

**DIGITAL MAJOR PROJECTS AUTHORITY COMMITTEE - MINUTES**

**Venue:** Room 13, Education Centre,  
Sandwell General Hospital

**Date:** 30<sup>th</sup> August 2019, 13:00-14:30

**Members:**

Mr M Hoare	(MH)	Non-Executive Director (Chair)
Mr T Lewis	(TL)	Chief Executive
Ms R Barlow	(RB)	Chief Operating Officer
Mrs R Goodby	(RG)	Director of People & OD
Miss K Dhami	(KD)	Director of Governance
Mr M Sadler	(MS)	Chief Informatics Officer
Mr S Roy	(SR)	Group Director of Surgical Services
Ms N Taylor	(NT)	Group Director of Nursing

**In Attendance:****Support:**

Mrs P Lee	(PL)	Executive Assistant
-----------	------	---------------------

**Apologies:**

Mr R Samuda	(RS)	Trust Chairman
Ms M Perry	(MT)	Non-Executive Director
Ms A Geary	(AG)	Group Director of Operations
Ms K Gray		Deputy Chief Operating Officer for Transformation

Minutes	Reference
<b>1. Introductions</b>	<b>Verbal</b>
<p>The Chair welcomed the members and those in attendance to the meeting.</p> <p>The Committee members provided an introduction for the purpose of the meeting recording.</p>	
<b>2. Apologies for absence</b>	<b>Verbal</b>
<p>Apologies were received from Mr R Samuda, Ms M Perry, Ms A Geary and Ms K Gray.</p>	
<b>3. Minutes from the meeting held on 26 July 2019</b>	<b>DMPA (08/19) 001</b>
<p>The Chair noted that the Action Log and the actions set out in the minutes appeared to be discrepant. He noted that a cross-correlation check of the actions list within the minutes to the Action Log should be completed to ensure the document's accuracy.</p> <p>TL stated that there were actions in the minutes that neither appeared in the Action Log nor in the agenda. The Committee reviewed those actions:</p> <ul style="list-style-type: none"> <li><i>DMPA (07/19) 002 - MS to re-present the synchronised time source item to the Change Board and keep the action as a matter arising for a further update at the next Committee.</i></li> </ul> <p>MS confirmed that the matter was resolved. He noted the synchronised time source for devices and advised that over the past two-months, there had been no issues with PACS. The Chair queried when the remaining systems would be aligned to that time source. MS stated that there was no timeline and there were no other issues with time sync across systems. The benefit of doing that piece of work would not close off any other risks in the system. The Chair noted that any issues with cross-shared storage or backups would need to be addressed as there may be issues across the line – they need to ensure clarity into capability.</p>	

- *DMPA (07/19) 003 / DMPA (07/19) 004 / DMPA (07/19) 005 – PTRG Governance, Cloud and Outsourcing.*

TL advised all matters would be discussed at the next committee meeting, which would require lengthy discussion. Mr Sadler would set out what PTRG compliance would look like and how the tool would be used.

- *DMPA (07/19) 005 – Create a diagram showing Unity connections and the potential risks surrounding them*

Discussed at Trust Board.

- *DMPA (06/19) 005 - Bring the penetration test report to the next Committee.*

Discussed at agenda item 7.

- *DMPA (06/19) 003 - Investigate the Unity set up with regards to outpatient procedures.*

RB confirmed that Unity was setup accordingly for outpatient procedures.

**Action:** To perform a cross-correlation check of the actions list within the minutes to the Action Log to ensure accuracy.

**Action:** To discuss, in length, PTRG governance, cloud and outsourcing at the next committee meeting.

#### 4. Matters arising

DMPA (08/19) 002

As discussed at agenda item 3.

