Welsh CS — strengths, weaknesses, and aspirations

Notes for a talk to the Science Advisory Council, 5 July 2012

IT, which we are all familiar with, is not CS. IT is the engineering that underpins almost everything, but CS is the body of scientific knowledge and questions (and challenges) about how to get computation to work well, and what its fundamental limits and capabilities are. For example, psychology is "just" a special case of computer science: what we can think, and how we think, are subject to the laws of computation.

Computing is everywhere, and when it works well it is often completely hidden from view, from ABS (car brakes) to hotel keycards (which use cryptography), pacemakers, mobile phones, the internet, electricity distribution, transport, retail, ...

Many people program, but relative to the state of the art in CS, they are ignorant, and sometimes dangerously ignorant. The recent failure of IT systems in banks is a case in point: people thought the problems were trivial (and could be outsourced), yet the underlying challenges of dependability are unsolved and deeply challenging problems. The bank problems starkly show that money cannot buy solutions when we don't understand the problems. (The idea that the bank problems arose because they were saving money is misleading; why were they so ignorant about the difficulties that they thought saving money was acceptable? They confused their CS problems for IT trivia.)

CS is advancing very fast and is impacting, both supporting and intellectually driving, many fields, including scientific fields. To name but one example, quantum physics.

İssues the field recognizes include the under-representation of women in both CS and IT. The rise of computational thinking is showing how CS underpins almost everything — how we think and solve problems, including scientific problems. Knuth has defined science as what we can describe to computers; if you can't program it, your "science" is too vague (computational fluid dynamics, climate models, etc, are cases in point). *Every scientific meeting should have a computer scientist*!

The high-profile successes like Google and Facebook stop us seeing beyond to the difficulty of computing. The many failures are invisible! And it's tempting to think that, say, Google is "easy" — yet it relies on deep computational issues (imagine eigenvectors of matrices of order a few billion).

In Wales we have some prominent strengths (e.g., the large RIVICS graphics project), but we have very little to show for ourselves. Compared to successful universities elsewhere, I'd say we are competent but lack confidence. We play a zero-sum "Welsh game" rather than play on international fields. We aren't collaborating, and we aren't going for serious funding. Our funding distribution, for example, is very different from (and much weaker pro rata than) successful universities like UCL.

The good news includes activities like the Welsh Crucible, and our efforts to support ECRs.

So, everything is a CS problem.

I then discussed healthcare — the gap between promise and outcomes are very visible.

In the UK, about 70,000 people die each year unnecessarily in hospitals; it is estimated that 10% of this mortality is calculation errors — that is, computer science problems. (One would expect calculation errors to be significantly under-reported.) A routine installation of a computer system in a US hospital more than doubled mortality (see graph).

One of my aspirations is to establish a techealth centre, to address these problems. It would be internationally unique, and build on Swansea's existing strong reputation (such as the recent MRC ehealth award and David Ford's work).

I started with a nice picture of the Shalin Liu Performance Center in Massachusetts, where I had the day before given a keynote at an international dependability conference. I'd like one in Wales. I imagine we'd have an argument about whether it should be in Cardiff or not, and if not where. Well, what we need is not to transplant the Center, but to transplant the economic model, the positive thinking that we can succeed — and apply that to our ways of doing Welsh science.

Please see the *Times Higher* 5 July 2012 article "Lion rampant, sleeping dragon" comparing Scotland and Wales.



The wonderful Shalin Liu Performance Center, Rockport MA — where I've just come from talking at

Computer Science

in Wales

- I. Experience of Wales CS
- 2. Strengths & weaknesses
- 3. Future aspirations

Harold Thimbleby

- Emeritus Gresham Professor of Geometry
- Royal Society Wolfson Research Merit Award Holder
- Leverhulme Trust Senior Research Fellow
- 250 refereed papers; 52 keynotes in 22 countries
- Swansea University, 2005...
- UCL, Psychology & Computer Science

IT v CS

IT use

CS research

Programming

IT skills

Domain knowledge

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EXTERNAL BEAM PLANNING: Norm Point Off-axis Distances and Off-axis Ratios for OMP Plans

Microsoft Excel

Y2

Problems of acceleration

- Real programmers don't understand domains
- Domain experts can't program
- Everyone thinks IT is a consumer product "just buy solutions"
- Gap between research and impact is deincreasing
- Anyone old enough to be an academic is past it



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Unknown ignorance

- I. Abstract types
- 2. Assertions
- 3. Encapsulation
- 4. Invariants
- 5. Model checking

- 6. Modules
- 7. Precompiling
- 8. Refinement
- 9. Unit tests
- 10. Virtual machine

Strengths

- Advancing very fast
- Dependability... for example
- Pushing unknown boundaries
- High leverage
- Low entry cost
- "Virtual" markets

International excitement

- Computing is universal
- Computational thinking
- School computing
- Women in computing (and STEM)
- CS underpins everything
- Pervasive computing (keycards, ABS...)

robotics, implants, genetics, cognition, drug discovery, quantum computing, haptics, mobile,

- IT supports sciences
- CS drives sciences, e.g.,
 - physics quantum computing...
 - biology life, genomics...
 - chemistry computational chemistry...

