

DIGITAL MAJOR PROJECTS AUTHORITY - MINUTES

Venue: Meeting held via WebEx

Date: 29th May 2020, 13:00-14:30

Members:

Ms M Perry (MT) Non-Executive Director (Chair)

Mr R Samuda (RS) Non-Executive Director (Trust Chairman)

Mr L Kennedy (LK) Chief Operating Officer

Mr M Sadler (MS) Chief Informatics Officer

Ms R Goodby (RG) Director of People & OD

Mr M Hoare (MH) Non-Executive Director

Mr S Roy (SR) Group Director Surgical Services

In Attendance:

Mrs R Biran (RBi) Assoc. Director of Corporate Governance

Apologies:

Mr T Lewis (TL) Chief Executive

Ms K Dhami (KD) Director of Governance

Ms N Taylor (NT) Group Director of Nursing

Minutes	Reference
1. Introductions [for the purpose of the voice recorder]	Verbal
The Chair welcomed Committee members to the meeting which was held via WebEx. Committee members provided an introduction for the purpose of the meeting's recording.	
2. Welcome, apologies, declarations of interest	Verbal
Apologies were received from Kam Dhami, Nicola Taylor and Toby Lewis.	
3. Minutes of last meeting, held on 27th March 2020	DMPA (05/20) 001
The Committee reviewed the minutes of the meeting held on 27 th March 2020. The minutes were ACCEPTED as a true and accurate record of the meeting.	
4. Matters and actions arising from previous minutes	DMPA (05/20) 002
The Committee reviewed the action log. It was noted some items were complete or on the agenda, but the following updates were made: <ul style="list-style-type: none"> <i>DMPA (10/19) 006 - Effect a reduction in IT budget to cover outsourced services.</i> MS reported that an IT finance meeting had very recently taken place and a budget had been agreed with Corporate Services. MS suggested that the detail could be discussed in a future agenda if required. <i>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.</i> MS reported that outsourcing software would be discussed later in the agenda; however, the list of applications that could be supported in-house was still ongoing. Around 150 applications were being worked through. The Trust had been examining call logs from last year for each of the suppliers to assess the number of calls against the contract and determine whether they could have alternatively, been made through the Trust. 	

- *DMPA (01/20) 005 - Send the IT Risk Register to the February Risk Management Committee (RMC) for discussion and ideally attend in person.*

MS reported that the Risk Register was up to date and had been distributed.

- *DMPA (03/20) 003 - Add Winscribe downtimes and impacts to the appendix of the IT Performance Scorecard for Committee meetings going forward.*

MS reported that Winscribe downtimes had been added to the Performance Scorecard and no incidents had been recorded.

- *DMPA (03/20) 003 - Investigate mobile telephony connectivity delays and non-connections.*

MS reported that mobile telephony problems had been investigated however; there had been no satisfactory explanation. Replacement of devices was being considered and there had been no recent recurrence of connectivity problems.

DISCUSSION ITEMS

5. Infrastructure Performance Scorecard

DMPA (05/20) 003

MS referred Committee members to the report's author Craig Bromage, who had recently joined the Trust as permanent Head of Infrastructure. He was in the process of forming a team.

MS reported that the infrastructure in Informatics had been pleasingly stable. The servers were being well-managed and the network had been stable and had been operating within expected parameters.

MS reported that the use of PRTG was being expanded and the service now had monitoring and alerts which was being used by Informatics staff who were now working from home. There were 24-hour telephonists and 24-hour helpdesk monitoring in place.

LK requested that the infrastructure report contain the department's proactive work using PRTG to identify issues before they had an impact on clinical services. This would demonstrate proactivity in management. MS acknowledged the request.

In response to a query from MH about the clinical staff's view of systems and services, SR reported that staff were generally happy with Unity but problems were found mainly with Unity functionality rather than an ability to log on or that the system was running slowly. LK reported that the system was now generally stable, but people were now focusing on further development of the system.

MH queried the numbers of core volumes and incidents. MS stated that he was happy to report on incident trends and changes to the IT infrastructure system. MH expressed the view that the Board should be informed that confidence levels were now so good, that the focus of staff had switched to pushing and developing the functionality.

Action: MS to include the Informatics Department's proactive work, in using PRTG to identify issues before they had an impact on clinical services, in the infrastructure report.

Action: MS to present metrics reflecting IT infrastructure's core volumes and incident trends to the Committee going forward.

6. Outsourcing proposals in draft

DMPA (05/20) 004

MS referred Committee members to the paper which outlined the five services deemed appropriate to be considered for outsourcing.

Telephony Management

MS reported that the organisation currently had 33 different locations and VOIP (voice over internet protocol) services. Two people were currently in support, with one due for retirement shortly. Telephone architecture required replenishment.

