WESTERN CHESHIRE PRIMARY CARE TRUST
MINUTES OF BOARD COMMITTEES

DATE OF BOARD MEETING: 28th November 2007

NAME OF COMMITTEE: North West National Programme for Information Technology Board

CHAIR OF COMMITTEE: Mike Farrar
Chief Executive, NHS North West

DATE(S) OF MEETING(S): 2nd November 2007

These minutes record decisions made on behalf of the Board by a sub-committee of the Board, or another committee within the North West, which will have an influence on this Primary Care Trust's business.

The Board is asked to note the decisions made on their behalf and support them.
Minutes of the meeting held on Friday, 2nd November, 2007
at 2.00 p.m. in Meeting Room 1, Gateway House

Present
Mike Farrar  SHA Chief Executive & Chairman of the Board
Helen Bellairs  Chief Executive, Western Cheshire PCT
Marie Burnham  Chief Executive, North Cumbria Acute Hospitals NHS Trust
Judith Holbrey  Chief Executive, Blackburn with Darwen PCT
Ian Johnson  Senior Account Executive, CSC
Mel Pickup  Chief Executive, The Walton Centre for Neurology & Neurosurgery NHS Trust
Richard Popplewell  Chief Executive, Stockport PCT
Dr Joe Rafferty  SHA Director of Commissioning
Alan Spours  SHA Chief Information and Knowledge Officer

In Attendance
Debbie Bywater  SHA Deputy Chief Information & Knowledge Officer
Peter Richards  SHA Board Secretary
John Saxby  Pennine Acute Hospitals NHS Trust

1. Apologies for absence

Apologies for absence were received from Andy Coley (SHA Senior Medical Adviser), Chris Jeffries (SHA Acting Director of Workforce and Education), Mark Ogden (SHA Director of Finance) and Alan Yates (Chief Executive, Mersey Care NHS Trust).

2. Minutes of the Meeting held on 31st August 2007

The Minutes of the meeting held on 31st August 2007 were approved as a correct record.

3. Matters Arising from the Minutes

i) Minute 2: NPfIT Local Ownership Programme

Details were tabled of the NLOP governance arrangements showing the relationship between the Department of Health, the national Programme Board, regional Management boards and SHA NPfIT Boards, as well as the groups working within the North West and across the North, Midlands and Eastern area.

ii) Minute 3: Governance Arrangements

Revised terms of reference incorporating the changes agreed at the last meeting were received and noted.

Following the decision at the last meeting to increase the number of Acute sector representatives from one to three, a number of Chief Executives had indicated that
they would serve on the Board. It was agreed that the additional representatives would be: the Chief Executive of the Ambulance Service Trust (John Burnside), Peter Morris, Chief Executive, University Hospital of South Manchester NHS Foundation Trust, and Mel Pickup, Chief Executive, The Walton Centre for Neurology and Neurosurgery NHS Trust. It was also agreed that a second representative from a mental health services Trust should be invited to join the Board. **Action: Alan Spours**

It was agreed that the Minutes of Board meetings would be sent within a week of the meeting to members of the Board for circulation to their local health communities.

### iii) Minute 4: North West NPfIT Programme Update

With regard to the arrangements for managing financial consequences arising from deployment delays, it was noted that to date, approximately £5 million of penalty payments from CSC had accrued across NME. At its last meeting, the NME Board had agreed for the time being to retain this sum rather than distribute to individual SHAs or purchase additional services of that value from CSC, however, this approach would be kept under review.

### 4. Programme Governance Update

#### i) Local IM&T Boards

Local IM&T Boards were now being set up for Cheshire and Merseyside, and Cumbria and Lancashire.

#### ii) Internal Audit Report

The Board received the Internal Audit Report on the arrangements being established by the SHA to manage, deliver and monitor the implementation of the NPfIT in the North West.

