

DIGITAL MAJOR PROJECTS AUTHORITY COMMITTEE - MINUTES

Venue: Meeting held via WebEx

Date: 28th August 2020, 13:00 - 14:30

Members:

Mr M Hoare (MH) Non-Executive Director (Chair)

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

Mr D Carruthers (DC) Acting CEO & Medical Director

Ms M Roberts (MR) Deputy Chief Operating Officer

Mr M Sadler (MS) Chief Informatics Officer

Ms R Goodby (RG) Director of People & OD

Ms N Taylor (NT) Group Director of Nursing

Ms A Binns (AB) Deputy Director of Governance

Mr S Roy (SR) Group Director Surgical Services

In Attendance:

Ms S Rudd (SR) Assoc. Director of Corporate Governance

Apologies:

Mr T Lewis (TL) Chief Executive

Ms K Dhami (KD) Director of Governance

Mr L Kennedy (LK) Chief Operating Officer

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, Kam Dhami and Liam Kennedy. There were no declarations of interest.	
3. Minutes from the meeting held on 31st July 2020	DMPA (08/20) 001
The Committee reviewed the minutes of the meeting held on 31 st July 2020. The minutes were ACCEPTED as a true and accurate record of the meeting.	
4. Matters and actions arising from previous minutes	DMPA (08/20) 002
The Committee reviewed the action log. It was observed that some items were listed on the agenda. 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 suggested this be discussed following the return of Liam Kennedy. He confirmed that progress had been made in aligning the IT strategy with the financial models and reported that a meeting had been scheduled with Dinah McLannahan and Liam Kennedy.	
Action: LK to present a paper to the September 2020 DMPA meeting, setting out the alignment of IT	

strategy with the IT budget components in the Trust financials.

DISCUSSION ITEMS

5. Digital Ambitions - Draft

DMPA (08/20) 003

MS introduced the draft Digital Ambitions document, explaining that it had been discussed several times previously by the DMPA and had also been presented to the Digital Committee and CLE. It had been reviewed by all of the groups.

MS reported that the Digital Committee had agreed that it reflected the ambitions of the individual directorates in terms of the approach to digital transformation. However, MS reported that the recently published Information Strategy would also need referencing in the document.

MS commented that Informatics' purpose over the last two years had been to build the foundation environment, so that the Trust could change and innovate the services provided.

- **Siten Roy joined the meeting 13:07**

RS queried the involvement of an information strategy and whether there needed to be data protocols/principles. MS confirmed that some data principles had already been included, but noted that the approach to security, for example, should be a behavioural as well as a technology issue. The balance would be to ensure data security, whilst enabling people to use and share data.

MH commented that the Digital Ambitions document appeared to lack an overarching timeline, identifying milestones and key objectives. He commented that this would be important to understand if the plan was going to appropriately stretch the Trust. Use of data would be central to information strategy and ambitions.

MS expressed the view that the plan did not stretch the Trust from a technical perspective and that it would no longer take five years to achieve; however, the behaviour and adoption of technology would stretch the organisation. MS commented that one of Informatics' greatest challenges would be to foster enthusiasm for the uptake of digital ways of working. MH agreed that achieving the cultural change required for the Trust and users of Trust services would be a key factor.

MS reported that user experience was being included in the design.

SR commented that it was sometimes a struggle to communicate with patients who were not so comfortable with technology/remote consultations. MS acknowledged that there were barriers to usage for many people and this issue had been raised by patient groups. Discussions had already taken place around the possibility of the Trust loaning iPads to patients in a similar way to the loan of other pieces of hospital equipment and aids.

Action: MS to reference the Information Strategy in the Digital Ambitions document.

6. Unity Phase X

DMPA (08/20) 004

MR referred Committee members to the paper, which was in two parts:

Unity upgrade

MR reported that the recent Unity upgrade had gone extremely well. It been well planned with a tactical group in charge. Thanks were extended to the team for their hard work.

Some minor issues had been reported following the upgrade which were currently being resolved by the IT team.

MS commented that extensive pre-planning had enabled a smooth execution of the upgrade. SR also

extended thanks for a problem-free process on behalf of the Trust's clinicians.

DC queried what main changes would be visible to users. MS advised that business continuity plans would not be required at the end of BST 2020 (Clocks back), as this would be automatic for the new system. It would also pave the way for the pharmacy list and the SurgiNet work.

Patients [& Partners] portal

The Patient Portal was a secure system that could be accessed through a web browser to enable patients to see parts of their hospital records.

MR reported that the paper had been tabled with the Digital Committee who had been asked to make the following four decisions:

- To confirm what parts of the records would be viewable by patients
- What date the project would 'go live'
- To accept the team's proposal for the enrolment of patients
- Confirm the process which the patients are to use for cancelling and rescheduling appointments

MR reported that the Digital Committee had needed more assurance and therefore, a piece of work would be done around the governance structure of the project over the next four weeks to ensure appropriate clinical engagement of the groups and operational colleagues. The Digital Committee was also keen to understand the involvement of patients. There had also been a request for comparison between the Trust and other Trusts, particularly West Suffolk [NHS Foundation Trust] for feedback in relation to the portal.

