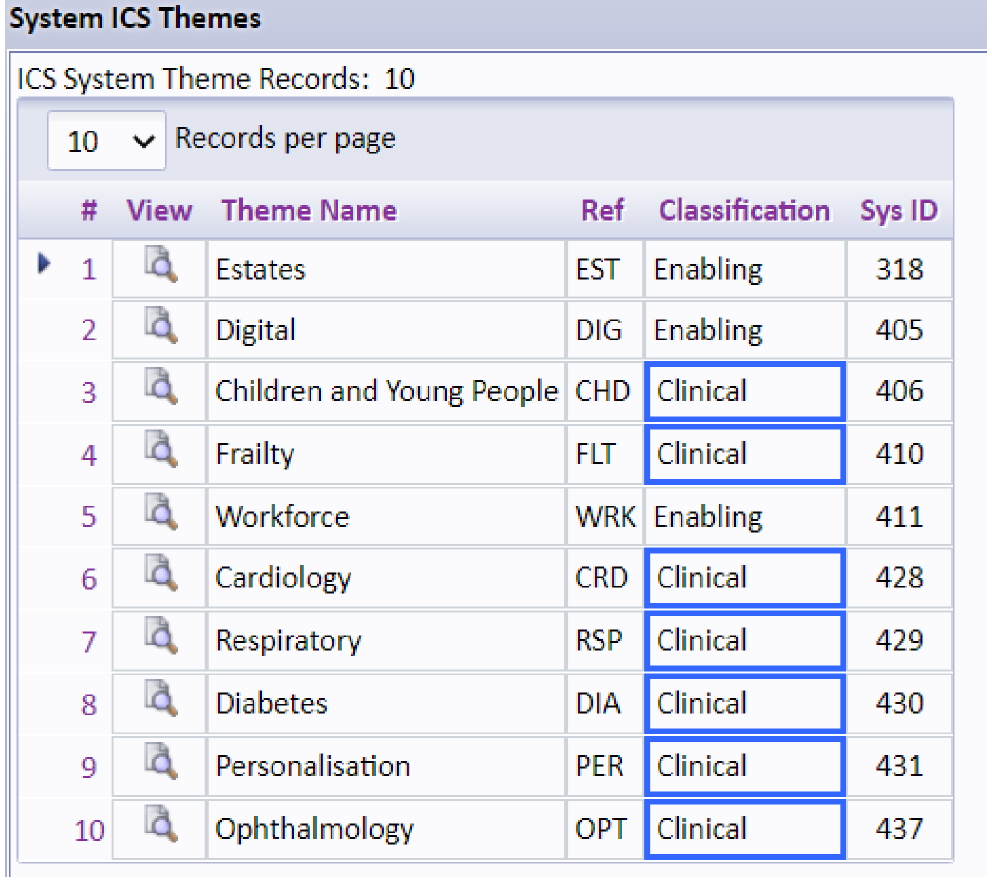


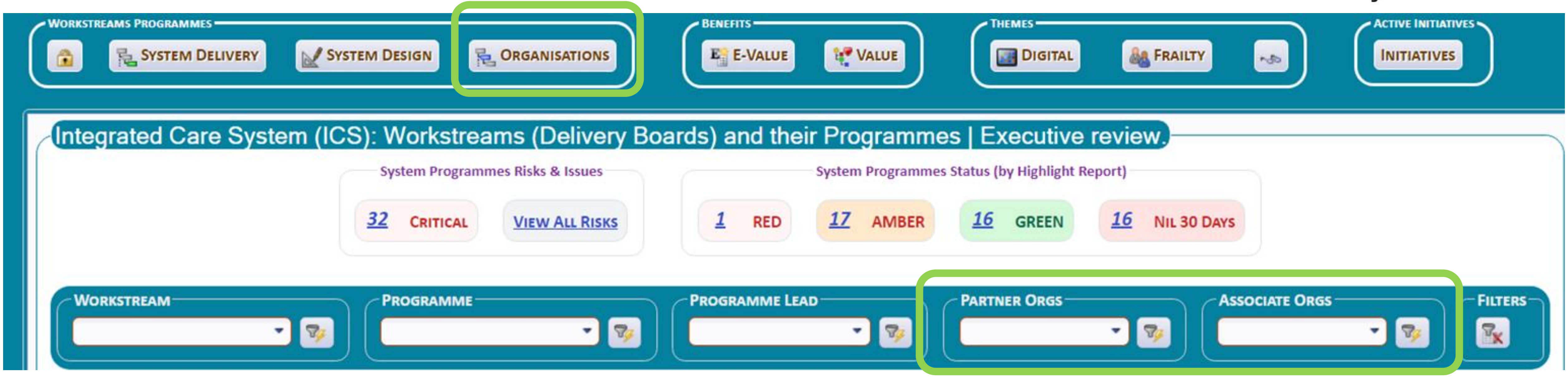
System ICS Themes

ICS System Theme Records: 10

10 Records per page

#	View	Theme Name	Ref	Classification	Sys ID
1		Estates	EST	Enabling	318
2		Digital	DIG	Enabling	405
3		Children and Young People	CHD	Clinical	406
4		Frailty	FLT	Clinical	410
5		Workforce	WRK	Enabling	411
6		Cardiology	CRD	Clinical	428
7		Respiratory	RSP	Clinical	429
8		Diabetes	DIA	Clinical	430
9		Personalisation	PER	Clinical	431
10		Ophthalmology	OPT	Clinical	437

Executive Dashboard - Organisational view



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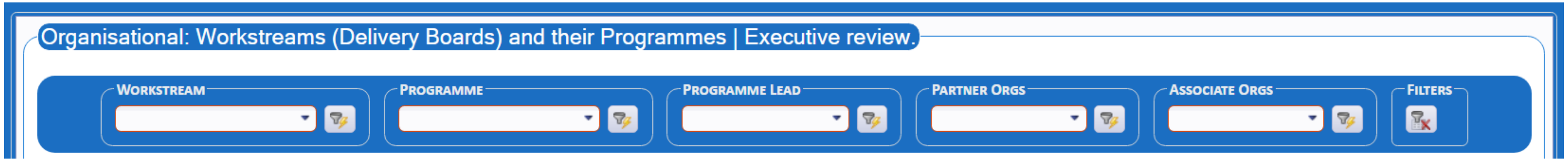
17 AMBER

16 GREEN

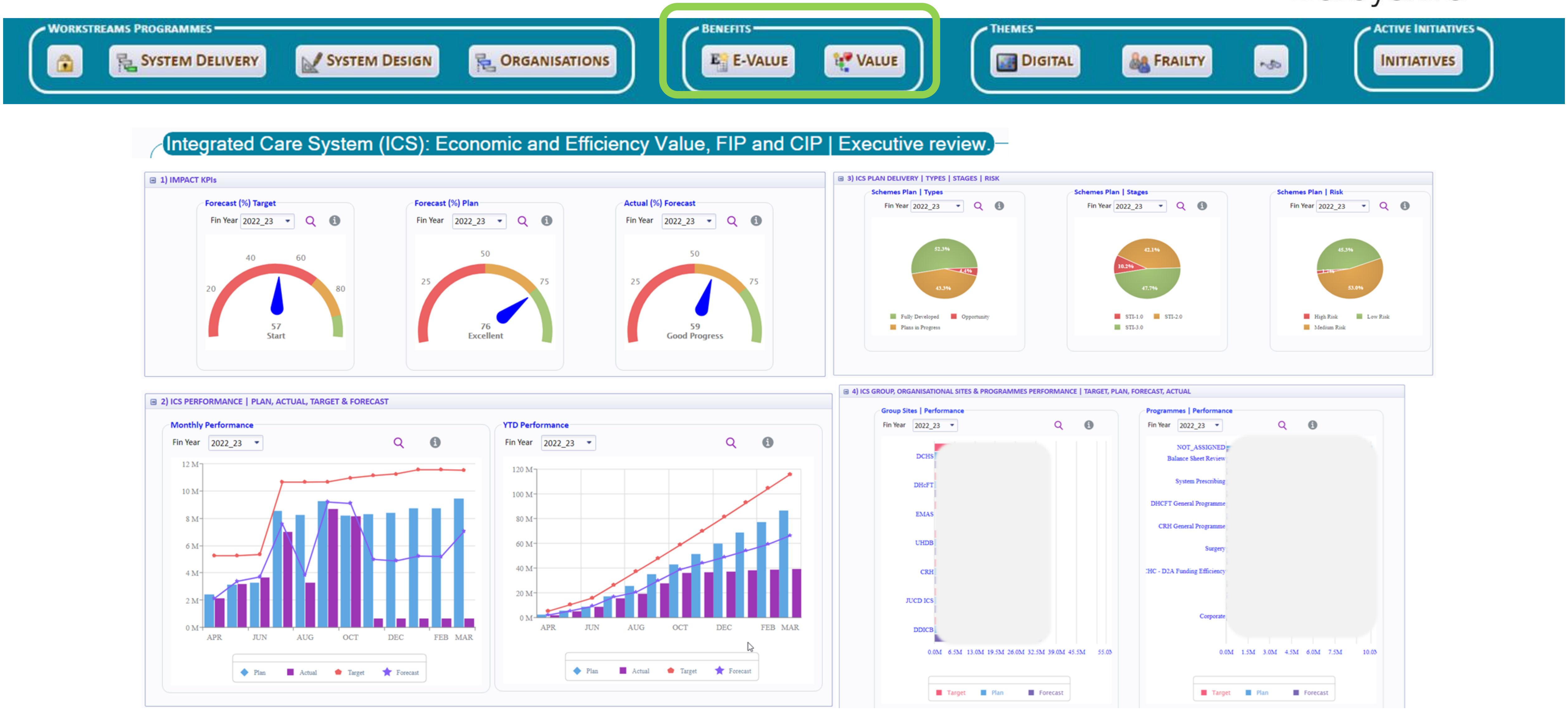
16 Nil 30 Days



Organisational: Workstreams (Delivery Boards) and their Programmes | Executive review.

Executive Dashboard - Finance

Joined Up Care Derbyshire



WORKSTREAMS PROGRAMMES: SYSTEM DELIVERY | SYSTEM DESIGN | ORGANISATIONS

BENEFITS: E-VALUE | VALUE

THEMES: DIGITAL | FRAILTY

ACTIVE INITIATIVES: INITIATIVES

Integrated Care System (ICS): Economic and Efficiency Value, FIP and CIP | Executive review.

