

# DIGITAL MAJOR PROJECTS AUTHORITY COMMITTEE - MINUTES

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

**Date:** 28<sup>th</sup> February 2020, 13:00-14:30

**Members:**

Ms M Perry	(MT)	Non-Executive Director (Chair)
Mrs R Barlow	(RB)	Chief Operating Officer
Mr R Samuda	(RS)	Chairman
Ms K Dhami	(KD)	Director of Governance
Mr M Sadler	(MS)	Chief Informatics Officer
Mrs R Goodby	(RG)	Director of People & OD
Mr M Hoare	(MH)	Non-Executive Director
Mr T Lewis	(TL)	Chief Executive
Ms N Turner	(NT)	Group Director of Nursing
Mrs R Biran	(RBI)	Assoc. Director of Corporate Governance

**Apologies:**

Mr S Roy	(SR)	Group Director
Ms A Geary	(AG)	Group Director of Operations

Minutes	Reference
<b>1. Introductions</b> [for the purpose of the voice recorder]	<b>Verbal</b>
<p>The Chair welcomed the members to the meeting.</p> <p>The Committee members provided an introduction for the purpose of the meeting recording.</p>	
<b>2. Welcome, apologies, declarations of interest</b>	<b>Verbal</b>
<p>Apologies were received from Siten Roy and Amanda Geary.</p> <p>TL reported that an additional representative from Operations would be sourced to attend the Committee going forward, as Amanda Geary was unable to attend meetings.</p>	
<b>3. Minutes from the meeting held on 24<sup>th</sup> January 2020</b>	<b>DMPA (02/20) 001</b>
<p>The Committee reviewed the minutes of the meeting held on 24<sup>th</sup> January 2020.</p> <p>The minutes were <b>ACCEPTED</b>.</p>	
<b>4. Matters arising</b>	<b>DMPA (02/20) 002</b>
<p>The Committee reviewed the action log and noted that the majority of actions were either on the agenda or due in March. The following updates were made:</p> <ul style="list-style-type: none"> <li>• <i>DMPA (01/20) 004 - Contact Derek Connolly to discuss his activity with regard to AI in the area of imaging.</i> <ul style="list-style-type: none"> <li>○ MS reported a meeting with Derek Connolly would take place on the 4th March 2020 to discuss AI.</li> </ul> </li> <li>• <i>Send the IT Risk Register to the February Risk Management Committee (RMC) for</i></li> </ul>	

*discussion and ideally attend in person.*

- MS reported all the risks were up to date and that MS would be attending the RMC at the next available opportunity.
- TL queried how the 3 Par featured in the Risk Register. MS reported 3 Par was managed in the unreliable infrastructure risk as it provided the main source of storage for the Trust. MS stated that the risk was being managed and had reduced although it would only be removed when transfer of information to the new system was completed in June 2020.

## 5. Infrastructure performance data

DMPA (02/20) 003

MS introduced a presentation on the infrastructure performance data.

MS reported that in January uptime and availability was good from the individual systems. PRTG was monitoring the systems well, utilising a warning system to flag potential problems.

TL commented that the focus should be on staff being able to use the systems – a point acknowledged by MS however, he stated the monitoring evidenced user availability and provided the Committee with the required assurance.

In response to a query from RS, MH reported that there were 3 levels of monitoring in the end to end user experience:

- Companion
- System
- User

MH further reported that each of these levels could in turn, be monitored reactively, in real time and preventatively, which included logging on time. This was then judged against the criticality of the system and response time.

MS assured the Committee members that the service listened to user problems even if the monitoring system was not reporting any problems.

MP expressed the view that the report could be further developed by recording things that were going wrong.

MS stated that a report had been received from Virgin that had addressed what had gone wrong in a network crash and Virgin service deliver and account managers had met with the Trust team to present the report verbally. MS reported that this had given the Trust an opportunity to explain the impact on the organisation and express dissatisfaction.

TL raised the issue of missing metrics in the paper because a commitment had been made to resolve them by the end of March. MS assured the Committee that the metrics would be resolved.

MH raised the issue of 2 unexplained spikes in the IP telephony service graph. MS offered to investigate.

MH stated that the spikes suggested non-traditional activity and commented that hackers frequently used IP telephony lines to try to break into systems.

In response to a query from MP, MS confirmed that all community sites with networks were monitored.

