

DIGITAL MAJOR PROJECTS AUTHORITY COMMITTEE - MINUTES**Venue:** Room 13, Education Centre,
Sandwell General Hospital**Date:** 24th January 20120, 13:00-14:30**Members:**

Ms M Perry (MT) Non-Executive Director (Chair)
 Ms 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
 Ms R Goodby (RG) Director of People & OD
 Mr M Hoare (MH) Non-Executive Director

In attendance:

Katherine Bayley (KB) Executive Assistant
 Rajinder Biran (RBi) Assoc Director Of Corp Governance

Apologies:

Siten Roy (SR) Group Director
 Mr T Lewis (TL) Chief Executive
 Ms A Geary (AG) Group Director of Operations
 Ms N Taylor (NT) Group Director of Nursing

Minutes	Reference
1. Introductions [for the purpose of the voice recorder]	Verbal
<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>	
2. Welcome, apologies, declarations of interest	Verbal
<p>Apologies were received from Toby Lewis, Amanda Geary and Nicola Taylor and assumed from Siten Roy.</p>	
3. Minutes from the meeting held on 29th November 2019	DMPA (01/20) 001
<p>That the Committee accept the minutes of the meeting held on 29th November 2019 as an accurate record.</p> <p>The minutes were ACCEPTED.</p>	
4. Matters arising	DMPA (01/20) 002
<p>The Committee reviewed the action log and noted the following updates:</p> <ul style="list-style-type: none"> <i>DMPA (08/19) 005 - 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.</i> Discussed later in the agenda. <i>DMPA (08/19) 005 - To conduct the Risk Register review exercise that was used at the CLE on the IT related Risk Register.</i> Discussed later in the agenda. <i>DMPA (10/19) 004 - Add the Committee identified reporting targets to the PRTG Plan.</i> To be discussed at the February DMPA meeting. <i>DMPA (10/19) 006 - Approach NHSI/E to identify who was purchasing off their networks with</i> 	

regard to cyber security.

Discussed later in the agenda.

- *DMPA (10/19) 006 - Effect a reduction in IT budget to cover outsourced services.*
- *Discussed later in the agenda.*
- *DMPA (10/19) 006 - Prepare a strategy of what applications could be supported in-house correlated to the money saved on external company support of those applications.*
- *MS reported strategy was due in March.*
- *DMPA (10/19) 006 - Prepare an assessment of in-house service of internal and external network management compared to an external supplier over a period of 14 months.*
- *Discussed later in the agenda.*
- *DMPA (11/19) 003 - Committee to further discuss SBAF 16 and decide whether the infrastructure had achieved adequate status, taking into account the extent of copper wired telephony.*
- *Discussed later in the agenda.*

The following actions to be discussed in later months:

- *DMPA (11/19) 004 - Investigate how latency could be measured in the External Network performance metrics.*
- *DMPA (11/19) 004 - LAN switching, internal performance and routing to be included in the Internal Network availability KPIs.*
- *DMPA (11/19) 004 - Core failures and drop-outs to be introduced and measured in the IP Telephony KPIs.*
- *DMPA (11/19) 006 - The DMPA Committee to draw up a strategy document to identify digital ambitions and the future direction/goals.*

5. Penetration Testing: next steps

DMPA (01/20) 003

MS reported on the penetration testing plan, stating there were still actions to be taken from the last test while others had been completed.

NHSDigital had been approached as they had introduced 6 offerings for cyber. One offering was a penetration test covering technical and user experience. It offered training, eLearning, board awareness and technical skills.

MS reported that NHSDigital focused on cyber and had a cyber division. MS had engaged with the cyber lead for the Midlands.

RS raised the issue of its relevance to the CQC process. MS reported that he had met with CQC with a colleague to discuss issues, but they had not asked about cyber.

Ms reported that there was a plan by NHSDigital to move away from Microsoft Windows and towards the cloud-based platform Office 365, hosted by Microsoft. This was supported by NHSD.

