



# Doctors in Training IT issues

This document lists concerns raised by Doctors in Training (DiT) of which NHS Lothian has approx 1000. eHealth were helpful in providing some answers last year and early in the pandemic, and this document gives an update. Some things do have solutions so we want to share them, but some are more tricky. This document aims to show that eHealth are aware of these more tricky issues and trying to fix them. Many of these issues affect more than just DiT, but some are specific to rotating staff.

## General

### Waiting times for response to tickets/requests

- DiT report long waiting times for e-tickets to be solved and closed, e.g. waiting more than a week for a response, having to phone and wait in the queue for up to an hour of what is meant to be clinical time. Some simple issues are taking 2 weeks to resolve. IT staff were praised for helpfulness when they are involved, however.

### Questions for eHealth

- Is there a service level agreement [SLA] on how quickly issues which affect patient care need to be resolved? What should the expectation for timescale be? How long should an e-ticket submission be given before chasing this up – and is this chasing best done via the online service desk or the phone.
- Are there enough IT help-desk staff to meet demand? If not, are there plans to address this?

### eHealth Response

- Yes we have an SLA. The response will depend on the severity and scale of the issue. Most requests for accounts and support fall as a Priority 3 with is a 1-day response, 40day fix. Installations are a Priority 4 which is 3-day response, 4 weeks to deploy.
- We currently do have a significant backlog of requests and are falling well short of meeting that SLA in many areas. The mass vaccination sites have required significant resource to stand up and get operational. On top of that most of these sites have required a very significant level of resource to keep running. The EICC alone resulted in hundreds of support calls in the first week even though there were only 20 vaccination stations. As a result of the need to prioritise this we have a number of areas which have a very large backlog which we are in the process of mapping and resolving. I have been speaking to the managers involved, and we're working on getting through the backlog. In order to try and keep the service operating, we have had a large number of people working overtime and had to find additional people to draft in to supplement the existing staff. We've had in excess of 1,000 new accounts created for mass vaccinations alone. This on top of the new tools for Office 365 meaning an increase from 5 minutes to an elapsed time of 5 days means creation of accounts is a challenge. We are adding additional staff to the team to assist with this as it now takes much longer for us to create a new account and it has very many steps.

## Software

### Email and Office 365

#### Issue: Moving between health boards

- Doctors in training move between health boards within SE Scotland, sometimes as often as every 4 months. MED work with eHealth to pre-prepare computer logins and organise TRAK training, but email address seem to change/vanish/multiply. DiT used to have nhs.net which worked. NHS Lothian is the lead employer for DiT and they wonder why they cannot retain this throughout their whole programme – they may move away for 4-6 months but typically come back. Also some DiT do day-work in Lothian and on-call in another health board – they want to avoid multiple emails. There are reports that MS Teams only seems to work for the first Scottish account created. It seems to take weeks to get an email set up if it is a more tricky case and this affects team working and patient safety. People without Lothian emails do not seem to reliably appear in the Lothian directory. Most DiT have not migrated to O365 and so can't access emails outside the firewall.

#### Current situation

- Long term, all will have an @nhs.scot email which will work across all of NHS Scotland and serve as a national ID, but this is not yet fully available due to boards migrating at different rates and Lothian being mid-way through migration. eHealth, both in Lothian and nationally, are aware of the challenges faced by DiT.
- There are extensive resources on the TURAS site here <https://learn.nes.nhs.scot/27648/microsoft-365>. Note that these mainly apply to people whose accounts have migrated to office 365, which is not yet everyone in Lothian.
- MED managers are discussing with eHealth managers about getting all DiT a higher-spec O365 licence, but this will be costly and is still being negotiated.

- DiT can retain their NHS Lothian email throughout times they rotate away. There will be a sense-check when creating an account for a DiT to see if there is an existing email address that can be used.

