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

DIGITAL MAJOR PROJECTS AUTORITY COMMITTEE - MINUTES

Venue: Meeting held via WebEx   **Date:** 26th June 2020, 13:00-14:30

Members:			In Attendance:		
Mr M Hoare	(MH)	Non-Executive Director (Chair)	Mrs R Biran	(RBi)	Assoc. Director of Corporate Governance
Mr R Samuda	(RS)	Non-Executive Director (Trust Chairman)			
Mr L Kennedy	(LK)	Chief Operating Officer			
Mr M Sadler	(MS)	Chief Informatics Officer	**Apologies:**		
Ms R Goodby	(RG)	Director of People & OD	Mr T Lewis	(TL)	Chief Executive
Ms K Dhami	(KD)	Director of Governance	Ms M Perry	(MP)	Non-Executive Director
Mr S Roy	(SR)	Group Director Surgical Services	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 Toby Lewis, Marie Perry and Nicola Taylor. There were no declarations of interest.	
3. Minutes of the previous meeting, held on 29th May 2020	**DMPA (06/20) 001**
The Committee reviewed the minutes of the meeting held on 29th May 2020. • Item 6, Para. 6 – Paragraph to be redrafted to emphasise quality of service as the primary driver of outsourcing. The minutes were **ACCEPTED** as a true and accurate record of the meeting.	
4. Matters and actions arising from previous meetings	**DMPA (06/20) 002**
The Committee reviewed the action log. It was observed that some items were listed on the agenda. The following updates were made: • *DMPA (10/19) 006 - Effect a reduction in IT budget to cover outsourced services.* LK reported that the budget had been agreed and was awaiting transaction to cover anything outsourced as a benefit. LK confirmed that it would return to the DMPA Committee for review. • *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 confirmed that this consideration was being applied when applications came up for renewal. This was part of an ongoing rationalisation programme. MS commented that staff were being consulted around the usefulness of applications as they neared their renewal dates.

MH suggested that the Committee look at the strategy utilised in this area. MS offered to present it to the July Committee.

- *DMPA (11/19) 006 - The DMPA Committee to draw up a strategy document to identify digital ambitions and the future direction/goals.*

MS reported that the Digital Ambitions programme had been reviewed by the Board. Fresh elements had been added including the addition of BMEC. Presentations were being collated into one document.

In response to a query from RS, MS confirmed that the Trust was in alignment with the STP's digital strategy. MS expressed the view that the Digital Ambitions strategy would be ready for the Board in August 2020.

LK summarised the five elements of the Board discussion on Digital Ambitions as: Optimisation of Unity and other key systems, implement the vision for information, lead the region on AI and robotics, population health technology to home monitoring and patient treatment and information technology in the regional eye centre.

Action: MS to present the strategy utilised to review applications to the July DMPA Committee for discussion.

DISCUSSION ITEMS

5. Infrastructure Performance Scorecard	DMPA (06/20) 003

MS reported that PRTG monitoring had shown that the Trust's infrastructure was stable and there had been fewer calls to the service desk over the last 18 months. MS further reported that the infrastructure of the whole service was extremely good. External connections had also been extremely reliable.

In response to a query from MH, MS noted that, in May, data had shown that volumes of calls were 1000 less than the same time in 2019. Every user was calling up around 6 times per year and MS commented that the ambitious aim was for just one call per user.

MS also responded that the majority of calls were about access to NHS mail, changing passwords and laptop functionality issues. He confirmed that service requests had never been included as 'incidents'.

LK advised that management controls enabled incident groupings and commented that it would be useful to have more visibility of the themes of the service calls. Single sign on of systems would reduce the need for passwords and enable reductions in the number of calls to the service desk to be predicted. LK suggested that groupings be included in future updates.

In response to a query about identifying issues before they had an impact on clinical services. MS reported that this element was still being refined. A new monitoring service would be installed on the City site in July 2020. This action therefore was still ongoing (see action log).

In response to a query from SR, MS reported that there were still some items which had been logged as

incidents which were over six months old. However, MS advised that incidents were prioritised with a scoring system. There was no monthly fixed response time.