MS reported that the proposal was to find a provider of a joint managed and hosted phone service with a cloud-based phone system across all Trust sites supporting inbound and outbound connections. This would also improve cost efficiency.

MS stated that the Trust would be looking for a supplier who could monitor in real time with engineers located on or off site. The supplier would also support the expansion of mobile telephony and help redefine communications and video conferencing.

In response to a query from MH, MS confirmed that this would include IBR voice recognition systems and a contact centre component.

MP queried the lack of a cost benefit analysis of the proposal. MS explained that the next stage of the process was to approach potential providers and reported the costs of delivery to the Trust had still to be calculated i.e. staff costs, software, hardware etc.

LK commented that the primary focus of service outsourcing was the financial element and address vulnerabilities caused by a small number of staff or a lack of in-house expertise. LK maintained that the quality of service would be the primary driver. MP agreed, but reiterated that the Trust needed to operate within the financial envelope overall. However, MP stated that, in terms of the specification, she was content.

RG queried when conversations would take place with trade unions. MS stated that releasing capacity within Informatics was not about outsourcing people and therefore, there had been no trade union engagement as there was currently no likelihood that teams would be lost. RG expressed the view that clear messaging would be helpful to quash rumours. MS agreed this would be sensible.

In response to a query from SR, MS stated that a 24-hour service desk would provide a single point of contact, but if a fix was not available, the issue would be sent out to the third party. MS stated that users would never be expected to contact the supplier directly. Discussions would take place around the provision of hardware.

MH queried whether specialist resource or services would be employed to write the RFPs and other specifications. MS confirmed that this would likely happen, although Craig Bromage had significant experience in this area.

Network Management

MS reported that network management was about managing internal and external connections 24/7, to ensure the Trust had the right capacity and to manage upgrading work and network-related equipment on-site e.g. routers etc.

Cyber Security

MS reported that the focus would be on finding a company to advise on cyber security and to manage and plan security systems to ensure appropriate perimeter monitoring and internal defences were in place on a 24/7 basis.

MS reported that the Trust would expect to receive up to date advice and action from analysts and cyber security professionals to keep the organisation ahead of the fast-changing cyber environment.

The provider would also ideally carry out remedial work.

Applications Development

MS stated that the Trust had been working on developing an appropriate stable of application development houses which could be utilised when required. MS reported that the Trust had already been working with a couple of small, agile applications development companies.

The Trust would continue to engage with IBM about the introduction of IBM Watson. MS reported that some of the bigger companies such as Fujitsu were being engaged on some healthcare projects.

User Hardware Management

MS reported that a supplier would be sought to provide the leasing and management of a laptop and desktop estate.

MH queried whether the service would include the management of Gold bills and deployment. MS confirmed that this was the case.

SR queried the stability of the Trust's firewalls. MS reported that a process had been put in place to govern access of the system by third party suppliers and there were a few suppliers already who had a permanent link in order to monitor their equipment on the Trust's behalf. Other suppliers could be given limited, timed access.

RS queried how the Trust compared with others. MS commented that the Trust was not pioneering in the industry [in terms of outsourcing], however, he expressed the view that many NHS Trust's tended to prefer traditional, in-house provision. RS commented that the ability to conceptually understand the system within the Trust was one thing that should not be outsourced.

7. Unity optimisation

DMPA (05/20) 005

LK highlighted five key areas where the Trust was not seeing an improvement and referred Committee members to the paper identifying the gaps and introducing a trend analysis.

LK reported that most of the metrics were improving apart from the following:

- Incomplete tasks
- VTE and discharge documents not done
- Medicines barcode scanning
- Drug verification
- Unendorsed Results
- Diagnostic coding and finance

LK reported that problems with internal reporting data were continuing but work was being done to resolve issues.

Incomplete tasks

LK reported that pre-COVID-19; the baseline measure had been 159. The measure had risen to 4,327 before falling back as people completed tasks. LK commented that the rise reflected the learning curve faced by staff that had been deployed into new areas and had been unsure about how Unity operated in those areas.

VTE and discharge documents

LK reported that this issue had almost been resolved by advising that if patients did not stay at the hospital past midnight, then the VTE and the discharge document would not be required.

Medicine Barcode Scanning

LK reported that an improvement in this area had been observed but 28% of drugs were still being administered without the scan of their barcode when the aim was for the figure to be at less than 10%. Sandwell's AMU ward had been identified as the biggest offending ward.

LK reported that areas had been identified that needed to be resolved and Chief Pharmacists were working with specific wards to effect improvements. The aim was to reach the 10% target by the end of Q1 (June 2020).

Drug Verification

LK reported that there had been a drop off in drug verification from 90% pre-COVID-19 to 72% in the past week. A review was required to understand why drugs were not being verified. This issue might also be linked to redeployed staff.

