STATES OF JERSEY

Public Accounts Committee
Integrated Care Records

THURSDAY, 10th APRIL 2014

Panel:

Deputy T.A. Vallois of St. Saviour (Chairman)
Senator S.C. Ferguson (Vice Chairman)
Deputy R.J. Rondel of St. Helier
Deputy G.C.L. Baudains of St. Clement
Mr. J. Mills, C.B.E.
Mr. R. Parker

Witnesses:

Chief Executive Officer, Health and Social Services Department
Director of Finance and Information and Deputy Treasurer of the States, Health and Social Services Department
Assistant Director of Finance, Health and Social Services Department

[10:35]

Deputy T.A. Vallois:

Thank you very much for attending the hearing today. We are here to discuss the Integrated Care Records programme and the first area we would like to touch on is looking basically at the strategic context with regards to the Integrated Care Records programme. We understand that in 2001 the Health and Social Services Department I.C.T. strategy described the development of an integrated electronic health and social care client record as its primary aim. Does H.S.S.D.'s (Health and Social Services Department) 2013 informatics strategy not have the same core aim?

Chief Executive Officer, Health and Social Services Department:

Yes, it does, and it is probably a mark of the fact that that is quite a considerable timeframe, which indicates just how hard that is to deliver, and it is something that I think most jurisdictions are struggling with. I think if you read an information strategy for many health organisations or social care organisations virtually across the world you will see that ambition to have a completely integrated record that reaches out into the community and reaches into primary care, covers the hospital, covers all social services, brings the entire experience of the patient or client together. The technology certainly exists to deliver it but delivering it on the ground has proved to be incredibly difficult. What progress has been made over that time period, and it is quite an extensive time period, it is one that between the 3 of us we sort of cover, but there are some gaps where I think none of us were around at the time certain things were happening. But we have looked at the totality of what has happened across those years. We have taken a big step forward with the implementation of Trak and we have a very clear programme moving forward within our revised information strategy, which does take account of the broad strategic vision that was set out in P.82/2012, which was very much about having more services in the community and in primary care, services close to people's home, and a new and revived hospital that is there for those who absolutely need the services of a hospital, rather than providing, as it does currently, a wide range of services that could be provided elsewhere. So it is a long programme and we are not at the end of it yet but we have made good progress.

Deputy R.J. Rondel:

You are talking about today, but why after more than 13 years has H.S.S.D. yet to achieve a fully-integrated health and social care record?

Chief Executive Officer, Health and Social Services Department:

I think part of that is that clearly these complex information technology systems do take a considerable amount of time to implement in any type of organisation. I think you have already had some quite considerable background paperwork, which will show you the extent to which first of all we need political permissions, then we needed to go through extensive procurement processes, and then of course there was the implementation phase. Implementing a system like Trak into a hospital will only work at all if you have full engagement of the staff, both doctors, nurses and other staff, who are going to be using that system. So building that level of engagement takes time as well.

Deputy R.J. Rondel:

How long do you think it should take then?

Chief Executive Officer, Health and Social Services Department:
I do not know that there is a benchmark.

Director of Finance, Health and Social Services Department:
I do not think it is easy to say. To the best of our knowledge, nowhere in the world has achieved this, so we are not lagging behind anywhere. We have the same aims and objectives as many health and social care organisations in the world, but it is something that has not been delivered, to the best of our knowledge, anywhere.

Deputy R.J. Rondel:
But when a business plan is started, surely there is a timeframe with that?

Director of Finance, Health and Social Services Department:
The business case for this particular programme of work set out some important key deliverables that we were aiming to achieve along that journey towards an integrated record and those we have achieved, so, for example, the replacement of the old E.D.S. (Electronic Data Systems) systems was something that had to be done for a variety of reasons, not least that the previous supplier, E.D.S, was withdrawing from the market in its entirety, at which point the system would have no support, no development, no change, and bearing in mind it was already an old system that had to be done. There are various other elements to the programme that were in the business case and have been delivered. But it is one of those things that the environment in which you operate is constantly changing, technology is constantly changing, and you need to refresh your plans and your strategies to reflect that. Probably the easiest example is when the programme was in its planning phases and everybody was thinking about what to do, things like tablet computers and iPads did not exist. Now there is a clamour of people throughout the organisation that say what a difference it would make to their roles and the care they provide to clients in the hospital and in the community if they could do their job using that mobile technology. That just did not exist.

Deputy T.A. Vallois:
But why, I am intrigued with regards to the strategy that was established 2001, a business case was not developed until 2006. That is 5 years without a business case in place and I recognise what you are saying about E.D.S. withdrawing from the system that you had before, which suggests that you were taking more of a reactive stance than a proactive stance, so why did it take 5 years to develop a business case?

Director of Finance, Health and Social Services Department:
I think that is going back sometime and I ...

Deputy T.A. Vallois:

Yes it is, but it is integral to why we are at this point.

Director of Finance, Health and Social Services Department:

I think the reason I am saying that is none of us were in our current roles then so we can only surmise some of the answers to that question.

Deputy T.A. Vallois:

But there are no documents relating to any business case done since the strategy up until the business case done in 2006?

Director of Finance, Health and Social Services Department:

Not that I have seen.

Mr. R. Parker:

Out of interest, and I totally accept that to gain the buy-in from all the interested parties is very important and therefore the quality of the data is essential to achieving that so people can see the benefits of the centralised database on the patients. So, at the current moment, all the data is input, is manually done in all the wards and so forth in the hospital, and I take it that is transferred at some other stage by other people putting it in and that probably ends up with a question mark over the quality of the data. So I would have thought it is very important, as you were talking about the tablets or so forth, to having direct data into the system, which is part of the job function to provide that sort of confidence, and therefore those benefits in relation to the rollout.

Director of Finance, Health and Social Services Department:

That is right, data quality is crucially important to us and you will have seen in the latest informatics strategy that is highlighted as one area where we want to put more ...

Mr. R. Parker:

But that probably would not be that costly to really implement in the sense that you are talking of say tablets and so forth and when you are talking about the labour involved in dealing with manual records that is very considerable.