1) IMPACT KPIs

Forecast (%) Target: Fin Year 2022_23

Forecast (%) Plan: Fin Year 2022_23

Actual (%) Forecast: Fin Year 2022_23

3) ICS PLAN DELIVERY | TYPES | STAGES | RISK

Schemes Plan | Types: Fin Year 2022_23

Schemes Plan | Stages: Fin Year 2022_23

Schemes Plan | Risk: Fin Year 2022_23

2) ICS PERFORMANCE | PLAN, ACTUAL, TARGET & FORECAST

Monthly Performance: Fin Year 2022_23

YTD Performance: Fin Year 2022_23

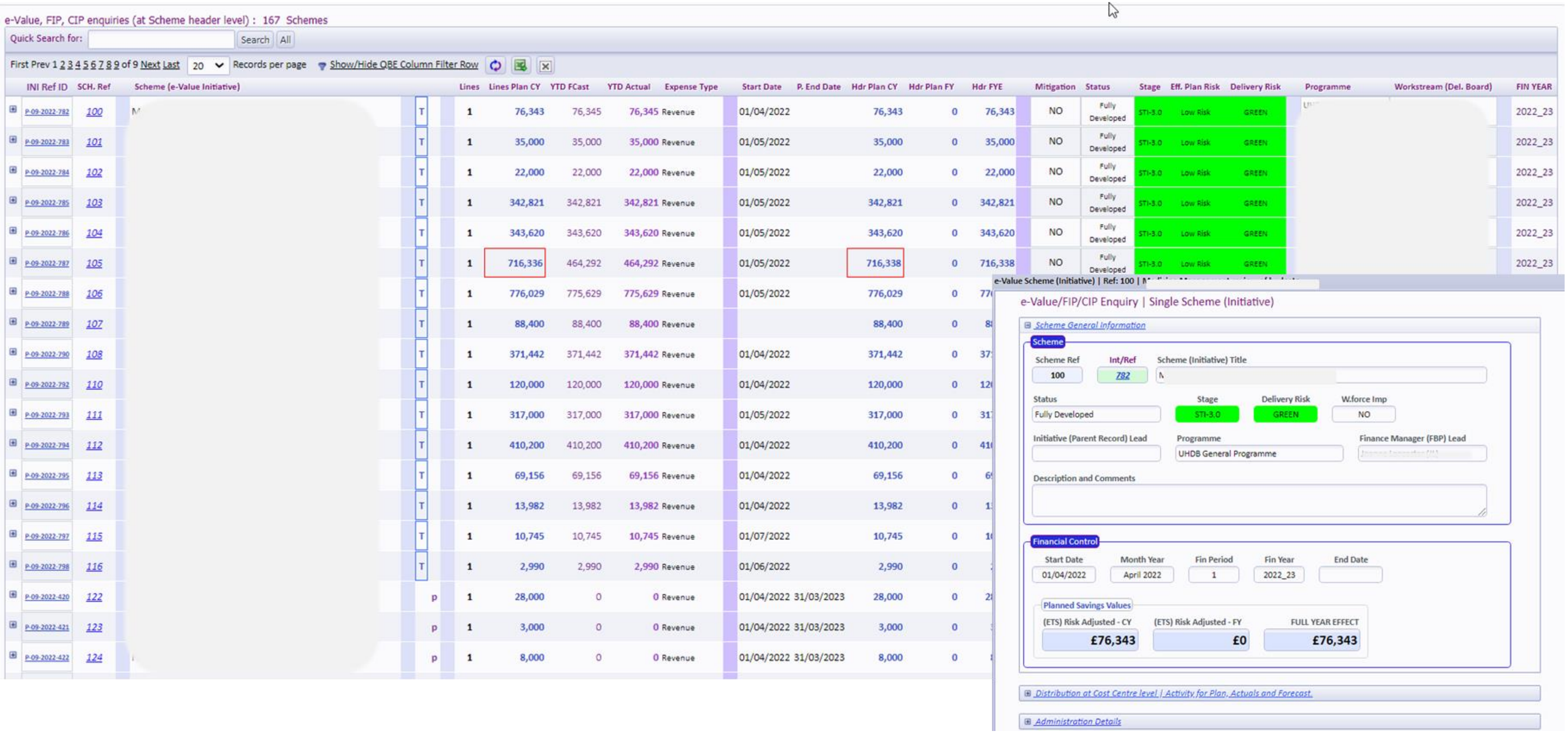
4) ICS GROUP, ORGANISATIONAL SITES & PROGRAMMES PERFORMANCE | TARGET, PLAN, FORECAST, ACTUAL

Group Sites | Performance: Fin Year 2022_23

Programmes | Performance: Fin Year 2022_23

Executive Dashboard – Financial schemes

Joined Up Care Derbyshire



e-Value, FIP, CIP enquiries (at Scheme header level) : 167 Schemes

Quick Search for: [ ] Search All

First Prev 1 2 3 4 5 6 7 8 9 of 9 Next Last 20 Records per page Show/Hide QBE Column Filter Row

INI Ref ID	SCH. Ref	Scheme (e-Value Initiative)		Lines	Lines Plan CY	YTD FCast	YTD Actual	Expense Type	Start Date	P. End Date	Hdr Plan CY	Hdr Plan FY	Hdr FYE	Mitigation	Status	Stage	Eff. Plan Risk	Delivery Risk	Programme	Workstream (Del. Board)	FIN YEAR
P-09-2022-782	100	M	T	1	76,343	76,345	76,345	Revenue	01/04/2022		76,343	0	76,343	NO	Fully Developed	STI-3.0	Low Risk	GREEN			2022_23
P-09-2022-783	101		T	1	35,000	35,000	35,000	Revenue	01/05/2022		35,000	0	35,000	NO	Fully Developed	STI-3.0	Low Risk	GREEN			2022_23
P-09-2022-784	102		T	1	22,000	22,000	22,000	Revenue	01/05/2022		22,000	0	22,000	NO	Fully Developed	STI-3.0	Low Risk	GREEN			2022_23
P-09-2022-785	103		T	1	342,821	342,821	342,821	Revenue	01/05/2022		342,821	0	342,821	NO	Fully Developed	STI-3.0	Low Risk	GREEN			2022_23
P-09-2022-786	104		T	1	343,620	343,620	343,620	Revenue	01/05/2022		343,620	0	343,620	NO	Fully Developed	STI-3.0	Low Risk	GREEN			2022_23
P-09-2022-787	105		T	1	716,336	464,292	464,292	Revenue	01/05/2022		716,338	0	716,338	NO	Fully Developed	STI-3.0	Low Risk	GREEN			2022_23
P-09-2022-788	106		T	1	776,029	775,629	775,629	Revenue	01/05/2022		776,029	0	77								
P-09-2022-789	107		T	1	88,400	88,400	88,400	Revenue			88,400	0	8								
P-09-2022-790	108		T	1	371,442	371,442	371,442	Revenue	01/04/2022		371,442	0	37								
P-09-2022-792	110		T	1	120,000	120,000	120,000	Revenue	01/04/2022		120,000	0	12								
P-09-2022-793	111		T	1	317,000	317,000	317,000	Revenue	01/05/2022		317,000	0	31								
P-09-2022-794	112		T	1	410,200	410,200	410,200	Revenue	01/04/2022		410,200	0	41								
P-09-2022-795	113		T	1	69,156	69,156	69,156	Revenue	01/04/2022		69,156	0	6								
P-09-2022-796	114		T	1	13,982	13,982	13,982	Revenue	01/04/2022		13,982	0	1								
P-09-2022-797	115		T	1	10,745	10,745	10,745	Revenue	01/07/2022		10,745	0	1								
P-09-2022-798	116		T	1	2,990	2,990	2,990	Revenue	01/06/2022		2,990	0									
P-09-2022-420	122		p	1	28,000	0	0	Revenue	01/04/2022	31/03/2023	28,000	0	2								
P-09-2022-421	123		p	1	3,000	0	0	Revenue	01/04/2022	31/03/2023	3,000	0									
P-09-2022-422	124		p	1	8,000	0	0	Revenue	01/04/2022	31/03/2023	8,000	0									

e-Value Scheme (Initiative) | Ref: 100 | M

e-Value/FIP/CIP Enquiry | Single Scheme (Initiative)

⊟ Scheme General Information

Scheme

Scheme Ref: 100	Int/Ref: 782	Scheme (Initiative) Title: N
Status: Fully Developed	Stage: STI-3.0	Delivery Risk: GREEN
W.force Imp: NO		
Initiative (Parent Record) Lead:	Programme: UHDB General Programme	Finance Manager (FBP) Lead:

Description and Comments:

Financial Control

Start Date	Month Year	Fin Period	Fin Year	End Date
01/04/2022	April 2022	1	2022_23	

Planned Savings Values

(ETS) Risk Adjusted - CY	(ETS) Risk Adjusted - FY	FULL YEAR EFFECT
£76,343	£0	£76,343

⊞ Distribution at Cost Centre level | Activity for Plan, Actuals and Forecast.

⊞ Administration Details

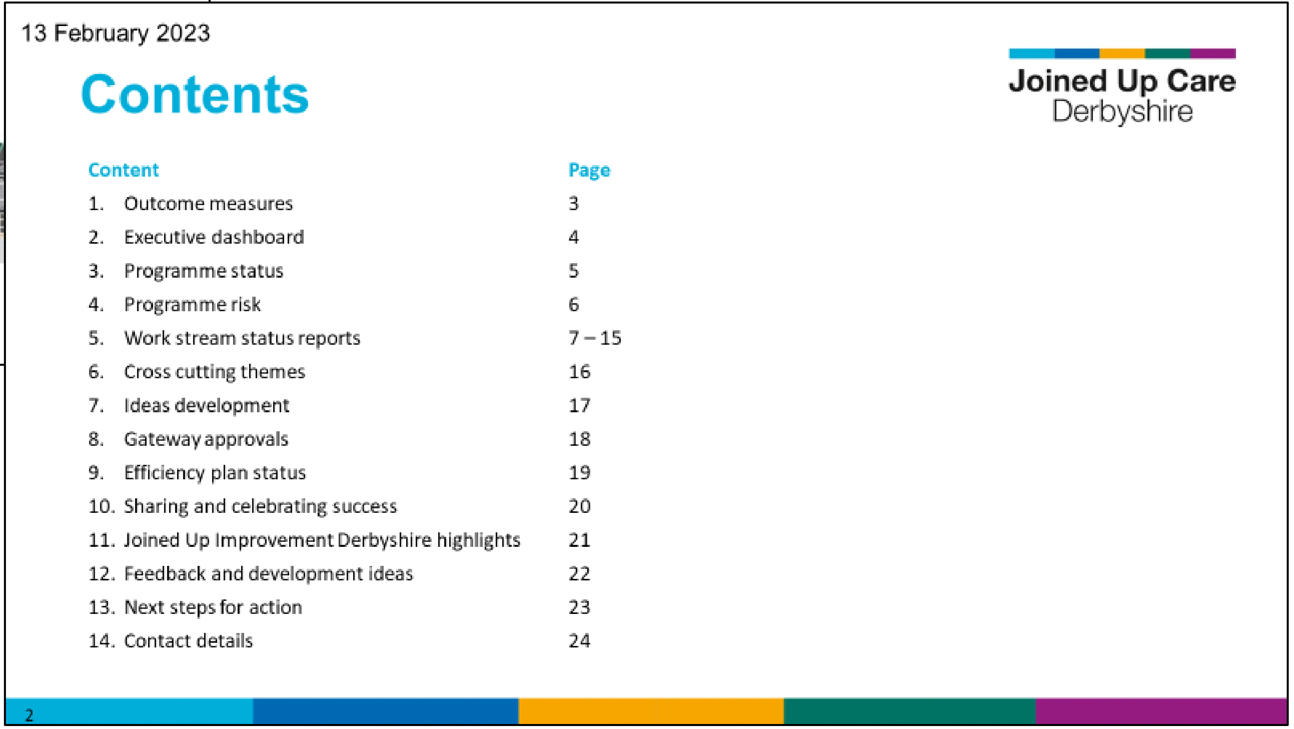
Reporting

Joined Up Care Derbyshire

Improvement and Transformation Report

13 February 2023

NHS
The Derbyshire VCSE sector Alliance
Derby City Council
DERBYSHIRE County Council