MR acknowledged the amount of work that had been done so far. The 'go live date' was expected early in the New Year (2021). MS commented that the foundations for the patient portal were in place, but the clinical groups' input and input from patients would now be required. MS reminded the Committee that the Partners aspect to the portal referred to the other groups that would have access to the information (GPs, social workers etc.).

MH queried the mode of patient engagement. MS advised that a patient user group was being used for input in this area. MH suggested that it would be helpful if more details of the approach being taken in relation to patient interaction be more visible to the DMPA. MR offered to obtain an update from the group and add it to the September Committee paper.

RS advised that it would be important for Primary Care colleagues to be included and commented that delivering greater transparency for patients in relation to clinical records/notes would require a mindset change on the part of Trust employees. DC agreed and queried how this change would be being communicated to clinical staff. MR reported that the topic would be discussed with the digital groups.

MH queried how the [different] language issue was being handled in relation to the portal. MS reported that the initial roll-out would be in English and whilst Cerner offered other languages, it would not be able to cover the 87 currently used in the Sandwell community.

DC commented that uniformity would be important because some staff used the dictation service through Winscribe as their primary patient record, while others used Unity.

AB commented that sensitive information in relation to patients could and should still be recorded but patients would need to know that those types of comments had been included and advised that their passwords ought to be closely guarded.

SR queried whether everything in the patient portal would be visible. MS advised that information would be filtered to a degree.

Action: MR to obtain an update on patient interaction in relation to the Patients & Partners Portal and

add it as an appendix to the September Committee' Unity Phase X paper.

7. Review of In-House Application Support

DMPA (08/20) 005

MS advised that an in-house applications team had been built up over the last two years, however, the Trust paid for third party support for many of its applications.

Informatics had been exploring the potential to bring some of the support operations in-house. MS commented that one of the Trust's [digital] ambitions to link its systems together might be more easily achieved if the systems were self-supported because the Trust would have more control.

The Trust's systems had been categorised as Gold (24/7 and used by whole groups), Silver and Bronze (differentiated by size and usage).

MS reported that the total number of support calls received had been identified and investigated as to how many had required paid, external help to resolve (itemised costs). Contract renewal dates were also being looked at.

MS advised that the Trust would not be taking on the responsibility of application support without talking to the application owner. It was unlikely that the Trust would take on the support of those applications that required regular patches and updates.

MS commented that it was likely that poor performing systems (from an end-user perspective) would be the first to be brought in-house. In terms of decision-making, user frustration would be weighed against costs.

MS reported that all applications were being reviewed in a structured manner and in the context of meeting the Trust's Digital Ambitions.

MH queried how the application roadmap was being structured. MS reported that there were some foundation applications that would be further developed e.g. Unity. Other key components assessed were whether the application was web-based and capable of being used on any system, whether it was platform-independent for use on any device and its linkage to the other systems. MS summarised that the application roadmap's focus was to provide a single view of a patient and from a management perspective, visibility of organisational issues (HR, finance, IT etc.) in a single place.

MS commented that streamlining of systems would be important as there were some areas where three different systems were doing the same job.

MS offered to bring the application roadmap to the September DMPA meeting. MH agreed this would be helpful.

RS queried whether there were any overlap systems with neighbouring Trusts. MS advised that some, casual discussions around sharing support had taken place with other Trusts. SWBH had offered general assistance and there might be future opportunities to consolidate support.

Action: MS to present the application roadmap to the September 2020 DMPA meeting.

8. Windows 10 Roll-out Progress

DMPA (08/20) 006

MS advised that the roll-out target date of the end of September 2020 (as indicated in the paper), would be missed because 500 laptops from HP would now not be delivered until September 30. Therefore, a new timeline had been drawn up to finish roll-out on 20th October 2020 at the latest.

MS advised that NHS Digital had changed the deadline for removal of Windows 7 from the end of October 2020 to January 2021 and, therefore, the Trust would still be on track despite the delay and was ahead of schedule compared to other Trusts.

MS reported that regular discussions had been taking place with HP, who had indicated that around 100 laptops would probably be delivered before the end of September. One of the problems was that laptops were being shipped and could not be airfreighted.

MS further commented that the Informatics 'build' area had been working well with the build pushed out so far proving to be reliable and robust.

Cyber security

MS reported that Microsoft patching had commenced for all of the Trust's desktops (currently deployed Windows 10 machines) and would be completed in eight weeks. The remaining Windows 7 machines would be replaced rather than patched. There had been no patching problems so far.

MS advised that NHS Digital was moving its email from a server to a cloud service, which would involve the migration of 1.4m NHS mail users. Around 250 [SWBH] Trust users had migrated so far.

