

**East Berkshire IM&T Meeting
Draft Minutes of the Meeting
Friday 26th January 2018, 15:00–
17:30
Room 1, KE VII Hospital, Windsor, SL4 3DP**

Members:		Role and Organisation
In Attendance		
Wishav Goel	WG	Clinical Lead (Bracknell and Ascot CCG) - Chair
Mark Sellman	MS	AD of Digital Transformation - SCW
Simon Hodge	SHo	ICT Senior Service Delivery Lead
Catherine Mullins	CM	Snr Project Manager SCW CSU
Samuel Hanson	SHa	Project Support (Temporary)
Anshu Varma	AV	Head of Corporate Services (East Berkshire CCGs)
Tracey Burrows	TB	Senior Information Governance Manager (SCW)
Darren Morgan	DM	IT Training Manager – SCW
Dr Adrian Hayter	AH	Clinical Chair for WAM CCG
Alan MacKay	AM	Practice Manager
Roy Allerton	RA	Programme Manager - Digital Transformation - SCW
Ryan Edridge	RE	Consultant – Digital Transformation Team SCW
Jonathan Pettit	JP	Head of Financial Management and Reporting – East Berkshire CCGs
Jennie Ford	JF	Finance and Performance Manager (East Berkshire CCGs)
Dr Priya Kumar	PK	Clinical Lead (Slough CCG)
Apologies		
Steve Boyd	SB	IT Business Relationship and Shared Service Manager
Claire Isham	CI	IT Services Locality Manager- SCW

Item No.	Item	Action Owner
1	Welcome and Apologies Welcome, introductions and apologies were provided by the Chair.	
2	Conflicts of interest / Declarations of interest No new conflicts or declarations were made by the attendees. WG stated that SHS has finished and therefore there is not COI for him in any capacity for the CCG, AV to action COI removal ACTION – AV to remove Conflict of Interest for WG	AV
3	Notice of Any Other Business <ul style="list-style-type: none"> • Update on IT e-consultation plan (RA) • Paper correspondence into primary care analysis work (RA) • Social prescribing and IT related work optimisation 	

Item No.	Item	Action Owner
4	<p>Minutes of the Last Meeting</p> <p>Minutes of the last meeting were agreed as an accurate representation by the board.</p> <p>It was noted that at the time of the meeting in December 2017 the IM&T Board had not been quorate to make the decisions needed. The IM&T Board had made decisions depending on post-meeting approvals from Slough CCG representation. These actions have been completed and all of the required approvals for the governance items have been met.</p>	
5	<p>Actions reviewed: 1.37, 1.56, 1.66, 1.69, 1.72, 1.77, 1.80, 1.82,</p> <p>1.37 – Remote Working –.Awaiting feedback from JP report and update about the NHSE Capital Bid. Will be working with SHo to look at supporting practices that have asked for laptops.</p> <p>AV agreed criteria for practices with lots of external work i.e. care homes, schools etc. lasting for more than 2 hours per week, and these areas will be prioritised for new allocating any new laptops. The discussion has been on-going since July 2017.</p> <p>CI has circulated criteria, and it this was flagged in August, however the message needs to be re-circulated to practices. Some questions about if those practices that are on a private retainer to work in care homes should have the same weighting applied for the criteria.</p> <p>Already looked at how many met criteria from practice managers. Suggested old laptops could be configured, and supplied as refurbished models. AV to find out how much can be bought with £50k, then to find out from practices who meet criteria.</p> <p>It was raised that consideration should be given to ongoing practices costs i.e. Citrix, Remote EMIS licensing, this needs to be considered as on-going costs to the practices. Broad discussions of associated benefits.</p> <p>1.56 – Whole Systems Intelligence – on agenda</p> <p>1.66 – ICE – on agenda</p> <p>1.69 – Telephony Services – WG mentioned last time discussed STP included producing telephones for whole STP area; MS indicated Frimley interest in creating unified primary, secondary telephony systems.</p> <p>MS stated that traditionally funding for these systems would not be provided by NHS England; however a strong argument could lead to their support. CM mentioned that at the last meetings it was raised by CI that this could be outside of the SLA of the GPIT element of the SLA depending on what the vision was, and this would need to be checked</p> <p>RE will need to review requirements and look at the potential to put this back out to tender, will work with SHo on this – easier to confirm existing requirements and work with BHFT to capture additional information – sign off for project goes to STP board for agreement. Welcomed from practices viewpoint. Emphasised the need to mention doing this at scale makes financial sense. Potential to tie into 111, online prescribing etc.</p>	<p>AV</p> <p>RE / SHo</p>