13 February 2023

Joined Up Care Derbyshire

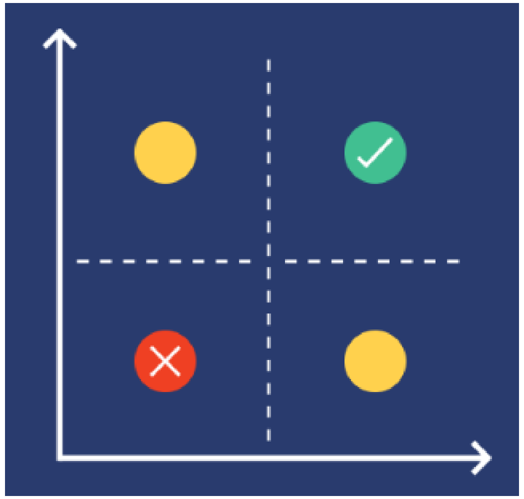
Contents

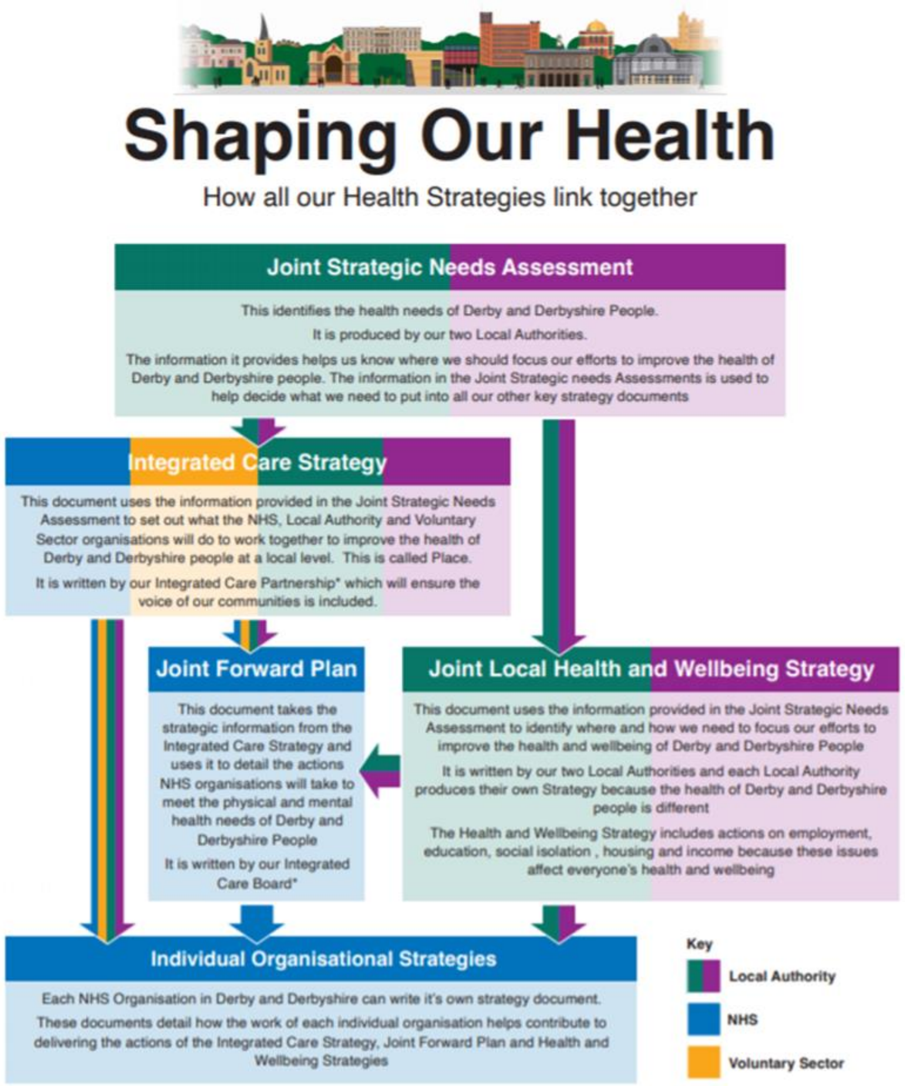
2

Current Focus - Strategy

Joined Up Care
Derbyshire

[Prioritisation | Score-Card (PSC)]





Shaping Our Health

How all our Health Strategies link together

Joint Strategic Needs Assessment

This identifies the health needs of Derby and Derbyshire People.

It is produced by our two Local Authorities.

The information it provides helps us know where we should focus our efforts to improve the health of Derby and Derbyshire people. The information in the Joint Strategic needs Assessments is used to help decide what we need to put into all our other key strategy documents

Integrated Care Strategy

This document uses the information provided in the Joint Strategic Needs Assessment to set out what the NHS, Local Authority and Voluntary Sector organisations will do to work together to improve the health of Derby and Derbyshire people at a local level. This is called Place.

It is written by our Integrated Care Partnership* which will ensure the voice of our communities is included.

Joint Forward Plan

This document takes the strategic information from the Integrated Care Strategy and uses it to detail the actions NHS organisations will take to meet the physical and mental health needs of Derby and Derbyshire People

It is written by our Integrated Care Board*

Joint Local Health and Wellbeing Strategy

This document uses the information provided in the Joint Strategic Needs Assessment to identify where and how we need to focus our efforts to improve the health and wellbeing of Derby and Derbyshire People

It is written by our two Local Authorities and each Local Authority produces their own Strategy because the health of Derby and Derbyshire people is different

The Health and Wellbeing Strategy includes actions on employment, education, social isolation , housing and income because these issues affect everyone's health and wellbeing

Individual Organisational Strategies

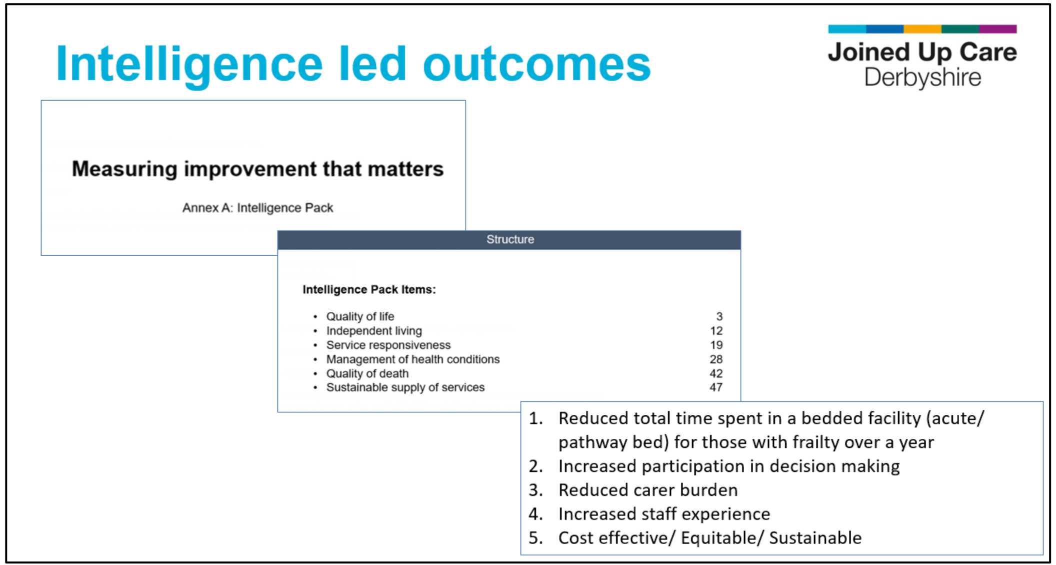
Each NHS Organisation in Derby and Derbyshire can write it's own strategy document.

These documents detail how the work of each individual organisation helps contribute to delivering the actions of the Integrated Care Strategy, Joint Forward Plan and Health and Wellbeing Strategies

Key

🟩🟪	Local Authority
🟦	NHS
🟧	Voluntary Sector

Current Focus - Measurement



Intelligence led outcomes

Measuring improvement that matters

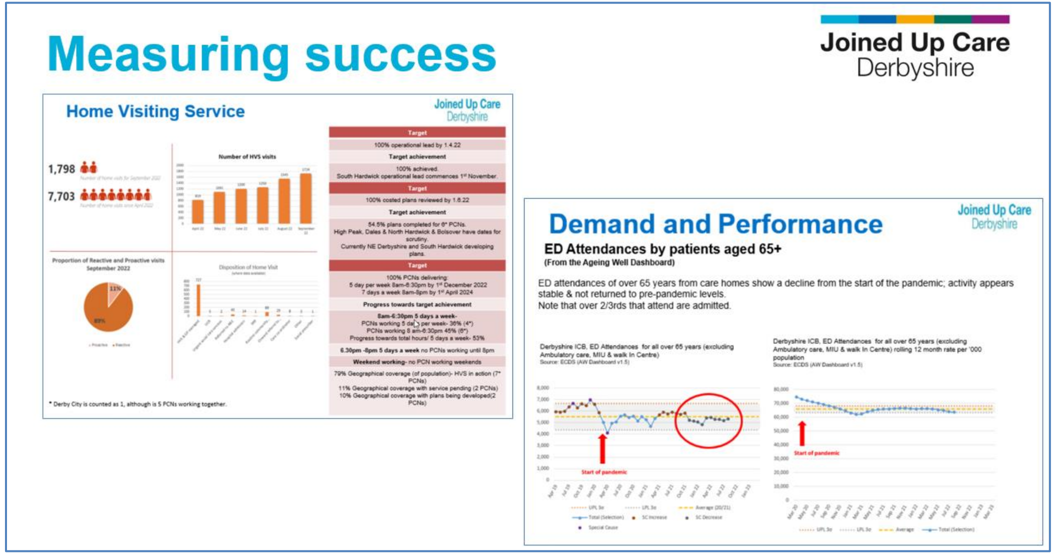
Annex A: Intelligence Pack

Structure

Intelligence Pack Items:

Quality of life	3
Independent living	12
Service responsiveness	19
Management of health conditions	28
Quality of death	42
Sustainable supply of services	47

1. Reduced total time spent in a bedded facility (acute/ pathway bed) for those with frailty over a year
2. Increased participation in decision making
3. Reduced carer burden
4. Increased staff experience
5. Cost effective/ Equitable/ Sustainable



Measuring success

Home Visiting Service

1,798 Number of home visits for September 2022

7,703 Number of home visits since April 2022

Target
100% operational lead by 1.4.22
Target achievement
100% achieved. South Hardwick operational lead commences 1st November.