Director of Finance, Health and Social Services Department:

There are a number of aspects to data capture. The data is captured on the wards, in the theatres, at the right place at the moment. There may be further benefits to be obtained from capturing it even closer to the patient or client, particularly in the community where obviously it is not input in somebody's home because ...

Mr. R. Parker:

I must admit my own experience is that where someone has to put everything down manually and then someone has to transcribe that into a computer the whole thing is the computer is the complete, it is a joke that you are having to put this stuff in there, because you are doubling up the workload and it is seen as a sort of an obligation rather than an integral part of the job.

Director of Finance, Health and Social Services Department:

I completely agree, and that is why mobile computing features in the informatics strategy going forward as something we want to achieve, particularly in the community. The benefits I think are more obvious and larger in the community because that is where what you have described will take place, there has to be manual recording and then an input later on into the systems. The hospital setting is slightly different because there is a closer relationship or closer proximity between the technology and the patient. So that is important.

[10:45]

There is already some bar-coding processes and so on that happen within the service where that data quality issue is addressed by the fact that sterile instruments and so on are bar-coded and scanned in and out of various areas.

Mr. R. Parker:

Getting that right is so critical to getting the buy-in, rather than the discussions and the lovely documents regarding the best intentions in the world. Actually achieving that level of functionality is absolutely key in any system.

Director of Finance, Health and Social Services Department:

Yes, I agree.

Deputy R.J. Rondel:

Would you be surprised that it took 5 years to come up with a business case following the strategy?

Chief Executive Officer, Health and Social Services Department:

I do not think we can comment on why it took 5 years because we were not there then. I would be extremely surprised if it took 5 years now for us to come up with a business case. It was an I.T. (information technology) problem, which are by definition quite complex beasts and involve a number of different parts of the States because obviously, if we were doing this as we are doing,

the next phase of rollout of the technology, we work very closely with the Information Systems Department in Cyril Le Marquand House and obviously, as we have already said, engaging staff in driving and developing this is critical, but we do not take 5 years to develop business cases.

Deputy R.J. Rondel:

What would you do now? Would you work alongside? That business case would more likely be worked alongside the strategy at the same time?

Chief Executive Officer, Health and Social Services Department:

The strategy would drive the business case but we would bring the right people together and then it would be time-framed separately, the production of outline drafts and final drafts and getting permissions sought. I think the States in general works a lot faster now than it did 5 or 6 years ago.

Deputy R.J. Rondel:

Looking at this, do you acknowledge that this did not happen at the beginning?

Chief Executive Officer, Health and Social Services Department:

I have no idea. I can only speculate that it did not happen at the time.

Senator S.C. Ferguson:

Can Mrs. Homer explain perhaps because I think you were around in those days, were you not?

Assistant Director of Finance, Health and Social Services Department:

I was. I was at this particular period Director of Surgery and Anaesthesia, so I was in the hospital looking for information that you could not get from the systems, because they needed replacing, but I was involved in the compilation of the 2001 to 2005 strategy and the strategy, if you note, had a number of workstreams to it of which the intention in that strategy was to do a piece of work on replacement of E.D.S. once its future was known, but there were all sorts of other things there and we did quite a number of the other systems in the strategy and all of them had business cases and were pulled off a bit at a time. So there was progress. The E.D.S. piece was pending a decision from E.D.S. really on how to move forward.

Senator S.C. Ferguson:

Did you have anyone around at that time who knew anything about informatics?

Assistant Director of Finance, Health and Social Services Department:
Yes, we had the then Director of Finance and Information Services had an I.T. Manager who became part of the I.S.D. (Information Systems Department) enterprise and he must have implemented 4 or 5 of the smaller systems outlined in that strategy in that period and they all had business cases, which we could supply for you if you wanted to see those. The big piece, the E.D.S. piece, was awaiting a decision on the part of E.D.S. on the future of their product and that was in no small means tied up with the future of E.D.S. in the MPFIT(?) marketplace.

Deputy T.A. Vallois:
In March 2004, it was noted that a proposal to replace the Department's I.T. systems at that point was an anticipated cost of £10 million to £15 million and by May 2006 the Department was bidding for roughly £12 million with the aim of delivering an integrated health and social care records programme. Was there a change of plan on health I.T. between 2004 and 2006 and, if so, what caused it?

Assistant Director of Finance, Health and Social Services Department:
Not that I am aware of. The strategy was going in the same direction. As we have said before, the building blocks of the strategy may have changed slightly due to progress in technology and certainly marketplace changes, but the strategic intention to secure modern flexible infrastructure and a core system on which to build gradually linked systems that support clinical decisions that broad headline piece remained the same and it ...

Deputy T.A. Vallois:
But at that point it was not just a core system that was being suggested, was it, at that point in time between 2004 and 2006?

Assistant Director of Finance, Health and Social Services Department:
That is because you could not have replaced ... our old E.D.S. systems were written in the early 1970s and the coding and the business model they supported were completely out of date and not supporting modern services. You could organise clinics in a certain way, if you wanted to change your clinic organisation you could not do E.D.S. systems, so what happens is, when you got to replace something that is very old, you replace your old Bakerlite phone with something that does texts and you can get the weather and the news on, you cannot buy a Bakerlite phone, it is not possible. So anything you replaced it with would have much more enhanced functionality to support the modern service.

Deputy G.C.L. Baudains:

I think it makes absolute sense that, when faced with the problem that you had of an old system that was about to be basically discontinued and not supported any more, to take the opportunity, not just to replace it with like for like, which you could have done, but to go for a more complete system. But the idea at the outset was not to complete the system with the funding that you had been given but that was not able so it was then decided to hive off certain parts of it and have a phase one and a phase 2. Basically was it because of lack of funding or lack of proper project at the outset?