Item No.	Item	Action Owner
5 Cont	<p>1.72 – SMS Messages – IPLATO – Key issues were that SMS messages were being used for other purposes. Last year SMS messages ran out and created pressure to practices, such as being unable to send out appointment information. This was attributed to when the system was established, no business processes or guidance around the allocations were made to practices, resulting in practices using SMS credits as and when they wished to them. Consequently, CCG had to buy additional message credits to keep the essential message service going.</p> <p>One of the requirements asked was to agree principles for what SMS were used for. JF AM and AV met before Christmas. Input from the board was invited in reference to principles established:</p> <ol style="list-style-type: none"> 1) To assign SMS credits depending on list size appropriately 2) Agreeing national campaigns such as flu, cancer, should be part of that allocation 3) Central SMS pot for other uses i.e. CCG led programmes, factored in 4) Also factor in public health programmes <p>5) Practice specific work QOF work, one option is to ask practices to forecast how much they would require – or alternatively to ask CCGs to provide ‘x’ number related to practice lists.</p> <p>Broad discussion on supporting practices in a number of areas, including diabetes and frailty integrated self-care.</p> <p>It was raised that providing unlimited text would not resolve the situation, and that the system requires managing. AM stated that this can be renegotiated with the supplier in October 18. There would be need to ensure allocation to practices is even.</p> <p>Suggested the need for a process to be established for requesting additional / top allocations. By having a central pot of credits the CCG will always maintain a pot of additional credits which are released for other uses.</p> <p>Communication – required to be sent out as a priority before the next committee – to include the ‘do’s and don’ts’ for GP practices.</p> <p>Option appraisals of the market place reference other suppliers – paper needs to be ready March 2018. AV handover to SHo – recently joined team – reporting from beginning of financial year to December – showed 246,683 appointment reminders sent. Highlighted differences in credit consumption (heaviest vs. lightest GP practice uses). AV to send out to practices; starting communication, tasking SH to work up option appraisal ahead of March.</p> <p>One contract finishes in July ‘18 and FFT finishes in Oct ‘18 – AV and SH to get communication out to start contacting practices.</p>	<p style="text-align: right;">AV</p> <p style="text-align: right;">AV / SHo</p> <p style="text-align: right;">AV / SHo</p>

Item No.	Item	Action Owner
<p>5 Cont</p>	<p>1.77 – VDI – on agenda</p> <p>1.80 – Connected Care Pilot in Gainsborough. Connected established on Thursday. Several problems raised, which were associated with workstations needing EMIS installation. This requires speaking with health computing to do this as an overnight reboot to avoid interrupting doctors workstation.</p> <p>Also raised that Internet Explorer and Firefox don't link into Graphnet, emphasised the need for this to happen seamlessly. Overall feedback was positive. MS stated BHFT providing information from next month. WG agreed to feedback experience further next month.</p> <p>Reference made to the process in Leeds, how GPs can track patients around the hospital. It was mentioned how it would be useful to read GP letters – however they're only able to see a small amount of results – this is in the pipeline to expand what clinicians can see. MS emphasised need to gather more end user feedback to MS.</p> <p>1.82 – Patient Wi-Fi – on agenda</p>	
For Discussion		
<p>6</p>	<p>Finance</p> <p>Month 9 update from JP – Section 1 on plan</p> <p>Section 2 – IT spend complicated with Connected Care (CC). Tapped into multiple sources to fund CC, money is provided by NHS England, however yet to receive that but juggling by budgeting spend.</p> <p>MS clarified that ETTF have been told bids accepted – however this hasn't hit bottom line yet, but the capital came through on the 25th January so it's currently hard to clarify – slippage into Docman integration.</p> <p>MS / JP now needs to map against expenditure for CC to give final position, likely to be underspend but hard to confirm at the present time.</p> <p>JP stated £981k from NHSE, utilised better care fund £600k, looking to utilise £600k into next year. MS stated multiple have been submitted, waiting for that money to flow, underspend estimated of £50k.</p> <p>AV stated £50k used for laptops for care homes, schools etc. raised in remote working discussions. MS stated VDI pilot, full allocation coming through which would fund it. RE and SHo to take away and investigate.</p>	<p>MS/JP</p> <p>RE / SHo</p>