Target
100% costed plans reviewed by 1.6.22
Target achievement
54.5% plans completed for 6* PCNs. High Peak, Dales & North Hardwick & Bolsover have dates for scrutiny. Currently NE Derbyshire and South Hardwick developing plans.

Target
100% PCNs delivering: 5 day per week 8am-6:30pm by 1st December 2022 7 days a week 8am-8pm by 1st April 2024
Progress towards target achievement
8am-6:30pm 5 days a week- PCNs working 5 days per week- 36% (4*) PCNs working 8 am-6:30pm 45% (6*) Progress towards total hours/ 5 days a week- 53%
6.30pm -8pm 5 days a week no PCNs working until 8pm
Weekend working- no PCN working weekends
79% Geographical coverage (of population)- HVS in action (7* PCNs) 11% Geographical coverage with service pending (2 PCNs) 10% Geographical coverage with plans being developed(2 PCNs)

* Derby City is counted as 1, although is 5 PCNs working together.

Demand and Performance

ED Attendances by patients aged 65+

(From the Ageing Well Dashboard)

ED attendances of over 65 years from care homes show a decline from the start of the pandemic; activity appears stable & not returned to pre-pandemic levels.

Note that over 2/3rds that attend are admitted.

Derbyshire ICB, ED Attendances for all over 65 years (excluding Ambulatory care, MIU & walk In Centre)

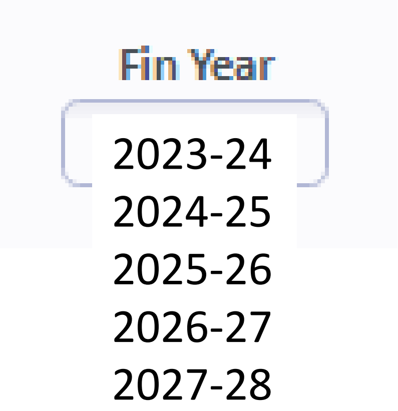
Source: ECDS (AW Dashboard v1.5)

Derbyshire ICB, ED Attendances for all over 65 years (excluding Ambulatory care, MIU & walk In Centre) rolling 12 month rate per '000 population

Source: ECDS (AW Dashboard v1.5)

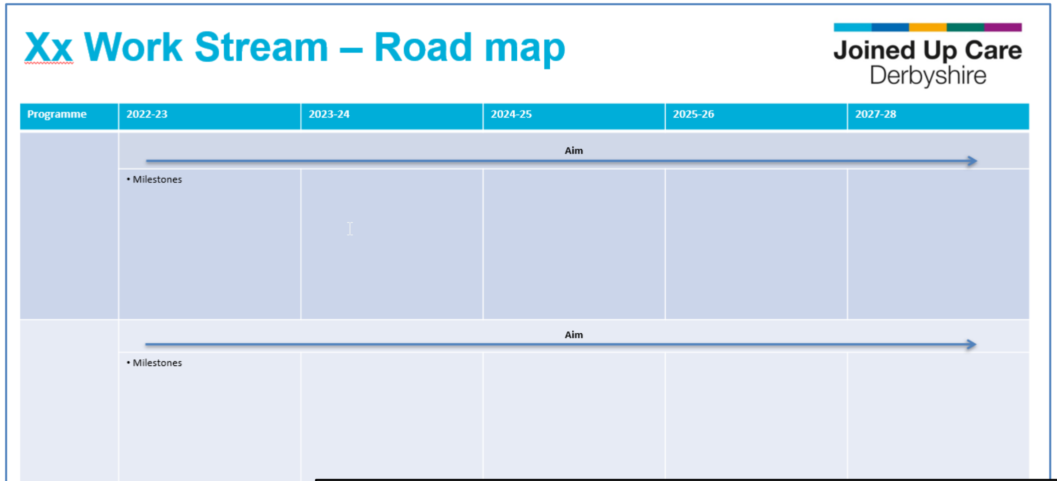
Current Focus - Impact

Joined Up Care Derbyshire



Fin Year

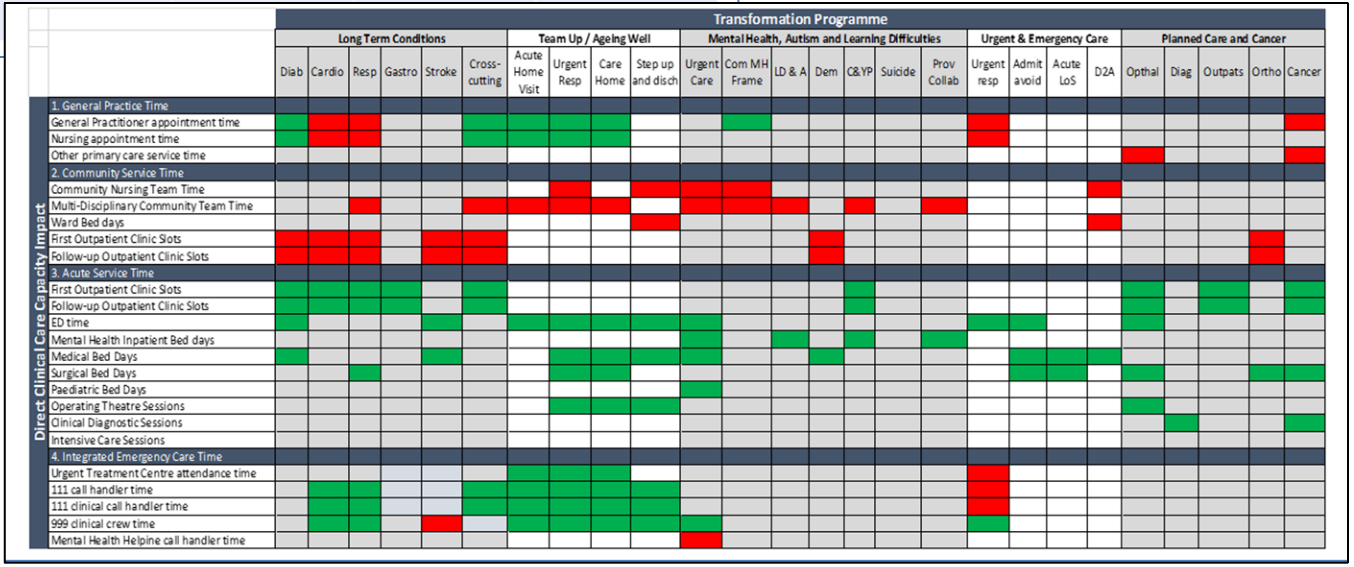
2023-24
2024-25
2025-26
2026-27
2027-28



Xx Work Stream – Road map

Joined Up Care Derbyshire

Programme	2022-23	2023-24	2024-25	2025-26	2027-28
	Aim				
	• Milestones				
	Aim				
	• Milestones				



		Transformation Programme																									
		Long Term Conditions						Team Up / Ageing Well				Mental Health, Autism and Learning Difficulties							Urgent & Emergency Care				Planned Care and Cancer				
		Diab	Cardio	Resp	Gastro	Stroke	Cross-cutting	Acute Home Visit	Urgent Resp	Care Home	Step up and disch	Urgent Care	Com MH Frame	LD & A	Dem	C&YP	Suicide	Prov Collab	Urgent resp	Admit avoid	Acute LoS	D2A	Opthal	Diag	Outpats	Ortho	Cancer
Direct Clinical Care Capacity Impact	1. General Practice Time																										
	General Practitioner appointment time	🟩	🟥	🟥			🟩	🟩	🟩	🟩			🟩						🟥								🟥
	Nursing appointment time	🟩	🟥	🟥			🟩	🟩	🟩	🟩									🟥								
	Other primary care service time																						🟥				🟥
	2. Community Service Time																										
	Community Nursing Team Time								🟥		🟥	🟥	🟥									🟥					
	Multi-Disciplinary Community Team Time			🟥			🟥	🟥	🟥	🟥		🟥	🟥	🟥		🟥		🟥									
	Ward Bed days										🟥											🟥					
	First Outpatient Clinic Slots	🟥	🟥	🟥		🟥	🟥								🟥											🟥	
	Follow-up Outpatient Clinic Slots	🟥	🟥	🟥		🟥	🟥								🟥											🟥	
	3. Acute Service Time																										
	First Outpatient Clinic Slots	🟩	🟩	🟩	🟩		🟩									🟩							🟩		🟩		🟩
	Follow-up Outpatient Clinic Slots	🟩	🟩	🟩	🟩		🟩									🟩							🟩		🟩		🟩
	ED time	🟩				🟩		🟩	🟩	🟩	🟩	🟩							🟩	🟩			🟩				
	Mental Health Inpatient Bed days											🟩		🟩		🟩		🟩									
	Medical Bed Days	🟩				🟩			🟩	🟩	🟩	🟩			🟩					🟩	🟩	🟩					
	Surgical Bed Days			🟩					🟩	🟩										🟩	🟩		🟩			🟩	🟩
	Paediatric Bed Days											🟩															
	Operating Theatre Sessions								🟩	🟩	🟩												🟩				
	Clinical Diagnostic Sessions																							🟩			🟩
	Intensive Care Sessions																										
	4. Integrated Emergency Care Time																										
	Urgent Treatment Centre attendance time							🟩	🟩	🟩									🟥								
	111 call handler time		🟩	🟩			🟩	🟩	🟩	🟩	🟩								🟥								
	111 clinical call handler time		🟩	🟩			🟩	🟩	🟩	🟩	🟩								🟥								
	999 clinical crew time		🟩	🟩		🟥		🟩	🟩	🟩	🟩	🟩							🟩								
	Mental Health Helpine call handler time											🟥															

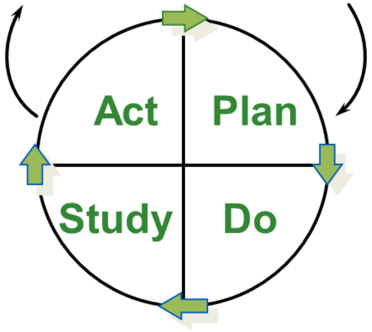
Current Focus – Continuous Improvement

Joined Up Care
Derbyshire

What are we trying to accomplish?

How will we know that our change is an improvement?