#### 5. SBAF – Review of all risks and controls

DMPA (08/19) 003

MS stated that the SBAF had three risks associated with Informatics:

##### 1. Digital Plan Gap (SBAF ref: 8) – Did not reflect the direction of the organisation.

MS noted that they had the assurances and actions. He would present a plan at the next CLE about how to engage with the Groups to understand their requirements and strategies moving forward to mould the Digital Strategy around the Groups. Timelines would be included with a trajectory to sign-off on a digital plan that reflected the ambitions of the organisation with Informatics delivering against that in March 2020. The timeline would include Midland Met, the optimisation of Midland Met and external innovation opportunities.

All Business Relationship Managers were in place and they would lead group engagement. Aligned with that, there would be a full senior management team.

##### 2. Unreliable Informatics Structure (SBAF ref: 16) - Infrastructure was not suitable.

MS advised that the initiatives may not be achievable due to unreliable infrastructure. He noted the following was in place:

- Monitoring.
- Appropriate network stability.
- The change management process for serious changes in the organisation was working.
- Virgin Media would install HSCN lines on 3 September.
- A permanent Supplier and Contract Manager to review contracts appointed. It was agreed that MS would present a monthly contract review progress report to the Committee.

RG suggested that the Business Relationship Managers include those areas outside of the clinical groups, such as Estates.

### 3. Unity (SBAF ref: 17) - The risk of Unity being delayed.

RB advised that the CLE had received a presentation and discussed work in progress. The CLE agreed the optimisation KPIs which had been actively challenged as to what success looked like. The P&I team had a work-back plan to produce optimisation reports by the 9 September. She noted that the item could be updated to show progress, but the assurance around it would still be *Limited* until the optimisation reports had been received. There was work to do around:

- Measures/benchmarks for the journey (to be updated as they progress).
- Mobilise cultural organisational change.

There was a discussion about *Limited*, *Adequate* and items marked as completed.

**Action:** MS to present a monthly contract review progress report to the Committee, as reviewed by the Supplier and Contract Manager.

## 6. Unity Go Live countdown

DMPA (08/19) 004

TL stated that there were big decisions and actions to be made over the coming days. He advised that a paper would be issued late to the Public Trust Board on Monday to enable reflection on discussions, take full delivery of the product and to complete device testing. The focus of the discussion for this item, would be on what information should the Board receive to reflect on his recommendation on when to Go Live.

He noted the Paper and the following key points:

- Material work to do in CapMan training.
- A lot of work to do on Unity simulation. There was less clarity on their position, what 'good' looked like and data interpretation. Not yet in a position of general IT readiness and had matched the best in the organisation with MS to progress further work around; back office, IT knowledge and readiness for Go Live.
- Queries about the product in regard to; discharge summaries and dual signature on certain injections. He had expected those items to have been resolved much earlier – both of those items were versions of the product in use across the NHS – therefore a hospital could operate on the product and was possible to go with the September Go Live date.

He stated that if all technical work up to the morning of the 4 September had been completed as described – then a decision would need to be made if their people were sufficiently knowledgeable in using the product safely, or if more time would provide the opportunity to train more people.

If the Go Live date was pushed back, support would be required to manage rosters/leave and book patients into spots in which had been frozen. It would be useful for the Committee to have an idea of additional areas of focus. He invited MS to provide an update on the approach to back office.

MS advised that there were three elements to back office:

#### 1. What they do with an individual's problem

At the first point of contact they would resolve login issues; no password, no identity or allocation to the incorrect group. Training the service desk staff was in progress. There would be 12 help desk agents during Unity Go Live.

#### 2. What they do about the small changes

Informatic issues that could not be resolved in the first instance; trolley problems printer/screen not working. Second Line would resolve the issue as they are knowledgeable about the equipment. It was noted that there were equipment spares, some complete trolleys.

### 3. What they do about the big changes

There was an Incident and Problem Manager and a rota of senior management (to coordinate major incidents) and had engaged a person for service support. For clinical priority advice they would refer to the business and talk to CapMan as to what was most important – as a general rule; priority 1 to patient flow, and priority 2 to emergency care.