In response to a query from KD about grading and monitoring the seriousness of incidents to ensure timely attention, MS advised that Informatics were alerted of major incidents with a structured response process in place by way of response. KD requested that learnings from this be shared through the welearn programme.

RS queried the factors and ambitions involved in Radiology being done from home. LK advised that this had been part of the COVID-19 response. A target had been set of 125% of previous activity if people did home reporting because there was likely to be a productivity gain. LK reported there had been a lot of positive feedback and the service had moved along well. LK advised that the move to the IBM cloud in July would further improve this along with the finalisation of image transfer technology in September.

6. Windows 10 Plan	DMPA (06/20) 004

MS reported that a plan was in place to migrate the desktop and laptop estate that had been running on a Microsoft Windows 7 platform to Windows 10. In addition, the Trust had many devices that were more than ten years old.

MS explained that the reason for the migration programme was that Microsoft would shortly stop (October 2020) supporting Windows 7. MS advised that the move would take place on this October date.

A systematic, rolling programme of replacement for desktops and laptops would be undertaken for the Windows 7 estate but MS advised that the Windows 7 devices would then be upgraded by Informatics, ready for recirculation. MS stated that upgrades could not be pushed remotely because the process would take up too much time. Very old desktop machines that had not been utilised for a long time would be taken out of the system and retired.

MS reported that the NHS [Digital] had been talking to Microsoft about getting an NHS bespoke service for Office 365 and MS reported that the Trust had indicated that it would participate in this project. The 365 deal would sit within the existing budget and be hosted externally, following the general trend in Informatics.

MS commented that the introduction of Windows 10 machines and elimination of Windows 7 would strengthen the Trust's defences against cyberattack. MS reported that the Trust would be working with suppliers to try to update around 250 medical machines across the estate that used Windows 7. They would be kept on their own private networks if this was not possible.

In response to a query from MH, MS confirmed that the servers at Sandwell and City had been patched with the latest security against cyberattack.

LK reported that the Project Plan tracked many issues including cyber risk and requested that the migration's milestones and progress be added to the Plan. The procurement timeline for the machines was the end of June and LK queried whether the order had been placed. MS confirmed that the initial order worth around 200k had been placed and another order for desktop machines would quickly follow.

7. Unity optimisation	DMPA (06/20) 005

LK reported that there were four key metrics to highlight, however, LK commented that the optimisation programme had not moved at the pace that had been expected.

LK advised that weekly meetings had been set up between P&I, Operations and IT to review the dashboard and the metrics so that end users could effectively manage their ward or specialty areas and improve safety, quality and staff productivity etc. Currently, reports had been proving too cumbersome to be able to do this.

LK commented that improvements had been observed in some areas, but this was due to individuals understanding the data and how to utilise it better than others. LK expressed the view that the programme now needed to be driven at pace.

The four metrics were identified as follows:

- o VTE and unendorsed results
- o Medicines barcode scanning
- o Drug verification
- o Diagnostic coding and finance

VTE:

LK reported that VTE was now within tolerance levels with robust data which had been crosschecked as part of the Trust's National submission.

Drug verification:

LK reported that drug verification had achieved target for three consecutive weeks through interventions by the pharmacy team effectively utilising data, which was a positive.

Unendorsed results:

LK advised that unendorsed results were still not making the progress required. LK reported that DC had been trying to drive progress forward with individuals. The cut over reports rather than the optimisation programme were being used for results endorsement because the optimisation programme did not pull through the data and metrics required. Work was ongoing with the Unity implementation team to try to resolve the problem, which had exposed other problems. The Radiology reports were not endorsable when they were changed on the system for example. LK reported that this was an issue that needed to be quickly addressed and was recorded on the risk register under the Unity results endorsement item.

Barcode scanning:

LK reported that barcode scanning had been making slow progress. One of the issues was that, during COVID-19, it had been recommended not to take barcode scanners into isolation areas because of the risk of infection. A small improvement had been observed as the number of COVID-19 patients had reduced in the Trust.

