Sandwell and West Birmingham Hospitals **NHS**
NHS Trust

DIGITAL MAJOR PROJECTS AUTHORITY COMMITTEE - MINUTES

Venue: webEx   **Date:** 27th March 2020, 13:00-14:30

Members:			**In attendance:**		
Ms M Perry	(MT)	Non-Executive Director (Chair)	Mrs R Biran	(RBi)	Assoc. Dir of Corp Governance
Mr R Samuda	(RS)	Non-Executive Director (Chairman)			
Mr L Kennedy	(LK)	Chief Operating Officer	**Apologies:**		
Mr M Sadler	(MS)	Chief Informatics Officer	Ms K Dhami	(KD)	Director of Governance
Ms R Goodby	(RG)	Director of People & OD	Ms A Geary	(AG)	Group Director of Operations
Mr M Hoare	(MH)	Non-Executive Director	Mr S Roy	(SR)	Group Director
Mr T Lewis	(TL)	Chief Executive	Ms N Taylor	(NT)	Group Director of Nursing

Minutes	Reference
1. Introductions [for the purpose of the voice recorder]	**Verbal**
The Chair welcomed the members to the meeting which was held via WebEx. The Committee members provided an introduction for the purpose of the meeting recording.	
2. Welcome, apologies, declarations of interest	**Verbal**
Apologies were received from Kam Dhami, Amanda Geary, Siten Roy, Nicola Taylor.	
3. Minutes from the meeting held on 28th February 2020	**DMPA (03/20) 003**
That Committee reviewed the minutes of the meeting held on 28th February 2020. The minutes were **ACCEPTED** as a true and accurate record of the meeting.	
4. Matters and actions arising from previous minutes	**DMPA (03/20) 002**
The Committee reviewed the action log and noted that some actions were not due or on the agenda. The following updates were made: o *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 that contracts and in-house skills were being assessed and it was expected that a strategy would be presented to the May 2020 Committee meeting. o *DMPA (01/20) 004 - Contact Derek Connolly to discuss his activity with regard to AI in the area of imaging.* MS reported that contact had been made with Derek Connolly and regular meetings had been taking place to ensure the Trust was on top of AI trends. Completed.	

- DMPA (02/20) 003 - *Investigate spikes in the IP telephony service and report back to the DMPA Committee.*

   MS reported that an investigation had taken place but no underlying reasons for the spikes had been found. Spikes were now routinely investigated. Completed.

TL reminded the Committee that finance had been removed from the agenda while some issues were worked on.

TL commented that it was important to ensure that the minutes did not give the wrong impression that the Trust was outsourcing to save money, rather, the Trust was outsourcing for reasons of bandwidth and capacity. TL requested that RBi review the minutes and the action log to ensure clarity on this topic, making amendments where necessary. MS offered to assist.

Action: RBi and MS to review previous and current minutes and action logs and make any necessary amendments to ensure clarity of messaging regarding the reasons for outsourcing.

DISCUSSION ITEMS

5. Infrastructure Performance Scorecard	DMPA (03/20) 003

MS reported on the Infrastructure Performance Scorecard and made the following general points to note:

- There had been issues with InTouch patient kiosk caused by an unforeseen software problem during a supplier upgrade. MS reported the problem was out of the Trust's control, but the Trust was now working with the supplier to better understand processes.

- The internally controlled infrastructure continued to be robust and reliable.

MS presented the Scorecard figures under the following topics:

Gold System Availability

In response to a query from MH about whether the uptimes reflected user experience, MS reported that the system was measured against the network availability, server availability, application availability and was cross checked against calls to the service desk.

LK commented that clinicians were detrimentally impacted in their clinics when the Winscribe system was unavailable. Acknowledging the 88.53% uptime, LK expressed the view that it would be useful to know for how long and for how many periods it [the system] was down in order to provide reassurance to clinicians. MS reported that each event classed as a severe service disruption was thoroughly investigated including an assessment of impacts. MH agreed that this extra data would be useful for the Committee to see.