The report had identified a total of eleven findings of which seven had been rated high risk. These were: arrangements for risk management; communications with local health communities; processes for determining benefits realisation; membership of user groups; the need for clarity around the respective roles of the SHA, PCTs, and Trusts in respect of accountability and responsibility; and intercommunication between groups.

Included in the report were details of the actions which had already been taken, or were planned, to address these high risk areas, and these were noted by the Board. The recruitment of staff to the Chief Information and Knowledge Officer’s team was one of the key mitigating actions identified. Alan Spours advised that approximately 60% of these appointments had now been made. A note on the current recruitment position would be circulated to Board members. **Action: Debbie Bywater**

Debbie Bywater reported that Mersey Internal Audit Agency would be working with the SHA to ensure that risk and issue management processes relating to the NPfIT appropriately aligned with the SHA assurance framework and with local health community risk management arrangements. In connection with the roles of the SHA, PCTs, and Trusts in respect of accountability and responsibility, the IM&T planning guidance for 2008/9 would include a toolkit on the role of the Senior Responsible Officer and this would be circulated to Chief Executives. **Action: Debbie Bywater**
The Board noted that the Audit Commission was to carry out a review of every SHA’s NPfIT programme and a representative from the Commission would be attending the next Board meeting.

5. North West NPfIT Programme Update

The Board received a report giving an update on current issues. Delays in PAS maintenance releases were having a knock-on effect on the implementation of the programme. There were recognised limitations with the interim PAS system (iPM) and Trusts were increasingly reluctant to switch from their existing systems to iPM. These problems in turn were reducing confidence in the programme as a whole and raising questions about whether the strategic solution to be delivered (Lorenzo) would be effective.

The report also included details of the implementation of PACS and the benefits that this was starting to realise in terms of financial savings, improved turnaround times, improved productivity, and reduced diagnostic waiting times for patients.

The Radiology Information Systems deployed in the NorthWest as part of the NPfIT would allow information to be extracted that could be used for benchmarking purposes. It was agreed that a paper on the options and potential scope for this should be submitted to a future meeting of the Board: **Action: Joe Rafferty**

6. PACS Data Sharing Options

The Board considered a report on proposed arrangements for PACS data sharing. Currently images could be shared within local healthcare communities, and the software, known as ‘Broadview’, which would enable data to be shared across the whole cluster would be implemented in 2009 as part of the Data Sharing Spine Release (DSSR).

The report proposed that as well as continuing to develop local data sharing with the intention of achieving 100% implementation by March 2008, consideration should be given to using Broadview before the DSSR became available. **Action: Alan Spours**

Mike Farrar said that he would write to Chief Executives to let them know that these proposals had been approved. **Action: Alan Spours/Mike Farrar**

7. Cheshire and Merseyside Update

The Board received a report on the implementation of the NPfIT in Cheshire and Merseyside.

It was noted that Cheshire and Merseyside was experiencing problems with the national service desk and had now established its own 24 hour major incident management service desk for NPfIT applications. These problems had been reported in other parts of the country and did not enhance the reputation of the Programme.
Mike Farrar said he would raise this issue at the next NME Board. **Action: Mike Farrar**

It was agreed that as the NPfIT Board only met every other month, the summary reports for Cheshire and Merseyside, Cumbria and Lancashire, and Greater Manchester would be submitted to each meeting, rather than one per meeting. **Action: Helen Bellairs, Judith Holbrey, Richard Popplewell**

8. **2008/9 IM&T Planning Guidance**

IM&T Planning Guidance would be issued week commencing 12th November and would also be incorporated into the NHS Operating Framework for 2008/9.

The Guidance would include a number of toolkits for local use and place explicit requirements for LHC-level plans. SHAs would be required to quality assure all plans by the end of March 2008. A summary of the key elements of the guidance and associated timelines would be circulated. **Action: Debbie Bywater**

9. **Key Programme Risks and Issues**

The Board received a report identifying the top risks and issues associated with the delivery of the NPfIT programme within the North West.

