eHealth Programme Board Meeting - Minutes

**Time/ Date:** 14:00  -  21 August 2012  
**Location:** Scottish Health Service Centre Edinburgh

**Attendees:**
- Robin Wright  Chair eHealth Leads group, NHS Lanarkshire (Acting Chair)
- Paul Rhodes  eHealth Programme Director
- Douglas Griffin  NHS GG&C
- Paul Campbell  NHS NWTC: Chair CCLG
- Jackie Stephen  Co-chair eHealth Leads Group, NHS Borders
- Alison Strath  Principal Pharmaceutical Officer, SGHD

**Apologies:**
- Frank Strang  Primary & Community Care, SGHD
- Nick Kenton  DoF, NHS Highland (by V/C)
- Simon Belfer  Director of Finance, NSS

**In Attendance:**
- Andy Robertson  Director, NSS National Information Systems Group
- Alan Hyslop  Head of eHealth Strategy, SGHD
- George Flyde  Consultant, SHPIMS OBC (Item 2)
- Douglas Cromie  NHS Lanarkshire (item 2)
- Brian Duffy  eHealth Portfolio Manager, SGHD
- Liz Blackman  NSS (item 3)
- Scott Hall  NSS (item 3)
- Caroline Hutchinson  NHS GG&C (item 4)
- John Francis  NSS (item 5)

**Minutes:**
- Iain Horne  eHealth Business Manager

1. **Minutes of previous meeting: EHPB(12)31**

Minutes of the meeting of 19 June were approved subject to minor amendments

2. **Scottish Health Protection Information Management System: EHPB(12)33**

2.1. George Flyde provided an update on issues of clarification that were requested at the last meeting of the Board. The initial discussion was around the steps that were required to take forward a restricted procurement process and, as requested by the last programme boards to consider the Child Health System requirements in a parallel work stream.

2.2. There was some discussion as to whether or not a restricted procurement was necessary. A market sounding exercise had been undertaken. There were 54 expressions of interest and 18 of those completed the questionnaire. As this was an initial sounding exercise there has been no detailed evaluation of products and suppliers. It does indicate there is an appetite and a market.

2.3. With that in mind the preferred route to market should be capable of providing a robust evaluation as to why particular suppliers have been selected over others. This will be necessary both to ensure value for money and rebut any legal challenges.

2.4. Given that we have a contract with AOA the Board suggested that the most effective route to market would be to ask AOA to provide this service via our current contract without a restricted procurement process. AOA would be able to present a proposal...
which involved their business partners. There is a strategic preference to adopt HPZone which has been tried and tested in the Health Protection Agency. Other solutions do offer possibilities for wider requirements (Child health) but the focus should remain on a clinical management system for public health. If this route is chosen it is even more critical that a scoping exercise on available products is undertaken to ensure this decision is robust and defensible.

Action: George Flyde to meet with NSS Procurement to establish if the AOA/HPZone route is feasible or whether a restricted procurement procedure should be followed. An FBC will be prepared with full costings included.

3. Scottish Breast Screening Programme: EHPB(12)34

3.1. Liz Blackman and Scott Hall introduced the OBC for an IT system to support the Breast Screening Programme. This business case had been agreed with the eHealth leads. The following points were made:
- There are 2 business cases one which deals with replacing vehicles, equipment and the full PACS cost for storing images.
- This business case deals solely with the IT system and does not include the PACS costs which will be met by NSD.
- The initial set up costs of £820,000 will be met by the SG Public Health Division.
- The running costs (funded by eHealth Leads) reduce from 400k to 200k per annum from year 2 onwards.
- A fully costed proposal from ATOS will be received by the end of the month and detailed planning will follow on from that.

3.2. The eHealth Leads advised that during the development of the new IT system for breast screening, active consideration should be given to re-use and developing a modular system. eHealth leads will support and fund this work although will want to closely monitor associated costs.

Action: The Programme Board approved the Outline Business Case.


4.1. Caroline Hutchinson asked the Board to consider an additional £480k of funding to support the implementation of the eEES project. This funding would be to support data migration (£280k) and ePayroll integration (£200k). Both these processes have proved to be more challenging than originally scoped. The supplier has underbid on this work as well as experiencing high turnover of project staff. Negotiations are taking place to establish is any possibility of compensation. The additional funding is to cover expenditure around areas where NHSS has responsibility and not due to any performance issues with the supplier.

