

DIGITAL MAJOR PROJECTS AUTHORITY COMMITTEE – MINUTES

Venue: Meeting held via Webex

Date: 30th April 2021, 15:30 - 17:00

Members:

Mike Hoare (MH) Non-Executive Director (Chair)
 Richard Samuda (RS) Non-Executive Dir (Chairman)
 Richard Beeken (RB) Interim Chief Executive
 Liam Kennedy (LK) Chief Operating Officer
 Frieza Mahmood (FM) Chief People Officer
 Martin Sadler (MS) Chief Informatics Officer
 Diane Eltringham (DE) Deputy Chief Nurse

In Attendance:

Susan Rudd (SR) Associate Director of Corporate Governance

Apologies:

Toby Lewis (TL) Chief Executive
 Kam Dhami (KD) Director of Governance
 Siten Roy (SSR) Group Director, Surgery

Minutes	Reference
1. Introductions [for the purpose of the voice recorder]	Verbal
<p>DMPA members provided an introduction for the purpose of the meeting's recording.</p>	
2. Welcome, apologies, declarations of interest	Verbal
<p>Chair Mike Hoare welcomed the Digital Major Products Authority Committee (DMPA) members and attendee to the meeting which was held via Webex. Apologies were received from Toby Lewis, Kam Dhami, and Siten Roy. No new declarations of interest were advised.</p> <p>MH acknowledged the fact that this meeting would be the last for RS as Chair of the Trust and paid tribute to his contributions. MS expressed his thanks to RS for his support with stability, Unity, getting people on board, PRTG, and Digital Ambition. RS noted the genuine turnaround achieved in IT and the progress made regarding ease of use.</p>	
3. Minutes from the meeting, held on 26th February 2021	DMPA (04/21) 001
<p>DMPA members reviewed the minutes of the meeting held on 26th February 2021.</p> <p>The minutes were ACCEPTED as a true and accurate record of the meeting.</p>	
4. Matters and actions arising from previous minutes	DMPA (04/21) 002
<p>The action log was reviewed and the following updates were made:</p> <ul style="list-style-type: none"> <i>DMPA (11/20) 004 – Investigate the transfer from Medisoft to Medisight to determine if it would involve a complete transfer of records and report back on connectivity.</i> <p>No data transfer was required. This was a change to front end only. Closed.</p> <ul style="list-style-type: none"> <i>DMPA (01/21) 005 – Investigate the use of Oracle and Java across the Estate as software which would run up large bills to support.</i> 	

The Oracle licence position was understood. **Closed.**

The actions regarding 3 Par storage and patient engagement would be covered off in June.

- DMPA (01/21) 005 – Microsoft 365 – Agenda item 5
- DMPA (02/21) 004 – Appendix expansion of Informatics Plans for the Year – Agenda item 6.

These items were on the agenda and would be covered in the papers.

- DMPA (01/21) 004 – Advise FM of any projects listed in Appendix A of DMPA (02/21) 004, Informatics Plans for the Year, that would have implications for training and user roll-out.

MS reported that discussions had taken place with FM about training and development needs. Her training team were engaged for the Microsoft 365 introduction. **Closed.**

DISCUSSION ITEMS

5. Microsoft 365 approach

DMPA (04/21) 003

Microsoft had announced the renaming of Office 365. From 21st April, it was to be called Microsoft 365.

MS noted that his previous concerns about Microsoft 365 had been reduced the more that his team looked into it and used the product, pushed back to NHS Digital, and interviewed staff. 48% of the world’s population used Microsoft, so it wasn’t a strange thing to adopt.

The most significant change would be the step when a document was received and saved to the S: drive. If someone sent a document for editing, sending it back edited would be simpler than before.

MS had been producing all of his digital DMPA documents using Microsoft 365 over the past four months, without any detrimental impact to the length of time it took or seen from the functionality.

Another recent finding was how NHS Digital’s contract for storage worked with SharePoint. Originally, the amount of storage was advised per person but this was actually the amount allocated across the whole of the Trust. Heavy users of storing documents no longer presented an issue and more storage could be bought.

