Sandwell and West Birmingham Hospitals NHS Trust

DIGITAL MAJOR PROJECTS AUTHORITY COMMITTEE - MINUTES

Venue: Meeting held via WebEx **Date:** 26th February 2021, 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)			
Richard Beeken	(RB)	Interim Chief Executive			
Liam Kennedy	(LK)	Chief Operating Officer			
Martin Sadler	(MS)	Chief Informatics Officer	**Apologies:**		
Siten Roy	(SSR)	Group Director Surgical Services	Toby Lewis	(TL)	Chief Executive
Kam Dhami	(KD)	Director of Governance	Frieza Mahmood	(FM)	Chief People Officer
Diane Eltringham	(DE)	Interim Deputy Director of Nursing			

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 and Frieza Mahmood.	
3. Minutes from the meeting, held on 29th January 2021	**DMPA (02/21) 001**
DMPA members reviewed the minutes of the meeting held on 29th January 2021. The minutes were **ACCEPTED** as a true and accurate record of the meeting.	
4. Matters and actions arising from previous minutes	**DMPA (02/21) 002**
The action log was reviewed and updated.	
DISCUSSION ITEMS	
5. N365 Overview and recommendations	**DMPA (02/21) 003**
MS noted that the paper sets out the options, recommended future directions and acknowledges the amount of effort and finance that would be involved. The paper also references anticipated changes in user behaviour and user tools; therefore, it would be of benefit to present the paper again at the next DMPA meeting when the representative member from HR is in attendance. MS noted that planning had commenced for N365 migration in October 2021. The move to N365 would require users to use Outlook online. This would benefit work practices in both work from home and	

workplace settings. The location of file storage would be a big issue and may result in version control problems. The organisation currently uses the S: drive, in which there was 6.1TB of data and 10.6 million individual files stored; it was unclear how many of those files were absolutely needed. It was an opportunity to improve data management and data governance. The Chair questioned if analysis on how often files were used or referenced was being done. MS advised that they were investigating an appropriate tool to conduct that work; de-duplication of files was required as a starting point. The Chair suggested the tool Varonis.

DE queried if there were data cleansing processes in which groups and corporate services could perform now before moving forward. MS advised that the exercise would be performed in IT to determine lessons learnt on the process; the improved process would be performed in a real organisation to finalise a support guideline for other organisations.

KD noted that it was a mammoth task – some historical files would need to be retained and control documents would require consider. She questioned if the S: drive would be retained to allow file recovery after migration. MS advised that one of the options set out in the paper was to retain the S: drive. KD noted that as long as the S: drive was retained, the process could be managed.

The Chair surmised that MS was recommending that they move forward with N365 on the basis that it's the national move and the use of .net accounts would not be possible unless the Trust moves to N365; however, MS suggests that the Trust implement it on a limited basis to limit the number of full licences required. MS advised that the Trust would be moving to N365, regardless. In his proposal he recommends that 1200 users have the full desktop version;Office Online for all other users. There were no cost-pressures for this option as he didn't believe that any more than 1200 users in the Trust would require the full desktop version.

The Chair questioned if the user profiles had been defined. MS confirmed that the user profiles had not been determined; currently there were only two categories, *Creator* and *Consumer*. Part of the survey would lead into user profiling. MH noted to consider the following when looking to the future:

- What does the user look like?
- User's consumption of the services.
- How would they do that to get the best user experience?

The Chair questioned how MS was equipping his team to:

- Manage the support capabilities required for the migration.
- Understand user profiling and how it would be consumed by the estate, and
- How that fits into the operational environment and MMUH moving forward.

MS stated that the matter would take up a lot of the DMPA's time during the course of the year. He was introducing it to the DMPA now as work had begun with NHS Digital into options. The actual burden on the service desk was expected to be 6 FTE; the current service desk staff were receiving N365 training and had regular meetings with NHS Digital. Collaboration with HR and OD was required as it would be a big hands-on training exercise to support users. NHS Digital had brought a cut down version of Office 365 and they would need to investigate how to manage that cut down version. The administrative burden would be huge; he had discussed the demand on a 24-hour service desk with LK.