#### Issue - Incompatibility of Teams

- This is an issue across University and NHS platforms, making engagement with students difficult (for things like SSCs and other tuition situations) (ditto councils)

#### Current situation –

- these are three organisations and there is not an easy solution to this. If you are a 'guest' for a team or meeting, you can join a meeting but won't be able to see chat, access files, see recordings etc.
- those teaching students for formal group sessions should have a Blackboard login. The universities can set this up for NHS staff who are regularly teaching. Informal student groups are more tricky to sort as the teacher may not have blackboard access. The best method is to set up an outlook invite with a Teams link in it – these appointment-based links can be accessed by students.

#### Questions for eHealth

- What is the timescale for O365 migration?
- Please can you confirm that DiT can retain their NHS Lothian email throughout times they rotate away and that, when returning, there will be a sense-check when creating an account for a DiT to see if there is an existing account that can be used.
- Rather than having to go through the service desk, is it possible for the site medical education coordinator to have a direct link into Directory Services [this exists already to some degree] and for this person to be able to manage accounts on behalf of DiT, so DiT can focus on clinical work rather than sit in phone queues.
- Can eHealth [as a priority] migrate of all DiT to the basic O365 licence. Please can you clarify what access will be possible following this change over and above those whose accounts have not migrated.

#### eHealth Response

- Mail access with Office 365 is a major problem with many issues. We have gone backwards since the meeting last year. We do have a process to check that someone has an existing account, and the form for new starts will incorporate that in the next week or so. People moving between organisations is far from simple, and we are working with NSS on a solution to this. The planned approach was that all Junior Doctors were in a separate domain so that they did not have to change their mail address. That has not happened, and we are working with NSS on this. Until this is established and working, staff will have multiple ID's.
- With regards to the mail migration that will take place later this year. This is a significant change with 80% of staff only having web access to mail, and we are working on the training and communication ready for deployment. If you don't have a laptop you will have web access only to mail. There are many challenges with Web Only Access to mail. For example, if you access 10 mailboxes to look at other's diaries or a meeting room, with web mail you will need to log in 10 times in addition to your own login. For this reason, it is possible for local departments to get enhanced accounts for certain staff such as secretaries who need to do this.
- All requests need to go via the service desk, which includes an option for an enhanced licence which should be negotiated locally with your clinical team if needed. If you use the portal [[link from the intranet home page](#)] rather than the phone it is more effective.
- Everyone who does not have an enhanced account will be migrated onto webmail. There is no schedule for the deployment of other Office 365 components, as the governance has not yet been established by the national team for how we store documents on a single tenancy.

#### Remote Access including to HR/e-payroll/e-expenses

- Many systems are only available from within the NHS Lothian firewall. This includes clinical systems like TRAK, but also HR systems like the HR policies on the intranet [[link](#)] and payroll/expenses [[link](#)].
- If HR and payroll systems can only be accessed at present on a hospital-based device, but this is not an effective solution if you are placed away in another health board yet still employed by Lothian, or off work for some other reason.
- DiT who are planning to work from home for personal reasons [eg enhanced shielding] can gain full remote VPN-based access to all Lothian systems, but there is a cost for this. They should speak to the clinical director for the service they are currently working on who should fund this.

#### Questions for eHealth:

- could access be opened up to HR online and expenses/payroll, so people could access from home?

#### eHealth Response

- These applications are not managed by Digital. HR Online is managed by HR. Payroll is a national application. Remote access discussions would need to be established with HR/Payroll. You can access these if you have a remote access

account [NTXGateway account] which allows you to access a virtual desktop from any PC/MAC on the Internet. There is a cost for the additional licenses required for this solution of approx £150pa.

## TRAK

- Many DiT report difficulty in getting a new TRAK account set up, or their account activated after returning to work after a period of absence. This delay can be over 1 week, between starting a job/returning to work, and being able to access and record vital information

### Questions for eHealth

- What timescale should be expected in sorting TRAK access [once the appropriate form has been signed and submitted]
- Who is able to sign these forms. Waiting for the 'right consultant' to sign them can take time. Can admin sign them?
- Could TRAK log in be amended to use the network log on or similar as part of the move to an Office-365 identity.