Item No.	Item	Action Owner
7	<p>Risk register</p> <p>AV updated the committee that IMT 14 – compliance to IG toolkit for Frimley Park – proposed to close this as they’re now achieving level 2 compliance. IMT 13 to remain open as no contact. IMT 15 cyber security has now been available since December 2017, module which provides staff cyber-attack awareness.</p> <p>AV also reported that practice managers accessing training direct from toolkit – now up again since middle of Dec – highlighted that this is free and provides cyber awareness training. AV to send in GP update letter stating this.</p> <p>Was raised to put risk register to every other month instead of every month, agreed by committee.</p>	AV

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Item No.	Item	Action Owner
8	<p>Information Governance</p> <p>Can the “Action” under IG/IT Policies be updated to reflect that Slough Representative was missing but approval has been obtained via email for all policies.</p> <p>Incident Reporting</p> <p>Non-Fault Incidents: 4</p> <ul style="list-style-type: none"> • SE196 – Linden Medical Practice - GP sent patient blood pressure results in error to CCG • SE198 – SCW DSCRO send PID in error to CCGs • SE201 – Cippenham Surgery – Practice sent Latent TB list containing 25 patients (SIRI 2) <p>Thet House, Frimley GP sent personal claim form to CCG including PID</p> <p>IG Training Report</p> <p>82 staff have completed IG Training. CCGs are currently 41% compliant. 50 staff yet to complete training by end Feb</p> <p>Communication has been sent out to Department heads to chase up staff.</p> <p>Data Flow Mapping & Risk Assessment Plan</p> <p>Each year the CCGs have to evidence they continue to map and risk assess all data flows. This document is to evidence that there is a plan in place and IM&T are assured that this requirement is being met.</p> <p>ACTION: IM&T to ratify Data Flow Mapping & Risk Assessment Plan</p> <p>STATUS: IM&T Board ratified Plan.</p> <p>GDPR Readiness Plan</p> <p>GDPR comes into force May 2018 and organisations need to have plans in place to ensure implementation.</p> <p>The ICO has produced a 12 Step Plan as well as Data Processor/Data Controller Checklists which outline the requirements which need to be met which has been used to produce the GDPR Readiness Plan.</p> <p>In summary the areas which need to be addressed are:</p> <ul style="list-style-type: none"> • Awareness /Training: Key staff to have GDPR Training • Information Held: Review of data flows to ensure GDPR compliance • Communication & privacy: Fair Processing Notices to be updated • Individual Rights: Tighter controls to manage individuals rights. Review policies procedures/guidance • Subject Access Requests: Tighter timescales. No charges. • Legal Basis: Legitimate interest not recognised as legal basis • Consent: Review consent process. Tighter controls. Re-consenting patient if not compliant with GDPR. 	TB

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10	<p>Whole system intelligence Feedback on how system intelligence fits with provider organisations, flowing through to providers and share data. Raised that there are several iterations MS and team currently working on, latest version shown in appendix 1.</p> <p>BI engine to be discussed – model structured to have data flowing through and to have data marked 1,2,3 and end function giving future capability resource into data flows.</p> <p>MS explained the current flow limitations, stating the new model data governed locally to support patient pathways to flow information into one place. AH stated this allows commissioning functions to be fulfilled. When considering whole systems intelligence, taking next step of thinking local authority data, troubled families, data generated will then allow particular parts of the population with highest health spends. This can then target resources in the wider system, not just health. Governance measures will need to meet standard. Emphasis of how the model builds on aspirations of accountable care systems in the future.</p> <p>MS raised the challenges of using this type of data, surrounding how it can be used operationally. Advantages of using this is that data can flow into Connected care, making it usable all form one source.</p> <p>Committee were made aware as ACS / IG steering processes. Data visualisation key – proof of concept work key, using tools like TABLO. BHFT currently have this function, allowing them to plug in existing tools into whole system data repository.</p> <p>Broad discussion around whether this tool will link into maternity. MS stated the process will take time to adjust.</p> <p>Suggested to have separate item for next meeting – to be raised at Frimley LDR board.</p> <p>MS also raised piece of work with Alex in primary care team to understand demand, aging care pathway unknown how busy primary care is. This will be able to run extractions from EMIS reporting tool – MS looking for committee to support approaching practices to run search on books to get an idea of capacity and demand.</p> <p>It was stated this will be challenged by practices – emphasised this must be sold as a system intelligence viewpoint and not from a monitoring viewpoint. AM suggested this should be run on a few practices to begin with to understand complexities. MS suggested JF / AM to act as pilots.</p>	<p style="text-align: center;">CSU</p> <p style="text-align: center;">AV</p>