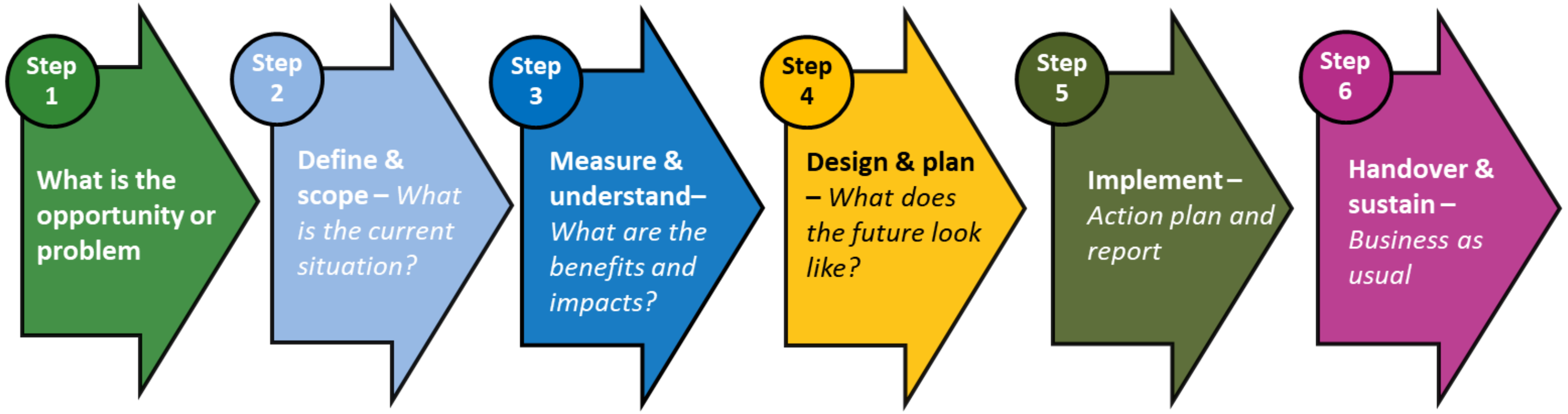
What changes can we make that will result in the improvement we seek?


Act

Plan

Study

Do


Step 1

What is the opportunity or problem

Step 2

Define & scope – *What is the current situation?*

Step 3

Measure & understand– *What are the benefits and impacts?*

Step 4

Design & plan – *What does the future look like?*

Step 5

Implement – *Action plan and report*

Step 6

Handover & sustain – *Business as usual*

Joined Up Care
Derbyshire

Questions?

[Joined Up Improvement Derbyshire » Joined Up Care Derbyshire]

Get in touch mariariley2@nhs.net

Matthew Lutkin

Cyber Security Principal Consultant, NHS England

NHS
England

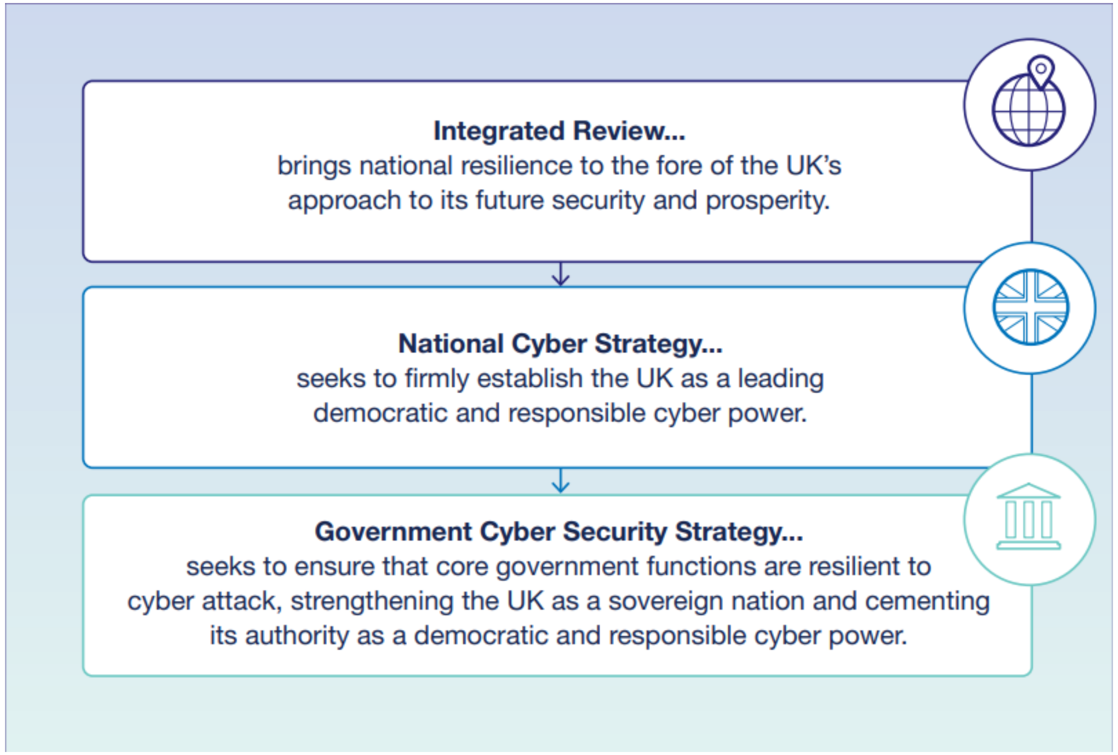
Cyber Security Strategy

What it means to you!

Presented by:
Mat Lutkin

Introduction

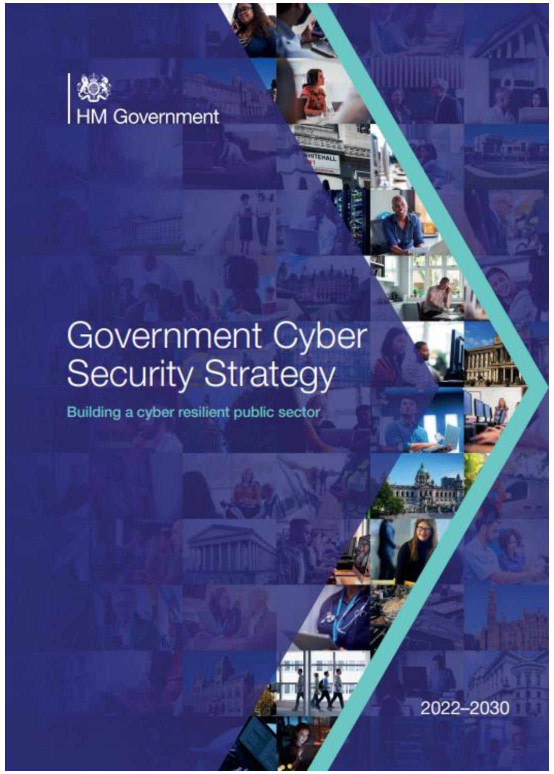
Government Cyber Security Strategy: 2022 - 2030



Integrated Review...
brings national resilience to the fore of the UK's approach to its future security and prosperity.

National Cyber Strategy...
seeks to firmly establish the UK as a leading democratic and responsible cyber power.

Government Cyber Security Strategy...
seeks to ensure that core government functions are resilient to cyber attack, strengthening the UK as a sovereign nation and cementing its authority as a democratic and responsible cyber power.



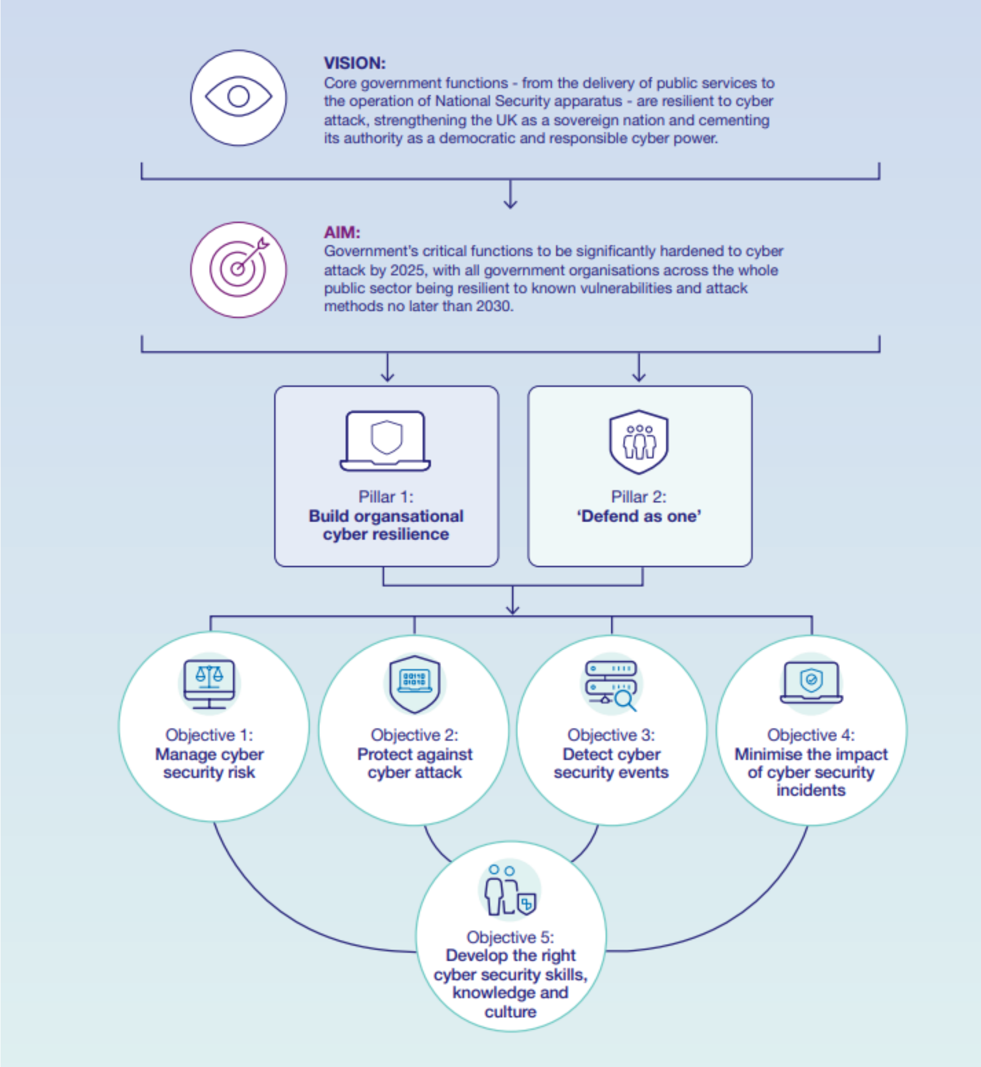
HM Government

Government Cyber Security Strategy

Building a cyber resilient public sector

2022–2030

Government Cyber Security Strategy



VISION:
Core government functions - from the delivery of public services to the operation of National Security apparatus - are resilient to cyber attack, strengthening the UK as a sovereign nation and cementing its authority as a democratic and responsible cyber power.

AIM:
Government's critical functions to be significantly hardened to cyber attack by 2025, with all government organisations across the whole public sector being resilient to known vulnerabilities and attack methods no later than 2030.