LK further reported that AMU at Sandwell had been a big outlying area due to a lack of scanners (an order for scanners had been placed), and staff trying to use scanners at the same time causing flow jam. This had been resolved by a staggering of medication to improve compliance. A meeting would be held with AMU staff for feedback on the situation.

Coding and finance:

Good improvement had been observed as the Trust worked through the 17 codes required.

LK expressed the view that the results endorsement and barcode scanning would be the focus of activity as they posed the two biggest safety risks out of all the metrics, but there was an opportunity to demonstrate considerable improvement in these areas.

An option to take forward the issues on streaming had been decided, which had a potential negative financial impact. However, LK reported that the COVID-19 block income contract meant that the financial element would not be as important as the quality of care given to patients and its correct reporting.

In response to a query from MH, LK expressed the view that barcode scanning would be of interest in any CQC inspection. MH commented that this issue would need to be rectified quickly otherwise issues would likely be highlighted strongly by the CQC. LK reported that barcode scanning would be monitored by the Chief Pharmacist and Helen Cope (Associate Chief Nurse).

SR made the observation that barcode scanning in Surgery was not linked to the supply chain.

8. IT Risks, including COVID-19	DMPA (06/20) 006

MS referred Committee members to the paper and explained that regular meetings had been taking place to consider risks in Informatics, including risks created by the COVID-19 situation.

The additional risks caused by COVID- 19 were:

- o Risk 3990 – MS reported that the Trust's IT infrastructure would struggle if it ever needed to move multiple teams off site rapidly. This risk had been mitigated by increasing the number of Pulse remote access licences to 1100 and by adding additional capacity to network connections.

  In response to a query from MH, MS reported that worst case scenarios had been modelled.

- o Risk 3992 – MS reported that there was an increased risk of losing control of asset registers and of equipment being lost due to greater movement of technology and devices around hospital sites and home locations. MS advised that where individuals took desktop equipment home, they had been asked to notify the Informatics department service desk.
  In response to a query from SR, MS clarified that devices could not be tracked but bit locker protected data.

- o Risk 4001 MS reported that NHS Digital had alerted the Trust to an increased risk of cyber-attack during the COVID-19 period. NHS Digital and recommended third parties continued to advise the Trust on essential updates to its secure perimeter.

MS reported there were financial risks linked to licence changes:

- o Risk 4101 – MS reported that the Trust currently peaked its number of concurrent users for some systems at a larger figure than licenced for. This risk could be mitigated by ending dormant sessions if required.

- o Risk 4102 - MS reported that there were financial implications if the Trust did not upgrade to Microsoft support licences for SQL server. The Trust had an upgrade plan for SQL which will mitigate this risk.

LK raised the issue of duplications and potential changed risk profiles on the risk register in relation to IT. He suggested that senior managers from relevant areas would need to review and better understand the risk level. MS acknowledged that scorings would need to be reviewed and updated in the light of

mitigations.	
9. SBAF: Update on assurance risks	**DMPA (06/20) 007**

LK referred Committee members to two SBAF risks:

SBAF 8 – Digital Ambitions Plan

LK reported that five items had been included in the draft Plan, which would be presented to the July Committee meeting. He expressed confidence that this risk would be successfully mitigated.

SBAF 16 – Unreliable Informatics infrastructure

LK reported that over the last month new server equipment had been installed. This would ensure that by the end of July all reliance from the old, unstable 3PAR service was removed. Recruitment to the infrastructure team would take place in July and quality agency contractors were in place in the meantime. LK further reported that there had been another good month of PRTG monitoring and informatics stability which had been evidenced in the last three to four months.

MATTERS FOR INFORMATION/NOTING	
10. Meeting effectiveness/matters to raise to Trust Board	**Verbal**

MH suggested the following topics be raised to the Trust board:

- Unity optimisation
- Windows 10 rollout timings

11. Any other business	**Verbal**

No other business was discussed.

Details of Next Meeting

The next meeting will be held on 31st July 2020, 13:00 - 14:30 by WebEx.

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

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