Item No.	Item	Action Owner
11	<p>GPIT service review</p> <p>Performance attachments for this meeting are for information only, to support views for a future review</p>	
12	<p>IM & T Programmes</p> <p>Connected Care RA reported EPS overall utilisation holding steady around 65%.</p> <p>83% performance up against national average of 73%. Questioned GP prescribing budget – Slough not doing EPS as was removed from budget.</p> <p>GP 2 GP reports resumed after 8 months absence, reported as doing well. Bracknell & Ascot leading at 100% utilisation, WAM at 88%, few practices with issues for requesting patient details for transferring.</p> <p>Patient online system running well. Slough 7.5%, WAM 13.6%. Figure do not include patients registered for services through my GP app, but NHS England don't count that.</p> <p>* Primary Care IT – covered as a part of the discussion above.</p> <p>* DXS Reporting still light in terms of technical and performance incidents reported. Andrew encouraging practices to report issues so they can be logged. Utilisation reports shows 62% increase from Oct to Nov '17 – attributed to improvement in performance since move to version 5, tail off in December '17 but was expected due to holidays. Overall figures have doubled since April '17.</p> <p>MS raised key risk about online consultation – notification from NHS guide was to get online consultation.</p> <p>£1 million needs to be spent by March, to be flagged to Debby & Nigel if there is a creative way to carry money over. To be added to risk register (issue of rushing out in the next month to buy a product without fully completing options appraisal) – guidance release was delayed by 9 months. Does not have to be skype – can be email.</p>	RA
13	<p>ICE Update – Clinical Concerns Investigation –</p> <p>moved to next months agenda</p>	

Item No.	Item	Action Owner
14	<p>VDI / Patient Wi-Fi</p> <p>RE reported requirements gathering for all practices completed. Price will decide what speed can be implemented.</p> <p>Virtual smartcards, MS asked Ryan to look into this. Potential to link into active directory credential, which would act as Smartcard – still have 2 factor authentications. RE asked how this would be received from a clinical perspective. Feedback is that it would be very beneficial to allow home working, E-prescriptions etc.</p> <p>VDI</p> <p>Reported that main challenge was having only 1 supplier bid. RE investigated into understanding why. Procurement found all other companies either didn't have time or were too busy to submit bid.</p> <p>RE asked if committee were happy to proceed to next stage, arranging a demo to gain input from clinical team. Alternative option would be to re-run the procurement process again to attract more bidders.</p> <p>Questioned were asked if this would have any benefit, mainly to produce a lower quote. RE explained that the single bidder is established with success. Committee satisfied procedures have been followed, so no need for another procurement round.</p> <p>RE to arrange a demo session with the supplier</p>	<p>RE</p> <p>RE</p>

Item No.	Item	Action Owner
16	<p><u>AOB</u> <u>Emergency care</u></p> <p>Docman 10 – RA put paper in to make aware pilot sites have been selected. They were selected based on performance. Looking to deploy pilots in Feb. Forming programme tranche approach through March / April for remainder. Highlighted to make sure pilot practices are ready to undertake training –</p> <p>Work optimisation – WAM had launch training 25th Jan – question is dual screen for admin staff – MS to add</p> <p>Social prescribing request for WAM – currently excel monitored but needs to fit into CC programme. CSU looking at the requirements and potential solutions</p> <p>AV showed IM&T members website – information for site provided by RA</p> <p>Online consultation – RA stated meeting took place with Surrey heath joint project control with Alex – project kick off meeting Feb – requirements scoping march</p> <p>Training Needs – The assessment of the training needs across East Berkshire has been completed and the plan to address the needs has been discussed.</p> <p>Future meeting venue – Flagged by several members of the committee to hold some future meetings in Bracknell. Options will be explored</p>	

Please note dates and time of the next meeting:

Date: **Friday 23 February 2018**

Time: 15:00 – 17:30

Location: Meeting Room 2 – KE VII Hospital, Windsor