Pillar 1:
Build organsational cyber resilience

Pillar 2:
'Defend as one'

Objective 1:
Manage cyber security risk

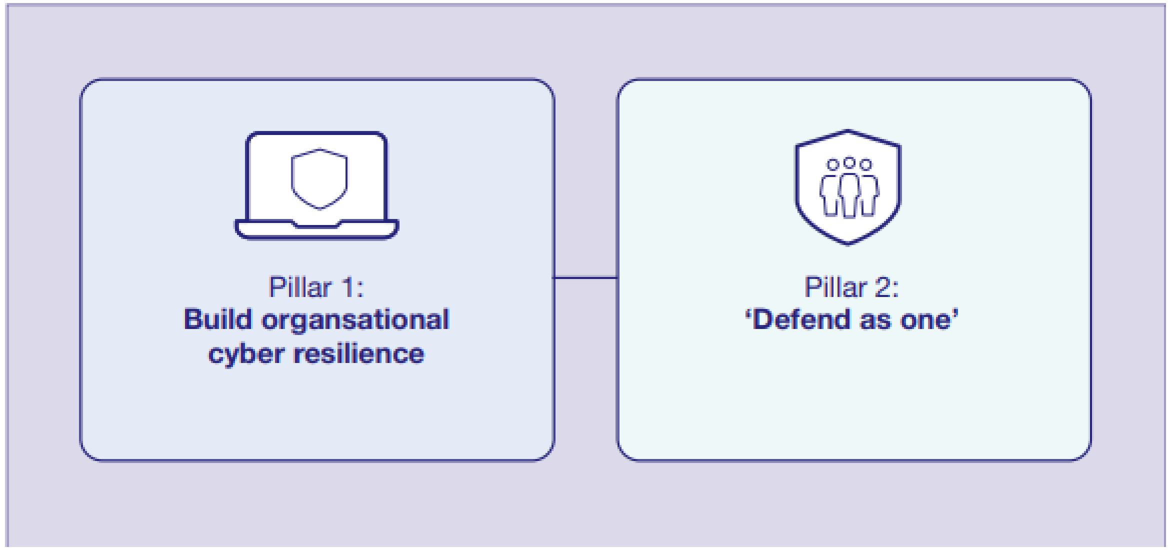
Objective 2:
Protect against cyber attack

Objective 3:
Detect cyber security events

Objective 4:
Minimise the impact of cyber security incidents

Objective 5:
Develop the right cyber security skills, knowledge and culture

Government Cyber Security Strategy



Objective 1:
Government will manage cyber security risk

Government organisations will have risk management processes, governance and accountability in place to enable the effective identification, assessment and management of their cyber security risks, with sufficient overarching visibility to effectively manage systemic risk.

Objective 2:
Government will protect against cyber attack

Government's understanding of cyber security risk will inform the adoption of proportionate security measures across government organisations, with centrally developed capabilities enabling protection at scale.

Objective 3:
Government will detect cyber security events

Government has the capability to monitor its systems, networks and services to detect cyber security events before they become incidents. Enhanced coordination will enable government to have the agility to use these data inputs to detect at pace and scale, facilitating coherent responses as well as providing the capabilities to detect more sophisticated attacks.

Objective 4:
Government will minimise the impact of cyber security incidents

Cyber security incidents will be swiftly contained, assessed and managed, enabling rapid mitigation response across government.

Objective 5:
Government will develop the right cyber security skills, knowledge and culture

Government has sufficient, skilled and knowledgeable professionals to fulfil all required cyber security needs. This extends beyond technical cyber security experts to the breadth of professional functions that must incorporate cyber security into the services they provide - underpinned by a cyber security culture that promotes sustainable change.

Cyber Security Strategy for Health and Social Care to 2030

A health and social care sector that is resilient to cyber-attack, in turn improving the safety of patient and service users through good cyber security

“A unified approach for a decentralised sector”

Cyber Security Strategy for Health and Social Care to 2030

- Focus on our greatest risks and harms
- Defend as one
- People and Culture
- Build secure for the future
- Exemplary response and recovery

Focus on the greatest risks and harms

- Create a common language for measuring and recording cyber risk
- Develop and improve national capabilities to maximise sharing of information, services and products across the sector
- Gather data using national systems to build a system-wide threat picture, setting out proportionate mitigations to key risks and harms
- Deliver analysis to quantify patient harm caused by cyber
- Regularly review standards to match changing risk profiles, including in the context of broader corporate risk management
- Set clear minimum standards for areas identified as key risks, including publishing information under network and information systems (NIS) regulations

Defend as one

- Make clear roles and accountabilities to cyber risk across the sector
- Collaborate with partners across government, commercial third parties and academia as well as across the sector to ensure alignment and share learning
- Provide central support to cyber security initiatives aligned to national and government priorities
- Provide and build on NHS-wide cyber security monitoring, building in elements of automation where it is safe and possible to do so
- Provide a national technology assessment and remediation service

People and culture

- Clearly identify roles and responsibilities to manage cyber risk, making clear that cyber security is essential to patient safety
- Embed cyber security decisions into multi-disciplinary national and regional forums to ensure a holistic cyber security culture
- Deliver on a plan to grow the cyber workforce and embed a cyber profession across the sector, including in developing career pathways for cyber
- Ensure the right cyber basics training and guidance is available to all
- Foster a community of shared learning and collaboration through the CAN
- Lead by example in implementing a ‘just culture’ at national level in approaching any identified cyber vulnerabilities

Build secure for the future

- Work flexibly to adapt as new threats and requirements emerge, including developing horizon scanning functions to anticipate future threats
- Develop engagement with our most critical suppliers, not limited to software providers, to assure their cyber security
- Develop pathways to improve communication with and across critical suppliers when responding to a cyber event or vulnerability
- Share guidelines to help organisations more consistently build cyber security into new supplier contracts
- Embed the CAF into the DSPT, making the CAF the principal cyber standard organisations across the sector are held to
- Set out minimum expectations for IT lifecycle management across the sector and provide secure architecture patterns
- Empower organisations across the system to build their cyber security in the way that works for them, while being clear on mandated standards and requirements
- Identify and engage with teams and organisations embedding new cross-organisational technology to ensure cyber security is a consideration

Exemplary response and recovery

- Publish expectations for incident response and reporting
- Lead on national incident response ‘dry run’ exercising, applying and developing plans for responding to and recovering from a cyber attack
- Work with the NCSC to manage the technical response to a sector-wide attack
- Where appropriate, deploy Cyber Security Incident Response team services to support local organisations in the event of a cyber attack
- Investigate and report on ‘lessons learned’ from cyber events to drive improvements
- Develop national resilience with the impact of loss or unavailability of critical national systems understood and mitigations agreed
- Work with national and regional emergency response and preparedness teams to feed cyber response and recovery planning into broader response arrangements

How will Government and Health measure this?

- Cyber Assessment Framework (DSPT)
  - Manage security risk
  - Protect against cyber attack
  - Detect cyber security events
  - Minimise the impact of cyber security incidents

How will this be implemented at the different levels?

- National and regional teams will:
- Integrated care systems will:
- This will support leaders to:
- This will support cyber professionals to:

How can you help to improve the security within your organisation

- Normalise cyber security and approach it as a business (patient care) risk
- 99% of all attacks in 2022 could have been stopped if MFA had been employed (Microsoft)
- Understand what your crown jewels are
- Create a no blame culture, it is going to happen – just know what to do when it does
- Cyber Security is not an IT problem, it’s a business problem

Questions?

NHS England

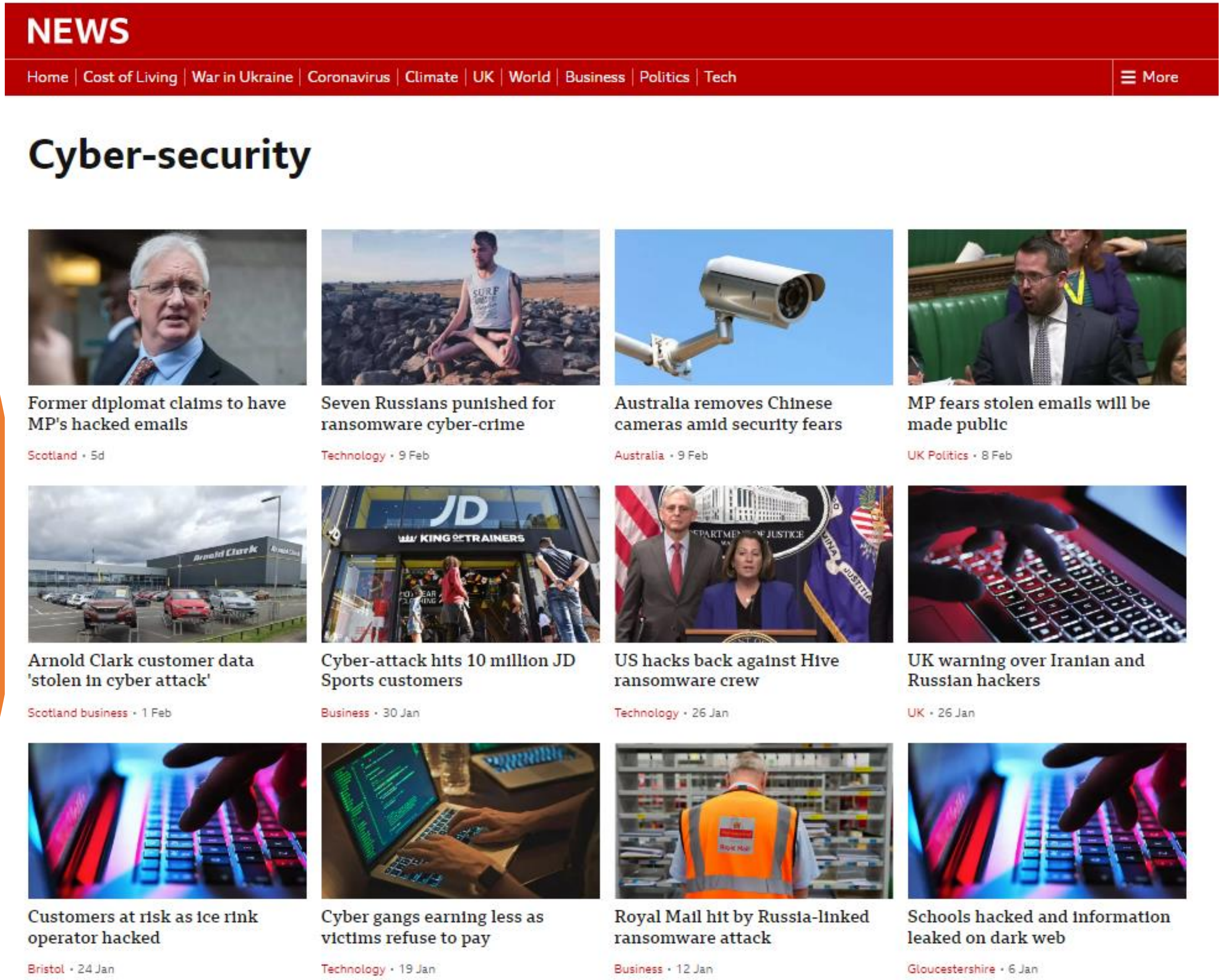
Thank You

digital.nhs.uk

Richard Slough

Assistant Director of BI, Clinical Systems and IT at Leeds Community Healthcare Trust

