# DIGITAL MAJOR PROJECTS AUTORITY COMMITTEE -MINUTES

**Venue:** Meeting held via WebEx          **Date:** 29th January 2021, 13:00 - 14:30

**Members:**

| | | |
|---|---|---|
| Mike Hoare | (MH) | Non-Executive Director (Chair) |
| Richard Samuda | (RS) | Non-Executive Director (Trust Chairman) |
| David Carruthers | (DC) | Acting CEO & Medical Director |
| Liam Kennedy | (LK) | Chief Operating Officer |
| Mel Roberts | (MR) | Acting Chief Nurse |
| Martin Sadler | (MS) | Chief Informatics Officer |
| Frieza Mahmood | (BD) | Chief People Officer |
| Siten Roy | (SSR) | Group Director Surgical Services |
| Kam Dhami | (KD) | Director of Governance |

**In Attendance:**

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| Susan Rudd | (SR) | Assoc. Director of Corporate Governance |

**Apologies:**

| | | |
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| Toby Lewis | (TL) | Chief Executive |
| Nicola Taylor | (NT) | Group 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 Nicola Taylor | |
| **3. Minutes from the meeting, held on 27th November 2020** | **DMPA (01/21) 001** |
| DMPA members reviewed the minutes of the meeting held on 27th November 2020. The minutes were **ACCEPTED** as a true and accurate record of the meeting. | |
| **4. Matters and actions arising from previous minutes** | **DMPA (01/21) 002** |
| The action log was reviewed. It was observed that some items had been completed. The following updates were made: <ul><li>*DMPA (09/20) 007 - Investigate Risk 3614 and the storage of patient data on a stick.*<br>MS assured Committee members that Breast Surgery did not keep patient information on a data stick, however they did keep their information on a database that had been developed eight years ago.<br>MS reported that Informatics had been working alongside the team to back up the system and to decide a future, supportable plan.<br>The risk was currently at Level 4 and was owned by Surgery. **Completed.**</li><li>*DMPA (10/20) 006 - Prepare a granular level roadmap of applications in relation to how they*</li></ul> | |

*would support clinical processes over the next 2-4 years. For discussion by the DMPA in January or February 2021.*

Deferred to the next DMPA meeting in March 2021.

- *DMPA (11/20) 004 - Speak to Dani regarding the CRIS transfer and their underlying cause.*

  MS reported that he had spoken to Dani and there was now a business relationship and regular meetings with Dani to discuss CRIS (information transmission between hospitals).

  MS advised that the Trust had offered to manage it on behalf of TUHB, but its own management of the system had improved in the interim. **Completed.**

- *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.*

  MS reported that work on the transfer would commence in February 2021 with readiness expected April/May 2021. There would be no change to the back end system, only the front end access and therefore all previous information would be in the same place. Testing and training will be undertaken.

- *DMPA (11/20) AOB - Review the DMPA meetings schedule for January 2021 to confirm meeting dates.*

  MS reported that it had been agreed to hold the meetings every other month.

MS apologised for the omission of the usual stats reports in the papers. This was due to a glitch in the system which was currently being resolved. Retrospective reports would be available for the next meeting.

## DISCUSSION ITEMS

| 5.  Informatics future plans | DMPA (01/21) 003 |
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MS reported that the Trust had entered the final phase of the Informatics improvement journey and therefore, the next 18 months would be focused on maximising the delivery capabilities of the service.

Improvements would be made to the Service desk tool and IVR (IVOR), to free up time for the Informatics staff to enable better service delivery to end users.

In terms of the Service Desk tool, the options were to either purchase a new tool or upgrade the existing one.

The telephone system required upgrading and development. IVOR needed to enable people to obtain phone numbers more rapidly. Elements might include improvement of web presence (a directory of people on the internet and the creation of a better digital identity for Trust staff). MS commented that this was a complex project which would take some time.

MH queried how the telephony system would fit into the MMUH plans. MS assured the Committee that all Informatics projects executed were mindful of the MMUH move.

RS queried whether the Digital Identity would be ready for the opening of MMUH. MS confirmed that it would be. He reported that Informatics were already working on links to the HR system and active directory (the email system).

FM commented that there were some interdependencies and challenges because of the multiple HR

systems utilised for different staff groups within the organisation. Streamlining was currently taking place. MS assured that ESR would be linked as the definitive directory of permanent staff.

