



Minutes East Berkshire IM&T Board Meeting

Date: **Friday 26th May 2017**

Time: **1:00 – 4:00pm**

Venue: Henry Room, King Edward VII Hospital, Windsor, SL4 3DP

Attendance

Present	Initials	Job Title
Rishi Mannan	RM	Clinical Lead (Windsor, Ascot and Maidenhead CCG)
Wishav Goel	WG	Clinical Lead (Bracknell and Ascot CCG) - (Chair)
Mark Sellman	MS	AD of Digital Transformation - SCW
Rachel Procter	RP	Practice Manager (WAM CCG)
Nigel Foster	NF	Director of Finance and Performance (East Berkshire CCGs)
Ricky Chana	RC	Commissioning Manager – Primary Care (East Berkshire CCGs)
Jonathan Pettit	JP	Head of Financial Management and Reporting (East Berkshire CCGs)
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)
Catherine Mullins	CM	Senior Project Manager – Digital Transformation, SCW
Andrea Treherne	AT	Senior IT Trainer - SCW
Darren Morgan	DM	Training Manager - SCW
Tim Langran	TL	CCG Pharmacist Lead (East Berkshire CCGs)
Ryan Edridge	RE	Consultant – Digital Transformation, SCW
Oyin Adetunmbi	OA	Project Support - Digital Transformation, SCW
Apologies		
Sangeeta Saran	SS	AD of Planned Care at Berkshire East IM&T Committee
Sanjayan Rayan	SR	
Claire Isham	CI	IT Services Senior Locality Manager - SCW
Tracey Burrows	TB	Senior Information Governance Manager – SCW
Steve Boyd	SB	IT Business Relationship & Shared Service Manager - SCW
Floyd Felix	FF	Primary Care IM&T Facilitator - SCW
Andrew Waring	AW	Consultant – Digital Transformation, SCW

Agenda:

Item	Discussion	Action	
1	Welcome and Apologies		
2	Conflicts of Interest/Declaration of Interest	RM	
3	Notice of Any Other Business	WG	
4	Minutes of Last Meeting	CSU	
5	Actions to review: 1.37, 1.44, 1.52, 1.56, 1.58, 1.59, 1.60.		
5	Terms of Reference	AV	
6	Finance	JP	Paper 1.04
7	IM&T Programmes: a) CSU Reporting Papers b) Connected Care (MS) c) Primary Care IT (CI) d) LDR Programmes (MS) e) DXS – update on current utilisation, benefits and issues (MS). f) Remote Working – Concerns over laptops that have not been fully usable for over 8 months. g) Digital Health Records – Patients to get access to digital records via NHS.uk in September 2017-implications?	Various	Papers 1.01,
8	CSU Primary Care Training and Education	CSU	
9	ICE Update	WG	
10	Information Governance	TB	
11	Risk Register	Various	Paper 1.04
12	Docman 10/Vault options, costs and future strategy	RA	Paper 1.03
13	Emis Enterprise –Search and Report system	RC	
14	FOI Report	AV/JG	
	Any Other Business		

May Minutes

Item	Discussion Item	Action
1	Welcome and Apologies	RM
2	Conflicts of Interest/Declaration of Interest None	RM
3	Notice of Any Other Business WG believed that additional material concerning training for Basecamp should be relayed to board members. The link below offers a user guide on how to use the tool: https://basecamp.com/help/3	WG
4	Minutes of Last Meeting Nigel Foster clarified the need for an amending comment concerning discussions surrounding iPlato.	CSU
5	<p>Actions to review (1.37, 1.44, 1.52, 1.56, 1.58, 1.60)</p> <p>Actions reviewed:-</p> <p>1.37 - <u>Remote Working – Anshu Varma to provide Claire Isham with a list of practices that might be suitable for the resourced laptops available for Remote Working’</u> – New laptops ordered, configuration is scheduled to be carried out at a later date. Summary of work will be provided at the next board. Carry Forward.</p> <p>1.44 – <u>‘Docman Proof of Concept – To assess the impact of switching off Docman’</u>- Agenda item. Proposed direction will be brought back to the next board for further discussion. Carry Forward.</p> <p>1.52 – <u>‘Wi-Fi – Develop a strategy paper for the Wi-Fi solution’</u> Roll out will take place end of June. Action Closed.</p> <p>1.56 – <u>‘Whole Systems Intelligence -- A review of all the IG documents will take place; looking to support new ways of working and identification of gap analysis.</u> Carry Forward.</p> <p>1.58 – <u>‘DXS - MS to identify areas currently having issues with DXS’</u>- Action Closed.</p> <p>1.59 – <u>‘IG – Lindsay Blamires to attend May meeting to outline implications of GPs not achieving Level 2 Compliance’</u> – Carry Forward to June.</p> <p>1.60 – <u>‘IG – The IM&T Board asked whether a new risk relating to Cyber Security could be added to the Risk Register as there is a concern about the rising number of cyber security attacks and that patient data is now selling at three times the cost of bank details on the dark web’</u> – Paper shared on Basecamp and distributed to the board. Action Closed.</p>	<p>CSU</p> <p>MS</p> <p>SB</p>

