East Berkshire IM&T Meeting
Minutes of the meeting
Friday 22nd September, 13.00 –
16.00
The Henry Room, KE VII Hospital, Windsor, SL4 3DP
Chair – Wishav Goel

Members:		Role and Organisation
In Attendance		
Rishi Mannan	RM	Clinical Lead (Windsor, Ascot and Maidenhead CCG)
Wishav Goel	WG	Clinical Lead (Bracknell and Ascot CCG) - Chair
Roy Allerton	RA	Programme Manager - Digital Transformation - SCW
Anshu Varma	AV	Head of Corporate Services (East Berkshire CCGs)
Priya Kumar	PK	Clinical Lead (Slough CCG)
Tracey Burrows	TB	Senior Information Governance Manager – SCW
Catherine Mullins	CM	Senior Project Manager – Digital Transformation - SCW
Rachel Procter	RP	Practice Manager (WAM CCG)
Ryan Edridge	RE	Consultant – Digital Transformation Team - SCW
Sam Furneaux	SF	Junior Project Manager - Digital Transformation - SCW
Debbie Fraser	DF	Finance and Performance Manager (East Berkshire CCGs)
Andrew Waring	AW	Consultant – Digital Transformation - SCW
Claire Isham	CI	IT Services Senior Locality Manager – SCW
Darren Morgan	DM	IT Training Manager - SCW
Apologies		
Sanjayan Rayan	SR	Choose and Book Manager
Steve Boyd	SB	IT Business Relationship & Shared Service Manager – SCW
Jagjit Mandair	JM	Programme Manager for Primary Care Transformation (Infrastructure)
Mark Sellman	MS	AD of Digital Transformation - SCW
Richard Haynes	RH	IT Service Level Performance Manager
Jo Greengrass	JG	Associate Director of Nursing -Quality and Safety
Lindsay Blamires	LB	GP IG Manager, CSU
Sangeeta Saran	SS	AD of Planned Care at Berkshire East IM&T Committee
Jennie Ford	JF	Practice Manager (B&A CCG)

Item	Item	Action Owner
1	**Welcome and Apologies**	
	A welcome from the Chair and apologies given.	
2	**Conflicts of interest / Declarations of interest**	
	No conflicts or declarations made by attendees.	
3	**Notice of Any Other Business**	
	None given.	
4	**Minutes of the Last Meeting**	
	Minutes of the last meeting were agreed as an accurate representation by the board.	

'Thinking locally, working together'

5	**Actions to Review:**	
	(1.37, 1.56, 1.64, 1.65, 1.66, 1.69, 1.70, 1.71, 1.72, 1.74, 1.75 and 1.76)	
	Actions reviewed:-	
	1.37 - Remote Working – Anshu Varma to provide Claire Isham with a list of practices that might be suitable for the resourced laptops available via remote working.	
	22nd Sept – Awaiting funding allocations and will be progressed once the allocations have been finalised. RM will send out an e-mail to all practices w/c 25/9/17 to inform them that funding is available in principle. Carry Forwards.	
	1.56 – Whole Systems Intelligence – A document will be presented to the board outlining the scope of work.	
	22nd Sept – Still work required to define the extent that the CCG will provide funding and resource, as well as agreeing upon the scope. RM is taking this item to ENT and will request backing from the CCG. The feedback from that meeting will be presented at the October board by Anshu Varma. Carry Forwards.	
	1.64 - Christy Chan to talk to the Comms team to ensure comprehensive deployment of EoL template.	
	22nd Sept – The next EoL Steering Group is on 5th October. CM will speak with Rachel Procter to get some contact details for the next EoL lead at South Meadow Surgery. Carry forward to the October meeting.	
	1.66 - ICE Update – Clinical concerns investigation needs to be ongoing until the issues are resolved. Stakeholder analysis – root-cause analysis. Identifying and clarifying the work that will need to be done.	
	22nd Sept – A scope of work has been drawn up, outlining a list of requirements as well the components of the wider scope of investigation. RM asked whether there was a possibility of setting up an NHSMail account so that the CSU can log issues. Secondly, a communication will be sent round to the practices to make them aware that this investigation is being carried out and working towards a resolution. Carry Forwards.	
	1.69 - Telephony Services – Claire Isham to investigate a base-lining of the telephony services and systems, incorporating the scope for future opportunities. CI will baseline this information and report back, as well as liaising with Priya Kumar and Rachel Procter. CI will also assess the terms of the contract to gain an idea of how long the contract can be used for.	
	22nd Sept – The telephony paper provides a baseline for when practices go out to procure their own service. CI commented that they had no further funding or control over what is inputted. RE mentioned that there is currently work being undertaken in Gloucestershire to procure one VOIP solution. RE felt that might be beneficial to consider and will share the paper with CI, who will amend that paper to reflect the current environment in Berkshire – that will be presented at the next board.	