A world of Cyber Threats



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☰ More

Cyber-security

Former diplomat claims to have MP's hacked emails
Scotland • 5d

Seven Russians punished for ransomware cyber-crime
Technology • 9 Feb

Australia removes Chinese cameras amid security fears
Australia • 9 Feb

MP fears stolen emails will be made public
UK Politics • 8 Feb

Arnold Clark customer data 'stolen in cyber attack'
Scotland business • 1 Feb

Cyber-attack hits 10 million JD Sports customers
Business • 30 Jan

US hacks back against Hive ransomware crew
Technology • 26 Jan

UK warning over Iranian and Russian hackers
UK • 26 Jan

Customers at risk as ice rink operator hacked
Bristol • 24 Jan

Cyber gangs earning less as victims refuse to pay
Technology • 19 Jan

Royal Mail hit by Russia-linked ransomware attack
Business • 12 Jan

Schools hacked and information leaked on dark web
Gloucestershire • 6 Jan

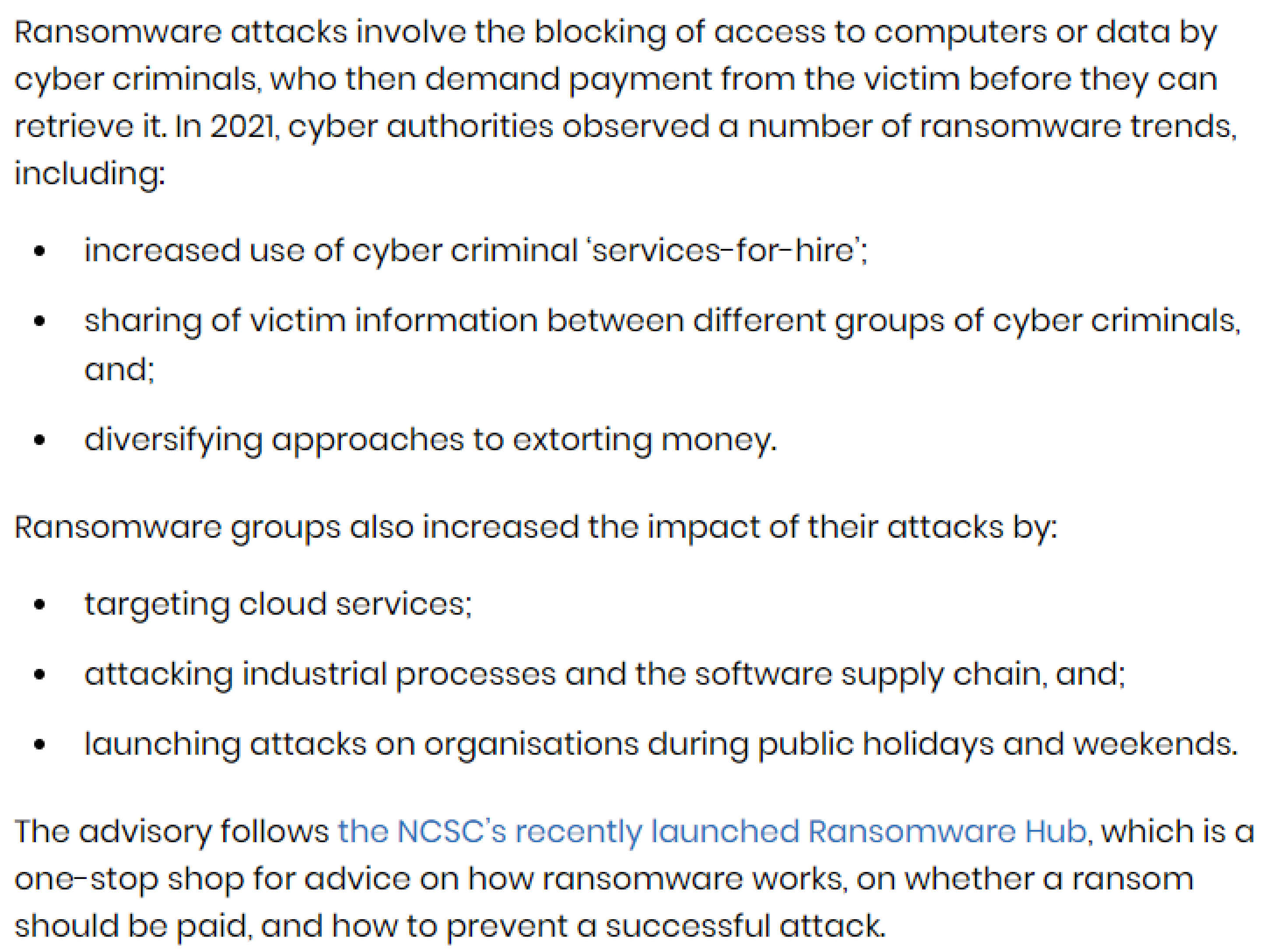
Heightened concern as a consequence of global instability

Lindy Cameron, NCSC CEO, said:

> *“In this period of heightened cyber threat, it has never been more important to plan and invest in longer-lasting security measures.*
>
> *“It is vital that all organisations accelerate plans to raise their overall cyber resilience, particularly those defending our most critical assets.*
>
> *“The NCSC continues to collaborate with our international and law enforcement partners to provide organisations with timely actionable advice to give them the best chance of preventing cyber attacks, wherever they come from.”*

The advisory also includes details on Russian-aligned cyber criminal groups, some of which have recently pledged support for the Russian state and have threatened to conduct malicious operations in retaliation against countries providing support to Ukraine.

Trends in Ransomware Attacks are changing



Ransomware attacks involve the blocking of access to computers or data by cyber criminals, who then demand payment from the victim before they can retrieve it. In 2021, cyber authorities observed a number of ransomware trends, including:

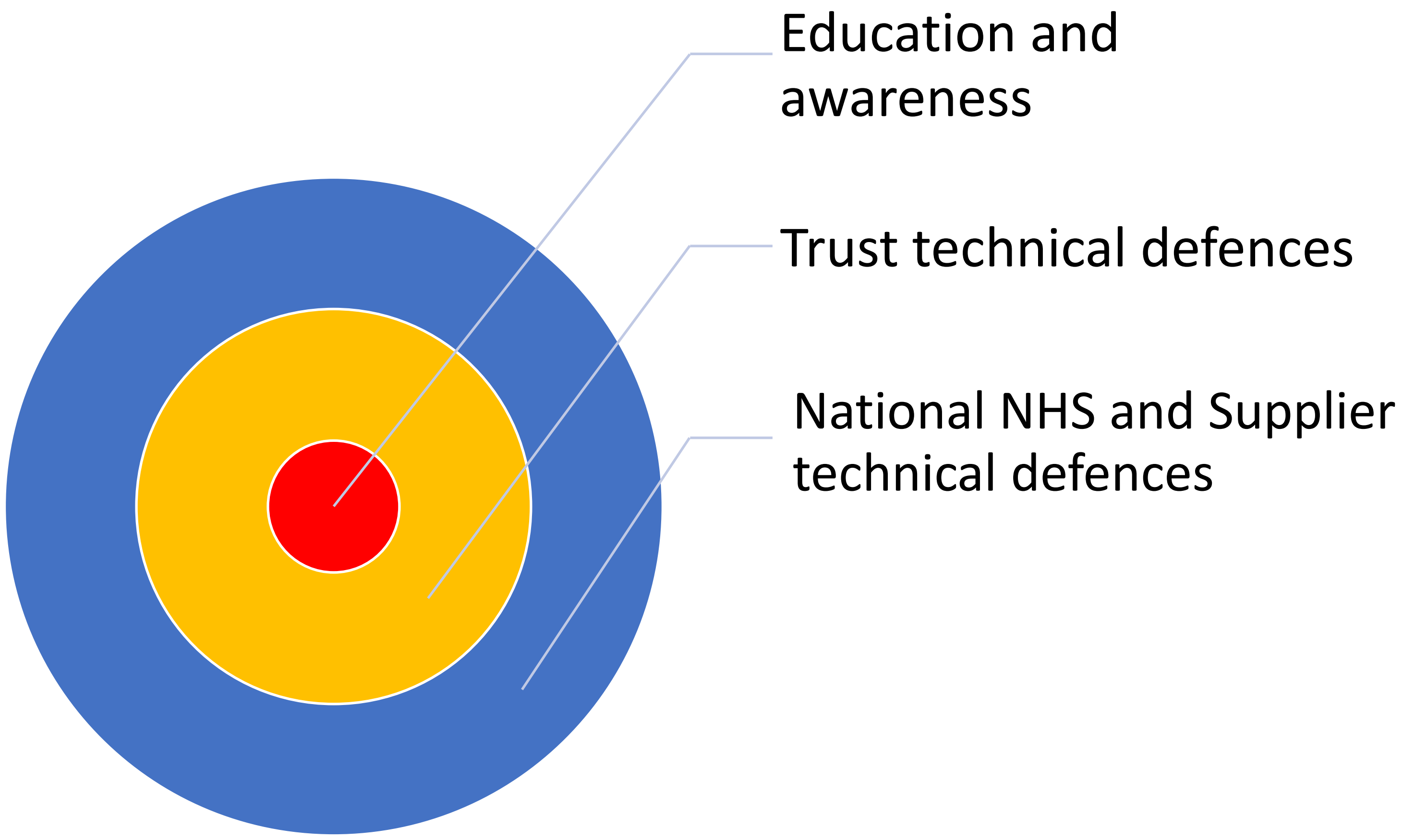
- increased use of cyber criminal 'services-for-hire';
- sharing of victim information between different groups of cyber criminals, and;
- diversifying approaches to extorting money.

Ransomware groups also increased the impact of their attacks by:

- targeting cloud services;
- attacking industrial processes and the software supply chain, and;
- launching attacks on organisations during public holidays and weekends.

The advisory follows the NCSC's recently launched Ransomware Hub, which is a one-stop shop for advice on how ransomware works, on whether a ransom should be paid, and how to prevent a successful attack.

Trust Layered Defences



National Defences

Cyber Incident Notifications from Cyber Security Operations Centre (CSOC)

- Notification of actual or suspected cyber activity from one of our devices.

High Severity Alert Service

- Notifies of identified software vulnerabilities which we may use
- Requires acknowledgement within 48 hours
- Expects regular updates and either
- Full remediation within 2 weeks OR
- Confirm that SIRO and or CEO have accepted the risk.