	For Discussion	
6	<p>Terms of Reference</p> <p>Anshu Varma updated the Terms of Reference (T.O.R) for the board. All of the objectives remained the same and the T.O.R was approved by the group.</p> <p>The minor changes suggested to the T.O.R are highlighted below;</p> <p>Purpose of the Committee:</p> <p>The role of the IM&T Committee is to develop the CCGs' IM&T Strategy and system – wide Digital Roadmaps. Subsequent to this is to oversee the annual IM&T Work Plans and ensure that individual projects are implemented, monitored and revised as required.</p> <p>Accountability:</p> <p>Bracknell & Ascot, Slough, and Windsor, Ascot & Maidenhead CCG working as a common governing body.</p> <p>Reporting Arrangements:</p> <p>The committee is a formal subcommittee of each CCG's Governing Body. The agreed minutes will be formally recorded and submitted to the CCG Governing Body as a required governance output.</p> <p>Membership:</p> <p>Three Clinical Leads from each CCG will be invited to attend and will be responsible for ensuring sufficient clinical input – one of which will be the chief Clinician Information Officer, who will serve as the chair of the committee.</p> <p>Quoracy and Voting:</p> <p>If an item only relates to one CCG, and a vote is required, only members from that CCG should vote. For the avoidance of doubt, this includes the Director of Finance and Performance, Chief Clinical Officer, Head of Corporate Services and the Associate Director representative on behalf of Director of Strategy and Operations.</p> <p>WG asked if the Chief Clinician Officer has to become part of the IM&T Committee - it was agreed that responsibility can be delegated to the chair to identify other individuals who might be able to sit on the board.</p>	

7	<p>Finance Update:</p> <p>Jonathan Pettit delivered the 2016/2017 Budget plan. Some of the key detail is as follows;</p> <ul style="list-style-type: none"> • NHS England covered some of financial costs towards Connected Care and 2017/2018 reinstated budget of £1.2m held in reserves for Primary Care IT projects. • WG enquired as to whether there would be additional funding allocations that could be utilised to mitigate resourcing concerns for projects like New Hubs, Integrated Care and GPNET. • NF suggested utilising ETTF funding and prioritising certain work programmes. 	
8	<p>IM&T Programmes:</p> <p>a) CSU Reporting Papers:</p> <p>The monthly reporting papers are available on Basecamp for further consultation.</p> <p>b) Connected Care (MS):</p> <p>MS delivered an update on the Connected Care project. The key updates are as follows;</p> <ul style="list-style-type: none"> - There have been delays in establishing some of the feeds, - Royal Berkshire Foundation Trust is at the final stage of testing, but during the process some discrepancies were identified. The delays are not considered to impact the overall delivery of the programme, however it will significantly impact the realisation of benefits associated with the provision of RBFT data and may impact negatively on partner organisation uptake of the system. - A Tranche 2 milestone for the delivery of a BHFT Community and Mental Health Feed, originally baselined for the end of June, will now be delivered in September as per agreement of a detailed mitigation plan complied by Graphnet and signed off by BHFT. The data provided by HL7 had been limited, so Graphnet have undertaken the time-consuming process of gathering requirements for a more comprehensive feed to deliver richer data. - Looking further forward, the anticipated date for clinically rich data to be available from Frimley into the system will be from September. <p>c) Primary Care IT (CI):</p>	