1.70 - Online Services Communications Plan – A joint communications plan will be developed, alongside CCG partners that will incorporate advice on how to access online services when registering at a GP Practice. This will be presented at the September meeting.

> 22nd Sept – Looking, with the agreement of the board, to define where the co-ordination of this work package will reside. Catherine Mullins will look to link in with Karen Shukla to develop that. A joint paper will be produced between the East Berks Comms team and the CSU – that plan will form the basis of a paper that will be brought back to the next board. Carry Forwards.

1.71 - Publicise IT Projects – Anshu Varma to inform the CCG teams of all current on-going projects.

> 22nd Sept – Anshu Varma uploaded that list to Basecamp. RM suggested adding in the software that are already being utilised. Closed.

1.72 - SMS – Starting building a functional requirement set for the SMS service, outlining what the practices, CCGs and other partners will require from this. Timescales and project outline document will be established for the October meeting.

> 22nd Sept - Jagjit Mandair to compile a paper for the attention of the board, covering a forward plan of action. The board will decide whether this will require additional funding. Claire Isham will link in with Jagjit and Bracknell & Ascot CCG GP practices to help develop this document. Carry Forwards.

1.74 - Utilisation of DXS to be baselined and established before a "soft re-launch" of DXS is completed to that an assessment can be made of the use / success levels.

> 22nd Sept – AW was invited to provide an update to the board. AW is working with CI to establish a project to resolve any outstanding infrastructure issues. AW and WG have conducted a substantial review concerning how documents are coded. Closed.

6	Finance	
	Jonathan Pettit presented his update as from the reporting from month 5. JP will sit down with Mark Sellman and discuss the budgets in more detail. It was reiterated that we are still expecting additional money from the ETTF allocations. There was considerable discussion concerning iPlato and the funding implications surrounding additional resource. There was a concern that the work required had not been properly scoped out to be able to determine whether this was appropriately funded. The board felt this required further development to be able to evidence where additional funding would be needed. ACTION 1.72 (continuation): Jagjit Mandair to compile a paper for the attention of the board, covering a forward plan of action. The board will decide whether this will require additional funding. Claire Isham will link in with Jagjit and Bracknell & Ascot CCG GP practices to help develop this document. Carry Forwards.	JM/CI

7	**VDI**	
	Ryan Edridge was keen to present the full costs and has conducted a cost-benefit analysis to be able to demonstrate savings. It was noted that procurement have signed off the technical requirements for the three pilot sites and RE asked for board approval to commence those sites. Concerns were raised over the costs for the three pilot sites. To provide a clearer picture, RE will bring back a full financial case for review at the next board. ACTION: RE to present a refined financial case at the next board.	RE
8	**Training Strategy**	
	Darren Morgan was invited to present his training strategy. Sufficient focus currently on working around the ACS. One of the key upcoming deliverables is a Training Needs Analysis, which will be sent out to practice staff to document requirements for future training target planning. DM will work to produce a report that collates the feedback received to help outline where improvement, or a change of strategy, might be required. The results will also be fed back to the participating practice. Rishi Mannan was keen that the availability of webinar and telephony training is widely accessible. It was also suggested that procuring additional resource to build a website to host files and a database of webinars would be well received – DM will look to approach that with the relevant channels. This will also look to form a drive towards coding standardisation and clinical effectiveness of templates. ACTION: The board would like sight of a repository of available templates from the CSU.	DM/CI