MS confirmed that annual IT audits would be funded from existing budgets. MP stated she would recommend that a representative of NHSD address the Board.

6. Unity Optimisation

DMPA (01/20) 004

RB reported on Unity optimisation and referred the Committee to the KPIs in the paper.

RB reported that deeper scrutiny of data had revealed there were different ways to carry out activities and this was a challenge in terms of exploring the data, particularly to results endorsement and clerking

documentation.

The January commitments to deliverables were:

- Discharge letters were in progress. The number of patients returning home with a discharge letter had radically improved and work was ongoing to clear the backlog by the end of the month [January].
- MPTL was around referrals were going to AHP's therapists for opinion. Improvements were going well and RB expressed the view that the target would certainly be reached for January.
- VTE had returned to baseline performance which was a positive.
- Barcode scanning involved tracking and scanning a drug to a patient. RB reported this project had been held back by weak management and there was still work to be done in data quality, which was unacceptable at this stage in the project. RB further reported that Katie Gray, Deputy COO, had been asked to take over project management. All pharmacy-led pieces of work would be examined to put robust governance in place. RB stated that she expected to report good results by the next meeting.
- Sepsis was starting to see improvements in terms of drugs administration. This was a steep climb from baseline, but better results were now being seen. Clinical groups were carrying out 'deep dives' into practice on wards, out of hours etc and would report learnings to Clinical Groups. Medicine had been asked to map its 'in' and 'out of hours' workforce in relation to sepsis. RB reported it was likely that patient group directives would be implemented, enabling nurses to administer IV antibiotics from a pre-approved prescription. RB expressed the view this had the potential to deliver fast results in this area.
- Results endorsement involved the processing of large amounts of data and improvements would be worked through over the coming months.
- The Safety Plan had lost data oversight and reporting since Unity go live. RB reported most of the data had been assessed as good quality and it was expected to be able to be utilised by 1st February. RB reported that a set of data would be looked at by the Q&S Committee to assess progress. Resource from the improvement team was scheduled to carry out the implementation.
- Care Plans and uncompleted tasks had not been fully scoped, but it was expected that a report on the workplan would be brought to the DMPA Committee. RB reported that PG and her team were looking at the utilisation of the Care Plan function within Unity. RB stated that scoping should be ready by February.

RB reported the Emergency Care department had the largest volume of [discharge] letters to correct and would be supported by the improvement team to track and manage that.

RB reported on Listbuilder AIC in surgery which was an artificial intelligence product aimed at easing patient flows using behaviour data from patients and surgeons. The Trust was one of the first adopters of this technology.

RS commented that Derek Connolly was sending some images to Stanford University. MS reported that IBM Watson was being built to look at all the Trust's images. It was suggested that MS discuss this issue with Mr Connolly.

RB noted that the publication of team data had been considered using a scenario set in 2025 with Midland Met open and different teams in place. A full programme to roll out the visualisation of team-based data with optimisation would be scoped by the end of March.

MP raised the issue of Performance versus Optimisation KPIs and flagged those that were coloured red

and close to a success date target. She asked if there was concern these would not be met. RB expressed the view that the January KPIs would come in on time.

Action: MS to contact Derek Connolly to discuss his activity with regard to AI in the area of imaging.

7. Informatics Risks

DMPA (01/20) 005

MS reported that the informatics risks paper was last reviewed in 2019. Risks continued to be discussed by the Informatics senior management team every month and the team was represented at the Trust Risk Board monthly. MS made the following key points to note:

- All the risks were up to date but there had been some progress in trying to improve.
- One risk was that storage was old and out of support. New storage, called Nimble, had been bought in, which was big enough to transfer information and data from the infrastructure causing concern. Transfer was currently taking place and MS reported that the infrastructure would be reviewed again when complete.
- Cyber was unlikely to ever be less than a 'red risk' because the likelihood of being targeted could never be de-risked and therefore, work in this area addressed potential impacts.
- The telephone system remained a risk as it was 19 years old.
- MS confirmed that spares were on site for the most likely things to fail.
- KD expressed the view it would be helpful for the report to return to RMC because it had moved on and some decisions would need to be escalated to CLE.
- It was agreed by members that the DMPA Committee should see the IT risk register monthly. MP expressed the review that she had confidence that the risks were being regularly reviewed but commented that RMC scrutiny would offer further challenge.