10. **NME Board Meetings**

   It was agreed that the agenda and papers for meetings of the NME Board would be circulated in advance to members of the NPfIT Board so that they could brief the SHA Chief Executive on any relevant issues. Board members would also inform the Chief Executive of any issues they thought should be raised at the NME Board. **Action: Mike Farrar/Board members**

11. **Connecting for Health PCT Chief Executives’ Reference Group**

   It was noted that Connecting for Health (CfH) had set up a PCT Chief Executives’ Reference Group. Details about the Group’s membership and purpose had not been made widely available. Details of the previous meetings would be forwarded to Debbie Bywater and clarification regarding the group’s terms of reference would be sought from CfH. **Action: Judith Holbrey/ Debbie Bywater**

12. **Date and Time of Next Meeting**

   The next meeting would be held on 10th January 2008 at 2.00 p.m. at Gateway House.
**Evolve**

Increasing the use of IT in Patient Healthcare

Cheshire & Merseyside Information, Communications and Technology Update for The Board

<table>
<thead>
<tr>
<th>Executive Summary</th>
<th>This paper is aimed at providing the newly formed NWSHA NPfIT Board with an update of the successes and key issues associated with the delivery of the NPfIT and broader information issues within the Cheshire and Merseyside region.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actions Requested</td>
<td>The Board is asked to note the successes within Cheshire and Merseyside and the current key issues which will continue to require high level involvement to ensure satisfactory resolution.</td>
</tr>
<tr>
<td>Prepared by:</td>
<td>Helen Bellairs, Chief Executive, Western Cheshire Primary Care Trust</td>
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<tr>
<td>Date</td>
<td>October 2007</td>
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**Governance**

**Background and History**

The governance of National Programme for Information Technology projects was managed through the Cheshire & Merseyside IM&T Board. This was chaired by Ian Williamson (South Sefton Primary Care Trust, Chief Executive) and was established as a board to oversee the implementation of NPfIT throughout the region and to ensure major risks and issues were prioritised and addressed by senior staff.

This was supported by the NPfIT Leads Group that consisted of senior technology staff from throughout the region who came together to share information, identify common projects, manage risks and issues and who represented their Local Health Economies in terms of NPfIT implementation planning.

A number of supporting boards and advisory groups have been established to manage and co-ordinate the implementation of National Programme for Information Technology and other Information Technology initiatives across Cheshire & Merseyside. These include:-

- Change Control Board
- Choose and Book Sub Programme Board
- Release Management Board
- Data Management Sub Group
- PACS Advisory Group
- Mental Health Advisory Group
- Information Governance Advisory Group
- Infrastructure Forum
Governance 2007

Following the introduction of the NPfIT Local Ownership Programme (NLOP), the formation of the new Strategic Health Authority, various staff changes and the new role for Primary Care Trust Chief Executives as Senior Responsible Officers for Connecting for Health, there has been the opportunity to rethink and re-energise the existing governance arrangements.

Each Primary Care Trust and Local Health Community within Cheshire and Merseyside will review their Local Health Community (LHC) Information Technology Governance Committees. These reviews will focus on ensuring local ownership and clinical engagement in the Information Technology agenda. The output from these committees (strategic plans, deployment updates and major issues) will be fed back to Helen Bellairs in her role as National Programme for Information Technology Lead for Cheshire and Merseyside via the Information Technology directors of the four largest Local Health Communities in the region. They will meet with Helen to ensure:

- The Performance Report for Cheshire and Merseyside is produced and is a fair reflection of activity in the region
- A collective view is expressed which will be more powerful than an individual Local Health Community view
- Common projects across the patch are identified and progressed
- Major risks and issues are being managed
- The output from this meeting will be fed through to the regional Chief Executive meeting, thus ensuring Information Technology has a place on the Chief Executive agenda.

An additional factor in the governance arrangements is the decision taken last year for the Wirral Hospital to leave the North West, West Midlands Connecting for Health cluster and join the Southern Cluster. This means that they have a different Local Services Provider (South Central) and they are planning to implement the Cerner Acute Patient Administration system instead of the CSC offering (Lorenzo).

