DIGITAL MAJOR PROJECTS AUTHORITY COMMITTEE - MINUTES

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

Members:			**In Attendance:**		
Mike Hoare	(MH)	Non-Executive Director (Chair)	Susan Rudd	(SR)	Assoc. Director of Corporate Governance
Richard Samuda	(RS)	Non-Executive Director (Trust Chairman)			
David Carruthers	(DC)	Acting CEO & Medical Director			
Janice James	(JJ)	Deputy Chief Operating Officer	**Apologies:**		
Martin Sadler	(MS)	Chief Informatics Officer	Toby Lewis	(TL)	Chief Executive
Bethan Downing	(BD)	Acting Director of People & OD	Kam Dhami	(KD)	Director of Governance
Helen Bromage	(HB)	Associate Chief Nurse	Nicola Taylor	(NT)	Group Director of Nursing
Mr S Roy	(SSR)	Group Director Surgical Services	Liam Kennedy	(LK)	Chief Operating Officer

Minutes	**Reference**
1. Introductions [for the purpose of the voice recorder]	**Verbal**
The Chair welcomed DMPA members to the meeting which was held via WebEx. DMPA 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, Nicola Taylor and Liam Kennedy.	
3. Minutes from the meeting held on 25th September 2020	**DMPA (09/20) 001**
DMPA members reviewed the minutes of the meeting held on 25th September 2020. • Item 8, paragraph 3 – *'Raising would be required…'* to be changed to *'Training would be required…'* • Siten Roy to be identified as 'SSR' to differentiate his contribution from Susan Rudd 'SR' 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 action log was reviewed. It was observed that some items would be discussed later in the agenda. The following updates were made: • *DMPA (08/20) Item 12 - Forward the service performance report to SR for immediate circulation. The report to be appended to future Committee papers.*	

MS reported that the report had been circulated and would be routinely appended to the papers. Ongoing but **Completed**.

- *DMPA (09/20) 004 - Collate system recovery times across the estate and check these with group clinical leaders via Business Relationship Managers to ensure acceptability of timeframes.*

  MS reported that system recovery times had been collated and circulated. **Completed.**

- *DMPA (09/20) 007 - Investigate Risk 3614 and the storage of patient data on a stick.*

  MS reported that Risk 3614 related to an access database. Informatics was in the early stages of formulating a plan to reduce reliance on access databases.

DISCUSSION ITEMS

5. Imaging and Artificial Intelligence	**DMPA (10/20) 003**

MS referred DMPA members to the paper which outlined progress on the migration of the Merge Picture Archiving and Communication System (PACS). He explained that it had been decided that IBM Cloud hosting of the system would be the best option for the Trust.

MS reported that the migration project was near completion. IBM had built its environment and PACS had been upgraded on site. Images from the Trust were able to be transferred to the IBM environment and migrating some existing, but no longer live, test data had also commenced. This had caused some speed issues which IBM had been investigating. However, it was likely that the system would be up and running before the end of the year.

The Trust was already in a partnership with IBM to use Artificial Intelligence (AI) through IBM Watson to explore the benefits to Clinical Review 3 (CR3), which would take a second look at test scans to pick up anomalies. MS reported that 10,000 images had been sent to IBM Watson so far. These had been returned with 30 discrepancies, which had been further reviewed by Radiologists with positive results. It had also picked up issues which had been incorrectly identified.

MS reported that, currently, the Trust was using IBM's test system but discussions were ongoing about the set-up costs for the Trust to have its own AI system.

The Trust had been working with other companies on AI initiatives, including a University of Oxford spin-out company called Brainomix. Bahadar Bhatia was co-ordinating the AI projects. Respiratory medicine had been wishing to explore lung nodule screening for example with third party company Aidence.com

BD queried whether SWBH was linking with other Trusts in terms of AI. MS stated that SWBH was somewhat leading the way, but was also linking with other Trusts through third party companies. Bahadar Bahia had been investigating what other Trusts were doing in this area.

In response to a query from SSR, MS confirmed that PACS had been upgraded and the system would still enable the Trust to share images. Discussions were ongoing about the possibility of others having visibility of what the Trust stored on its system.

MH queried what the ultimate gain would be from the system. MS advised that the overall aim would be for the computer to be a quick, initial diagnostic tool to supplement the work of Radiologists. The computer would deal with low-grade scans so that Radiologists could focus on higher-grade, more complex work. MS stated that the initiative would be led and owned by clinicians in Radiology, supported by Informatics.

RS queried the timeline of seven months. MS confirmed that there was no risk posed by the timing.