MP expressed the view that it would be useful to know the impact of outages on operational activity. MS stated that downtimes and impacts could easily be added to the appendix going forward.

MS reported that the percentage figure reflected that whilst the system was being upgraded, the monitor was not and therefore, when the upgrade took place, the Trust recorded the system as being down because the old system was being monitored. Winscribe's availability was over 95% in the previous month (Feb).

MS further reported that each event classed as a severe service disruption was thoroughly investigated including an assessment of impacts.

RS queried log-in times. MS reported that individual computer log-in times were not recorded however, web page loading times, Unity response times using MyConnect as the benchmark.

Pulse

MS reported that, in February, 200 people per day had used Pulse on average (remote connectivity). More capacity was available. There were no planned or unplanned network outages.

MH queried the performance of Virgin and whether the company had responded more positively. MS stated that a new Account Manager had been more responsive.

RS raised the issue of potential COVID-19 impacts on the system. MS reported that Pulse usage had risen because more people had been self-isolating and had been working from home. In February, the maximum usage was 144, but that had increased to a recent peak of 499 and the immediate, active number was 429.

MS reported that the limit on Pulse licences had been increased to 1,000. Traffic had been monitored and the system had been coping well. More people had been using video conferencing which was changing the nature of the network traffic. MS reported there was still 20% headroom in external conferencing capacity, and this was in the process of being further increased to meet potential demand.

MS reported that infrastructure was standing up well and Unity had also been problem-free. LK confirmed that infrastructure had been robust but commented that mobile telephony had been causing problems. MS reported that the mobile telephony was mostly out of the Trust's control and connectivity problems had been caused by congestion on the network.

MS expressed the view that the system which protected the contact details of people who were calling outside of the Trust should be reviewed.

MP queried whether it was possible to improve signal strength using WiFi. MS confirmed that WiFi enabled calling was already available. MS reported that Cisco Webex had been rolled out across the organisation including instant messaging. So far, there had been no connectivity complaints.

TL reported that the Trust was working on enabling clinicians to provide clinical consultations to inpatients from home using tele-conferencing technology. He commented that this capability would likely be important in the COVID-19 environment. MS responded that a system had very recently been rolled out with the operations contact team, which had enabled clinicians to run clinics of 20+ people via video link. One of the benefits was that patients did not have to install any programme to utilise the system. MS reported that feedback so far, had been wholly positive.

Action: MS to add Winscribe downtimes and impacts to the appendix of the IT Performance Scorecard for Committee meetings going forward.

Action: MS to investigate mobile telephony connectivity delays and non-connections.

6. IT related risks above 12	DMPA (03/20) 004

MS reported on all risks on the Trust's safeguarding system that scored above 12. MS stressed that the risks were not just informatics related but those where the underlying issue could be solved by IT.

There were 3 risks as follows:

- Risk 325 – Cyber Security (risk of a breach of patient or staff confidentiality)

    - MS reported that the actions were for the Trust continue to improve and strengthen the cyber security posture.

    - A penetration test had been carried out in July 2019 and the retest was completed in March. A report had been received and would be reviewed.

- Risk 3212 – Ophthalmology infrastructure

    - MS reported that Ophthalmology had several standalone systems which were not on the network and data had not been backed up. This presented a risk of the loss of information and to the department's ability to deliver services. MS reported that work was ongoing to ensure systems were backed up and work was ongoing with suppliers to support the latest ophthalmology ultrasound machines.

- Risk 3696 – We don't automate our processes
  - MS reported that this risk related to the fact the Trust was not using Unity at the time or that there was a risk that Unity was not optimised.
  - MS reported that the focus on Unity optimisation had been progressing the mitigation of this risk.

TL commented that there were a lot of IT-related issues which had the potential to have a catastrophic effect and TL queried the calibration of the likelihood of them occurring. MS responded that the calculation of scoring of likelihood was currently around them having a sustained or a lasting impact.