Funding Arrangements

North Mersey

Funding for National Programme for Information Technology deployments is managed by the North Mersey Health Informatics Service Management Board. Funding is targeted at specific deployments, and recently a 5 year investment plan and a model to determine equity amongst organisations within North Mersey has been agreed.

Cheshire

Funding for National Programme for Information Technology deployments and systems that improve quality and safety of care for patients is managed by the Cheshire ICT Service Governance Board on behalf of the Western Cheshire and Central and Eastern Cheshire Local Health Communities. A local health community strategy is being prepared and will be underpinned by a 5 year action plan with agreed funding.

The Wirral

The funding allocated by the Primary Care Trust for the National Programme for Information Technology has been paid to their providers who then pay (through Service Level Agreements) for their ICT service, which will help to deliver the National Programme for Information Technology.
Deployment Update

Patient Administration Systems

North Mersey

The Community Patient Administration System (known as CPAS) has been live in North Mersey Community since December 2005. It is effectively one deployment across Sefton and Liverpool PCTs. It continues to be rolled out across all practitioners in a community setting. The only other live Patient Administration System project is at Royal Liverpool and Broadgreen, which is scheduled to go live in April 2008.

All other Trusts within the region are waiting for the Lorenzo system, versions 3 and 4, because it is only when the functionality contained within these versions is available that the offering will be any better than what is currently employed.

Cheshire

The Community Patient Administration System has been rolled out to the podiatrists across Western, Central and Eastern Cheshire. The two Primary Care Trusts are still working up a full roll out plan to deliver the system into the remaining services but deployment activities to deliver into the Orthopaedic triage services have begun. This service is expected to be live with the new system by 31/03/08 and all referrals into this service will be via Choose & Book.

The acute Trusts in the region are waiting for Lorenzo for the same reasons specified above.

St Helens and Knowsley

The planned move to merge the tactical instance of CPAS for Halton and Warrington with the Cheshire and Merseyside strategic CPAS instance failed. CSC are investing the reason for this and reviewing the schedule to reattempt the merge. Following this, the National Organisation Codes update will be applied which will reflect the merged Halton and St Helens PCT.

Work to maintain data input continues. A paper reviewing Community Information System has been prepared and will be discussed at the LIS Board.

The Wirral

The Community Patient Administration System has been rolled out to the rehabilitation service. Reviews to ensure this system is fit for purpose are planned before any further deployment takes place.

Picture Archiving and Communication System

There are currently 13 PACs systems live and 9 Radiology Information systems live across Cheshire &Merseyside and these have been well received by all concerned, in many instances noticeably improving the waiting times for Radiology reporting.

Choose and Book

Choose and Book deployment is now nearing completion across Cheshire and Mersey.

By September 2007, 383 of 424 (90%) GP Practices had deployed Choose and Book and 14,772 referrals went through the system, (this is 39% of the total referrals made). Of these, 8,128 were directly booked, which is 55% of the total Choose and Book referrals.

Technical problems have been an issue, but these have mostly been addressed nationally and are much reduced. The challenge for LHCs is currently ensuring that there is sufficient capacity within the system to enable appointment requests to be fulfilled. Until this is addressed, business change managers could have problems increasing utilisation.

Child Health

Cheshire

Cheshire will have the first UK based implementation of the new PARIS Child Health functionality with a go-live date of January 2008. Support for the legacy COMWISE system, which has three installations in Cheshire, is due to expire and the PARIS system was selected as the least risk option in replacing the old system.
The new functionality is currently being tested to ensure robustness and representatives of all the staff who currently use and will use the new solution in the future, have been involved in all aspects of the project to make sure that the new product and its potential are fully understood and accepted.