- IT/CS+business
- IT/CS+manufacturing
- IT/CS+media
- IT/CS+children
- Facebook, Amazon, Google, iPads...









Science (Kuhn's normal science)

Artificial science (Herb Simon)

Ideas

Artificial life Bioinformatics Financial computing Computational intelligence Software engineering Geoinformatics Machine learning Mobile computing Cloud computing eCommerce etc

Welsh CS strengths

Graphics, RIVIC

~50 people; Aberystwyth, Bangor, Cardiff, Swansea

Technocamps — computers unplugged ~20 people; Aberystwyth, Bangor, Glamorgan, Swansea

Health IT — HPC, CHIRAL ~I4 people; Swansea & UCL, MIT, etc

Interdisciplinarity & applications

Zipfian productivity

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MIT, Stanford... v X

- Emphasise amazing first year teaching
- Emphasise research connections
- Professional finance
- Student debt (in multiple senses)
- Huge alumni/sponsor awareness
- Cash spent on infrastructure, not faculty
- Lots of measurement

UCL v X (2010 data)

X's proposals 1.1x more likely to be funded
UCL submits 2.6x more per person
UCL gets 2.4x the income per grant
X has few submitters
UCL income ~20x per academic

implies...

- Not interested
- Not measuring
- Failure feels very visible
- Confidential
- No action...
- Define ourselves by "academic purity" & "status" not by "calibrated excellence"

— cognitive dissonance

Bad news

- Not the rest of the UK
- Most of it isn't Cardiff
- Zero sum games
- Low self-esteem
- Not thinking internationally

Good news (examples)

- RIVIC...
- Welsh Crucible
- ECRs 90+10
- Get a CS person in every Welsh workshop
- Can only get better

Everything is an IT/CS problem

- Underpins everything
- Promises everything
- Under-delivers
- Systems are not **dependable**



NatWest — visible failure June 2012

Ignorance

- Everybody over-sells market
- Everybody underestimates fundamental difficulties (scientific challenges)
- There are standards, nobody uses them

True or false?

- We are surrounded with successes
 Amazon, Facebook, Google, iPads, ABS...
- Money can buy solutions

— attribute substitution



Blindspots

- We can't see the failures
- Money can't buy solutions
- That's why there are so many failures
- We don't understand the science

Everything is an IT/CS problem





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Clotting Factor Concentrate Infusion

Graseby 3000

PROPERTY OF ROYAL FREE HAMPSTEAD

· ALARM

PURGE

DO NOT SWITCH OFF OR ALTER RATE

without contacting the Haemophilia Centre

Nurses: Ext 4248 (bleep 328 Sat/Sun 9am-1pm) SpR: Bleep 811

My aspirations

- High impact, high quality research
- Techealth Centre
- EPRSC fellowship

techealth interaction centre

UK data per year

- 72,000 preventable deaths
- 200,000 excess injuries
- 2,222 road deaths
- 30 electrical deaths

Top 10 health technology hazards

- Alarms Line misconnection 6.
- Radiation 2. 7.
- 3. Infusion pumps
- 4. Crosscontamination

- **Fires**
- Sharps injuries 8.
- Prechecks of 9. anaesthesia



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Analysis of infusion pump error logs and their significance for health care

Paul T Lee, Frankie Thompson and Harold Thimbleby

billing of the largest practised therapies in any in the billing of the largest practised therapies in any in the billing of the largest practised therapies in any in the billing of the largest practised therapies in any in the billing of the largest practised therapies in any in the billing of the largest practised therapies in any in the billing of the largest practised therapies in any in the billing of the largest practised therapies in any in the billing of the largest practised therapies in any in the billing of the largest practised therapies in any in the billing of the largest practised therapies in any in the billing of the largest practised therapies in any in the billing of the largest practised therapies in any incidents, there is negligible use or review of error logs in the healthcare sector. Staff re-training has often been cited incidents, there is negligible use or review of error logs in the healthcare sector. Staff re-training has often been cited incidents, there is negligible use or review of error logs in the healthcare sector. Staff re-training has often been cited incidents, there is negligible use or review of error logs in the healthcare sector. Staff re-training has often been cited incidents, there is negligible use or review of error logs in the healthcare sector. Staff re-training has often been cited incidents, there is negligible use or review of error logs in the healthcare sector. Staff re-training has often been cited incidents, there is negligible use or review of error logs in the healthcare sector. Staff re-training has often been cited incidents, there is negligible use or review of error logs in the healthcare sector. Although device logs can be accessed and downloaded to computers as and when required, this is often reserved for retrospective analysis of specific events rather than assessment of long-term user interaction and improved

design. Never les de utilizade goal of incident analysis is prevenen, de enalitate i do learn lessons from each event (Bitar and Nunally, 2007; Medicines and Healthcare products Regulatory Agency (MHRA), 2010).