TL suggested further discussion to ensure clarity and consistency of understanding between the Committee and the IT team on this issue.

MP expressed the view that the Committee should be focusing on the higher risks whilst having enough information to ask questions about the lower risks if they were a cause for concern. MP acknowledged that the circulation of the full IT risk register would be helpful as an appendix to the report.

Action: MS to circulate the full IT risk register as an appendix to the IT risk report to the DMPA Committee.

7. Emergency Care optimisation	**DMPA (03/20) 005**

LK referred the Committee to a list of issues affecting Unity and commented that good progress had been made on all of them. LK reported that the focus of activity was now on the following two issues that were causing concern:

- Discharge documentation
- Diagnostic coding and finance

LK reported that the two issues were linked because there was an inability to deliver diagnostic coding which had been very challenging. This had been impacting the discharge documentation and in addition, the information was not automatically being pulled through [the system]. LK reported that the Trust had been awaiting a fix from Cerner for some time.

LK commented that the diagnostics failure problem had a financial impact and a rapid solution was required to map the diagnostics and treatment to the emergency care data set to work out what was causing the issue. LK reported that currently, the Trust was not clear about why it had the differential and had no assurance around timelines or knowledge about what had been causing the issue.

MP queried the Cerner delay. MS reported that the issue was being escalated with Cerner and the organisation had responded. A weekly application migrant service meeting where changes were reviewed was taking place.

In response to a query from TL, LK reported that an interim fix [on discharge documentation] had been done internally by IT using an interface link, but a Cerner fix was still required longer-term. LK reported that other Cerner sites appeared to have the same problem.

8. Digital ambitions update	**Presentation**

Not discussed (See item 8 for references).

9. SBAF: Update on assurance risks	**DMPA (03/20) 006**

MS reminded Committee members they had agreed at the February meeting that SBAFs were now at 'adequate' status. MS reported on further progress with SBAFs 8 and 16:

SBAF 8 – Development of the digital plan.

MS reported that the development was being covered by the creation of a shared set of 'Digital Ambitions', gathered from partners, patients and staff. MS reported the gathering stage had been completed.

MS reported that the Digital Ambitions would set out the desire of the Trust to utilise information technology to transform services. MS reported that 30 ideas and suggestions about new ways of working and innovation had been forwarded from staff, which was positive.

MS further reported that the Digital Ambitions paper was being reviewed and consolidated.

SBAF 16 – Unreliable informatics infrastructure and the lack of digital/ technical skills, the lack of business owner involvement or customer insight.

MS reported that the Trust was on top of the infrastructure with plans in place to increase monitoring and improve resilience. The PRTG tool continued to be refined and near misses were being recorded.

The lack of business owner involvement had been addressed by the introduction of Business Relationship Managers, who were increasingly becoming involved with the team and groups. MS reported the Managers attended group Digital Boards and they had reduced outstanding Service Change Requests from 168 to 73 and 40 of these were being worked on as small projects.

MS reported that good feedback had been received. Online surveys and feedback forms were continuing. MS further stated that the Trust had 3 vacancies to fill on the third line team.

RG raised the issue of the potential introduction of a recruitment and referral scheme for the hardest to fill roles and asked for confirmation this was no longer needed. MS responded that some roles had been re-banded, which had helped the situation, but in response to a challenge from TL, he confirmed that posts were still available in third line. TL reminded MS there was a deadline required for the stopping of agency fees for the posts.

MS stated that the most difficult to recruit posts related to specialist database skills, cyber and infrastructure skills which could demand premium remuneration.

MATTERS FOR NOTING/INFORMATION	
10. Meeting effectiveness/matters to raise to Trust Board	**Verbal**
Not discussed.	
11. Any other business	**Verbal**
None.	
Date and time of Next Meeting	
The next meeting will be held on Friday 28th April 2020, 13:00 - 14:30 in Room 13, webEx.	

Signed   ………………………………………………………………………………………………….

Print   ………………………………………………………………………………………………….

Date   ………………………………………………………………………………………………….