LK advised that a model had been worked up in relation to how much training would be required for roles and the systems individuals would need to access. Spot checks on new members of staff had revealed that none of them had what the Trust thought they should have access to. He commented that the Digital Identity would be very helpful, along with appropriate training.

FM added that the STP was focused on working smarter. An agreement about the automatic transfer of digital information between organisations had recently been signed off. This included training considerations and verifications.

KD raised the issue of staff moving around organisations in response to COVID-19 and how they were already able to access relevant identity data on their mobile phones. FM confirmed this was the same piece of work.

MS further reported there were several updates and implementations planned for the year. These would include the Medisoft to Medisight move.

Work was ongoing in relation to Phase X functionality, including Surginet and Multum flip (a new drug list). Other Unity upgrades were also due. Linked to this was a drive to identify processes which would reduce paper use.

The move to the cloud had commenced with the contract awarded as agreed. Informatics was continuously reviewing the equipment and systems for MMUH and an upgrade was planned for the Maternity Services' Badgernet.

The Trust's Digital Ambitions were progressing with several service change requests currently in train. The Trust had been working with IBM and other suppliers on Artificial Intelligence (AI) and the expansion of Robotic Process Automation (RPA) was being considered. Blue Prism was likely to be used.

LK queried the PAS upgrade and the reporting sign-off. MS responded that this would likely take place in March 2021 and would comprise mostly of bug fixes and cosmetic work rather than major functionality changes. He was confident that reports would continue.

In response to a query from SSR about the use of investment to improve services. MS responded that there was a £300k fund (in the current financial year) for digital transformation and this focus would be included in future budgets. MS commented that some activities requiring development had already been identified.

| 6. PACS position | DMPA (01/21) 004 |
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MS reported that Merge PACS would be going live on the IBM environment later in the year. Testing had commenced and 23% of all images had already been migrated onto the IBM infrastructure.

In response to a query from RS, MS explained that the main reason for wanting to host on IBM was because PACS used to perform poorly because the Trust's network and infrastructure were not fit for purpose.

MS suggested that before going live with IBM in the cloud, there would be four levels of assurance required to demonstrate robustness. (Sign-off from Informatics, readiness to fulfil the contract on the part of IBM, ability for radiology to take, store, retrieve and manipulate images and the go-ahead from clinical areas). MS proposed that the clinical areas decision be taken by the Medical Director.

LK queried whether there was a back-up if HSCN (Health and Social Care Network Service) were to fail. MS reported there was a line in place between the Sandwell and City sites. There would be two independent HSCN connections into MMUH, which would also be linked into Sandwell and City. HSCN was a national service and failure of the whole service would likely mean that the country's internet service had gone down.

MS clarified that 'go live' would mean the Trust was using PACS in the cloud and all images would be sent directly to IBM's data centre.

DC queried if there would be capacity issues given the volumes of images involved. MS reported that testing had taken place and some performance issues had been identified in this process. However, MS reported that this was due to hardware, rather than the network. Therefore, images flow would be timed, utilising off-peak times.

RS queried the processing of old files. MS reported they would likely be dealt with within the calendar year.

RS further queried the commercial terms. MS confirmed that the Trust had entered into the contract with IBM 18 months ago and the contract had been signed off in terms of information governance. Only the Trust could see the images on the IBM site and availability [of images] had been built into the contract.

DC queried whether there would still be issues around the use of PACS. MS commented that moving to the IBM cloud would improve performance to the extent many problems would be resolved.

MH queried the flexibility of the service and whether the options for capacity increase after the 'go live' date were known. MS reported that IBM was able to add processing power to the environment it had created to meet the terms of the agreement. The Trust had stipulated size of images, the time taken for the images to appear and the availability of the service. MS agreed to check the current users aspect.

RS queried the use of AI. MS reported that the Trust would continue to use the IBM Watson service. The Trust had signed a five-year software agreement for AI, with the first year completed. The costs of the service would be £70k per year in years four and five.

MS reported that the Trust would consider processing the images for other Trusts in the future (potentially creating an income stream), if the benefits of AI were proven.

**Action:** MS to check terms in relation to current users in the IBM imaging contract.

| 7. Informatics risks highlights | DMPA (01/21) 005 |
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MS referred Committee members to the risks update paper and made the following points to note:

**Risk 325 – a risk of a cyber security breach**

MS reported there was a plan to archive Risk 325, referencing three new, more specific risks in its place:

1. That the perimeter will be breached. The improvement steps to be identified.
2. Desktop infections and desktop takeover malware
3. Network security

MS commented that these would enable better explanation and identification of the activities being done to address the cyber threat.