Assistant Director of Finance, Health and Social Services Department:

No, it was a modular project, we designed and cleared it in a modular fashion, there were 7 implementation units all with discrete deliverables and we did not know until we went to market how far we would get. In order to have a safe sustainable and affordable system we had to accomplish, as a minimum, the replacement of the functionality of the old systems, and we also had to go for PACS (Picture Archiving and Communication System) for radiology. I have recently been on a panel appointing a new radiologist and the Royal College member independent on that panel said, I think it was 2004, said, "We will never support the appointment of another radiologist unless this tool is in place, it is unsafe to practise without it". So we knew that we had to accommodate, if that money could not have accommodated the replacement of existing functionality and the acquisition of PACS, the hospital would fail in no uncertain terms. We then went to see how much more we could get within the money that was available and we hoped to continue to put in further funding for the bits that we could not afford. So the funding determined the line, but what we got in below the line was those key things plus quite a lot else.

Deputy R.J. Rondel:

What was the rationale for the £12 million capital bid that was put to the Council of Ministers in 2006?

Chief Executive Officer, Health and Social Services Department:

I think the original bid had a range, as far as I can tell, and that range was between £12 million and £15 million. I should imagine ...

Deputy T.A. Vallois:

That still was not enough though, was it?

Chief Executive Officer, Health and Social Services Department:

It was not, with hindsight, I do not think it was, but I suspect that what happened at the time, and I am only speculating, is that there were many, many bids for capital and there was a coming

together to try and manage those many bids and as a result it seems like the budget for this scheme was set at the lower end of the estimates. So straight away it was at the £12 million level rather than the £15 million. I think what people working in the Department at the time therefore did, because they had a modular scheme, was to say, "What are the absolutely critical must-dos and how much can we get done with the £12 million?" with the view that there would then be a phase 2 where the things that could not now be done in the original programme would go into a new phase. It seems to me that there was some delay in working out what phase 2 would be because to an extent the modules were already identified. We would have made more progress and got further if there had been a higher sum of money, but I think it does reflect on the ability to be fixed at that time, which was some years ago, in terms of understanding what the size of the budget should be, with good information behind it, to justify going to politicians and asking for a higher budget.

Deputy T.A. Vallois:
To be fair, when you talk about the information behind it, from the documents I have seen, would you not agree that there was no real detailed business case that was put to the Council of Ministers for that bid in the first place?

Chief Executive Officer, Health and Social Services Department:
I would agree and it is not the sort of document I would bring forward.

Deputy T.A. Vallois:
So therefore it is not surprising therefore that they did not get a bid, a partial bid.

Chief Executive Officer, Health and Social Services Department:
I did not say it to be critical, I was just recognising that there does seem to have been an inadequate budget set and that is for a number of reasons.

Deputy T.A. Vallois:
So would you say that the difference between the capital bidding then to what it is now, there is a great improvement and that there would be more of an ability to be proactive from H.S.S.D.'s point of view in terms of the I.T. capital infrastructure than what there was then? If so, what is the big major differences do you think?

Director of Finance, Health and Social Services Department:
I think one of the big differences now is the planning process on a number of fronts. One is that we do look much further into the future now than we ever did in times past. For particular projects to get into the capital programme there has to be an initial business case, which has to go through

review and validation by the Treasury. That makes a big difference, obviously. It is also worth just bearing in mind that with I.T. projects, there is a difference between an I.T. project and a building project. I.T. by its very nature changes quite rapidly, whereas building a building it is not that different if you do it this year, next year, or the year after. With an I.T. project it might be quite different 2 years down the line so there does need to be some flexibility in that process. But there is more rigor in that capital planning and revenue planning process, both processes are more rigorous than they were, and that requires the production of a business case, be it for revenue or capital, it does not matter, to go into the system even before it goes through to a process of consideration by the Corporate Management Board, let alone on to the Council of Ministers.

Deputy G.C.L. Baudains:

It seems to me that it would have been beneficial, not only to health services, but from a funding point of view, to get the job finished in one stage rather than splitting it into 2, and obviously the lack of funding was the problem. Do you not think that, had you started out at the outset with a more complete revenue you would have been able to persuade the Council of Ministers that you needed more funding and therefore able to achieve that? Where I am coming from is I would have thought, being health professionals, that you would obviously need to rely on I.T. Where did that I.T. information come from? Was it in-house or was it Computer Services, or whatever they are now called?

Chief Executive Officer, Health and Social Services Department:

I think it was a combination. There was a lot of expertise brought in. One of the big dangers with information systems projects and I.T. generally is that they fail badly and they overspend badly, and I think you only have to look across the water to the U.K. (United Kingdom) to see many examples of that. One of the positive aspects of this is that the scheme came in under budget and it delivered more functionality than we thought we would get in the early stages, so to that extent it was successful. I think bringing in the right professionals, having good-quality advice, and being able to future-proof, it is really quite difficult because technology changes so quickly, and certainly at the time those original strategies were being written nobody was thinking about iPads. There was probably somebody sitting at Apple who was thinking about iPads but there was nobody generally thinking about them. You have to build some flexibility ...

Mr. R. Parker:

There were other companies that did produce that functionality at that time, and particularly when it went live. There are 2 questions here: (1) E.D.S. was obviously being phased out, the same issue faced the Isle of Man and Guernsey, particularly taking into account Guernsey that went with TrakCare at the same time. Was there any benefit in combining with Guernsey, whereas you take the Channel Islands as a whole, it is much smaller than places like Lothian in Scotland and other

areas in the U.K. and around the world that have taken into account that software, because I know from my own experience in running various businesses pan-Islands that, particularly on a franchise deal with V.A.G. (Volkswagen Audi Group), we ended up with a pretty high cost related to their services and so forth, but by combining the 2 Islands together we halved those costs. So that is one thing therefore - that the budget could have gone further by looking at Guernsey. In addition you would get better informatics concerning by having the same standardised thing for classifying various illnesses and so forth regarding information and obviously sharing equipment between the Islands in the future going forward could have been very beneficial from strategically. Also I understand another aspect is that Lothian, when they put in TrakCare, did a deal where they paid for it over 5 years, they had a 5-year sort of term on the payment, so if you could have seen the savings would it have been possible to extend the budget because of the benefits of integrating the whole system? So those are 2 aspects whereby, from a business case, it could have probably been argued to have made the funding go further.