Action: MS to send the IT Risk Register to the February Risk Management Committee (RMC) for discussion and ideally attend in person.

8. Informatics Incidents Trends

DMPA (01/20) 006

MS presented a report detailing performance over the last 12 months, the level of incidents and the nature of the incidents. The following key points were made:

- Informatics performance had last been reviewed by the board in June 2019.
- In 2019, everybody called the service desk 6.5 times on average per year and this was far too high a number. The service was taking around 4000 calls per month.
- MH expressed the view that service requests and incidents should be separated out. MS confirmed the numbers did not include service requests. MH stated the target from a good operational support function should be 0.8 per person calls per year and a bad number would be 1.8.
- Since Unity went live, numbers had continued to reduce rapidly to better than pre-Unity levels. Extra resource had helped.
- MS reported that 200 people per month called with password problems.
- The Trust logged significant service disruptions and there had been 95 in 12 months which was too high, with numbers being very high in December. These were managed and reported internally.
- In December, five incidents were caused by 3rd parties including NHS Digital and Virgin Media.

MS reported that he would shortly have a meeting with both organisations to improve performance. He stated that Virgin was not being paid promptly until the Trust could get assurances that outages would end.

- Hardware related problems were small but expected because hardware was being replaced. PACS was a problem in December. The Trust had signed an agreement to move PACS into the IBM plant and this project had started. It was anticipated the first images could be moved over in April.
- MS observed that outages were not lasting as long as previously.
- RG expressed the view that Virgin Media should be encouraged to give the Trust priority because outages significantly impacted activities.

9. IT outsourcing programme

DMPA (01/20) 007

MS reported on the IT outsourcing programme which involved telephony management, network management, cyber security, applications development and hardware management. He commented that all were slightly different in approach to suppliers and contracts.

MS reported that work was being done with procurement and central supplies departments and market research would be carried out.

Definition of the services to be outsourced in principle would be identified by April 2020. MS reported that the aim of outsourcing was to keep performance the same at a reduced price or improved at a similar price.

Potential partners would be identified in the first 6 months of the year. The plan was for procurement exercises (decision making) to be done by July 2020 and it was hoped these would be completed by November 2020. It was anticipated that the transfer of services would take place by April 2021 at the latest. MS said these were worst case scenarios for outsourcing.

MH commented that some outsourcing was interconnected and related and expressed the view that the procurement should therefore be overlaid onto the IT strategy. MS commented that the digital ambitions were being built and the IT strategy would be about fulfilling those ambitions.

MH also stated that he would like the plan to be linked to Midland Met project. He commented that this level of implementation was possible to do but needed a future and interconnected vision for effective communication to clinicians and the Trust Board. MS responded there was a business team within informatics which dealt with contractors and suppliers.

MP asked why cyber security was being outsourced to any other provider other than NHS Digital because it was providing some services free of charge. MS reported that NHS Digital would not take it on and there were cyber security daily tasks to be done.

MS commented that part of the outsourcing process was to identify core skills that the Trust did not want to do itself.

MS further commented that where outsourcing decisions involved TUPE regulations, guidance would be sought from organisational development/HR.

10. Meeting effectiveness/matters to raise to Trust Board

Verbal

Committee members commented that the meeting had been effective and timely.

MP suggested the Committee could comment to the Trust Board on Unity (the agreement of the risk review process), board cyber awareness and outsourcing. Optimisation should also be mentioned in the summary.

11. Any other business	Verbal
None.	
Details of Next Meeting	
The next meeting will be held on Friday 28 th February 2020, 13:00 - 14:30 in Room 13, Education Centre, Sandwell General Hospital.	

Signed

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Date