RS queried whether there was a scoring on this issue, relative to other Trusts. MS reported that the Trust had corresponded with NHS Digital which had a Cyber Defence Unit. The Unit measured the Trust and ensured it met their requirements in this area. Feedback was that the Trust was performing relatively well.

The Trust would be looking to achieve NHS Digital's Cyber Essentials Plus standard in the coming year and would also engage with the Security Operations Centre to secure external, regular monitoring and updating.

MS reported there were now permanent members of staff in the infrastructure team with a focus on this issue. He expressed the view that good progress was being made in relation to the risk.

In response to a query from RS. MS confirmed that data could be monitored when staff were working off-site or off-line.

### Risk 2846 – Legacy 3 Par storage

MS reported that over 95% of the Trust's systems had been migrated away from this type of storage to iLab and Telepath.

LK queried the timeline in relation to the 3 Par storage migration because this system had caused multiple problems. MS reported this would likely be done by June 2021 and offered to draft a concrete plan and timelines for a future meeting.

### Risk 3797 – Storage for H: and S: drives

MS reported that around 80% of this storage had been migrated to free up space.

### Risks 4128 – Legacy Unity cost

This risk had been resolved through the HR and Informatics budgets and was now closed.

### Risk 4102 – Microsoft SQL server licensing costs

MS reported the risk had been a potential cost of £900k to support old software, but this had been mitigated by doing upgrades in-house.

MH queried whether other large bills were being faced for running old software, e.g. Java. MS reported the Trust had restricted the use of Java but offered to investigate the use of both Oracle and Java.

### Risk 4101 – Cerner

MS reported that the Trust currently used more Cerner than it was licensed for – 25 minutes (usually around midday). Cerner was aware of the issue and discussions were ongoing. No bill had been forthcoming from Cerner however, it was noted that contractually, the Trust would be liable.

### N365 introduction

MS reminded the Committee of the introduction of Office 365 by NHS Digital which would be called N365. The Trust had signed up for the licence to use Office online, however, MS reported that there were some concerns relating to end user risks and also financial risks which would be detailed in a paper to the next DMPA meeting.

**Action:** MS to investigate the use of Oracle and Java across the Estate as software which would run up large bills to support.

**Action:** MS to present a plan and timelines for the migration of data from 3 Par storage for presentation

at a future DMPA meeting.

**Action:** MS to organise a paper about the introduction of N365 (Office 365) and its risks for presentation to the next DMPA meeting.

| 8. Cyber security position | DMPA (01/21) 006 |
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MS advised that the Trust's good cyber security position as reported in late 2020 had not changed.

Patching for servers and desktops had been embedded, firewalls were being monitored and there was a full complement of infrastructure staff in support, supplemented by contractors. The right tools were in place for the Trust to be able to recover from malware breaches and detection of risky downloads by staff.

The firewall extension for MMUH agreed at the last meeting had been purchased.

The Trust would also be considering the recruitment of a third-party partner to run a Security Operations Centre to help with its cyber security. The cost was included in the IT Services budget.

LK queried the frequency of cyber security stress testing. MS reported that a penetration test took place every year by an external provider and regular checks were carried out by NHS Digital's Cyber Centre which sent weekly updates on the latest threats as well as individual, personal threats. The last penetration test had been carried out in March 2020 and another was due shortly.

RS queried access. MS reported that the Trust was very restrictive of access to its systems which could only be done with SWBH equipment/devices. Any external tech providers requiring temporary access to carry out works were managed and monitored.

SSR commented that his department was planning to work with community optometrists which used different software. He queried the ability to see their images. MS reported that viewing images sent by optometrists would not be affected by access restrictions. Some software compatibility might be required.

| MATTERS FOR INFORMATION/NOTING |
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| 9. Meeting effectiveness/matters to raise to Trust Board | Verbal |
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- The good cyber security status
- General update

| 10. Any other business | Verbal |
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**Attendance**

MR reported that Nicola Taylor had expressed a desire to step down from the Committee as nursing representative.

The Committee agreed that having a nursing representative would be essential. MR offered to discuss the issue with the team and allocate a representative.

**Action:** MR to allocate a nursing representative to the DMPA to replace Nicola Taylor.

**Details of Next Meeting**

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

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

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