**Action: MS to investigate spikes in the IP telephony service and report back to the DMPA Committee.**

## 6. Optimisation, including results acknowledgement

DMPA (02/20) 004

RB reported on optimisation progress.

**Data quality:**

RB reported that the data quality of the reports had been reviewed and the key message was that most of the reports now had 'adequate' data quality with small refinements being completed in the next week.

RB stated that the hotspot was in results endorsement, where it had been concluded that the data quality wasn't good enough to use the reports. This did not mean that the improvement effort could not be made but it could not be managed effectively. Time would be spent with P&I, IT and the clinical leads to work on the issue. It needed to be concluded in March as it was a high rated risk in the Trust's Risk Register and external support would be considered.

**Safety Report:**

RB stated that PG and DC had been working on approving the data completeness of the Safety Plan and it would be useable very shortly.

**ED data quality:**

RB reported that feedback had been given to the Unity executive. Work would be done to address some identified issues and concluded w/c 16<sup>th</sup> March.

**Optimisation delivery:**

RB reported that delivery was under 3.1 and there had been improvements since Go Live. By the end of March, the Trust would have delivered on 7 more domains.

The focus of the effort would need to be on Medicine discharge letters. A PDSA cycle had proved successful in clearing January [backlog] and have kept on top of February in real time, demonstrating progress can be made. This was being monitored weekly. Other groups had discharge letters under control.

**Drugs administered with no bar code:**

RB reported that there were daily improvements in this area and there was less than 10% improvement to go with some wards with only a 5% miss rate against high volumes of administered drugs. RB reported the exemplars were D26, Priory 5 and Lyndon 5 – these were ahead of the goal. AMU, P4 and Lyndon 3 were areas of focus, but RB expressed confidence that improvements could be made swiftly. The improvement activity around barcode administration was aligned with the delay in the prescription time and this was also expected to deliver.

**VTE:**

RB reported that 24 hours had returned to performance and the 6 hours was looking quite good. Respiratory was very near target. RB reported that David Carruthers had been working with clinical ward teams on prioritising which data set to focus on each week.

**Sepsis treated within 1 hour:**

RB reported that D47 and D11 were doing well in this area. Those areas faced with high volumes of cases - EDs and AMU – were in focus.

TL expressed concern that the reasons for hitting or not hitting the target were unknown and therefore it was difficult to achieve consistency. TL expressed the view there should be sepsis boxes on each ward and RB commented that the possibility of establishing nurse prescribers had already been discussed as an option, providing the appropriate safeguards were in place.

TL stated that solutions needed to be pursued swiftly to make progress.

**Clerking:**

RB reported that small fixes would be made [on data quality].

### Drug verification:

RB reported that drug verification was marginally short of optimisation but there was evidence of good delivery.

RB reported that the areas that would miss the March delivery would be results endorsement and a selection of drug administration or prescription issues.

RB expressed the view that there was now strong momentum behind optimisation.

In response to a query from MP about patient safety, RB expressed the view that the main risk surrounded results endorsement.

TL suggested that a systematic review of the optimisation list's targets would be useful to identify potential harm if they could not be delivered.

**Action: RB to review the optimisation list targets to identify potential risks/harm of non-delivery.**

### 7. Outsourcing plan for 2020-22

DMPA (02/20) 005

MS reported that the previous DMPA Committee had identified five service offerings for outsourcing discussions. It was noted that the outsourcing was to allow bandwidth to supplement and support the current service delivery, not to replace.

MS commented that the proposed timelines had been considered very tight and Committee members had expressed concern that the Trust would perhaps not get the best deal if the timelines were adhered to.

MS reported that, with regard to telephony management, the Trust's current supplier, BT, had been approached for its view of what a fully managed service would look like. BT had suggested a scoping visit to the Trust to conduct a review of the current system. The Trust's system was 19 years old. MS reported the Trust had not yet fully committed to BT.

MS reported that network management had a similar opportunity and it was possible for a service to manage telephony and the network including performance. MS reported that discussions were taking place and costs were being investigated.

MS reported that the trust had spoken to cyber security companies and NHS Digital. NHS Digital would not manage the cyber security end to end but other companies offered. Meetings had been quite positive. MS stated that cyber security would always be a risk for the Trust and that threats were ever changing.

MS reported that there was scope to develop apps for patients and for staff. Locally based applications development companies would be approached to investigate their capability. AI skills would also be investigated. MS reported that commissioning would enable bespoke products to address Trust needs to be developed.