9	**Information Governance**	
	Tracey Burrows presented an update on Information Governance. There had been an encryption issue which highlighted a security flaw apparent with USB sticks. This was raised with the CSU as there is a conflict of interest with IG. The security side of the risk has been mitigated, however there have been numerous lessons learnt. This has also been raised with the CSU IG Regional Manager, who has escalated the issue with the IT Helpdesk to investigate further. Concerning training, TB is keen to make sure that the online training system is working before reminders and notifications are sent out to push for training uptake. A communication concerning wider training uptake has not been shared yet.	

10	**IM&T Programmes**	
	Connected Care – no major developments arising since the last board. The Frimley ADT is pencilled in for January, as this is in line with the rest of the delivery. Priya Kumar raised a concern that it would be deployed before winter. RM flagged concerns that confidential documents may be available to see within Docman/Connected Care – he has raised this as an issue to be brought up at the next Connected Care board. Wishav Goel will also bring this issue up at the next IG Steering Group. **LDR Update** – A Record Sharing Working Day is scheduled to take place on Friday 29th September. The primary objective of the day will be to look at the daily living tab, nursing notifications and a medications update. This will also be the first introductory session focusing on the Patient Portal. **Customer Facing Reports** – There has been a significant delay from NHS Digital in publishing EPS data; this has also been the case for GP2GP data as well. The reporting situation has deteriorated within the past two to three months as a result. This has been escalated as an issue with NHS Digital to try and get a more efficient process in place.	
11	**Risk Register**	
	Anshu Varma was tasked with highlighting all current open risks to the board for review. Each risk was individually assessed and discussed by the attendees; **IMT 16** – 'IG breaches in relation to funding request' - Ongoing conversations and processes are being reviewed. **IMT 17** – 'ICE Docman' - Board agreed the outlined action to establish a project to identify root cause and failure mode analysis. **IMT 15** – 'Cyber Security' - Board agreed the outlined action for a Cyber Security Awareness training programme for CCG staff. **IMT 13** – 'Compliance to Information Governance Toolkit for RBH' - Specific to the CCG - Berkshire West IG Manager initially raised this. This will be linked into the work being carried out by Connected Care, and will also be addressed at the IG Steering Group as well. **IMT 14** – 'Compliance to Information Governance Toolkit for FPH' - AV would like to keep it on this CCG Risk Register, but will be addressed by the work being carried out by Connected Care and the IG Steering Group as well.	

	IMT 12 – 'Cohesive Programming' – Query from the CSU - is Mark Sellman responsible for New Visions of Care? The IM&T Programme is linking in with the Vision of Care; however MS to review this to decide whether it is still a risk – <u>ACTION</u> that will be discussed by Catherine Mullins with MS. There are no additional risks that need to be added.	
12	**GPIT**	
	Wishav Goel raised a concern that check-in terminals were not part of GPSoC – he felt that this was something that needed to be looked at and addressed. The also forms a wider conversation as to what is funded within general practice. WG will pick this up with Claire Isham offline.	
13	**AOB**	
	Time of the meeting - Jennie Ford had asked the board to consider moving the timing of the meeting to avoid a clash that meant she was unable to attend. She asked whether the meeting could be moved to 3:30 to 5:30. The board agreed to trial the new timing for two months. Information Governance will be listed as the first item on the next agenda to accommodate TB. Allergies – An issue that was flagged in Berkshire West. Currently coded under non-specific codes, with free text being added after it has been identified. The CSU IT Training Team have produced a training protocol – RM suggested that a guide should also be produced. <u>ACTION</u>: CI will send through the protocol. The procurement process was agreed by the EMT, as approved in September. The board were looking for a point of contact in the CSU PMO team would be able to facilitate requests. RA and AV will pick this up offline.	CI/DM

Please note dates and time of the next meeting:
Date: Friday 27th October
Time: 13.00 – 16.00
Location: Meeting Room 2, Second Floor, KE VII Hospital, Windsor SL4 3DP