Sandwell and West Birmingham Hospitals NHS

NHS Trust

DIGITAL MAJOR PROJECTS AUTHORITY COMMITTEE – MINUTES

Venue: Meeting held via WebEx   **Date:** 25th June 2021, 15:30 - 17:00

Members:

Mike Hoare	(MH)	Non-Executive Director (Chair)
Frieza Mahmood	(FM)	Chief People Officer
Kam Dhami	(KD)	Director of Governance
Martin Sadler	(MS)	Chief Informatics Officer

In Attendance:

Johanne Newens	(JN)	Deputy COO
Di Eltringham	(DE)	Deputy Chief Nurse
Susan Rudd	(SR)	Associate Director of Corporate Governance

Minutes	Reference
1. Introductions [for the purpose of the voice recorder]	**Verbal**
DMPA members provided an introduction for the purpose of the meeting's recording.	
2. Welcome, apologies, declarations of interest	**Verbal**
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 Richard Beeken, Liam Kennedy, and Siten Roy. No new declarations of interest were advised.	
3. Minutes from the meeting, held on 30th April 2021	**DMPA (06/21) 001**
DMPA members reviewed the minutes of the meeting held on 30th April 2021. The minutes were **ACCEPTED** as a true and accurate record of the meeting.	
4. Matters and actions arising from previous minutes	**DMPA (06/21) 002**
The action log was reviewed and the following updates were made:	

The action log was reviewed and the following updates were made:

- *DMPA (01/21) 005 – Report on plan and timelines for the migration of data from 3 Par storage for presentation at a future DMPA meeting.*

An oral update on the 3 Par storage at City and Sandwell was provided. Medisoft had been on 3 Par, but they had migrated that week from Medisoft to MediSIGHT, which was no longer on the 3 Par. The only critical item left on the 3 Par was the Telepath Black Country Pathology system that they were hosting until it was replaced. A few Finance databases also remained that had not been turned off yet, despite little activity having been seen and not being able to identify their owners. **Closed**.

- *DMPA (02/21) 003 – Provide a more detailed Microsoft 365 proposal of the structure and a timeline.* See Microsoft 365 – project update, item 5. **Closed**.

- *DMPA (02/21) 004 – For each of the projects listed in Appendix A of DMPA (02/21) 004, Informatics Plans for the Year, that a summary be provided of what benefits the project would bring to the Trust.*

MS reported that his Digital Transformation Manager, who coordinated the project plans, was helping to run vaccination clinics. This action was postponed to the next meeting.

- *DMPA (01/21) 004 – Identify projects that would benefit from patient engagement and initiate informatics representatives to gather direct patient input.*

As above, MS requested a postponement until the Digital Transformation Manager's return.

- *DMPA (04/21) 005 – Commence regular DMPA reporting on Cyber Security. Create a report comparing the Trust's Cyber Security measures to national benchmarks, incorporating penetration testing.*

The pen test report was due in July. See Infrastructure Cyber Security Update report, item 7.

DISCUSSION ITEMS

5. Microsoft 365 – project update	DMPA (06/21) 003

MS reported that the Trust had signed up to Microsoft Digital email service, which included Microsoft 365. Microsoft had said they would never release a new Microsoft operating system from Microsoft 10 but Microsoft 11 had come out yesterday.

At the last meeting, they had agreed not to force it onto users and that they would ensure that they had a qualified view of the end user experience and how much they were using it. Since then, MS reported the following progress:

- They had refined their plans and created a survey to find out how much Microsoft was used in each area. They had identified 160 teams, some of whom were feeding back their experiences.

- A few teams were being helped to use it for storage of their files on their S: drive. Consumers and users of documents were being identified.

- Everyone already had a license, which had been explained at TeamTalk that week.

- They had communications and training lined up on the project. Other key senior stakeholders had been identified, including FM and DE.

- The working model for migration plans began with the Discovery element and training in Microsoft 365 and SharePoint, beginning with Informatics people who were gaining experience ready to support others while they got used to using it.

- They were sharing it with the rest of the NHS, so they were having to create sub-groups for each of the 160 teams to avoid emails going to all staff.

- A project team had been set up with weekly updates.

MH queried whether they had spoken to any other Trusts. MS described weekly 'town hall events' where all the Trusts participating sent people to share tips and Q&As with NHS Digital. SWBT was ahead, so they were helping other Trusts with the approach they were taking.

Regarding the licensing options previously discussed, MH queried whether any changes had been made based on the feedback or talking to other Trusts. MS confirmed that nothing had changed. They did not think they were far off with the 1000 extra licences for people wanting a desk top version.