TL expressed the view that people working on the project should have the right mindset and be accepting that outsourcing proposals were required to be drawn up in the 5 identified areas. TL commented that timelines needed to be structured.

MS reported that the market would be used to write specifications for the work. RB queried whether this approach posed a risk of the specifications being heavily influenced by suppliers. MH reported there were IT organisations that could write service definitions/costings etc.

MS reported that whatever was tendered would include Midland Met. MS explained that the Midland Met plans identified required devices etc which could be used for tender descriptions.

TL commented that more people would need to be seconded to the outsourcing project going forward.

<b>8. IT budgeting 2020-22</b>	<b>DMPA (02/20) 006</b>
<p>TL reported that there were budgeting challenges posed by IT but expressed confidence that by the April Board meeting, a credible position for the year ahead would be set out in terms of revenue and capital.</p> <p>TL reported that one of the challenges of IT was to decide which project infrastructure was put through the capital route. Getting this decision right was important because it had the potential to cause large budget deviations.</p> <p>TL stated that long term financial requirements for IT would not be set out. NHS Digital would be issuing a spending percentage for IT which would be utilised in the benchmarking exercise.</p> <p>TL reported that the biggest risk to the IT revenue position was the utilisation of agency and quasi-agency on a third line basis.</p> <p>MS reported that this had been discussed with Tom [Simpson, IT Commercial manager] and the HR business partner and there was a plan to get available posts re-advertised.</p> <p>TL commented that a commercial model (regarding rates) needed to be found.</p>	
<b>9. Digital ambitions</b>	<b>DMPA (02/20) 007</b>
<p>MS introduced the Digital Ambitions Plan and stated that ideas from everyone in the Trust were being encouraged. Sandwell Health Watch, patients' groups, visitors and nursing homes would also be engaged to capture ideas.</p> <p>Digital ideas focused on team talks had been launched and a link on MyConnect had already attracted 5 ideas.</p> <p>MS reported that meetings had taken place with suppliers and future technologists to determine trends in technology and feasibility.</p> <p>The Digital Ambitions would be ready for May.</p> <p>MS reported that NHS Digital had given information and had referred the Trust to a number of digital exemplars.</p> <p>TL expressed the view that while technologists' views were valuable, he was keen for the patient experience to be at the heart of projects. TL commented that a large percentage of current manpower and time could eventually be replaced by technology solutions.</p> <p>RB suggested that presenting technology solutions in the public engagement exercise would be more meaningful than just asking for ideas.</p> <p>TL reported that Newcastle [Trust] had done a lot of the country leading work on older/geriatric people and sensors.</p> <p>TL queried what technology could offer corporate services. MP suggested a contribution to the implementation of dual-working and flexible working. It was suggested that team talks could play a part in capturing ideas and views.</p>	
<b>10. SBAF: Progress update on 'limited' assurance risks</b>	<b>DMPA (02/20) 008</b>
<p>MS reported that there were two 'limited' assurance risks which were the subject of ongoing improvement works.</p> <p><b>SBAF 8</b> – The development of the Digital Plan.</p> <p>MS reported that engagement with people had commenced and the focus of the current plan would be on what the end users of technology wanted. The Plan would also be agile.</p>	

**SBAF 16** – Unreliable Informatics Infrastructure. MS reported that information had been transferred information relating to the majority of the Trust’s services from old equipment to ‘Nimble Storage’.

MS reported that other risks were managing and monitoring infrastructure. MS reported in-house skills (albeit not permanent) were in place to manage networks and servers. All the Trust’s suppliers had been addressed. MS reported that it had been observed that the infrastructure had become more reliable over the past year.

MP asked the Committee whether the SBAF assurance could be changed based on the evidence. MP stated the Committee needed to differentiate between evidence of assurance and performance. MP stated that the Plan would give the Committee visibility if things were going awry.

The Committee agreed that both SBAFs offered greater assurance and could be classed as ‘adequate’

**11. Meeting effectiveness/matters to take to Trust Board**

**Verbal**

- Optimisation
- Outsourcing Plan
- Progress on Digital Ambitions

**12. Any other business**

**Verbal**

None.

**Details of Next Meeting**

The next meeting will be held on Friday 27<sup>th</sup> March 2020, 13:00 - 14:30 in Room 13, Education Centre, Sandwell General Hospital.

Signed .....

Print .....

Date .....