Every member of staff had already been set up with a Microsoft 365 account, ready to go. This had not been publicised yet. A select group of individuals had been informed and were using the product. Another select group of people had been using Microsoft 365 without having been advised, which showed the natural transition. It was being added to any new mobile phones being given out.

MS proposed that the rollout was handled in the following way:

- A low-key approach would be adopted as a seamless and obvious transition using Microsoft 365 over a web browser.
- Disruptions were expected to be minimal and support was in place.
- It would be positioned as an exciting change for the Trust. The benefits included greater mobility and access to emails from anywhere.
- Communications would start over the next month.

- Training would be offered and better ways of working would be explained.
- A project manager would be assigned to begin over the next few weeks.
- All 6000 users already had licenses.

DE supported the idea of a low-key rollout but suggested that full communications were rolled out to avoid concerns and problems. She noted the different perceptions by ward managers around ways of using the current Outlook system. People were wary of change.

MS noted that change wariness was the reason for the proposed approach. Going live with Unity had involved a vast amount of communication and training, but despite this, on go live day, they had 600 people phoning in without accounts. Plenty of communications would be sent out including pop-ups and encouraging people to take it up in their own time with no cut-off date for adoption.

DE queried if the risk of sharing documents would be mitigated through version control. MS reported that 1.3 million documents in existence showed many people with a copy of the same document. Microsoft 365 supported people to work collaboratively. Changes would be merged and collaboration would be shown as available.

To create what someone had on their home drive on Microsoft 365, they could follow four simple steps that would import the home drive, the folder structure, and the files.

He had been misinformed when writing in his report that there were 20 high-level folders on the shared drive, as that was what most people could see. There were actually 120 folders. His team were working to find owners for each to explain how to set them up and import them. He hoped this would stop people from sending out an attached document to a group of people, expecting it to come back with everyone's input collated.

Accountants who shared documents had been selected to provide feedback. There were three months to learn the best way to use Microsoft 365 and three months to push it out further and promote it.

LK expressed nervousness over the cultural shift being handled by less digitally-mature groups of people. Only those who were more digitally savvy would find SharePoint easy to adopt. Historic ways of working with the H: and S: drives needed to be changed but they had been in place for the past 20 years. Even encouraging committee documents to be looked at online rather than printing them was difficult. Simple tasks to do on Unity were a struggle with 50 to 60% of people not doing simple clicks and following SOPs despite all possible efforts to support Unity's adoption. A stealthy roll-out with hopes that people would adapt could cause future issues. He proposed plans to train groups as they went live instead.

MS accepted LK's points but proposed using a gentle approach rather than a stealthy roll-out. Training documentation was being prepared in the knowledge that many people were unable to work digitally. When Webex was introduced, there had been innumerable calls taken on the service desk from people whose web cameras weren't working because their laptops were folded over instead of open.

He suggested sitting down with LK and FM to discuss the following:

- opportunities to change the way people worked
- changing the way people behaved in printing documents, such as CLE papers of 273 pages
- achieving a cultural shift around digital.

LK suggested digital workshops and planning out a big piece of work to support a cultural shift in how

people worked and operated.

FM commented on accessibility and the need to take neurodiversity into account.

RB remarked on views that culture couldn't be changed by a leader, only the operating environment and the supportive conditions put in place so that people could choose to change. He recommended another discussion with LK and FM to decide the best launch approach and the expectations around outputs and usage of it over time.

RB queried how licenses worked so that everyone would be able to use it. He questioned keeping two or more videoconferencing products versus adopting a product that the rest of the world of health and social care used. MS had been an advocate of Webex's usability because they had had less than 100 calls that year to support people's use of Webex. Webex chat could be kept for free without the Webex video.

His team would be keeping Webex to use because the ability to send a private message via Teams Chat to somebody during a Teams meeting was a difficult experience compared to the Webex facility. Webex was also preferable for having a quick chat with somebody, whereas Teams was severely limited. For meetings with other organisations, Microsoft Teams was the preferable tool. Teams could also be used for patient interactions.

Zoom would never be promoted because it did not allow sharing without opening up the infrastructure to attack.