The Chair questioned what communication channels they were they using. MS stated that they had a WhatsApp group for major informatics. TL advised that there was a code that covers how they would communicate and control Go Live – the Board need to be clear about how that linked into back office. He expressed concern as to whether they had systemised and documented their response to predictable issues, were they clear about how to deal with major service changes and how they would govern things in between those two areas.

TL questioned if Informatics had the personnel to deal with the increase in queries from Cerner fixes. MS advised that the My Assist admin support team had been increased by five people. The development work would be completed by Cerner and then sent to the Trust for testing – they had enough people to do that process. The Chair queried if those individuals had enough knowledge of the process to correlate that into a pack that could be released. MS stated that they were fully engaged with the AMS team (from Cerner) and the My Assist admin support team. TL questioned if they had simulated the process. MS noted that the team, along with AMS, had gone through the scenarios; however, he was not involved that closely and would find out.

The competencies of the team members were questioned. MS noted that the team were selected from various areas that had experience in the Trust and were learning the additional Cerner part. The team members specialised in different directorates/groups. There would be a lot of reliance on the Cerner AMS team in the first 2 years.

TL noted that the conversation had illustrated that the Board needed more information on cut-over, documentation work on flows/change regress, and simulation.

TL noted that Cerner would need to be asked if the Trust's testers were capable – if Cerner's answer was negative, they would need to decide the next steps. The Chair noted to also ask Cerner if they had automated test scripts and test articles to enable quick turnaround of those tests.

TL noted that on the human-side:

- 650 people completed CapMan training.
- A lot of work to be done on team socialisation simulation.
- Had enough been done, were people ready?

RG advised that the Cerner required end-user training had been completed.

It was questioned if Unity was in its final version and had people been able to work with something close to the final form. TL confirmed that the final form had been received and the majority of training was not in the individual's workplace – hence the emphasis on the team simulation.

TL noted that the risks were:

- data being inputted in to the system incorrectly (due to lack of understanding on how to use the system) resulting in harm to patients or to corporate data integrity, or
- they go even slower than they mitigated or it takes a longer period to pull out of working slow.

The whole geography of the Trust (Gold and Silver) needed to be looked at. TL requested that the data for readiness be cut by doctor.

TL noted the Clinical Safety Case authored by Leong Lee, Clinical Safety Officer. TL suggested that the Committee table the Clinical Safety Case and frame questions in the run up to the Trust Board. He noted that:

- There was a requirement on the Trust-side and Cerner-side to have an approved Clinical Safety Case before Go Live.
- In real terms, the Clinical Safety Case describes the hazards, the risks and how to mitigate those.
- There were two items marked as unacceptable, however in practice that was zero.
- He recommended that the Board hold a list of the undesirables, not the unacceptable.
- That assumes that the things evaluated as unacceptable and undesirable was a comprehensive list; therefore, the risk were the things not on the list. To manage that inherent risk, it would be recommended to go through all of the rejected change requests, TRs and the mitigation reports for the things that could be reasonably considered.
- It remained the case that a number of clinicians had unresolved questions – which the answer could be found on Connect, if they wished to engage with it.

**Action:** MS to confirm if the Informatics personnel had simulated the process of dealing with queries from Cerner fixes.

**Action:** Provide the Board with more information on cut-over, documentation work on flows/change regress, and simulation.

**Action:** To query Cerner on; if the Trust's testers were capable, and if they had automated test scripts and test articles to enable quick turnaround of those tests.

**Action:** To cut the data for readiness by doctor.

## 7. Response plan for external reviews (all types)

DMPA (08/19) 005

MS noted that there had been three external reviews:

### 1. RSM Audit

To review IT governance, completed in March 2019. The review investigated:

- Turnaround Plan,
- Processes, and
- outlined the areas that needed focus, resulting in 28 management actions.

### 2. Penetration (Pen) Test:

The penetration test resulted in 14 management actions that were accepted by the management team to ensure protection from external penetration. The common themes were about:

- unsupported operating systems,
- passwords, and
- shared drives.