MS stated that the topic would be discussed by the Digital Committee to prioritise where research should be focused and the business and finance cases.

In response to a further query from RS, MS confirmed that initiatives other than those offered by IBM, were being investigated, including sending images to Stanford University for analysis.

RS queried whether Ophthalmology was involved in AI. MS stated that this specialty had not been prioritised. DC commented that Ophthalmology had been doing some data analysis through Medisoft.

6. Unity progress and projects	**DMPA (10/20) 004**

JJ referred DMPA members to the paper and highlighted the following points to note:

PAS upgrade:

JJ explained that PAS needed to be upgraded because it would no longer be supported by the software manufacturer.

Progress was on course for the upgrade to occur on the evening of 20th November 2020. Project teams had been working with the clinical groups to ensure good collaboration between IT, clinical and operational colleagues.

The Trust had recently been talking with Bolton [NHS Trust] which had recently gone through a similar process, to learn from its experience and be informed of mitigations to recognised risks.

Email (not mail):

The Trust had used Winscribe for several years to create its outpatient clinical letters. The Trust had not moved to full front-end Speech recognition (SR) and medical secretaries continued to edit and format documents.

JJ reported that the Trust would need to renew its system by March 2021. An opportunity had been presented by the partnership between Nuance and Cerner to take up the Trust Dragon Medical One (DMO) [enabling faster, more complete, accurate and timely documentation by using speech technology]. JJ reported that this would involve a greater initial cost, but the benefits and gains would be greater for the Trust.

JJ informed DMPA members that the Digital Committee had agreed to explore the idea and write a business case and appraisal, comparing renewal on a like-for-like basis with the wider opportunity.

BD commented that some staff were not using Unity for reasons such as they had Dyslexia, which the Dragon system could overcome. She suggested this be introduced into the business case to demonstrate inclusiveness and equity. JJ agreed that the Dragon system was a key enabler in this situation.

DC raised the concern that Unity was still not being optimised in many different areas, making the point that the new system would create additional learning requirements which could worsen the problem. He commented that timing would be crucial.

In response to a query from SSR about the interface between PAS and Unity, MS responded that a workflow between the systems had been identified and was part of the process.

SSR also raised the accuracy of the potential Winscribe replacement. JJ encouraged DMPA members to forward such comments directly to her for inclusion in the business case.

MH requested that tracking of Unity's capability and core functionality be considered by the DMPA at future meetings so that the Authority could be mindful of this when considering the introduction of other components and services. JJ suggested having more visibility of the Unity Optimisation dashboard. DC commented that a month-long focus on Unity optimisation had been planned.

Surginet (Multum Flip):

The build of the Pharmacy catalogue [for new Unity] was now ready. Surginet access had been resolved.

Surginet also provided Bedside Medical Device Integration (BMDI) and it would be introduced in a phased approach starting with Theatres and Anaesthesia. A paper had been discussed by the Digital Committee; the members of which had recognised the potential benefit of the technology across other areas of the Trust to 'Release Time to Care'. The Project team had been tasked with exploring the costs if it were to be rolled out further than the initial phase.

The initial capital investment required for the first phase would be £182k for the Philips solution or £334k for the Cerner alternative. JJ expressed the view that the Cerner alternative was expensive and did not appear to deliver any greater benefits. The second phase would address Critical Care. Other areas with monitored beds that would benefit included ED, AMU, Coronary Care and the Stroke Unit.

The total cost for Phases 1,2 and 3, using the preferred Philips route, would be £278k plus VAT compared to £400k plus VAT for the Cerner option.

The Project team had recommended the Philips option based on the additional benefits offered and the lower cost.

MS commented that the Philips offering was Cloud based and easier to support and would be £90-100k cheaper. In addition, on speaking to Cerner, it had been clear that it would not mind if the Trust chose the Philips option. MS confirmed that the Trust would not be the first to use Philips.

SSR commented that the Philips option appeared to be stable and safe.

In response to a query from RS, MS confirmed that the Surginet system would be in place at Sandwell and City before the opening of MMUH, and commented that the only thing that would change would be the geography.

HB expressed concern that signing up to the Philips option might mean the Trust would lose out on other product innovations. MS commented that the Trust was required to make a choice for three years in terms of procurement and commented that Philips were innovative, advanced in the integration of systems and were one of the leading providers.

MH queried how much time would be freed up by the technology. HB reported that input for each set of observations took 92 seconds. In certain areas such as Critical Care, documentation of observations would take place every 10 minutes, but HB acknowledged that on the wards most patients were on four-hourly observations and therefore, little time would be released. In key areas however, it would also improve accuracy. HB reported that BMDI was already being used in ITU.