Assistant Director of Finance, Health and Social Services Department:
We were very close to Guernsey throughout. One of the first things that happened was that Guernsey secured their funding 18 months before we did so they had a successful case for funding and they in fact signed with Trak a whole year before we did. They went on 1st August 2007, in fact 2 years.

[11:00]

So they were able to proceed with some confidence because their funding was in place, which is something to do with their capital allocation process, going back to your thing. I was in touch with Guernsey at least once a month throughout the whole period, very, very close. We explored the spreading the cost piece with Trak and on a discounted cashflow basis it would have added about 27 per cent I think it was, I would have to look that up, to the lifetime cost of the project. We could have spread it but we did not have any revenue either so our money was in the capital process. But in any event it would not have saved us any money, it would have cost money.

Mr. R. Parker:
Normally there is usually one software licence regarding, you know, one location as such and then you pay I think it is an extra amount related to the number of records or so forth?

Assistant Director of Finance, Health and Social Services Department:
No, the licensing does not work like that at all. It really is a dark art, so I would have to ask our technical person to come and talk to you about licensing if that is an area that ...

Mr. R. Parker:

But the one thing is, if you have 2 separate entities, then you cannot split the licence. If you end up with one entity then that is providing services for the 2 locations then you go to one licence on the software, which then basically gives you a saving. You have to do a restructuring.

Assistant Director of Finance, Health and Social Services Department:

That does happen for some things but for healthcare computing that was not an offer from any of our shortlisted companies. The way the licensing works is quite different and quite complex, I am very happy to get our licensing expert to talk to you.

Mr. R. Parker:

All right, but why is it that in somewhere, like other areas, where the population is many times what Guernsey and Jersey is together, the overall costs seem to be about the same per Island?

Assistant Director of Finance, Health and Social Services Department:

We did quite a lot of research to try and compare the implementation and on a licence for licence basis, they generally work on concurrent user licences but it is more complex than that, it depends where you start from. We did look into it quite considerably and the licensing piece, we would not have gained anything. The bit that we did gain was our understanding. We shared our due diligence on the companies to some extent and we obviously had the benefit of Guernsey's experience with trying to implement part of its solution and that enabled us not to make the same - we might have made different mistakes, but we did not make the same mistakes, and we were in a constant dialogue. We had a formal meeting in July 2007 with looking at the contract piece that Guernsey was going into as well, and that drove how we approached the contractual element that followed as well, so we worked quite close to Guernsey.

Deputy R.J. Rondel:

Just on that, just to be clear, you were sort of working alongside Guernsey if you like until such time, they were ahead. Were they ahead because of the funding?

Assistant Director of Finance, Health and Social Services Department:

Yes.

Deputy R.J. Rondel:

So did you ask for funding at that time?

Assistant Director of Finance, Health and Social Services Department:

It was not my job to ask for funding at that time. I was running the hospital.

Deputy R.J. Rondel:

Did the H.S.S.D. ask for funding at that time?

Assistant Director of Finance, Health and Social Services Department:

I believe they did.

Deputy R.J. Rondel:

Was that forthcoming? It obviously was not ...

Director of Finance, Health and Social Services Department:

I think the other thing ...

Deputy R.J. Rondel:

So the delay was the lack of funding rather than ...

Director of Finance, Health and Social Services Department:

The Finance Law in Jersey, the previous one and the current one, prevents any officer from committing to expenditure without States approval. So you could not, the Department could not enter into a contract ahead of having the capital vote.

Assistant Director of Finance, Health and Social Services Department:

Or spend the feasibility money even.

Clerk to the PAC:

Chairman, if I could just intervene at this point. The Committee has an entry from the Council of Ministers' minutes, which does clarify the then Minister for Health and Social Services told the Council of Ministers in May 2006 that "he had submitted the bid for funding on several occasions during decision conferences", which would have been the equivalent bidding process under the committee system. So there is evidence of previous bids having been submitted, but having not been successful.

Deputy T.A. Vallois:

This does go back to the issue of business cases as well, does it not? I mean was there ever any money asked for things like feasibility studies or anything like that?

Director of Finance, Health and Social Services Department:

We would have to try and see if those records still exist, but it is ...

Deputy T.A. Vallois:

Yes, because I suppose if you are looking at something like a big project like this, and something that can change significantly over time, I.T. does, you would expect, if you are going to change a whole system, E.D.S. is going out of the market, then there would have been some request for money through some business plan or through the Department for funds to look at researching the option or look at a feasibility study to bring a business case forward.

Chief Executive Officer, Health and Social Services Department:

There would be now, whether there was then I do not know.

Director of Finance, Health and Social Services Department:

I think it is fair to say that there was research being done because there was research being done that clearly would have led to the bids going in to the process that would have most certainly been there and informed the committee of 2004 and the Council of Ministers' deliberations in 2006. So there was research being done around it, I am confident.

Deputy T.A. Vallois:

Was that given a directed budget or was that just budget taken out of the overall Health budget and resource put in to like maybe current people that are working on their day jobs expected to go away and do some research rather than specialists like I.T. and maybe a consultant going away for a few weeks or days and researching the option as appropriate?

Director of Finance, Health and Social Services Department:

I am not aware that any additional funding from the centre, if you like, was sought or obtained. There may have been a specific allocation of individuals' time or budget to go and talk to people in the U.K. and so on at the time, but it is probably over a decade ago now so there may well have been people, there was the I.T. Manager for example, I have no doubt he would have been tasked with doing some research on this. That I think would have been part of his role.

Deputy R.J. Rondel:

If I could just quickly quote from the minute as well: "As this item was of such value and significance to health's business it had been shown separately in the corporate I.T. funding stream but would need to conform with all corporate I.T. protocols and requirements. The Council were advised that the project would be managed by the Information Services Department and that a recognised and well-supported software package would be implemented. The Council was supportive of the said bid." Did that happen? Was it the Information Services Department?

Director of Finance, Health and Social Services Department:

It was a joint project between Health and Social Services and Information Services.