Teams could be used for meetings and correspondence. There were a few issues around using Webex regarding the number of participants when broadcasting to a lot of people for monthly meetings. The functionality of splitting up into groups on Microsoft Teams was catching up, as this product had copied Webex Teams. MS undertook to inform the team that this decision would be the way forward as part of the introduction of Microsoft 365. Using Microsoft Teams in that way would help the adoption.

Licensing would cost £150,000 for Webex Teams. They had licences for all 6000 users. There were two tiers of licences. For people wanting a desk top version, there were 1000 extra licences. About 500 people had been identified as requiring desk top versions of the software. This need would be monitored and more could be added at any time.

MH asked about access control and active directory integration for Office 365. Office 365 preferred to have the active directory in as a cloud component within Office 365. It was on the agenda for most of the services to move to more cloud-based services. He queried the knock-on effect of single sign-on and other programmes being moved towards. MS had put this question to NHS Digital because they were a shared tenant. NHS Digital were also unsure. MS explained that the Trust would manage their own active directory for now. In a few years, the Trust could decide to move to their own tenant of Microsoft 365. NHS Digital was layered on top of Microsoft.

MH clarified that being on a shared service multi-tenanted version meant that the control over upgrade releases and changes was somewhat restricted.

It was confirmed that LK, MS, FM, and probably DE would talk through the implementation and elements around that in order to come back with a concrete plan. MS undertook to have the meeting set up.

Action: MS, LK, FM, and DE to decide on a revised implementation plan for Microsoft 365.

6. Informatics plans for the year**DMPA (04/21) 004**

MS had been asked for more detail on high-level Informatics plans presented for the year. He had reproduced the appendix of the Informatics plan for the year, month-by-month from March to December.

MS announced two successful launches over the past month:

- The new drugs catalogue, Multum Flip, had been launched by the pharmacy IT department with support from the Informatics department. The launch had been successful, going live at the right time, with good communications.
- MS reported that issues with telephone congestion in the Emergency Department had prompted the launch of a cloud-based telephony service through Virgin Media telephone suppliers. They were using 8x8, a global provider of cloud-based telephony services, following the sale of the telephone exchange based on City site. This success would be followed by work on some of the busier call systems. It not only relieved congestion, but also provided more control.

The IBM movement of files was progressing well. They were about to go live with their London data centre as the failover instead of City. The Sandwell data centre would be kept as the main centre.

MS invited questions about specifics or timelines for Informatics projects listed in the appendix.

DE described the Midland Metropolitan University Hospital (MMUH) work being done on standardisation for things like in-patient areas. She queried whether it was the right time to begin plans to include IT around the patient experience, Perfect Ward work, and patient information. MS confirmed that this was the right time. Mark Taylor was leading on MMUH and digital activities with help from Louise. They were keen to look at the patient experience, especially at MMUH because of concerns about damage to trolleys pushed through doors.

LK queried how the list of plans in the appendix linked into which field of the Digital Ambition strategy and what stage they were at to drive the end point of the strategy. Some of the activities would be part of a larger piece of work and required prioritisation whereas others were one-off projects. He asked whether they had the capacity to deliver them to the optimal level.

MS reported that there was a request for more resources. They had the capacity to deliver all of the projects. He was confident about being able to deliver the Informatics elements.

RS noted how MMUH featured in the appendix and the interdependencies built in. Throughout all of the items there was a stress test. MS was trying to reduce the differences between the technology at City and Sandwell and MMUH so that whatever was introduced at MMUH was already familiar. New systems like the Bed Head experience would be tried out first at Sandwell and City.

FM commented on the number of licence contracts due to expire that year. She queried whether there was an opportunity to look at it more broadly across the Trust and in relation to the ICS and perhaps streamline it through greater bargaining power, in light of the efficiency agenda. MS noted that originally, the number of projects and spend was unknown, so this was consolidated in the first year. In the second year, all the contracts were organised to understand what the commitments were, where the contracts were, and their lengths. This year they knew how many contracts were due to expire, where they were, and negotiations were already started. They hadn't gone to other organisations yet to find out where they were with their contracts in order to align them. This was another step that required consideration. Most contracts had prescribed prices but they had been successful in some

cases by actively seeking to negotiate the prices.