MH queried whether that affected their device management and strategy going forward. MS thought it should help. It could affect their device strategy if they were to introduce Chromebooks or easier to use

tablets. There were a few systems where they liked to write to a Word document. They would have to make changes in this case because it was writing to a Word document on the desktop rather than on the cloud. In a later paper, they wrote about how the DXC Pass had not migrated yet. The problem with that was that they output to a letter format when they moved to the cloud. He did not think that would be a problem, as they were reducing how many letters they sent anyway and people who had been identified as producing letters already had a desktop version.

6. Informatics plans for the year – summary of project benefits	DMPA (06/21) 004

MS reported that their Informatics plans created at the beginning of the year had been aspirational. Section two of his summary outlined the changes that had been made since April:

- IBM would be hosting their Merge PACS, which had sat on old systems. Problems in migrating the data and testing performance at the same time had been resolved. All images from Sandwell and then City would be migrated and then watermarked and deleted by the second week in July. All historical images on PACS would be safe, duplicated, and able to be accessed.

- He was working with IBM on how they were to be compensated for the delays.

- This was linked into IBM wanting to host the clinical reviews. The Trust was doing so well with AI that IBM wanted them to get off their test system to host their own system. The Trust had decided to host it in IBM's data centre because every time an image went across, they had to pay. The images they sent were very big so it made sense not to pay the network charges for the images to go across. IBM were also the only ones who owned IBM Watson. It was classed as a medical device so it had to be on their medical device register.

- The Trust planned to extend their three-year contract with IBM because it was built and the radiologists did not want to move to a new platform.

MH queried how they were articulating that from a governance perspective to ensure that they were following the right process and doing the right thing by renewing the contract. MS explained that they were working with their own and the NHS' procurement teams to make sure they were following the right processes and still getting the right price. He assured the Committee that they had never renewed a contract just because it was easy. Going through the right processes helped them to deliver IT on budget. They had delivered CIP savings last year and this year. He offered to produce a paper on contract and asset management to show the progress they had made. MH agreed that a contract report would be helpful. He requested that KD did a due diligence spot check to ensure integrity.

JN queried how they should feed requirements into Informatics' programme for the move to Midland Metropolitan University Hospital (MMUH) once they had identified a need and a process to procure logistics and procurement's scanning of products. She queried whether that would be through DMPA or a group set up for MMUH. MS explained that they had a dedicated lead for the coordination of technology and infrastructure, Mark Taylor, who had been working on MMUH for a year and who reported back any requirements. He confirmed that these needs were built into their forward plan within the necessary timeframes.

JN queried whether Cerner and Unity development work would also form part of their annual plan. MS reported that the forward plan relied on the Finance resources he had, which included work on Cerner and Unity. They ran a Service Process Change Request process. They currently had 36 things waiting to go into production and 40 things in production. These 76 were not shown on their plan. Two were waiting to be signed off. Requests for MMUH could either go through their process or via Mark Taylor.

MH referred to emails exchanged about a request by Chetan Varma, and undertook to write back to him personally. For examples like this, he queried the prioritisation process for incorporating service improvements and opportunities to improve efficiencies into the programme, and how they highlighted them to show the priority setting and the updates as they moved in and out, using their finite resources and ability of the Trust to cope with those changes. MS described the order of priority as follows:

1. Patient safety went to the top of the pile.

2. Each Group had their own Digital Committee that met monthly. They prioritised the work within their Group, which involved their own people who would need to change how they did things and help to build or define requests. These became Change Requests to identify the item and its importance in meeting the ambitions and priorities of the Trust.

3. A bigger Executive Digital Committee had a representative from each of the Groups to set priorities. They met monthly to talk through conflicts to decide which items took precedence from an organisational perspective.

MS outlined a new project to provide the NHS App as their patient portal:

- The Trust's current patient portal as part of Cerner and Unity was specifically for what happened in the hospital and communications people had with the hospital. This did not include conversations with GPs or anyone else.

- The unofficial COVID pass and the downloading of the NHS App had had exponential growth over the last few months because everyone wanted to watch football and book holidays.

- The NHS Digital's App had activities that allowed people to interact directly with the NHS, including access to GP systems. The Trust was looking into the potential to link into this directly. Not many Trusts had done that yet apart from Nottinghamshire, who had done it well.

- MS had met with the architects of the NHS App and the ICS Digital Lead Mike Hastings to investigate using the NHS App as their new patient portal because the uptake would be greater and the functionality would provide more of what they wanted it to do.