MS updated that DXC had been taken over by a French company and would be migrating services onto Amazon web services. The Trust had been asked to be the trailblazer for his project, however, this might impact the delivery timetable of 21st November 2020. This would be included in their subscription. This option would be explored.

7. Cloud plans	DMPA (10/20) 005

MS explained that the paper outlined the Trust's approach to moving towards the Cloud and the tendering progress for moving the Trust's virtual machines onto a virtual machine hosting Cloud.

The Trust Board would be asked to delegate authority to enable the contract to be awarded to the preferred supplier Rackspace. The total cost of the project would be £1.2m over a three-year hosting contract. MS stated that Rackspace had the experience of doing similar projects for an affordable price.

MS reported that Cloud computing was being explored to remove the stress to the Trust's infrastructure. The preferred model would be for the supplier to host.

In response to a query from MH, MS reported that VMC had been scaled for thirteen nodes. This would be expensive, but MS expressed the view that it was the right decision to take to avoid risk.

MH commented that the Trust's applications were not Cloud-native and therefore, the project had to be viewed as an interim stage whilst the applications were upgraded.

RS queried the resilience of the system and protection against cyberattack. MS reported that the provider had its own perimeter security, as did the Trust, to ensure no-one could access the Trust's systems. Back-up would remain in place.

RS queried Cloud based services for GPs (YHP). MS reported that it depended on whether their systems were ready for the Cloud.

8. Application landscape	DMPA (10/20) 006

MS reminded the Committee that the Trust applications had been reviewed to identify those that could be taken in-house.

Suppliers had been contacted for cost breakdowns in relation to licensing and support, however, MS reported that most of the application providers had been unable to do this.

It was concluded that the opportunities available to make savings by taking application support in-house were both limited and unlikely to produce the savings desired. Making savings by reducing, merging or replacing systems would now be explored.

MS confirmed that technical skills were available in-house. The Clinical Support System had been written in-house and there was continued capability.

In response to a query from RS, MS reported that people had been trained up to ensure that every system had a primary and secondary lead.

MH queried whether the Trust had a longer-term vision (over the next 2-4 years) of how applications would support clinical processes. MS acknowledged that this was not yet available but suggested that it could be further discussed in the New Year. MH requested that a granular-level roadmap be prepared for discussion by the DMPA in January or February 2021 and for presentation to the Digital Committee. MH further commented that the optimisation of Unity would be dependent on having this view.

Action: MS to prepare a granular level roadmap of applications in relation to how they would support clinical processes over the next 2-4 years. For discussion by the DMPA in January or February 2021.

9. Informatics Risks	DMPA (10/20) 007

MS reported that all Informatics risks were up to date. There were 43 active risks, which represented an increase of 7 on the previous month.

The four highest-scoring risks were as follow:

Risk 325 - Cyber security risks.

- MS reported that this risk was still heightened because of COVID-19 and the NHS being a potential target. The Trust had improved its ability to handle and detect cyber attacks and was up to date with all of its protective measures.

Risk 4218 - Telephone congestion rate.

- This was a new risk reflecting the impact of home working on the telephone congestion rate. The demand on inbound and outbound lines had increased. MS reported that extra lines had been ordered.

Risk 4222 - Radiologists

- MS reported that during a Windows upgrade, communications had not reached the Radiologists who had been working overnight. This had been mitigated by creating a specific channel of communication.
- MS reported that the hardware (640 desktops) for the Windows 10 upgrade had arrived and were already being rolled out. It was expected that the rollout would be completed by the end of November 2020.

Risk 4238 - System connection loss (not discussed).

MS raised the risk that the Trust used 1100 Cerner licences per day but was only licensed for 800. Discussions were taking place with Cerner to attempt to resolve the issue by closing sessions. The financial impact of the risk would be around £390k if it materialised.

In response to a query from RS, MS reported that the WiFi capacity in the retained estate was good.

It was **AGREED** that the Cloud proposal could be taken to the Trust Board for discussion.

MATTERS FOR INFORMATION/NOTING	
10. Informatics scorecard	**DMPA (09/20) - 008**

The report was noted.

11. Meeting effectiveness/matters to raise to Trust Board	Verbal

It was suggested the following topic be raised to the Trust Board:

- The Cloud proposal.

12. Any other business	Verbal

None discussed.

Details of Next Meeting
The next meeting will be held on 27th November 2020, 13:00 - 14:30 by WebEx.

Signed ……

Print ……

Date ……