They had assigned an owner for all actions and were bringing in a tester for six months to work through those as it was a question mark capacity activity and had engaged with agencies to recruit.

TL queried the timeline for the 14 actions to be completed. MS advised that they had estimated six months. TL queried how quickly they could get a line by line plan for each of the items. MS advised that it was expected that the tester would assess the timelines. TL requested that MS advise the Committee next time as to how they could firm up the timeline on the six months.

The Chair queried what actions were in place in the interim to mitigate and understand any vulnerabilities being highlighted/exploited. MS advised that there was limited expertise in those areas and would follow NSH Digital guidelines to ensure all patches are up to date. The Chair questioned if there was a manual action plan in the background to ensure those risks were mitigated over that six-month period. MS confirmed that there was not. The Chair requested that action plan be developed.

TL requested that a monthly reckoner of queries and resolution be presented to the Board.

### 3. Air Conditioning Audit:

Charcoal Hills were commissioned to review the failure of the air conditioning units, which resulted in 17 management actions.

All actions had been compiled in a Risks, Issues, Mitigation and Resolution table, as documented in the Paper, and given to the Supplier and Contract Manager as an independent person to manage and monitor. They had completed 10% of actions.

There were three phases; six months (stabilisation), 12 months (normalisation) and 18 months (optimisation). They were nearly half way through the normalisation stage and with the completion of the actions from the three audit reports, they would be ready to be reviewed again to answer the question if they were a normal IT department.

The actions had been prioritised into high, medium, low with slight cross-over.

TL noted that there was a lot to be delivered by October and requested assurance that that was possible with consideration to Unity. MS confirmed that he was confident that they would all be delivered. The Unity impact would be on the support line, these actions were more in the second line of impact.

TL stated that he would like to see that documentation was embedded as a routine process.

**Action:** MS to advise the Committee next time as to how they could firm up a line by line plan for each of the Penetration Test's 14 action items for the timeline of six months for completion.

**Action:** Develop a manual action plan to ensure risks were mitigated over the six-month period where the Penetration Test actions were being completed.

**Action:** Develop a ready reckoner of queries and resolution (Penetration Test) to be presented to the Board.

## 8. IT related items on the Risk Register

DMPA (08/19) 006

MS noted that most Risk Register items were infrastructure issues with one red risk remaining, cyber-attack – which would always be a risk.

The Committee reviewed the Risk Register.

- KD noted that the air conditioning risk would appear to the Board as an Informatics risk. MS noted that it had been agreed that Estates had ownership of air conditioning as they had the skills. KD noted that due to timing it would be presented as an Informatics risk to the Board.
- TL queried how mature and coherent the process of writing and evaluating the risks had been before they were tabled at the Risk Management Committee, CLE or the DMPA. He noted that they were big risks and last time there were four red risks, and this time only one. He questioned how risk was being managed. MS advised that Informatics review all of the risks, the progress made and if that had materialised.

TL noted that the documentation was relatively underdeveloped. MS stated that the documentation was the highlights and each item had a series of actions with dates/owners. TL noted that a lot of work had been done but it necessarily wasn't recognised in the Register for a committee to clearly understand. It was suggested that a similar exercise be done on this Risk Register as was done in CLE.

**Action:** To conduct the Risk Register review exercise that was used at the CLE on the IT related Risk Register.

**9. Meeting effectiveness / matters to raise to Trust Board**

**Verbal**

Not discussed.

**14. Any other business**

**Verbal**

TL advised that the intention was not to hold a DMPA meeting on the 27 September if the decision was made to Go Live with Unity in September.

**15. Details of Next Meeting**

The next meeting will be held on Friday 27 September 2019, 13:00 - 14:30 in Room 13, Education Centre, Sandwell General Hospital (dependant on decision to Go Live with Unity in September).

Signed .....

Print .....

Date .....