- Medication, medical activities, and the ability to look at appointments were all available.

- He had spoken to Cerner to find out their plans to integrate their American healthcare system with the NHS App. They had been asked that a lot but it was not yet on their road map.

FM queried the impact of digital poverty on the uptake to accessing technology and in particular the cohort of patients they served with health inequalities, social deprivation needs, various literacy levels, and disabilities. Their Chair, Sir David, had mentioned a few times the need to make MMUH digitally enabled but she queried how the Trust was taking everyone's needs into account. MS stated that they were acutely aware of the inability of some people to access digital information, which he had discussed with the Patient Group.

He made the following points regarding the divide due to poverty and the digitally enabled:

1. Pressure was taken off areas of the service by enabling it for those who could access it. This allowed them more time to allocate to people who were struggling with access.

2. They were prepared to lend people technology if they were an out-patient if that helped them deliver care, to be in contact with them more often, and if it meant they had to visit them less because they could do it electronically. Giving people technology in their homes while they were being looked after made economic sense and patient care sense. They would provide people

with a drip or a wheelchair, so why not an iPad?

3. While there were barriers to the understanding and access to technology, feedback suggested that they might know people who had access. Part of the NHS App allowed access to records of people being looked after or helped, such as children's or parents' records. People could give access to other people both through the GP and through the App.

FM added that it would often be children reading things for parents and migrants.

DE queried whether the NHS App would allow patients to input into their medical notes. She commented that part of patient-centred care was allowing patients to participate in and evaluate their own care. MS reported that this would not be possible but the Care Diary they had discussed would. He was looking at how patients would put their requirements and behaviours into the Cerner application or something else because that also linked into tracking people's activities if they had prescribed something from a community point of view.

DE queried whether social prescribing would be something he wanted to look at because she wanted to trial that before they moved to MMUH. MS reported that this was on their radar.

Action: MS to present a report on contract management to DMPA.

Action: KD to perform a due diligence spot check on contract and asset management.

Action: MH to reply to Chetan Varma's emails about prioritisation.

7. **Infrastructure Cyber Security Update**	DMPA (06/21) 005

MS commented on the poor state of cyber security he had inherited two and a half years ago. They now reported on where the Trust was against a range of cyber security measures.

The world news section of the update reported that on 14th May 2021, the Irish Healthcare Executive were the victims of a ransomware attack. During COVID, cyber criminals increased their attacks. The Trust had 10,000 uninvited guest attempts occurring daily without any success.

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

- Their latest **penetration test** was ongoing. A report would be presented to the next DMPA. They had trialled an in-house penetration test tool, which highlighted a lot of things. They had found a few vulnerable passwords and they had quarantined a computer. They were buying the license to enable them to do regular testing in addition to the external one used to assure the Board that they were as safe as people would expect.

- Trust **firewalls** had been probed more than 26,000 times in 14 days. MH reassured members that this was typical and did not mean they were being particularly targeted.

- A **Measures Management Summary** had been developed as a regular section to show where the Trust stood in a range of areas. They knew they were not perfect and were working on these, e.g.:

  o Their **external perimeter** was their first line of defence. This was well defended, even at MMUH, so that IT work could begin there.

  o The infrastructure team had an **alert capacity** so they could respond to nefarious activity.

  o They were up to date with their **security patching**, with processes for updating in place.

- A **baseline** had been built for all computers. This had been recommended as always being one version behind to wait for bugs to be fixed.

- They fell short on **written policies** but they had a plan to record these and to show that people were adhering to them.

- They were becoming more diligent about **USB** sticks and **removeable devices.**

- MS queried the areas MH wanted to raise about **user privileges**.

MH noted that they had discussed at Audit Committee that ransomware tended to be the most easily deployed mechanism for cyber threats and was the easiest thing for employees to fall foul of. It affected network access privileges and availability. MS undertook to confirm how they had segregated the backup network away from the user domains. They had recently installed on their estate some anti-ransomware software that watched the S: drive for signs of ransomware encryption to files and folders, which automatically quarantined the files.

Observations had also been made at the Audit Committee yesterday regarding access to financial systems with regards to superusers and the control given to people in the IT Department to access sensitive files. MH commented that they needed to take an action to review and address this very quickly and to coordinate with the Audit Committee and Grant Thornton. MS commented that he needed a conversation with Grant Thornton to explain that the Oracle Financial System was hosted by Oracle. It was not on their site and they had no access to back-end systems so there was no internal risk.

