

Borders NHS Board



Meeting Date: 3 December 2020

Approved by:	June Smyth, Director of Strategic Change & Performance
Author:	Jackie Stephen, Head of IM&T
THE ROAD TO DIGITAL PROGRAMME - UPDATE	
Purpose of Report:	
The purpose of this report is to provide the Board with an update on the NHS Borders Road to Digital Programme	
Recommendations:	
The Board is asked to NOTE the progress against the plan and improving position in relation to infrastructure risk.	
Approval Pathways:	
This report has been approved by BET.	
Executive Summary:	
<p>While slower than anticipated, significant progress has been made in reducing the level of risks and improving performance, resilience and security of the infrastructure. The teams have responded extremely well and worked very hard and flexibly in challenging times to deliver two key schemes during the pandemic.</p> <p>The rate of progress is dependent on securing additional skills and capacity to accelerate progress and be able to resound to further potential requirements to support Covid response. There is a key dependency on a second resilient facility location being identified to mitigate the single data centre but interim mitigation allows the programme to continue.</p>	
Impact of item/issues on:	
Strategic Context	There are no policy implications from this paper. The paper is consistent with national strategies.
Patient Safety/Clinical Impact	N/A
Staffing/Workforce	N/A
Finance/Resources	N/A
Risk Implications	Risks are as stated within the body of the paper.
Equality and Diversity	EQIA
Consultation	The Road to Digital Programme Board have been consulted.
Glossary	N/A

THE ROAD TO DIGITAL PROGRAMME – UPDATE

Background

The Board approved an Investment Roadmap 'Road to Digital' in May 2017 which set out the schemes required to mitigate risks and enhance the IT infrastructure over a four year period. The last annual plan was presented to the Board in June 2019 for the financial year 2019/2020.

Work progressed during the year to deliver the projects in the plan. Progress was slower than anticipated due to a focus on financial turnaround and difficulty in securing resources to the levels of the plan.

A plan for 2020/2021 was under development when the initial impact of the Covid pandemic hit in March 2020.

Covid Response from IM&T

IM&T teams were quickly diverted to Covid response delivering the following digital elements of NHS Borders preparations, response and latterly recovery and resurgence.

Work Area	Volume
MS Teams	Rolled out to 3644 Users
Near Me	Set up 1000 Users and 224 Waiting Areas
Ward Moves (TrakCare)	24 Moves
Hardware Rollout	Additional 500 Laptops and 135 Monitors
Peripheral Rollout	Sent out 1769 Headsets and 862 Webcams (internal mail)
Home Working (Direct Access/Remote Access)	Configured for an additional 836 devices

The response and work associated with Covid continues and the following table shows the current in-flight projects.

Project	Description
Cytosponge & Colon Capsule	A new intervention to replace upper endoscopy
COVID Mass Flu Vaccinations	Mass flu vaccination programme
COVID Re-shaping Urgent Care	Re-shaping of Urgent Care model
COVID Wi-Fi Fridge (Vaccinations)	Providing network internet for new refrigerated truck to store flu vaccines
Homeworking Initiative	Provide Mobile Devices for staff to work from home to protect the individuals and services on the back of a potential COVID second wave.
Community Nursing	Work with the service to review delivery and provide laptops for staff to work from home or mobile
Gala Vale	Decision to be made but IT survey with requirements carried out

Responding to Covid had a significant impact on the limited resources available to deliver against the plan, at times up to 80% of available staff with an average of 50% over the last 7 months.

Current programme status

In spite of recent constraints some good progress has been made during 2020. Two significant schemes to mitigate very high risks have been completed. These are the resilient facility build and installation to create a secondary data centre and the upgrade of Trakcare in July to the T2018 version. These represent a significant step forward in delivering a secure and stable infrastructure. It's a great testament to the IT teams that they completed these during the current pandemic.

There are now only 3 major high risk infrastructure schemes and one enhancement remaining from the original Road to Digital programme, with 28 schemes complete. These have been delayed as a result of the redirection of resources to Covid. They are; Office 365 & mail migration, Windows 10 implementation, GP & community Wi-Fi and G2 Voice recognition upgrade. Of these Office 365 and Windows 10 cause most concern due to the level of risks associated with not completing them.

Windows support for the current version ends in January 2020 and we will need to consider purchasing an extension or accelerating the implementation using a third party.

Office 365 is a large and complex project, made more difficult by the early implementation of teams as part of Covid response and the national deadline to remove nhs mail. Our current email servers are supported but the old email platform dates back to 2007. Delays to this project also mean an inability to reap the full benefits of this type of collaboration tools. Completing this work is a priority for the teams but a lack of sufficient resources and skills has made this challenging.

While not a significant risk area, GP & Community Wi-Fi is becoming an increasingly high priority as part of helping staff to work more effectively during Covid. This is dependent on new firewalls which have been ordered but will not arrive until January. Meantime we provide interim Wi-Fi via 4G when required to allow staff to work differently.

The G2 upgrade has resumed and is expected to complete in coming months.

Some aspects of the programme have not yet been taken forward, predominantly in the applications space where some added value and new technology was required. Two key projects would be GP Order Comms and Electronic Casenote scanning. There has been insufficient capacity to conclude business cases and preferred options for these.

However, we are progressing with some work to try and accelerate GP order comms through a partnership with other health Boards. eCasenotes requires a review now that we have upgraded Trakcare. These will progress as capacity allows or may roll forward into a future year.

Insufficient capacity and skills have made this an even more challenging time for the teams and we are currently securing some contract resource while we recruit to the posts not filled last year and to fill vacancies where staff have left. We hope this will allow us to accelerate our progress over the months to the end of 2020/2021.

Over the four years of the programme a number of additional requirements and schemes have been requested from services or where infrastructure has aged or required increased security. Many of these have been delivered in addition to the original scope of Road to Digital, but a significant number have been rolled forward. This leaves a long list of schemes that need to be prioritised and planned.

Along with the Road to Digital Programme Board the team are working on a refreshed plan for the next three years, clinical and organisation prioritisation of the schemes and a review of scope and governance. Once this is complete a new plan and proposal will be brought to the Board early in 2021.

Risks

The following risks should be noted;

- Limited skills and capacity may slow progress of the high risk schemes. Actions are constantly reviewed to mitigate against this and to ensure that the organisation is adequately protected from threats and risks.
- Significant changes to local recovery and resurgence plans or Scottish Government requirements in response any resurgence may impact progress.

Impact

Some aspects of the programme would not be completed and we will continue to carry infrastructure risks.

Mitigation

High risk items like are being prioritised and use local Board and rolling refresh capital.

Plans are regularly revisited and slowed down or deferred; risk assessments in the community regarding networks and security will be reviewed.

Summary

While slower than anticipated, significant progress has been made in reducing the level of risks and improving performance, resilience and security of the infrastructure. The teams have responded extremely well and worked very hard and flexibly in challenging times to deliver two key schemes during the pandemic.

The rate of progress is dependent on securing additional skills and capacity to accelerate progress and be able to resound to further potential requirements to support Covid response. There is a key dependency on a second resilient facility location being identified to mitigate the single data centre but interim mitigation allows the programme to continue.