Poorly designed devices can lead to confusion, errors and dissatisfaction among health professionals (Dougherty, 2010). Human interaction is now being researched and publications are beginning to surface to help designers, manufacturers and users better understand each other's input to the process (Computer-Human Interaction for Medical Devices (CHI+MED), 2010; National Patient Safety Agency (NPSA), 2010; Thimbleby and Cairns, 2010; Money et al, 2011).

In an effort to help the medical device industry take account of human factors, a range of European standards, design recommendations and research protocols have also been established (NPSA 2010: BS EN 62366: 2007: Kave et

Infusion therapy is one of the largest practised therapies in any isan, nd in since pumps are used to deliv healthcare or NHS. The ire aft indu millions of in downloads in systems and reduce risk; however, the same cannot be said about error logs and data logs from infusion pumps. This study downloaded and analysed a moximately 36 of sion pump error • u logs from 13 fusio pumps se ars ir ff h l to na s: this acute hospita for approximately 5% of total infusion time, costing about \pounds ,1000 per pump per year. This paper describes many such insights, including numerous technical errors, propensity for certain alarms in clinical a how fife conditions, le 18t al 8st tu to an increas tions. **F** combined win appropriate managerent of pumps to help ider improved device design, use and application is recommended.

Key words: Infusion pump alarm **Error** log **Incident** analysis



utomatic logs and voice recorders are widely used in aviation to help give investigators insight into

Healthcare is an IT/CS problem

JOURNAL THE ROYAL SOCIETY Interface



Reducing number entry errors: solving a widespread, serious problem

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Number entry is ubiquitous: it is required in many fields including science, healthcare, education, government, mathematics and finance. People entering numbers are to be expected to make errors, but shockingly few systems make any effort to detect, block or otherwise manage errors. Worse, errors may be ignored but processed in arbitrary ways, with unintended results. A standard class of error (defined in the paper) is an 'out by 10 error', which is easily made by miskeying a decimal point or a zero. In safety-critical domains, such as drug delivery, out by 10 errors generally have adverse consequences. Here, we expose the extent of the problem of numeric errors in a very wide range of systems. An analysis of better error management is presented: under reasonable assumptions, we show that the probability of out by 10 errors can be halved by better user interface design. We provide a demonstration user interface to show that the approach is practical.

To kill an error is as good a service as, and sometimes even better than, the establishing of a new truth or fact.

(Charles Darwin 1879 [2008], p. 229)

Keywords: number entry; human error; dependable systems; user interfaces

Typical problem

- Infusion pump errors nobody knows how to do it
- Maths is hard; involves matrices of dimension 10¹⁰
- Unsuprisingly, nobody else is doing this
- Our current work is reducing error by x10

Willingness To Pay

- $\Delta E = Pr(event) \times Pr(avoid) \times \Delta Q$
- Pr(number entry death) = 5×10^{-6} to 3×10^{-5}
- Pr(avoid) = 0.5
- $\Delta QALY gain = 7$
- Δ headroom = £0.30 to £3.20 per pump
- 24,500 QALY = 27355M

Health IT and Patient Safety

Building Safer Systems for Better Care



INSTITUTE OF MEDICINE

National Academies Press (March 2012)

Plenary Very brief initial outcomes -

essence/headline - I minute taster

Royal College of Physicians

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Mother-of-four dies after nurse administers TEN times drug overdose

Mrs Arsula Samson was being treated for pneumonia in the Good Hope Hospital, Birmingham, before she died on 14 March, 2010.

Staff nurse Lisa Sparrow wrongly pumped her with 50mL of prescribed potassium over half an hour instead of over five hours.

Instead of pressing the 10mL per hour button, the nurse admitted to the inquest that she tapped the 100mL per hour button.

techealth interaction centre



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Partial summary

• IT v CS

- Both underpin economy
- There is real science but it's hard to see
- No effective Welsh CS community
- REF worries Benjamin Franklin
- Over-conscious of Wales & Cardiff
- Weak industry links
- Weak community
- Tremendous opportunities
- Dunning-Kruger Effect