Deputy G.C.L. Baudains:

Could I come in on that because it relates to a question I asked earlier and I am still not entirely clear about it because it does seem to me that this unfortunate situation where it was not all able to be completed in one phase goes back to the very beginning with possibly a lack of a robust business plan and it seems to me the whole thing then stems from what I.T. advice you had and presumably from that what consultants you would need and all the rest of it. Now we have I.T. within Health and Social Services and we have what I call Computer Services, Information Services. Who was leading? Presumably there was a team. Who was the leading force on that team? Because otherwise what I am thinking is there is a danger of things falling between 2 stools.

Director of Finance, Health and Social Services Department:

The accounting officer for the project was the Chief Executive of Health and Social Services.

Deputy G.C.L. Baudains:

He would take advice from Information ...?

Director of Finance, Health and Social Services Department:

He would take advice from his staff, including clinicians, his I.T. staff, Computer Services, Information Services, whatever the title might have been at the time, independent experts of which, as you will have seen from the paperwork, there were independent experts employed on the project. So he would have taken advice from a whole range of individuals.

Deputy G.C.L. Baudains:

It just seems to me that on a project of this scale it should more so be in the scope of Information Services or Computer Services, whatever, rather than Health and Social Services, because Health and Social Services I.T. will be looking at their own specific, and what they are comfortable with, whereas a completely new piece of kit - you may have to change to fall in line with the way it works.

Director of Finance, Health and Social Services Department:

I think it is worth remembering that this project goes back in time when the Health Department had an I.T. function within it, as it had a payroll function within it. During the project, those functions, including I.T. and payroll, were transferred to central services. So when the project started the Health Department had an I.T. team based within it. It does not anymore so it gets its I.T. services

from the Information Services Department. It is a bit like Property Holdings in as much as Information Services are providing a service to Health and Social Services, Property Holdings provide a service in terms of our buildings, so if we were to run a project like this now it may be structured differently to how it was in the past. But at that time that was the way it was set up because the Department was responsible for its I.T. delivery.

Mr. R. Parker:

Did that change take place during this time, 2004 to 2006?

Assistant Director of Finance, Health and Social Services Department:

It took place in the end of 2004, with the implementation from 2005, so our I.T. Manager was a direct report to Computer Services at the time and the reason it was led and owned by Health is because this was ... we have talked before about clinical engagement, everything, all experience anywhere suggests that the systems have to be set up to serve the organisation and the organisation must feel that it is their own and be utterly engaged with it. So the leadership of the organisation to the project came from Health. The ownership that it would meet the needs of the organisation when it was signed off belonged to Health. All the technical support, by the time we were going, was delivered by Information Services in conjunction with the external ...

Mr. R. Parker:

So the I.T. professional, directly employed by Health, you are saying he left in 2004?

Assistant Director of Finance, Health and Social Services Department:

No, he remained in place, but his line management moved to the then Director of Information Services. He gained a new boss.

Mr. R. Parker:

So, but ... right.

Deputy G.C.L. Baudains:

The thing that concerns me, is it not a danger, by clearly I.T. within Health and Social Services, as you were saying, understands what Health and Social Services need, but if I could use an example, I mean I was quite happy with my Amstrad and I did not want to move to Windows, because I was in my comfort zone and I knew how it all worked. But once I had moved then I realised I had moved forward. Is there not a danger that by relying on I.T. within Health and Social Services rather than Computer Services you are likely to go for a system that you feel comfortable with but may not be the best piece of equipment? This is why I am wondering that I would have expected Computer Services, Information Services, to lead and sort of look at it from a computer

system slightly more so than a health system. I would not like to think that the system was, this is the one we are used to, in other words it copies our paperwork at the moment sort of thing.

Chief Executive Officer, Health and Social Services Department:

I think that it is a coming together of the 2 sides. Undoubtedly the best people to ask about what will drive the way they do their work so they can do it better, to the advantage of patients, will be the clinicians. It is a good challenge to say, but are your clinicians up to date with the leading changes. My experience over many, many years is they are very well briefed on what the latest technology changes are and they are very good lobbyists for that. There are some who perhaps are less comfortable and they will say, "Can we not just keep this, can we not just keep that?" What we do in the development of these sorts of changes is we will take them and show them where something is working differently and better and let them try something out somewhere else. Gradually you win them over, which is why the engagement with clinicians is so important. But once you have reached the point of saying, "We need technology to enable us to do this for our patients", yes, the technology experts have to be the ones who work with you to go and find those systems and make sure you get the best-quality systems, the best-value systems. That is their expertise. It is about bringing the 2 bits of expertise together to design the right system.

Mr. R. Parker:

But if you rely too much on the clinicians, is it in their interest to have something that tracks costs and processes from the accounting side to a particular extent, which shows where inefficiencies and so forth properly exist within the administrative system?

Chief Executive Officer, Health and Social Services Department:

I think increasingly it is, because we work with a fixed budget. The budget is increasing, which is good news, but it never increases to the extent that allows all clinicians to do everything they would like, so when you can make that connection for them and say, "We are spending this but we could spend it differently and you would get more for it", they are the greatest advocates of it.

[11:15]

Mr. R. Parker:

In relation to controlling their time, related to operation times, related to particular clinical procedures and so forth? Because the one thing I noticed with the original strategy and the renewed strategy, the accounting functionality in relation to the costing and so forth, the standard costings modules in relation to what things are, whether they are over budget and so forth, does not seem to be within the documents. There seem to be very scarce comments on the accounting side. Whereas on the Internet where I look at other systems that have been implemented

elsewhere it seems to be at the top of the list as to the cost-benefits and in trying to provide better-quality services going forward is being able to manage those costs.

Director of Finance, Health and Social Services Department:

Perhaps I can explain that. I think there is a number of things there. Clinicians are very, very important in helping drive change and understand what is needed, but they are not the only part of this by any stretch. Management play an important part and the finance function plays an important part, so I as Finance Director want information in terms of activity and quality and such like that I can relate back to cost and do benchmarking exercises, and so there is a big driver for that. Information Services and the technical team, they are also a big driver, because where they bring some particular expertise is that they are horizon-scanning in terms of technology and technological changes that are coming, so they can drive change. Perhaps a good example of that at the moment is we are just in the midst of a project to upgrade all our Windows operating systems. With Information Services Department, and with a great deal of help and support from them, we are looking at incorporating some other changes in that piece of work to look at what is called a medical desktop and single sign-in to all the various systems that we use, so there is change that is being driven by a technological response that has come from the Information Services team.