The Chair questioned if the Trust had a document plan/archiving policy in place. KD advised that the Trust had such a policy; however, if required review and update. It was noted that the Policy needed

update to include Unity and N365. The Chair directed KD to update the Policy.

SRR queried if it was possible for colleagues to purchase N365 at a discounted rate directly from Microsoft. MS advised that opportunity was not in the current agreement.

KD noted that the proposal had not yet been presented to the CLE and the Digital Committee; the paper would need to go through those committees prior to decision as the operationalisation of the proposal was huge. The committees would also provide insight to user profiles. The Chair agreed and noted that insight to timelines would also be helpful; he questioned if timelines were in place. MS advised that they were still in discussions with NHS Digital. MH advised that the DMPA and Trust Board required confidence and a visual plan of the transition. It was requested that MS provide a more detailed proposal of the structure and a timeline. MS undertook to also present the proposal to CLE and the Digital Committee.

Communication implications between NHS organisations and primary care that may arise due to the transition to N365 were discussed. The importance of a detailed report was reiterated.

Action: MS provide a more detailed N365 proposal of the structure and a timeline.

6. Informatics plans for the year ahead	**DMPA (02/21) 004**

MS noted that the Appendix A of the paper sets out Informatics Plan for the year, month-by-month. The Plan included informatic improvements (for self-implementation), scheduled upgrades and commencement of digital ambitions. He advised that work had already begun on MMUH. The following key projects within the Plan were noted:

February:

- Completion of the MMUH smart network design – a significant piece of infrastructure which would enable remote location of medical devices, computers, mobile phones and robots. It was built into the contract; however, the Informatics Team was helping and influencing that design.
- Paperless work – identifying processes where paper was an end product and to adjust those processes. Work would continue throughout the year.

March:

- Upgrade of PAS and Ormis (Ormis to be replaced by SurgiNet in August).
- Plan of contract to move away from data centres, especially City, and to get them off the 3PAR system.
- Migration to the cloud commences.
- Starting the shared care record integration across the Black Country.
- New Opthalsuite for BMEC to go live.

April:

- Launch of the informatics online shop; one of the biggest sources of demand was from users requesting IT hardware. The online shop would provide an ordering pathway without excessive user engagement.

KD requested that Appendix A be presented to the CLE with the inclusion of indicative timelines for

each activity, as there were operational implications to some of the activities. LK advised that the only activity that was scheduled for now that would have clinical operational impact had been shared with respective group. There was a team member who had the responsibility to communicate any activities that would impact particular groups and obtain the Group's sign-off. Larger activities, such as PAS upgrade and SurgiNet, had working groups that had clinical and operational input. There would be no harm to present the upcoming work to the CLE with the addition of a brief summary of potential impact and benefit for the areas/groups.

SRR questioned the oversight provided for the SurgiNet project. MS advised that there was a SurgiNet project meeting every week and SurgiNet highlights were also presented at the Unity overview project weekly meeting. In terms of the management of IT as a service, the right people were in place, the structure was full, the Business Relationship Manager was coordinating all digital activities, ongoing projects and any conflicts are discussed at the senior team meeting – SurgiNet had dedicated resources to it. Underneath all of the projects within Appendix A, there was a project plan and identification of links within the system. The SurgiNet project was not an IT project; it was a surgical project that was supported by IT and the Business. There was a lot going on, but it was all coordinated. SurgiNet was on track to go live in September.

The Chair requested that for each of the projects in Appendix A, that a summary be provided of what benefits the project would bring to the Trust – to ensure that they were doing the right things in the right order.

DE noted that a lot of the projects would have significant impact on patient experience and questioned how patients were involved in the process. MS noted that the Business Relationship Managers should be gathering patient experience data through committees. The patient portal also had a patient engagement group that sits under it. Projects that would benefit from patient engagement would need to be identified to ensure the projects were set up correctly to gather that information. It was noted that it would be beneficial for informatics to meet directly with patients and it was requested that be actioned for those projects that would benefit from patient input.

RS questioned if the priorities of GP colleagues are expressed within the Plan. MS noted that they were working on modality with their own GP practice and neighbouring GP practices to help them deliver services for the Trust – that was business as usual and was in place.