The Trust had signed up for the NHS version of Office 365 (N365). N365 would be introduced for the Trust's users from April 2021 to allow time to organise its support. MS advised that the plan for N365 would be presented to the DMPA at a later date. There were some issues with N365 still to be ironed out.

MH raised the issue of the governance of N365 integration and the exposure of information. He expressed the view that this would need to be carefully reviewed to ensure compliance. MS reported that he had raised concerns with the NHS Digital N365 project lead on two occasions.

In response to a query from RS, MS reported that disruption to email would be minimal. Patching would not cause complications.

MS explained that some of the suppliers of medical equipment also supplied the computers to accompany them. MS reported that suppliers had been contacted to ensure plans were in place if computers were still using the Windows 7 operating system and any required adaptations/migration would be carried out to a similar timetable as the rest of the estate.

MH suggested that an overview of N365 be presented to the Committee. MS agreed to draft an explanatory paper for the September 2020 DMPA meeting. DC suggested that it would be helpful for the clinical teams to get regular summaries of N365 changes before it was introduced.

Action: MS to draft and present an explanatory paper on the N365 system to the September 2020 DMPA meeting.

9. Informatics Risks

DMPA (08/20) 007

MS advised that the Informatics risks included two SBAF risks. He reminded the Committee that it had been previously agreed that both risks held 'adequate' status and further progress was being made.

SBAF 8 - (Digital ambitions of the Trust were not achievable and did not reflect what was needed to be done as a Trust).

- MS reported that it was hoped this risk would soon be closed as an SBAF following review by the Board and would instead be monitored.

SBAF 16 - (The infrastructure and the skills to manage the infrastructure not being fit for the Trust).

- MS reported that work to mitigate the server issues would be completed in September 2020 with all servers patched to create a level of stability in the network sufficient to close the risk as an SBAF.

MS confirmed that every Informatics risk had an owner and risks were reviewed monthly. Progress had been made against the risks. Of the COVID-19 risks previously presented (June 2020) the following updates were made:

- **Risk 3990:** *'There is a risk of overload of our IT infrastructure due to multiple teams working off site leading to reduced performance.'*
 - MS reported that changes had been made to Pulse and the risk had not materialised. Remote access had been reliable.
- **Risk 3992:** *'There is a risk that the rapid rollout of new technology to wards and to people at home and the movement of equipment around wards may result in asset registers becoming out of date and equipment being lost.'*
 - MS reported that the Trust had effectively captured the moving of equipment to home working on its asset registers and was sure of its location, including the newly rolled-out laptops.
- **Risk 4001:** *'There is an increased risk of a cyber-attack due to the current criticality of the NHS caused by COVID-19 which could result in a prolonged IT outage and severe service disruption.'*
 - MS reported that NHS Digital was continuing to advise the Trust. Working from home practices posed a risk because of the nature of open networks but this was being managed. Pulse was on a secure network and machines used at home would be included in patching activity.

RS raised the importance of achieving consistency in risk reporting. SR confirmed that meetings would take place with all the executives to ensure consistency.

10. Service change request highlights

DMPA (08/20) 008

MS reported that the service change requests had now been discussed both by the DMPA and the Digital Committee. He highlighted the following points to note:

There had been an installation of regional Neo-nates video conferencing technology across the four hospitals.

The Pentacams had been linked to the PACS system and improvements had been made to the management of devices in BMEC.

Ongoing work with multi-disciplinary teams, to ensure they were able to do successful video conferences, was considered complete as a project. Training and support would be delivered on an ad-hoc basis going forward.

MS referred Committee members to the full list of service change requests in the appendix to the papers.

MH queried how service change requests were prioritised. MS confirmed that there were principles and guidelines around the prioritisation process. Requests were sent to digital groups and were discussed by the Digital Committee only if decisions involving resourcing were required. Requests which raised a safety concern however were an exception and were given automatic top priority.

RS queried whether feedback from recipients had indicated that it was a fair process. MR reported that the topic had been discussed at a group operational meeting and no issues about the process had been raised.

DC queried whether groups received progress updates on their requests. MR reported that the groups' Business Relationship Managers were the link between them and the Digital Committee.

MATTERS FOR INFORMATION/NOTING

11. Meeting effectiveness/matters to raise to Trust Board

Verbal

MH stated the following matters would be taken to the Trust Board:

- Progress on the Windows 10 update activity
- The successful implementation of the Unity release and next steps
- Digital Ambitions had been drafted and was being circulated (publication in approximately two months)

12. Any other business

Verbal

Service performance report:

MH reminded MS to append the service performance report to the papers. MS acknowledged that this was an oversight and offered to forward to SR for circulation.

Action: MS to forward the service performance report to SR for immediate circulation. The report to be appended to future Committee papers.

Details of Next Meeting

The next meeting will be held on 25th September 2020, 13:00 - 14:30 by WebEx.

Signed

Print

Date