Mr. J. Mills:

Mr. Turner, you are the S.R.O. (Senior Responsible Officer) for the current informatics strategy, are you not?

Director of Finance, Health and Social Services Department:

Yes,

Mr. J. Mills:

In the strategy that you published a year ago, you noted then that: "No position within the current H.S.S.D. management structure responsible for operational management of the current informatics provision across the Department and for implementing future strategy." Does that remain the position or have you recruited that person?

Director of Finance, Health and Social Services Department:

We have not recruited them. We have secured ... there are 2 key posts within the Department, one is a post of I.T. Manager, which is an I.S.D. post, but outposted to the Department. That at the time of the strategy was vacant, as was a desire to create a new post in informatics to be focused on information management and the data quality issues and such like we were talking

about earlier. We have recruited and appointed to the I.T. Manager post. We now have a job description for the informatics post and have forwarded them out to recruit the ...

Mr. J. Mills:

The informatics post will be an I.S.D. post or an H.S.S.D. post?

Director of Finance, Health and Social Services Department:

The first post is an I.S.D. post, the second post is Health.

Mr. J. Mills:

In the same document you say that the existing organisational and governance arrangements that operate around integrated working between H.S.S.D. and I.S.D. "have created structural tensions." Now I think I know what you mean by that, but could you comment, from your position as S.R.O. for the strategy, which is a crucial position, whether you think the governance arrangements in place from the centre to the Department are all right or not? What should be done? How do you want to deliver your role as S.R.O. on this hugely important strategy?

Director of Finance, Health and Social Services Department:

Key to it is clarity around roles and responsibilities and the relationship of the management between the 2 parts of the organisation. So there is a number of things that I want in that role. I want to know that our systems are robust, reliable and working and future-proofed from a technical point of view that the network is not going to go down with the telephone system, so some basic infrastructure things like that. I also want to know that in delivering system developments, implementations, be they large or small, or business change processes, that is done in a co-ordinated and joined-up way and that we are prioritising what we do so that we deliver the changes that support our operational and strategic direction in terms of getting the biggest bang for our buck. We have done a lot of work with the I.S.D, team over the last year or so, which has culminated in the appointment of the I.T. Manager post that I was talking about a minute ago. We have drafted a service level document between the 2 departments to set out who is responsible for what to give that clarity. That is particularly important around developments and projects where what we want to make sure is that we have the right resources focused on the right pieces of work at the right time, so it is no good if the Health Department thinks doing X is really important; that is where we are going, if we have not go the ...

Mr. J. Mills:

So you have updated the S.L.A. (service level agreement), which you say was dated in 2005?

Director of Finance, Health and Social Services Department:

Yes. Indeed ...

Mr. J. Mills:

That has been signed and sealed, has it?

Director of Finance, Health and Social Services Department:

It has not been signed off because the next bit I was coming on to is that there is a team that remains within the Health and Social Services Department, which is a team that supports the operation of TrakCare. We have agreed that we are going to transfer that team of staff to the I.T. Manager role so that the I.T. Manager role then has direct responsibility over the hardware and infrastructure and technical elements of the systems as well as the software and developmental aspects, so that sits under that one individual ...

Mr. J. Mills:

You think these governance arrangements are satisfactory?

Director of Finance, Health and Social Services Department:

I think they will be, so the next stage is to update the service level agreements we have drafted to reflect that change. We are looking to transfer those staff and that responsibility over the next couple of months, the I.T. Manager has literally just taken up his role, so there is a handover process going on at the moment.

Deputy T.A. Vallois:

Can I ask then a few things on the basis of that answer: (1) what clout does a service level agreement have; and (2) what is saying that in the end Health can just turn around and say – and we have seen some problems with culture within the States across different departments in the past – what is stopping Health from turning around and saying, "Well no, we do not want you to help us, I.T., we are going to go off and spend millions of pounds on consultants to advise us of what we want rather than have your technical advice because we are the ones that have the money", because there is a hold over the departments in terms of Treasury, Treasury will not give you the money because now they have this planning process in place and you have to go through a business case phase, but in terms of Information Services, you have a central function there with people that have technical ... well I hope they have technical abilities and knowledge, but what clout does that service level agreement have in terms of requiring the co-operative working between a central function and a department?

Director of Finance, Health and Social Services Department:

I think there is 2 questions there, I will try and go back, and what clout does the S.L.A. have. The S.L.A. itself is not about having clout to do something if somebody does not fall in line. It is about everybody understanding what their role and responsibility is in the process. A piece of paper cannot simply make everybody ... it is not for hitting somebody around the head with. If we get to the point where we are pulling it off the shelf and pointing to paragraphs and saying, “You are supposed to do paragraph 6.2”, then something has broken down in the relationship. We have a very good relationship with Information Services, so the service level agreement is about making sure that there is clarity around that and there is a process for moving forward on it. The thing that ... the control that is in place that makes it sure we work together, if you like, in the same way you described with the funding is that there is a financial direction, which I think is in draft at the moment, which requires I.T. projects to, not just have the approval of the department, but to have the approval of their I.T. Manager, so the I.T. Manager that is an Information Services post, that person has to agree to the I.T. projects before they commence.

Deputy T.A. Vallois:

But that has never been in place in the past?

Director of Finance, Health and Social Services Department:

No, I think the financial direction is in draft at the moment.

Assistant Director of Finance, Health and Social Services Department:

Financial direction 5.1, which came into force in August 2011 about buying things, has a paragraph that says, “Nothing on the I.T. level can be bought without consulting with your B.S.G. (Business Support Group) Manager”, which is the I.S. (Information Systems) person, so there is a paragraph in an extant financial direction that compels this. The financial direction on a major project, which Jason was alluding to that is in draft at the moment, explains in more detail what is required, what the business case should look like, those sorts of things. But the financial direction does say nobody can buy so much as a P.C. (personal computer) or anything ...