MDE (Microsoft Defender Endpoint) Reports

- Shows our level of software compliance for Microsoft Software, provided monthly

National Defences cont…

- Weekly Cyber Threat Intelligence Reports
- NCSC Weekly Early Warning Vulnerability Reports which are specific to LCH
- Use of NHS Mail with built in SPAM / Phishing Protection – blocks against known threats and applied automatically
- Firewalls on internet and HSCN gateways
- Use of Cloud services such as Azure for more of our data storage has in built protection

Supplier Defences – Supplier Assertions

EPR suppliers (TPP, Advanced and Software of Excellence) contacted as part of ICT Review of IT Disaster and Recovery 2021/22 by internal audit.

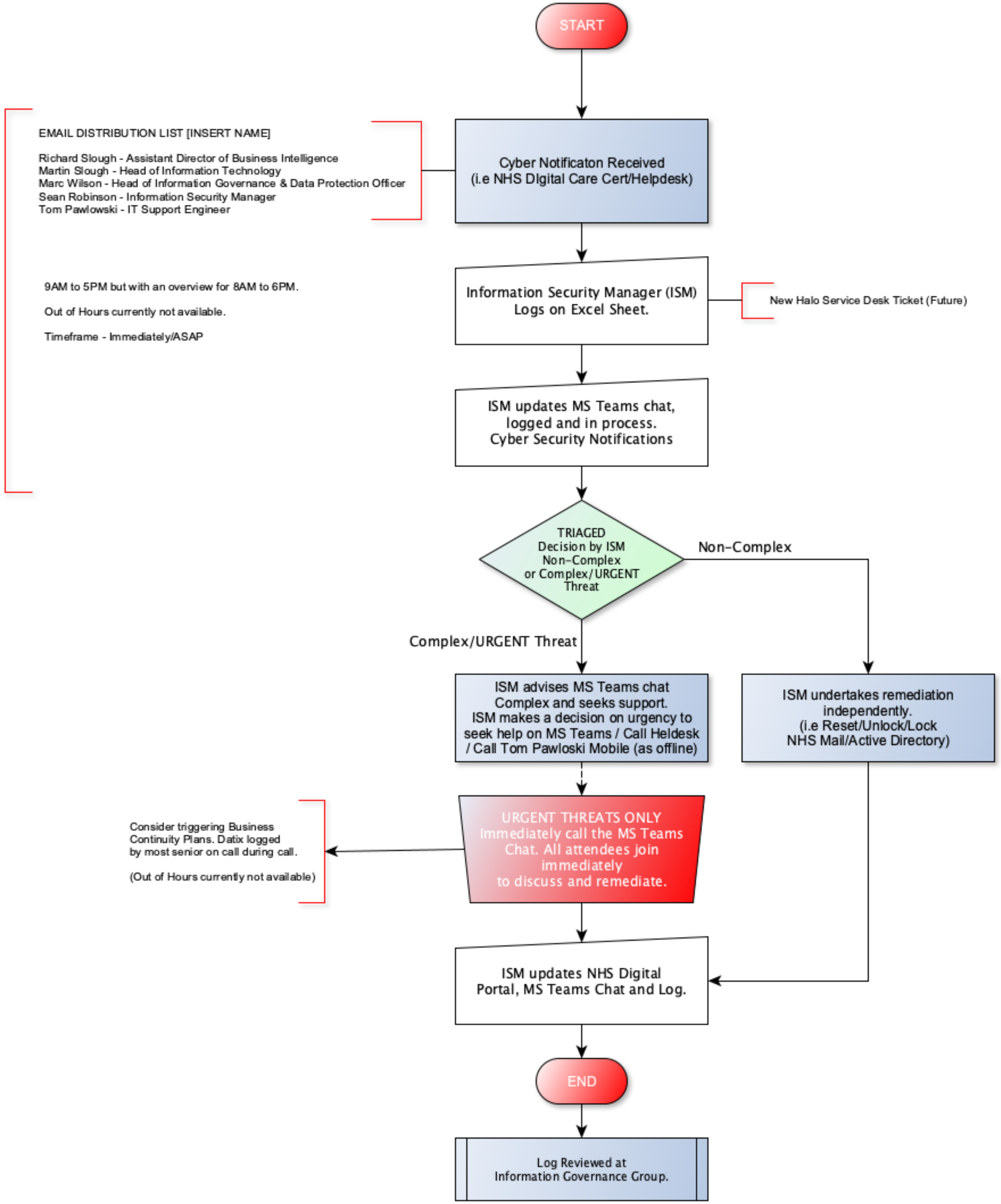
- Details requested :
  - Evidence that backups are made of all key systems and that these follow a documented schedule
  - Confirmation that backup processes are adequately documented
  - Confirmation that regularly scheduled testing of the ability to restore data from disc and tape based backups is undertaken
  - Confirmation of whether any physical tape is used as part of the approach to backups and details of how it is securely stored/ transferred offsite if so
  - Confirmation of whether the solution features cold/offline backups

  - Responses received which confirm the organisations are complying with the requirements, but without forensic investigations of these replies it is not possible to absolutely confident.

Trust Defences - Technical

- firewalls, anti-virus, encryption, software monthly patch releases, multi factor authentication on remote access and specific privileged accounts, data backups

Trust Defences – Better Processes



START

Cyber Notificaton Received
(i.e NHS DIgital Care Cert/Helpdesk)

EMAIL DISTRIBUTION LIST [INSERT NAME]

Richard Slough - Assistant Director of Business Intelligence
Martin Slough - Head of Information Technology
Marc Wilson - Head of Information Governance & Data Protection Officer
Sean Robinson - Information Security Manager
Tom Pawlowski - IT Support Engineer

9AM to 5PM but with an overview for 8AM to 6PM.

Out of Hours currently not available.

Timeframe - Immediately/ASAP

Information Security Manager (ISM)
Logs on Excel Sheet.

New Halo Service Desk Ticket (Future)

ISM updates MS Teams chat,
logged and in process.
Cyber Security Notifications

TRIAGED
Decision by ISM
Non-Complex
or Complex/URGENT
Threat

Non-Complex

Complex/URGENT Threat

ISM advises MS Teams chat
Complex and seeks support.
ISM makes a decision on urgency to
seek help on MS Teams / Call Heldesk
/ Call Tom Pawloski Mobile (as offline)

ISM undertakes remediation
independently.
(i.e Reset/Unlock/Lock
NHS Mail/Active Directory)

URGENT THREATS ONLY
Immediately call the MS Teams
Chat. All attendees join
immediately
to discuss and remediate.

Consider triggering Business
Continuity Plans. Datix logged
by most senior on call during call.

(Out of Hours currently not available)

ISM updates NHS Digital
Portal, MS Teams Chat and Log.

END

Log Reviewed at
Information Governance Group.

Trust Defences – Test and Audit

Twice yearly Penetration Test

Table 3.1: Our Opinion

Risk Objectives *(click to view findings)*	**Assurance Opinion**
[redacted]	Reasonable
[redacted]	Requires Improvement
[redacted]	Requires Improvement

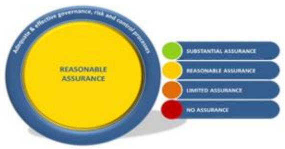
Definitions of the assurance levels we utilise are included within 'Appendix 1 - Assurance Opinion Definitions.

DSPT submitted “all standards met” (June 2022)

Internal Audit Disaster Recovery Audit (June 2022)

Executive Summary

OVERALL ASSESSMENT



KEY STRATEGIC FINDINGS

[redacted]

ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE

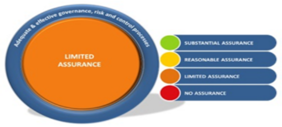
Disruption to key Trust services to the local community.

GOOD PRACTICE IDENTIFIED

- A Business Intelligence, Systems and IT Business Continuity Plan is in place for key Trust IT systems and services.
- A recent Cyber Security/ phishing exercise has been performed in order to review and raise awareness of cyber security issues.

Internal Audit Cyber Assurance (July 2022)

OVERALL ASSESSMENT



KEY STRATEGIC FINDINGS

[redacted]

ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE

RISK 2.4 If the Trust does not maintain the security of its IT infrastructure then there is a risk of being increasingly vulnerable to cyber-attacks causing disruption to services, patient safety risks, financial loss and reputational damage.

GOOD PRACTICE IDENTIFIED

- Azure backup system has been established and connections to the Azure service are protected.
- A comprehensive backup retention schedule has been established to allow data recovery up to 6 years.

SCOPE

The audit considered the security management arrangements for the pro-active identification, prioritising and mitigating against cyber threats. The scope of the review included policies, procedures, risk management activities, and technical solutions in place.

[redacted]

Education and Awareness

- Investing in our technical staff: CISP qualifications for Head of IT / DPO & Head of IG/ Info Security Specialist
- On-Call Desktop exercise (July 2022)
- Board workshop (September 2022)
- Annual IG training all staff
- Simulated Phishing Campaign (May 2022)

Challenges

- "No way back to paper" any more, our data capture and processing is far too complex for that in both clinical and corporate services. We have crossed a line and we **are** dependent on our digital infrastructure for almost all of our normal operations
- The ever evolving landscape of cyber threats and our capacity and capability to respond to a major cyber incident
- Working with expanding numbers 3rd sector / voluntary / non-NHS organisations who want access to our systems
- Attracting the right people with the right cyber skills at a price we can afford
- Difficulties in providing 24/7 IT support

Reflections on an actual Cyber-Attack (Advanced Healthcare August-November 2022)

- Not just an IT problem – it is an “everyone problem”
- We immediately judged the supplier “at fault” and lost confidence rather than a victim of crime
- Service Business Continuity plans were not designed for prolonged system outage
- Response required Bronze / Silver /Gold Command structures setting up – tying up a lot of management resource
- The attack was on a supplier to the NHS, not directly against the NHS, therefore NHS England / NHS Digital response was muted
- The contractual relationship between Advanced and each NHS Trust, therefore NHS England relatively powerless
- The respective roles of NHS Digital and NHS England from a cyber-response, emergency planning and clinical perspective has not been transparent.
- Interim data collection templates had to be created to capture key pieces of clinical information. These templates relied on the specialist knowledge of just 2 key staff
- Time taken for clinical staff to request and be given access to the temporary data collection templates was measured in weeks resulting in a data quality “hit” but the extent is not yet known
- Unknown impact on staff morale and quality of care on patients

Conclusions

- Has to be a Trust Priority especially Improving Business Continuity and Disaster Recovery plans for clinical and corporate services which can cope with extended outages
- Constant need to invest in our cyber-defences and response capabilities, including a necessity for cyber incident response surge capacity from a specialist supplier or NHS Digital and 24/7 IT and cyber support.
- Improving our processes especially when working in partnership with clearly defined responsibilities for data and IT security

Thank You

Questions

Future Events

Workforce
29 June
When: All day event
Where: York Principal Hotel

Procurement
11 September
When: 12:30 – 4pm (approx.)
Where: MS Teams

System Working
5 December
When: 9:30 – 12:30pm (approx.)
Where: MS Teams

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