LK commented on the ICS system-wide opportunity for finding commonalities where individual licence fees could be negotiated as a group. They could list system-wide contracts ready for renewal and compare costs with other organisations, taking these to the ICS Digital Board.

FM reported that they were working on shared digital platforms in a move towards collaboration in various workstreams already. She suggested linking in with MS on this.

MH suggested that it would be helpful to see programmes and projects highlighted where progress was underway, showing their level of completeness or progress and any issues, summarised in the appendix. MS offered to produce this for every DMPA meeting and to produce full papers on individual projects.

MH asked if members wished to request any projects with more strategic importance or criticality.

Action: MS to highlight projects underway, showing their level of completeness, progress, and any issues, for a monthly presentation to DMPA.

7. Trust Cyber Security position

DMPA (04/21) 005

MS commented that the position of cyber security he had inherited represented one of the largest non-clinical risks to the Trust. The infrastructure team and some new tools were improving the situation. Guidance and instruction from NHS Digital had been helpful in this area.

MS highlighted measures taken against the range of cyber risks and attacks.

- **Monitoring tools** showed 10,000 uninvited guest attempts occurring daily without any success.
- **Ransomware software** had been installed to detect and stop attacks and activity. Ransomware worked by blocking files until a payment was made to unlock them.
- **Network security perimeters** were secured and well protected.
- **Firewalls** had already been purchased for MMUH to protect the network before it went live. Some trusted third parties were allowed limited access to firewalls in but every access went through a change control board. Monitoring tools and alerts were in place to maintain the perimeter.
- **Regular patching** of all devices had been taking introduced and third parties were up to date. A regular maintenance window for patching was established. After a few cycles, the only issue was the inconvenience of people to having to turn their computers off and back on again. A problem was resolved by patching prior to Microsoft sending traffic over the network.
- **Baseline builds** were in place.
- They had technology to stop and detect **malware**. New software was allowed through after sufficient testing by Informatics prior to installation.
- The production of a **removable media policy** was underway with KD’s team to create a Digital Security Protection Toolkit (DSPT).
- They were working towards getting their **cyber essentials certification** in the summer.
- All mobile devices were secure for working by **remote access**. Pulse was working to stop anyone from being intercepted when working in cafés.

- Monitoring was in place with education, user awareness, and information on My Connect to alert people about **attacks**. Annual mandatory training on information and data took place.
- A radar chart was described **tracking**, showing the Trust to be better in some areas of Cyber Security than others, but not below level five anywhere.

RS queried whether the Trust received any external approbation or validation or if other Trusts looked at the Trust’s security measures. MS reported that an external penetration test was performed annually by a third party to identify any issues and provide external validation. Their reports were shown to the Board. In addition, an internal penetration test toolkit was being experimented with that could be run at any time of the day. The NHS Digital Cyber area provided an external scorecard. They wrote to the Trust whenever they identified threats happening externally or on the Trust’s system, found by monitoring what went in and out of the system.

RB queried if it was part of the DMPA’s role to receive a gap analysis on Cyber Security, comparing the Trust to national benchmarks, and from the output of tools like the DSPT, on a regular but not necessarily a frequent basis. That would provide the DMPA with assurance that they could then use to reassure the Board. MS agreed. He reported that a monthly call prior to the Board meeting had taken place before all the major problems were fixed. This paper’s proposal was to show a variety of reports showing a historic scoring. This could be compared against national expectations. RB agreed that this would be helpful as the ultimate assurance tool.

MH queried when the next deep diver penetration testing would be done. MS reported that the contract was just being finalised. The next pen test would be done next month or the month after. This would provide a bench line of where the Trust stood on any gaps as well.

MH noted the rise in cyber-attacks and exploitation activity due to COVID. He received a lot of reports about security threats that came out, especially as the public sector was seen to be an opportunity. One of the biggest avenues at the moment was utilising the infrastructure of cloud platforms for alternative uses. He queried if the monitoring within the Trust’s estate included those spikes in CPU and the like within the cloud environment. A lot had been seen from North Korea using spare resources for bitcoin mining. MS reported that the Trust used Rackspace to monitor the cloud estate. He asked MH to send the details across to him and Craig Bromage so they could ask Rackspace about what their plans were.