Deputy T.A. Vallois:

For purchasing goods and services; that is the purchasing goods and services financial direction.

Director of Finance, Health and Social Services Department:

The other one that we are talking about is major capital projects, which is the one that is in draft at the moment.

Assistant Director of Finance, Health and Social Services Department:

It is the one that is in draft that will tighten it up and provide templates and work throughs.

Deputy G.C.L. Baudains:

Just for clarity, we have seen the unfortunate, when we look back, the unfortunate situation when the previous system was found to be nearing the end of its life, possibly more quickly than was expected, and I see in June the hospital director then was saying about this new system, when it was being implemented, there was no contingency in the budget for unseen costs, no revenue budget had been allocated to support the system in future years. Can we be absolutely sure that this is not going to happen again, because another £14 million, £15 million is required to implement stage 2, and does that include revenue expenditure, contingencies for updates, and future replacement of the kit, because it is, as we discussed at the start of this meeting, that technology is evolving rapidly.

Director of Finance, Health and Social Services Department:

Indeed. We have planned for what we can foresee and we look at everything that is on the horizon and we take account of input, not just from clinician and internal staff, but also from Information Services. We have planned and we have put a bid in to the M.T.F.P. (Medium Term Financial Plan) to process that reflects that. Moving forward, it is largely about the revenue side of the project, because it is about business change, it is about rolling out more of what we have, so taking the electronic records that we have in some areas of the hospital and implementing that in other areas. That is largely about changing the way people work. So, yes, we plan for contingency, we operate a contingency process within the Department. Our financial planning processes and control processes have been significantly improved and tightened over the last couple of years, so I am confident in that area.

Deputy G.C.L. Baudains:

Because one of the problems is, it is not entirely within your hands, because the original problem appeared to stem from a beating down under the Fundamental Spending Review of how much the Department would get from Treasury. Now we have the C.S.R (Comprehensive Spending Review). Are you able to still maintain that position even if in future financial plans your request is not successful, or only partially successful?

Director of Finance, Health and Social Services Department:

It is impossible to say without knowing the outcome of those discussions. We have to prioritise the resources that we have to deliver healthcare and social care across the Island. In the submissions that we have made into the M.T.F.P. process we have been very clear on the component elements, so some are for new community services, some are for developing the hospital, some are for the I.T. infrastructure. That has to go through its process and the Assembly, at the end of

the day, will decide through the M.T.F.P. debate. After that, if the submissions are not funded for some reason, then we have to go through a prioritisation process and make sure we understand what we are delivering.

Mr. J. Mills:
In your informatics strategy, you are the S.R.O. for the informatics strategy. You have identified 16 key risks, pages 44-46. Only one of those is explicitly money. I recognise that money travels with everything else, but only one is explicitly about money, and it is a standard risk in any public sector organisation. Most of these risks are about people, working practices, data quality, and all those things. How can you offer assurance to citizens that you can deliver this with the totality of resource you have? I do not just mean money. Are you being too ambitious? Are you being realistic? Are you able to manage and control and mitigate these really significant risks that you have outlined?

Director of Finance, Health and Social Services Department:
Are we being ambitious? Yes, I think we are being ambitious, and I do not think there is anything wrong with being ambitious, we need to challenge ourselves.

Mr. J. Mills:
I said "too ambitious".

Director of Finance, Health and Social Services Department:
Are we being too ambitious? No. I think we have to challenge ourselves to deliver as much as we possibly can. Funding is always going to be a crucial element in it because there are things that you cannot do without funding.

[11:30]

As some of the other members have spoken about today, there are things that we can do and that we are doing, we can reorganise ourselves, we can put our focus on data quality, we can make improvements in data capture to improve data quality, we can do lots of those things, and we are doing lots of those things. Some good examples are our various lean projects that we are working on in terms of the way we redesign and drive efficiencies out. Some of those will lead to improvements in data quality and data reporting. Some of those will free up nursing time, administration time and so on that could be redeployed. There is a whole range of things that we are doing to mitigate ...

Mr. J. Mills:

But you refer to inefficient working practices in a place taking up valuable time and resources of staff. You refer to poor-quality reports that do not maximise the value of data. You refer to inefficient use of scarce informatics workforce, which detracts from the need to improve management reporting, and you refer to too many separate informatics teams duplicating effort, so on and so forth. These are very fundamental issues about the nature of the organisation and you are not really addressing them with respect in that answer.

Director of Finance, Health and Social Services Department:
I ...

Mr. J. Mills:
I am all in favour of you being ambitious, you must be ambitious, but these are fundamental basic non-rocket science issues.

Mr. R. Parker:
Sorry, on the back of that is the consultant costs on the first phase of the project I believe was £4.1 million out of the £12 million and the portion of that at procurement stage was £1.7 million whereby Guernsey had already gone ahead 18 months or nearly 2 years before and I find it rather difficult to understand that level of consultancy cost, particularly at the procurement stage.

Director of Finance, Health and Social Services Department:
The consultant costs were £1.7 million, I think the £4 million you are probably thinking of was an estimate that was in the business case at what consultant costs might be. The spend on consultancy was £1.7 million.

Mr. R. Parker:
But a lot of that was at the procurement stage.

Director of Finance, Health and Social Services Department:
It was throughout the whole project. Consultancy cost was spread throughout the project, they were at the £1.7 million level in line with SocITM, which is the Society of I.T. Management's best practice expectation of what consultancy costs you should incur on a project of that size. They all went through ...

Mr. R. Parker:
Usually around under 10 per cent.

Director of Finance, Health and Social Services Department:

These pointed to about 14 per cent I think, which ...

Mr. R. Parker:

It was more than that because this is related to, not on the total amount including consultancy, you would take it on the base amount.

Director of Finance, Health and Social Services Department:

The advice we have received is that they were in line with the expectations of what we should have had, £4 million would have been ...

Mr. R. Parker:

That advice was from the consultancy, right?