### eHealth Response

- New accounts are treated as a Priority3, but again we have significant backlog of requests as indicated above.
- Forms must be signed by an existing NHS member of staff who has the authority to approve and determine that someone needs access to the stated systems.
  - MED note: this can be the local Education Coordinator who does this already at induction
- TRAK does not accept A/D credentials. To make it easier to use staff should use OneSign, which is the NHS Scotland Single Sign on Application. TRAK is one of the many applications setup to work with OneSign, and once setup you don't need to put your user ID/password in for initial logon. You will require your user ID/Password on any of the validation screens once in TRAK.
  - MED Note: Onesign is the small 'red i' icon in the bottom right of your screen labelled 'Impravata Agent' – it can store many passwords, not just TRAK.

## Hardware

### COWS and PCs

#### Number of available laptops/COWs in clinical areas

- Difficulty accessing COWs for ward-rounds, especially when needed for ward rounds to see multiple boarding patients, and when multiple ward rounds happen simultaneously
- General difficulty with speed and connectivity, and battery life of existing devices.

#### Current situation:

- all COWs are being upgraded with better software and [in some cases] new devices.
- Please speak to unit managers if there are not enough – it is their role to order more
- Do report areas of poor wifi signal otherwise eHealth don't know.see below under wifi.

### Slow/Insufficient PCs

- Slow PCs particularly in clinics. Time taken to log on to computers especially when no generic log on available. At times there are not enough computers in some areas at busy times

#### Current situation:

- all PCs and Wyse > 5 yrs old to be replaced later this year as part of a major capital programme with a plan for this duration to be followed to going forward with ongoing replacement. This will be like-for-like replacement.
- Do report to local unit managers if there are not enough clinical machines – it is up to them to order more
- Generic logins – these will be very limited and no plans to increase. This is for security reasons.

### WiFi Access

- Lack of WiFi options in hospitals which also have no/poor phone signal. This limits the ability to access guidelines, apps, and other necessary outlets to carry out clinical work. Where there is wifi, it could be used for much more than just clinical access.

#### Current situation:

- DiT and all staff should report poor wifi signal / drop outs - <http://e85050.luht.scot.nhs.uk/LogACall.html> and choose 'fault computer'. Enter details of the device you tried to access the wifi with, but also say that this seems to be a wifi problem and not a device problem – and please give the specific location.

#### Questions for eHealth:

- Please can you explain the different wifi offered on different sites. Which of these can be joined?
- Are there any plans for 'Bring Your Own device'? [BYOD]
- Are there plans to increase wifi availability throughout different sites that don't currently have it?

### *eHealth Response*

- Any new build will get Wifi. ELCH and RHCYP were the first two sites where that was the case. For other locations we have deployed Wifi to support Paperlite and latterly HEMPA. So if an area does not have those, then there will be no Wifi. As we deploy HEPMA around the sites we will be increasing Wifi to support that. There are no additional plans to add to wireless in existing sites.
- If there is a requirement for Wifi in an area, we can arrange for a survey to take place to identify the costs for a local department to fund.
- There is a guest wifi band which is for patients mainly, but staff can also use. There is an EDUROAM wifi band for people with university wifi accounts. There is a council wifi band for council employees etc.
- There are no plans for BYOD. There are a number of IG issues around BYOD, and it is likely most people would not accept the level of control that NHS Lothian would require on the personal device in order to allow it to be used on the NHS network, and ensure that it was not possible for data to be removed or stored on the personal device.

### *Accessing computers for non-clinical work*

- There are not enough computers away from ward/clinical areas intended for essential private study, or virtual meetings etc. There is a particular lack of computers with speakers for Juniors to attend teaching sessions / meetings from the same room

### *Current Situation:*

- Each ADME is working to get a range of machines available for non-clinical use. These can have integrated screens [embedded video camera]. VC units [which can do teams etc for a small group] are being put into each post-grad area on the main sites. If you are placed more **peripherally**, you should speak to a senior about using a laptop [or office or similar] for specific times of the week such as weekly teaching. Please speak with your local education coordinator if this is problematic.