MH approved of the measurements shown in the Trust Cyber Security position report and thought that the way the pen testing would overlay this as a benchmark would be good to see. MS undertook to do regularly report on this at future meetings.

Action: MS to commence regular DMPA reporting on Cyber Security, creating a report comparing the Trust’s Cyber Security to national benchmarks and incorporating penetration testing.

8. Informatics risks

DMPA (04/21) 006

MS referred members to his paper and highlighted the following from his summary of Informatics risks.

Risk 325 - Risk of a cyber attack

- The risk of a successful cyber-attack remained high, with mitigation plans in place.

Risk of aging telephone infrastructure estate

- This risk had come down after introducing phone lines onto a cloud-based system.

Risk of overall infrastructure

- Improvements in risk were achieved by moving 55% of clinical images onto the IBM cloud, which meant they had built in resilience instead of being on a standalone computer.

Risk 3797 – Storage on the H: drive and S: drive

- The Infrastructure team had improved this risk by adding enough storage capacity for people.

Risk 4371 – Software assets not being sufficiently understood

- Software asset management tools were being introduced. This installation would clarify what position they were in around software being used, allowing things to be turned on and off.

Midland Metropolitan Hospital risks were being managed as part of the MMUH project.

MH queried whether the software asset management deployment would support optimisation of licencing across the estate to reflect this back into the contracts. MS affirmed that they were using a market leading tool called Snow to achieve this.

RS asked for clarity on Risk 4131. This was about Research not being able to store their findings. Subsequent to the paper being written, a meeting was held to explain to them where to store their findings and how to share their storage.

MATTERS FOR INFORMATION/NOTING

9. Informatics Scorecard

DMPA (04/21) 007

MS noted that every one of their PRTG measures had been green in terms of availability of services, networks, and systems. Introducing a tool to monitor this had also helped them to identify areas that they were able to fix. The sheer volume of calls coming in was notable. They had added a few resources onto first line because the wait times had got up to as high as 25 minutes on Monday to Wednesday. On Thursday and Friday, they worked in second line and went out to check things. When any telephone calls were missed, they had started to call people back on the same day. Sometimes people couldn't remember why they had called or issues had been resolved while they were waiting. They now had the capacity within the team to take all calls within five minutes, calling back anyone who didn't wait. 60% of issues were being fixed at the first point of contact.

In some wards there was one person who logged the calls for everyone. These people became well known to the department, becoming customer advocates from whom a lot of insights could be gained.

MS confirmed that there had been no more Virgin Media issues.

The Chair commented that it was good to be getting some informative trends providing confidence that things were moving in the right direction.

10. Award of CRIS contract – delegated authority

DMPA (04/21) 008

MS referred the DMPA to the details of a report on changes to the renewal of a contract for the radiology information system. The radiology contract needed to be renewed but the value of the contract exceeded allowable spending limits for sign-off. MS sked that the Board delegate the authority to RB to sign off on the radiology contract. Some savings had been made on the contract.

RB queried whether this had to go to the Trust Board. SR confirmed that this process was in line with

Standing Orders, which could be agreed at Committee level. It needed to go into the Summary Report that it had been agreed.

The Committee **APPROVED** the renewal of the CRIS radiology contract in line with its delegated authority.

11. Meeting effectiveness/matters to raise to Trust Board

Verbal

The following matters were agreed to raise to the Trust Board:

- Delegation of authority to award the radiology contract
- Most of the major IT risks had been mitigated. The risks were now more moderate, with less Trust-level risks.
- Greater visibility of upcoming Informatics programmes interlinked with clinical and non-clinical programmes and changes.

12. Any other business

Verbal

DMPA members expressed further thanks to RS. There was no other business.

Details of Next Meeting

The next meeting will be held on **23rd June 2021** from **15:30 to 17:00** by Webex.

Signed

Print

Date