The Chair noted that there were activities listed in Appendix A which would have implications for training and user roll-out; it was requested that FM be made aware of those activities. MS advised that as the projects were operationally led, the project teams included HR representatives.

Action: For each of the projects in Appendix A of DMPA (02/21) 004, that a summary be provided of what benefits the project would bring to the Trust.

Action: Identify projects that would benefit from patient engagement and initiate informatics representatives to gather direct patient input.

Action: MS to advise FM of any projects listed in Appendix A of DMPA (02/21) 004 that would have implications for training and user roll-out.

7. Software updates	**DMPA (02/21) 005**

MS noted that the paper sets out the changes to software; Appendix A of the paper provided a

summary of software upgrades and implementations throughout the year.

The Chair questioned the position with the work to maximise the use of Unity and communication of Unity's features and functionalities. MS noted the three software principles: does it integrate with existing systems; will it work on any device; and is it web based? If a process could be done in Unity, the first choice was to do it in Unity. It was preferred not to bring in new software; however, it was becoming increasingly difficult to control.

SRR questioned the soft trial phones in March and bleeps in May; he thought that they were going to replace bleeps with phones. MS advised that was correct; bleeps would be an app on staff phones; as bleeps performed better via an app. Soft phones would replace physical phones. Soft phones used a dial-in system via laptops, which would support working from home and onsite working.

The Chair questioned if there was a pictorial that depicts user experience with the Trust's IT services and systems moving forward. MS noted that the preference was to ensure that the system would work prior to advertising the system. Upon confirmation of the systems, he would work with FM to get that communication to staff and provide support. The Chair noted that a pictorial would provide an opportunity to articulate the IT direction and benefits to the Trust Board. MS noted that that would be a helpful paper for the next LCA; what's the vision for the Trust working with all of these new tools – he would consolidate all of the activities in that paper.

8. Delegated authority to approve purchase	**DMPA (02/21) 006**

MS provided a summary of the Alfresco system. The contract was due for renewal and it was proposed that the Trust Board delegate authority to the Chief Executive to renew the contact.

The previous arrangement was two annual contracts: one for software licence; and one for support. The renewed contract would be a consolidated contract, inclusive of software licence and support, for a three-year period to the value £1.12m. Consolidation of the contract would provide an annual run rate reduction of £30-40k (£138k over 3 years). There was no perceived operational change in which would render the software redundant during the contract period.

The DMPA **AGREED** to take the paper to the Trust Board for approval.

MATTERS FOR INFORMATION/NOTING

9. Informatics Scorecard	**DMPA (02/21) 007**

The paper was tabled and MS noted the following key points

- Still being inundated with tickets. Working from home had changed the behaviour of seeking help; more reliant on IT support as staff could no longer troubleshoot with colleagues.
- Reported that there was an approximate two-hour outage with Virgin; Unity remained online due to the dedicated Cerner connection. Staff assumed that because Unity was online, that the full function of Unity was available; however, results reliant on external connections were down. It was suggested to implement a popup notification alerting staff that during an outage, some results facilities would be unavailable and to revert to BCP.

SRR questioned the Answered vs Abandon call rate, its correlation to average service call time and whether it was known if abandoned callers call back and their issue(s) resolved. The Chair noted that the Digital Committee could address that as it was a detailed service query and not for the DMPA. He

noted that SRR was right in querying the matter as it was about how they measure and ensure that users were getting the right experience from IT. MS noted that:

- Call volumes had increased due to people working from home.
- The average call was 10 minutes and 20 seconds.
- There were a lot of underlying ability issues with Microsoft, NHS Digital and smart cards expiring.

10. Meeting effectiveness/matters to raise to Trust Board	**Verbal**

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

- Recommendation on the Alfresco software and the delegation of authority for that to occur.
- The work around the forward plan and forward visibility.
- Uptake of N365 – requested further clarity and how the Trust would adopt that going forward; to be brought back at the next DMPA.

11. Any other business	

Nil

Details of Next Meeting

The next meeting will be held on 26th March 2021 from 13:00 - 14:30 by WebEx.

Signed …….

Print …….

Date …….