KD queried whether the issue was giving Finance staff superuser status. MH clarified that it was superuser status for both Finance and IT Support. They had not specified whether the IT Support they referred to was within MS' team or external. MS assumed it was the permissions in the Finance team, as they had already reviewed this issue. He offered to help them to address their concerns.

MS reported that they were also working on Trust Wi-Fi access credentials.

Action: MS to address concerns raised at the Audit Committee to reassure them (1) that their backup network had been segregated from the user domains, and (2) liaise with Grant Thornton about any potential risk from superuser access.

8. Telephony plans	DMPA (06/21) 006

MS reported that when people worked from home and put a divert on their phones this doubled phoneline usage because there was a call going in and another going out via their 120 phonelines. Phlebotomy and other clinics received a lot of calls as well. This led to congestion and calls being dropped. When ambulances tried to phone the Emergency Department (ED), they were not getting through. They were calling the ED's backup mobiles that were not always charged up or to hand.

They were working with Virgin Media, who provided phone lines not provided by BT, who had an account with 8x8's cloud-based telephony. They had commissioned 8x8 for 150 people working from home and moved the ED's numbers to 8x8. The 2222 number could still be used by people because they had put a divert onto that.

They had been going to put IP telephony into MMUH anyway because they wanted people to be agile. The 8x8 supported people being able to work from anywhere and supported the Trust's move to cloud-based telephony. The people diverting their desk phones to a mobile had been moved across last week.

A rolling programme was moving other people onto that platform as a temporary measure.

The next stage of the telephony system would be to go out to tender to see if they could do a full move of all of their phones to the cloud. The cost of a monthly license for an IP phone would be less than the cost of paying for individual phone calls. Full modernisation would also mean less people would need a phone because they could take calls on their mobile or computer. They had enough headsets to give out, which were cheaper than buying desk-top phones. People would still get desk-top phones where they needed them. In a month's time, it would be clear whether capacity issues were resolved this way.

MS clarified for MH that the same modernisation approach would apply to MMUH. MH queried how the transition would work with dual running and other aspects. MS clarified that there would be dual running. They had over 30 different call centres that would be moved over onto proper platforms where calls could be moved around and usage could be monitored. They would tidy up people's address books so people's numbers could be found more easily. Incoming and outgoing call volumes could be looked at as well.

DE supported getting rid of desk-top phones where they were not needed and where they were shared, to increase infection control. MS stated that they were not short of giving people mobile phones. EnRoute could be set up to divert calls while people's phone batteries were charging.

9. Internal Audit Report – Data Security Protection Toolkit	DMPA (06/21) 007

MS reported that he would bring this back to the Committee at a later date.

KD commented that the important thing was to get the penetration testing sorted out. MS confirmed that they would be compliant when they received the report in July, as testing work had started already.

MATTERS FOR INFORMATION/NOTING

10. Informatics Scorecard	DMPA (06/21) 008

MH invited comments on the detailed Informatics Service Deliver Pack that MS had prepared. MS was pleased to note that they had fixed the problems they had with the reporting system. He pointed out that they could look at calls people abandoned after listening to the message. They had started to call people back on the same day, after peak period, to address and resolve their issues.

The team had been working hard on clearing the growing backlog of old calls, some of which had been outstanding for over a year when he started. The weekly backlog had gone down drastically.

MH commented on how high the volume of calls was. MS reported that some of that was down to the number of systems and passwords. The majority of calls were about things outside of the Trust's control, such as NHS systems like Smartcards or people not being able to use their mail. The list of top five first time fixes they applied included calls about Unity, printing to the wrong printer, and phones.

They were still doing proactive weekly walkarounds of critical areas with engineers to make sure they were fixing things. They were logging about 4000 tickets a month.

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

The following matters were agreed to be raised to the Trust Board:

- The cyber security position and the improvements they were at – by the end of July they would

be compliant regarding pen testing.	
• Progress was being made with the Informatics plan over the next 12 months.	
12. Any other business	**Verbal**
KD queried why she had received a message about too many users on Pulse on Sunday that block access. MS reported that there had been an issue with the 900 licenses they had on Pulse. Of these, 100 original licenses had expired, causing the license server to stop anyone from having access. They contacted Pulse as a severe service disruption, who gave them a temporary 30,000 licenses. He apologised for the inconvenience and assured her it wouldn't happen again. The Chair thanked everyone.	
Details of Next Meeting	
The next meeting will be held on **27th August** 2021 from **15:30 to 17:00** by WebEx.	

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

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

Date   …………………………………………………………………………………………….