

# Minister for Home Affairs Justice and Home Affairs



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Deputy Robert Ward  
Chairman  
Education and Home Affairs Scrutiny Panel  
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10 October 2019

  
Dear Deputy Ward

## **Government Plan Review – Additional questions**

Thank you for your asking additional written questions regarding electronic patient records and the combined control room. I have responded to your requests in turn below.

### **Electronic Patient Records (R.91 page 183)**

The business case states that the project will enable clinical information to be exchanged both ways between the Ambulance service and Hospital staff. Please provide the full specification for design and functionality of the system and confirm that it forms part of the health digital strategy compiled by Dr. Andrew Mitchell?

The initial Strategic Outline Business Case for the Ambulance Electronic Patient Record project refers to the implementation of an Electronic Patient Record (EPR) system for the Ambulance Service, and data exchange between Health and Community Services (HCS) and the Ambulance Service. It forms part of the Digital Health Strategy. A full specification for the design and functionality of the system has not yet been developed, but a fundamental requirement of any system will be the integration component and the ability to share data between the Ambulance Service and HCS. This is key to ensuring the Digital Strategy for Healthcare in Jersey can be achieved.

### **Current process**

Ambulance staff currently use a paper-based system to record patient assessment, treatment and history of the current incident. This record is hand delivered to Emergency Department staff on arrival, and a copy is retained by the Ambulance Service and stored for 10 years (and longer in some circumstances). There is currently no mechanism to allow the Ambulance staff any access to the patient medical history, which affects service delivery and consistency of treatment.

### **Proposal**

The Ambulance service would like to digitalise this paper process in order to improve patient safety, enable electronic data capture for audit purposes and once enabled access the wider Jersey Care Record. There are two options available, either to follow a full procurement process to

procure a full EPR solution (including devices, licences, server infrastructure) or secondly, preferred, to explore utilising the Ambulance EPR system currently being procured by South West Ambulance Service (SWAS). Positive initial discussions have taken place with SWAS, and officials are about to start work on a requirement identification and matching exercise. This solution would enable Jersey Ambulance Service to have electronic devices in each vehicle in an expedient way, and would support real-time readings of the patient's data, access to warnings and ambulance held past medical data. Patient records would be presented electronically to the Emergency Department in advance of arrival, held electronically for safer storage, and ease of clinical audit. Integration with the Jersey Care Model integrated solution would then be pursued.

To enable full integration with HCS, there are some pre-requisites drawn from the Digital Health Strategy which the EPR project team are working on and are embedding in the requirements process and discussions with SWAS, for example ensuring that the data would be created in a consistent way, housed within the appropriate 'Enterprise Data Warehouse' in order to offer a connection to EMIS, and have links to an appropriate people directory. It is envisaged that the Jersey version of the SWAS system would access this "Jersey Care Record" via an API and Data Services Layer thus enabling real time access and updating. Any development with SWAS would be undertaken with complete agreement and overview of Health IT, Commercial, InfoSec, Information Management, under the stewardship of our Modernisation & Digital Design Authority.

### Governance

The Chief Ambulance Officer is a member of the Jersey Health & Care Information Sharing Board and is party to the data sharing concordat and data sharing principles for the work. The board is overseeing work covering shared health data across the island. The Board and working groups are aware of the need for ambulance staff to access and provide data across a variety of systems.

The Director General and Group Director JHA have been in discussions with Dr Andrew Mitchell who is supportive of the early development of an electronic record for the ambulance service on the assumption that the Ambulance system will need to interface into the HCS system in the future.

### **Combined Control Room (R.91 page 182)**

The combination of Ambulance and Police control rooms will have the effect of the ambulance service losing patient confidentiality. How will the potential conflict between Ambulance and Police Services be managed so that patient confidentiality is maintained?

The Ambulance Service, Fire and Rescue Service and Police Service value the privacy of those they help and come into contact with. Combined Control Personnel are provided with training in data protection, use headsets in order to minimise the risk of information being overheard and there is a demarcation between police systems and ambulance systems, which prevent either service directly accessing each other's information. A Data Privacy Impact Assessment (DPIA) was undertaken during the early stages of the Combined Control Room (CCR) project and subsequently, a Data Sharing Agreement (DSA) signed on behalf of each service, including the Health and Community Services Caldicott Guardian, in order to ensure that sharing is carried out in accordance with the requirements of the Data Protection (Jersey) Law 2018 and Caldicott Principles.

Relevant and necessary information when legal enablement exists will be immediately shared with another service. Should information be required after a service's involvement, and where there exists no statutory duty to disclose, or the request is not of an urgent nature and the delay to

disclosure will not increase an individual's or other's threat of harm, a formal application as per the agreed protocol for disclosures shall be sent to the respective service's data protection or information management point of contact. Any information overheard within the CCR cannot be recorded, documented or acted upon, as it has not been formally shared.

Additional training is due to take place in order to emphasise the importance of both data protection and sharing in the best interest of the public. Mechanisms are being developed to monitor and report any information breaches, so that appropriate review and action can take place where appropriate.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Len', with a horizontal line underneath.

**Connétable Len Norman**  
**Minister for Home Affairs**