Unendorsed Results

LK reported that there were no cases outstanding from an outpatient perspective. Whilst outpatient activity had been low, LK reported that numbers had been recovering and had recently reached 75% of outpatient activity pre-COVID-19. LK reported that the pandemic had provided time to clear the backlog, which had been a positive.

Inpatient unendorsed results had improved but were still around 2,000 and further work would be required in this area. A group was now targeting specific areas which needed improvement.

Diagnostic Coding and Finance

LK reported that, since 'Go Live', the Trust had been losing around £245k per month which was not a problem because of the block in place. However, over the last four weeks around £100k of this had been identified as linked to coding on patients and the mapping of codes.

LK reported that the Trust needed to look at adopting a new forms and different points of care. LK stated that the root causes of the £245k figure loss had been identified.

MS queried how the Trust was using Unity compared to other Trusts. LK expressed the view that the Trust's optimisation methods were more stringent than others. The Trust used some different metrics which had been designed to better measure quality.

RS queried the issue of the discharge letters. LK explained that when people were admitted as overnight patients, discharge letters were required to be prepared, but this was not the case with day cases. However, some cases which had been intended as overnight cases but ended up as day cases still flagged the requirement for a discharge letter and this was being reported in the data as a missing document. GPs could still see what had happened to their referred patients through the system.

LK reported that the next phase of the Unity digital projects would include the 'email, not mail' project. Email was now sent in preference to letters from all community systems (appointment and outcome letters) but this system had not yet been introduced into acute care because the 'padlock' phase was required and this had been scheduled for September. Once this had been done, the outcome letters would be in email format.

The Trust was working with Nuance, who already did the Trust's clinical letters to integrate them into the Gmail function. LK reported that the Trust now had email addresses for around 40% of patients.

8. Digital Ambitions Update

DMPA (05/20) 006

LK reported that work had been ongoing to capture different views about the Trust's digital future. LK reported that the purpose had changed from Digital Ambitions as a Trust to Digital Ambitions as a system. A system wide digital approach would be focused on putting in the right platforms and

networks to deliver care more effectively across the system.

LK commented that there had been high engagement from group directors who would speak to the next Board meeting about their areas' digital journeys. Areas of focus were patient and partner experience, process improvement and technology, innovation and enabling work streams.

MS reported that there was still a question about how technology would help with patient care.

In response to a query from RS, MS reported that the risks of technology, such as AI had been investigated and patient data sharing agreements had been reviewed. MS stated that one of the Trust's principles in this area was sharing the right data with the right person.

MH commented that there was an element of the Digital Ambitions that needed to be incorporated into Midland Met hospital and queried the timeline. MS commented that some digital projects would be trialled in City and Sandwell so that Midland Met could be the best it could be digitally. MS reported that whilst the infrastructure for Midland Met had been decided upon, the technology had not.

RS queried the use of wearable technology. MS reported that this was being considered.

RG queried the impact of COVID-19 on the Digital Ambitions. MS reported that some items had been successfully implemented far quicker, such as video consultations but expectations were now higher because of the rapid pace of change that had been achieved.

In response to a query from SR, MS expressed the view that a level of home working would likely be maintained and the organisation's carbon footprint reduced.

7. SBAF: Update on assurance risks

DMPA (05/20) 007

LK referred Committee members to two SBAF risks:

SBAF 8 – Development of the Trust's Digital Plan

LK reported that the Digital Ambitions document had been discussed at length over several months and it was hoped that a finalised document would be ready by July which would then mitigate the risk around the development and responsiveness to end users.

SBAF 16 – Unreliable Informatics infrastructure

LK reported that the Trust was showing good stability against the PRTG tool and a new Head of the Infrastructure team had been recruited and ongoing recruitment for infrastructure team members was advanced. Once successful outsourcing was added, LK expressed the view that the mitigation would be at a suitable score.

The lack of business ownership involvement and insight has been addressed by the introduction of Business Relationship Managers for IT that was now well embedded and would be attending Group Management Boards to better understand what work was needed. The Informatics service continued to refine its customer insight.

It was agreed that progress against both strategic risks was satisfactory.

MATTERS FOR NOTING/INFORMATION

8. Meeting effectiveness/matters to raise to Trust Board

Verbal

MP suggested the following items be raised to the Trust Board:

- Positive news on confidence levels with IT infrastructure
- Digital Ambitions/Outsourcing (Private Board only)

RS raised the issue of Cyber. MP reported that TL usually updates the Private Board on this issue.

9. Any other business	Verbal
No other business discussed.	
Details of Next Meeting	
The next meeting will be held on 26 th June 2020, 13:00 - 14:30 by WebEx.	

Signed

Print

Date