**North Mersey**

The HSW Child Health system has been live in North Mersey since April 2007. This was deployed outside of the National Programme for Information Technology contract, because there were deadlines to meet with taking out the legacy systems that were out of support. This has been shown to be the correct decision, due to the ongoing implementation difficulties of HSW in other PCTs through the LSP. The system is working well.

**St Helens and Knowsley**

Work is ongoing to support the implementation of the HSW Child Health System to replace the legacy system, Comwise. Progress continues to be made with the preparatory work around the data migration and mapping for the Child Health Project in Halton and St Helens and Knowsley Primary Care Trusts. Each Primary Care Trust has appointed a clinical lead to work with the Project Manager on communications and deployment. Although the project is on target there is still some concern about the potential for delay to the early adopter sites ahead of this project which may have a detrimental effect to the current February 2008 go live.

**Electronic Prescription Service**

**Electronic Prescription Service Release 1**

Progress deploying Electronic Prescription Service Release 1 across Cheshire & Merseyside is generally good, with the figures, showing the numbers of GP and pharmacy sites recorded as Business Go-Live as a percentage of those that are recorded by the system suppliers as Technical Go-Live, are around the national figures.

**Electronic Prescription Service Release 2**

Liverpool was recently selected to be a wave 1 initial implementer for Electronic Prescription Service Release 2. Their success reflects the work and resources put into the Electronic Prescription Service Programme and they are currently leading much of the work around developing new ways of working required for Release 2.

**Cheshire and Merseyside Joint Working**

**Joint Service Desk**

A 24 hour incident management service desk, which services all live National Programme for Information Technology deployments in Cheshire and Merseyside has been established, based in North Mersey. This service desk is also accredited to be able to interface directly with CSC, bypassing the Fujitsu national service desk, and therefore having positive benefits in terms of both cost and service.

**Sexual Health System**

- The rollout of a system to support Chlamydia services in the community. Cheshire and Merseyside Sexual Health Network have bought an enterprise wide license with Axsys for Excelicare as a Chlamydia clinical and patient admin system. East Cheshire Trust will host this system.
- The development of a wider sexual health system to support all areas of sexual health.

The long term aim is to have one central system covering all sexual health services that will be flexible enough to support the different service models across Cheshire and Merseyside.
**Participation in Pilot Schemes**

**GP2GP**

GP2GP enables patients' electronic health records to be transferred directly and securely between GP practices.

The pilot schemes have successfully completed in Cheshire and half of all GP practices have now been trained and are using the system.

**Map of Medicine (MOM)**

The Western Cheshire Primary Care Trust has been selected as the flagship community to implement Map Of Medicine. All pathway re-design work streams are linked to the Map of Medicine project and the first pathway to be localised is for cellulitis. This will enable this service to be delivered in the community and achieve the 18 week target. Lessons learned in Western Cheshire will be shared with the rest of the community.

**Major Issues**

- The continuing delays in the availability of the Lorenzo system, which undermines the credibility of the whole of National Programme for Information Technology. In the meantime, existing suppliers continue to develop their products, which make it even harder to persuade Trusts to move onto Lorenzo.
- Lack of confidence in how strategic instances are going to work in practice. It is very hard to see how a large database across the whole of Cheshire and Merseyside will work when all hospitals and community settings are on it. This needs to be addressed through strong governance and general interaction between the Local Health Communities.
- The lack of confidence created by repeated undelivered promises, an example of this would be the recent failed upgrade in Morecambe Bay.
- The lack of a clear strategy in relation to the sharing of clinical data in relation to i) meeting organisational requirements ii) information governance issues and iii) the technical infrastructure to support it.
- There is widespread dissatisfaction at the local level with the performance of the National Service Desk (Fujitsu). Despite escalation of these issues, no discernible improvements have been identified. This issue has been addressed to some extent by the formation of the shared Cheshire and Merseyside Service Desk, but this would not have been required if the National Service Desk delivered what they promised.
- The lack of clinical functionality in the current Patient Administration System from CSC means that clinicians are disengaging from the programme and looking elsewhere for clinical solutions.