<p>Claire Isham was absent and therefore no update was given.</p> <p>Discussions were held on the performance of EMIS, which have been causing some displeasure.</p> <p>Action Raised: - RE to work with clinicians/practice managers to identify the cause of slow performance.</p> <p>d) LDR Programmes (MS):</p> <p>MS provided the board with a workstream update;</p> <ul style="list-style-type: none"> - Whole Systems Intelligence – MS delivered an update on the output from the Pilot Workshop. It was agreed that the design of the interface still requires development, especially concerning the look of the dashboard and how other visual elements might be delivered at interface level. <p>Catherine Mullins outlined the proposed schedule and outlay of the Record Sharing Workshop that is being pencilled in. Time slot for attendees will be allocated so as not to waste time, repeat the same process over-and-over and to prioritise the available resource.</p> <p>Roy Allerton provided an update on the national systems:</p> <ul style="list-style-type: none"> - E-Prescribing – It was highlighted that the latest utilisation figures for repeat prescriptions rose to 14% across Berkshire, whilst all scripts had an increase level of 12%. - POL – Non-contractual target is up to 20% for patients. - Digital Health Records- MS updated the group on the national targets of NHSE from September 2017 - As an enabler for patient facing technology, NHSE are trying to promote NHS.uk as a central gateway for all patients. The situation and premise surrounding this is still a little unclear and an update will be provided once more information is available. <p>e) DXS – update on current utilisation and issues (MS):</p> <ul style="list-style-type: none"> • There are concerns about performance, specifically relating to, in some cases, operating systems taking up to 40 seconds for information to be pulled through from DXS. The team involved are working on a solution to reduce time to 2 seconds. • There are numerous technical issues still to be resolved. • MS emphasised that under current conditions, DXS cannot be promoted at a system level until improvements have carried out and mitigating concerns expedited. 	<p>RF</p>
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	<ul style="list-style-type: none"> • Rishi Mannan outlined his concerns on the poor utilisation of DXS and money expended thus far has not shown value. There will need to be deliberations on contractual leaving if the system does not improve and if technical flaws are not rectified. Further concerns were raised about the low engagement, improper naming of forms and a lack of training available for clinicians. A proposal for clinicians learning on content and implementation of DXS was discussed. • One point of discussion concerned methods to improve confidence with DXS and looking for possible alternatives should DXS be switched off or discontinued at a system level. • MS explained that the issue of contractual leaving can be discussed by the board at the end of July due to it being a national accredited project. <p>f) Remote Working:</p> <ul style="list-style-type: none"> - The technical documentation concerning the proposed Remote Working solution has been agreed between SCW and Healthcare Computing. - The new laptops, which will be the Dell Latitude E7470 model, have been procured for the project and are currently in the possession of Healthcare Computing. - The configuration and testing of these devices will take place w/c 5th June. 	
9	<p>CSU – Primary Care Training and Education:</p> <ul style="list-style-type: none"> - Discussed the possibility of having a trainer at the end of the phone to help through any training required by clinicians or practice staff. - Training templates for practices have been created by the IT Team. - Training analysis: A skills gap that was identified helped in examining the different ways of understanding training requirements and creating plans that are linked to LDR and STP's. Andrea Treherne stressed that hands-on training helps to appreciate the different training needs and attending practice visits sometimes works to discover something new that was not originally highlighted as a training requirement. - One suggestion was to create newsletters on training activity to be carried out. Producing Utilisation Reports for IT Training, alongside additional information concerning the IT Helpdesk. Other methods to improve training material could include recorded webinars, documenting best practice and a role-based matrix that could be easily disseminated. - A report was presented that highlighted what training material was being requested by East Berkshire practices since January 2017. 	