Action: The Programme Board agreed the additional 480k funding

5. National Staff Bank/eRostering Project: EHPB(12)36

5.1. John Francis provided the board with an update on progress that is being made to take forward a national approach to develop systems for staff rostering and banking. The key points included:
- Market sounding indicate that the cost of this system would be estimated at £1.4m per annum.
- Potential savings of £10.75m per annum identified
- No funding required from eHealth. Health Boards will provide any short term funding.
• Meeting Chief Executives on 12 September to endorse the way forward.
• Outline Business case is being finalised for submission to the Programme Board
• Assuming OBC approved will then move to FBC
• Assuming FBC will be available March 2013.

5.2. The Board noted the update

6. eMail Update: Presentation

6.1. Andy Robertson provided an update on the eMail Business case. The eHPB approved this review in Oct 10, the trigger being the financial impact of changes within the present NHS mail contract and the contract termination in June 2013. The business case process commenced in December 2011. The service scope has been defined and there has been engagement with supplier to work up estimated costs within the terms of the agreed scope.

6.2. The key milestones over the next 3 months are:

• The OBC is near completion and will be submitted to the PB in October
• Given the value of the contract Strategy Board approval of the OBC will be sought at the December meeting.

7. 6th Strategic eHealth aim: EHPB(12)37

7.1. At its meeting in June the eHealth Strategy Board agreed the wording of the 6th strategic objective as follows:

‘To use information and technology in a co-ordinated way to provide clinical and other local managers across the health and social care spectrum with the timely management information they need to inform their decisions on service quality, performance and delivery’

7.2. The Strategy Board also agreed that an additional £1m be added to the strategic fund to support this work. The leads also agreed that a further £1m be allocated in 12/13 to kick start this work. The Programme Executive Team in eHealth have delegated authority to allocate budgets up to 500k. The approval of the Programme Board is being sought to release the additional 500k.

Action: The Programme board approved the allocation of an additional 500k

8. IM&T Expenditure Survey and Benchmarking report: EHPB(12)38

8.1. Brian Duffy provided an update to the Board on progress being made with the IM&T expenditure survey and benchmarking report. Information has been returned by Boards and an initial review generated some questions relating to data consistency. It was agreed that a further QA of the material be considered before Boards returning to Boards. This will delay the completion date slightly and the programme board are asked to consider an extension of the date for presenting the findings to October 2012.

Action: The Programme agreed the extension to October 2012.

9. eHealth Programme and Portfolio Management report: EHPB(12)39, 39a, 39b

9.1. Brian Duffy introduced the eHealth Programmes report which dealt with eHealth Business as usual and in-flight projects. In accordance with the wishes of the previous PB, Eddie
Turnbull has been in touch with those projects who have not submitted progress reports. The bulk of the discussion centred around the PMS report. The Board found the Annexes useful and the detail of approved and committed work helpful. The PMG has been successful in getting a grip on developments in this area and reducing cost. The next stage for the PMGs would be to take a more strategic look at the priorities of the PMGs and ensure that developments were consistent with the eHealth Strategy and its strategic aims. The example of ECS development was highlighted in the CPMG. ECS expenditure was 24% of development work (given that 75% of that amount was allocated from eHealth funds). The remaining 76% was allocated to SCI store and SCI gateway. The pipeline of work is almost exclusively SCI Store and SCI gateway. Given the strategic importance of medicines reconciliation and the place of ECS in that it could be expected that the bulk of expenditure should be on ECS. It would be helpful if expenditure over a 3 year period was included in a future report to identify patterns of expenditure.

**The Board noted the Programmes report and the PMG report**

10. **ICD-10 Edition 4 Standard: EHPB(12)40**

10.1. Brian Duffy introduced the above standard to the Board for information. This standard has been progressed through the agreed standards approval route via the fast track process. In line with the guidance the eHealth leads approved the standard welcoming the 6 months notice period before implementation. eHealth leads did not consider that there were any significant costs associated with this standard which would hamper its implementation.

11. **AOB**

12. Date of next meeting: 23rd October