

DIGITAL MAJOR PROJECTS AUTHORITY COMMITTEE - MINUTES

Venue: Meeting held via WebEx

Date: 25th September 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

Mr L Kennedy (MR) Chief Operating Officer

Mr M Sadler (MS) Chief Informatics Officer

Ms R Goodby (RG) Director of People & OD

Ms H Bromage (HB) Associate Chief Nurse

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

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, Kam Dhami and Nicola Taylor. There were no declarations of interest.	
3. Minutes from the meeting held on 28th August 2020	DMPA (09/20) 001
The Committee reviewed the minutes of the meeting held on 28 th August 2020. The minutes were ACCEPTED as a true and accurate record of the meeting.	
4. Matters and actions arising from previous minutes	DMPA (09/20) 002
The Committee reviewed the action log. It was observed that some items would be discussed later in the agenda. The following updates were made: <ul style="list-style-type: none"> <i>DMPA (06/20) 002 - Present the strategy utilised to review applications to the July DMPA Committee for discussion.</i> MS reported that applications were currently being reviewed. He commented that the strategy had already been outlined in the Digital Ambitions document. MS offered to bring the application landscape details back to the DMPA Committee at a later date.	

- *DMPA (08/20) 004 - 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.*

MS reported that patient groups had been consulted about the Patients & Partners Portal and the portal was being tested with a cohort from the groups. MH queried the collation and reporting of feedback. LK commented that the Digital Committee had decided to use the 'Patient Knows Best' cohort who had already been actively using a patient portal. A survey response would be collated for presentation to the Digital Committee in October 2020. MH commented that the feedback loop would be important to establish. LK agreed.

MS confirmed that a few Trusts were already using a patient portal.

DISCUSSION ITEMS

5. Service change progress

DMPA (09/20) 003

MS advised that the service change request process was being reported monthly to the Digital Committee and referred Committee members to the paper for the updated position.

MS noted that Informatics was working on 63 extra projects, including the delivery of six IT projects (including Office 365, the Windows 10 rollout and moving the server estate into the cloud).

There were several planned software upgrades, including one affecting Unity. MS reported that feedback from CLE Committee on Unity a year from launch had been very good. A recent upgrade of the system had gone well and the patient record system would be the next major upgrade. He referred Committee members to a list of other required upgrades in the paper. MS confirmed that most upgrades were versions rather than full releases and commented that the Trust was behind on upgrading versions.

MS reported that the Trust continued to ask suppliers to host products where possible. MS advised that a paper on the Trust's Cloud options would be presented to the DMPA Committee in October 2020. A tender process had been undertaken to move the Trust's machines onto an Amazon web services Cloud platform. The decision to appoint the provider of choice (Rackspace) would be presented to the Board.

LK queried the purpose of the paper being presented to the DMPA Committee and also queried how the 63 projects linked to the Digital Ambitions strategy and whether the Trust had the capacity to take them on. MS expressed the view that it was useful for the DMPA Committee to be aware of developments and enhancements in Informatics and across the Trust and also have oversight of the progress against the Digital Ambitions strategy as well as input into the focus of activity.

RS queried whether there were MMUH interdependencies in the projects. MS advised that efforts were being made to ensure neutrality to MMUH because one of the aims was for technology to be familiar following the move.

In response to a query from DC about engagement with groups. MS reported that each Digital Committee had its own list.

6. [Cybersecurity] and Windows 10 rollout update

DMPA (09/20) 004

MS reminded the Committee that the Trust had formally responded to the five NHS Digital cybersecurity questions. He commented that great progress had been made in improving the Trust's position in this area.

In relation to the question 'Do you back up your key systems and could you recover them in a timely manner?' MS confirmed that the Veeam backup solution had been purchased and installed which enabled the restoration of multiple systems if there were outages. The final systems were being migrated.

MH queried the Recovery Time Objective (RTO) and Recovery Point Objective (RPO) ratings for the Trust's applications and services. MS confirmed that RPOs were known but not all RTOs were certain. For all major systems, recovery times were less than 24 hours.

MH suggested that it would be helpful for recovery times to be documented across the estate and checked with group clinical leaders to ensure timeframes were acceptable given the criticality of the systems. MS agreed to collate and feedback system recovery times to groups via the Business Relationship Managers. He commented this information would usefully feed into business continuity plans.

In relation to server and desktop machine patching, MS reported that the server security patch regime had been improved and was now 100% up to date at Sandwell and City. Critical patches were also 100%.

Other patches were 90% at Sandwell and 10% at City; however, a plan was on track to complete the exercise by the end of October 2020.

Desktop patch remediation was ongoing and had been going well over the course of four weeks with only minor disruptions. This would also be completed in October 2020.

In response to a query from MH about the group policy orchestrating tool, MS reported that an external expert had been engaged because of a lack of expertise in-house. The expert had been working alongside permanent employees.

In response to a query from SR, MS confirmed that those machines which did not have Windows 10 were known to the Informatics department. Computers which could not be upgraded were being replaced.

MS reported that HP was providing the Trust with the final set of 600 machines (delivery expected 9th October 2020). By November there would be no unsupported systems.

In relation to Advanced Threat Protection, MS reported that the Trust was up to date through Windows 10. He confirmed that the Trust was meeting the standards expected by NHS Digital.