<p>10</p>	<p>ICE Update:</p> <p>WG clarified an interface query - you can set up three providers (RBFT, Frimley and Wexham Park), which can be viewed on the icon screen, however this would require discussions with the CSU Training Team to decide whether this would be an ongoing requirement.</p>	
<p>11</p>	<p>Docman 10/Vault Options, Costs and future strategy (Paper 1.03):</p> <p>As an interim solution, Docman Vault will commence with a one-year commitment, rather than utilising document feeds from each of the different source systems. This will also offer a possible additional saving when it comes to Docman 10. This will hopefully mitigate concerns with bandwidth issues. Further discussion will take place at the next meeting.</p>	
<p>12</p>	<p>Eclipse Update:</p> <p>Work has been undertaken to assess outcome measures (i.e. Diabetes treatment control and other care processes) that provide intelligence on whether a target has been achieved at the system level. This is to ensure that any progress can be baselined against objectives, as well as being able to provide performance level markers.</p> <p>Secondly, for primary care use, it is valuable to enable collective searches and flags that act as a reminder for monitoring blood pressure or the control of treatment etc. A system that works to assess these easily, avoiding the need for complicated searches, would be beneficial.</p> <p>Thirdly, to pursue a more efficient process of disseminating support information. Auditing processes could also be improved as to enable a centralised monitoring procedure, working to avoid individually obtaining information from each of the 48 practices.</p> <p>Finally, we have to ensure that – at an assurance level – that clear line of sight is available from clinical pathways through to QOF and NDA etc., helping to support clinical commissioning decisions to further enhance care.</p>	

EMIS Enterprise – Search and Report system:

1. What is the problem that the team are facing? The GP Outcomes Framework was launched on 1st April 2017, containing 15 LCS specifications. The manual monitoring of these can produce significant administrative burden on providers and the CCG. To mitigate against this, a solution needs to be found to automate searches on read-coded activity that can be accessed by the CCG (non-patient identifiable data only). Currently this LCS activity is monitored through Primis CHART searches. Most of the searches are out of date and there is a significant cost associated with updating these searches (full cost details can be found in the business case). Practices have to run and submit them and because the searches have been out-of-date for some time, this means that practices having to do this again will also have to submit manual returns for their LCS activity.

2. Brief overview of proposed solution, what it will achieve? EMIS Enterprise will allow centralised searches to be carried out on practice systems of LCS activity by the CSU/CCG to reduce administrative burden on practices. Practices can also run the searches themselves and view their patient data so that they can review their progress against LCSs. This only takes 5 minutes to run on Enterprise whereas Primis chart searches have to be run overnight. It also has other uses beyond LCS searches, such as identification of patients on specific medication.

3. References and evidence of where this has worked elsewhere: Bracknell & Ascot CCG already utilise Enterprise and the feedback from practices has been positive (evaluation attached as appendix G to the business case).

4. Have any of the other solutions being considered been discounted, and if so, what are they? Yes – Manual data returns, Primis Chart and Vision outcomes, as outlined in CSU Options Appraisal.

5. Proposed time scales? To be rolled out in time for the 2017/18 Q2 LCS activity returns to be monitored through this software (by 30th September 2017). The project plan and associated Risk Register contained in the business case has been prepared by Philip Hoy (CSU Project Manager).

	<p>Optimise Rx:</p> <p>Offers similar functionality, however it a product that the supplier would have to implement.</p> <p>It has been identified that there are three systems that are broadly able to deliver the same functionality. The board was open to discussion based on analysis of these systems, as well as focusing on the financial requirements. This will be brought back to the next meeting.</p>	
<p>13</p>	<p>Information Governance</p> <p>Carry Forward to the next meeting as TB sent her apologies.</p>	<p>TB</p>
<p>14</p>	<p>Risk Register:</p> <p>Cyber Security: The risk concerning this has been added to Risk Register. The CSU are actively working towards implementation and a gap analysis will be identified by Arif Gulzar. A report outlining the action plan for the testing of cyber security is available on Basecamp.</p> <p>There was a possible service identified by the auditors to allow an ethical hacker to access the system and assess where there might be gaps. This is not part of the service specification with the CSU. Some of the other services in the GP sites, e.g. patient check in systems that still run on Windows XP, might serve as an ethical risk.</p> <p>RM suggested having a system for alert notification, where information on</p>	

	emergency alerts can be distributed and then be easily picked up by clinicians and health professionals.	
15	Freedom Of Information Report: AV explained that there has been an increase in the number of FOIs that are being requested. There is uncertainty as to why, but adhoc conversations have highlighted that there has been an increase across the board.	
	Any Other Business	
	None	

Date signed off	Signature	Print Name

Next Meeting Date: Friday 23rd June 2017, 1:00 to 3:00pm.

Bracknell and Ascot Clinical Commissioning Group Slough Clinical Commissioning Group

Windsor, Ascot and Maidenhead Clinical Commissioning Group

'Thinking locally, working together'