In terms of the Secure Boundary Remediation Plan, MS reported that the Trust had been doing partial onboarding but further progress was reliant on NHS Digital increasing the bandwidth. This was not causing any more risk to the organisation.

LK queried the rationale behind moving completion to November 2020 from October. MS reported that only one of the four elements had slipped into November (device checking) and commented that NHS guidelines were to complete by the end of January 2021. The reasons for the later timing were resource, time and equipment supply. MS advised that the timeline was unlikely to be adversely impacted by a second COVID-19 surge.

Action: MS to collate system recovery times across the estate and check these with group clinical leaders via Business Relationship Managers to ensure acceptability of timeframes.

LK referred Committee members to the paper which outlined the capital position over the coming years.

The allocation of capital in the IT Plan, as approved and against expenditure, showed that there would be a deficit in funding for years 21/22 and 22/23, which hopefully would recover in 23/24 and 24/25 bringing the overall allocation on budget over five years.

LK reported that a large percentage of the expenditure in the earlier years was linked in MMUH. He highlighted that there was no contingency for new work in 20/21. There was some contingency built into future years, however LK expressed the view that this might not match demand.

Spend for the current year was almost £1m (not including COVID-19) and there was a reasonable risk of overspend.

In response to a query from MH, LK expressed reasonable confidence in the expenditure figures for 20/21; however, he advised that Phase X was likely currently underestimated. LK reported that other years' figures were currently estimates and represented risk for the Trust. More detailed costings were being worked out. The Trust-wide Capital Plan was already overcommitted because of MUH.

MS confirmed that core cabling and network infrastructure etc. were integral to MMUH and were included in the build costs.

SR queried whether costs were fixed. LK acknowledged that some figures were estimates and could move.

HB queried whether technology for MMUH would be fit for the future. MS reported that some systems in MMUH would be the systems being used currently but investments were usually made in the latest versions.

RS queried the options for covering the deficit. LK advised that phasing spend differently might help but this was difficult because the move to MMUH was a set date. The Trust could choose not to spend in certain items, or the Trust could find another funding stream (STP, Digital Innovations etc.)

In response to a query from SR, MS reported that there was enough capital budget to cover the identified software purchases for 2020 and 2021.

8. N365 Commercial Overview and High-Level Plan

DMPA (09/20) 006

MS referred Committee members to the paper. He reported that Office N365 had been in operation for a long time, but Microsoft was now ramping up pressure for organisations to use it.

The web-based system was aligned with the Trust's strategy. The system was hosted by NHS Digital - Microsoft Office's second largest Office N365 customer. A special deal had been brokered with Microsoft.

MS commented that the system's features would likely trigger behavioural change within the organisation. Training would be required and there would be issues to address e.g. there was an increased risk of sending information to the wrong person by email.

MS expressed concern that the demand on the service desk caused by Office N365 not being implemented properly could be disruptive. Licences had been bought from the reseller (Phoenix) and some of the costs of the project would be centrally funded through the Department of Health and Social Care.

MS advised that the start date would be February/March 2021.

9. Informatics Risks	DMPA (09/20) 007
<p>MS referred Committee members to the Informatics risks paper.</p> <p>There were 36 risks identified including those relating to hardware failure and the likelihood of costs changes.</p> <p>In response to a query from MH, about the monitoring of N365 usage and software management in relation to cost controls, MS commented that Cloud licensing and usage were a risk to all IT organisations but reported that there had been good communication between Trust departments and IT. The Informatics Software Asset Manager was able to track activity.</p> <p>HB requested that the risks be further reviewed. LK acknowledged that work needed to be done and that the list would be fully updated in the coming weeks.</p> <p>RS raised the issue of telephony. MS reported that the Trust’s telephony still had copper wiring and updating options were being considered. There was a capital allocation of around £400k for the project.</p> <p>MS reported that a new telephony system for MMUH would be a cost additional to the build cost. A web-based and back-up system was being considered. LK reported that £750k over two years had been allocated.</p> <ul style="list-style-type: none"> • Risk 3607 - <i>(Risk that the IT infrastructure across Community Sites is inadequate and will fail)</i> <ul style="list-style-type: none"> - In response to a query from SR, MS reported that the likelihood of this risk happening had reduced, but the potential impact had increased. • Risk 3614 - <i>(Unsupported Patient Initiated Follow (PIF)).</i> <ul style="list-style-type: none"> - SR reported that breast cancer patient data had been stored on a stick held by one person, which had created a huge risk. MS reported that this risk was an Informatics risk but offered to investigate further. LK commented that clinical data would also be stored elsewhere, but this was still an issue that would be addressed. 	
<p>Action: MS to investigate Risk 3614 and the storage of patient data on a stick.</p>	
<p>MATTERS FOR INFORMATION/NOTING</p>	
10. Informatics scorecard	DMPA (09/20) - 008
<p>The report was noted.</p>	
11. Meeting effectiveness/matters to raise to Trust Board	Verbal
<p>MH suggested the following matters be raised to the Trust Board:</p> <ul style="list-style-type: none"> • Cybersecurity • Budget 	
12. Any other business	Verbal
<p>None discussed.</p>	

Details of Next Meeting

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

Signed

Print

Date