Director of Finance, Health and Social Services Department:

No, that is advice from I.S.D.

Deputy R.J. Rondel:

Is it not correct that, despite that being in the business case, £4.1 million, and they spent £1.7 million, H.S.S.D. could still only afford a small percentage of the original spec?

Chief Executive Officer, Health and Social Services Department:

No, we received quite a significant percentage of the original spec.

Deputy R.J. Rondel:

Not as much as you ...

Chief Executive Officer, Health and Social Services Department:

Not as much as we wanted, but quite a few of those elements we did deliver on top of what we thought we would.

Director of Finance, Health and Social Services Department:

I think it might be helpful, just to help to understand, the size of the piece of work cannot easily be related simply to the number of systems, so some of the elements, the core elements of the project that Anne spoke to earlier, the patient administration system, the pharmacy system, PAX and so on, are very big projects in their own right, although they only may add up to 3 or 4 systems, they are far bigger, more comprehensive, more complex, and deliver more benefit than some of the smaller systems.

Deputy T.A. Vallois:

But that does not negate the fact that what was originally set out for the £12 million capital funding that was bid was not what was finally delivered.

Chief Executive Officer, Health and Social Services Department:

In my understanding what was set out had a range of £12 million to £15 million and at one point went up to £18 million, the sum of money that was allocated was at the very lower end, at which point then those involved in the project had to say, “There is the whole list, these are the absolute top priorities and must-dos”, and drew a line.

Deputy T.A. Vallois:

That took 3 years.

Chief Executive Officer, Health and Social Services Department:

It may well have done, but what ultimately happened was we were able to take that line a bit further down and get some of those benefits back in as a result of managing the budget ...

Deputy T.A. Vallois:

Could you not explain to me then why then 2006 the States were asked to give £12 million in the business plan, which I believe would have been in September, the business case was not done until December, then it was identified 3 years later that the business case had to be descoped, which was in 2009, but nowhere can I see, or I think our Committee can see, is evidence that further money was bid for or asked for within the capital bidding processes or that de-scoping went back to the Council of Ministers to explain the reasons for that.

Chief Executive Officer, Health and Social Services Department:

I do not know whether the de-scoping went back, also I cannot tell you why any further bids were not forthcoming up until the point I arrived in the middle of 2010 and we commenced our strategy work, and obviously I.T. schemes are significantly part of that, which is why there is an element within M.T.F.P. one and 2 to take all these technology changes.

Deputy T.A. Vallois:

But this is the point that I am trying to get at, looking at what happened in the past, and we are not trying to create a blame culture or argue that everything went wrong, because we have a form of system in place, but what I am trying to get at is how can the public or even States Members have confidence in the future that when something is not going to cost what was originally set before them that when more money is needed or a different system needs to be put in place that higher

level is taken back in terms of a governance structure to be agreed, because from what I can see, in terms of evidence in the documents, that did not happen.

Chief Executive Officer, Health and Social Services Department:

I think I can only comment on what would happen from the middle of 2010 onwards, which is when I am the Accounting Officer, and I would take those things back through Council of Ministers, back through Corporate Management Board, back through my own Ministerial team, so that there is absolute clarity and ownership. If we have had to trim a project in order to make sense of the resourcing, I want people to understand what the benefits and disbenefits are of doing that.

Deputy T.A. Vallois:

But is it not wrong that it depends on the person in post rather than there being a proper structure for that to take place?

Chief Executive Officer, Health and Social Services Department:

I think it depends on processes you work within and the States of Jersey of 2009 is very different to the States of Jersey of 2014. I think right across the States, a lot of work has been done to strengthen governance. From my point of view clinical governance, corporate governance, financial governance, there have been many changes, the systems are much sounder and the processes are much better. That is not to say they cannot improve. I am sure they can, but they are much better than they were 4 years ago.

Senator S.C. Ferguson:

So there is a business case for the second part of the project?

Director of Finance, Health and Social Services Department:

We are working up those business cases as we speak at the moment, we have ...

Senator S.C. Ferguson:

Hang on a minute. You have put in a bid.

Director of Finance, Health and Social Services Department:

Yes, there are business cases gone into the M.T.F.P. 2 process for delivering the strategy. There is further work that we need to do to ... let us think of an example. So, how exactly we are going to make use of mobile technology and ...

Senator S.C. Ferguson:

No, now I am just saying, you have a strategy, part of it was not done, or a third of it perhaps, you have not done the business case yet for the finishing off that particular bit that you have started. How much are you putting in for then?

Director of Finance, Health and Social Services Department:
No, we have done, we have put business cases in to the M.T.F.P. 2 process for all the services, all the developments that we are looking to do in the period 2016 to 2020.

Senator S.C. Ferguson:
These are the processes that you were not able to do, and how much are you putting in for?

Director of Finance, Health and Social Services Department:
I will have to ... sorry, Senator, I cannot tell you what it is off the top of my head.

Deputy G.C.L. Baudains:
Can I just go back for a moment to the consultant issue and their fees? Would it be correct to assume that some of the work that they originally did would have been on what will now become phase 2, so presumably there will be less work for consultants in the future as a result? Presumably they will be looking at the whole thing from the beginning and not just the bits that were implemented? What I am getting at, I would not like to think that you end up with consultants duplicating work that was done before.

Assistant Director of Finance, Health and Social Services Department:
It may not need to be as thorough, but the world has moved on quite considerably in the intervening period, so just going back to your original question, we spent £1.7 million on consultancy, of which £600,000 was the delivery phase and £1.1 million was the procurement phase, just to clarify that. In terms of what the scope was, the consultancy that we had produced a thing called an output-based specification that put detailed service deliverables around all aspects, including for example the community and e-prescribing, which we had not come to at that point, but that was in 2007 that was concluded, so it would need to be revalidated. The service requirement will be similar but different because services also modernise and move forward. But the technological solution will also have moved on. So I would hope that they would revisit that work and start from where it left off rather than starting it all over again.

Deputy G.C.L. Baudains:
So what you are saying is that the pieces of kit you will be putting in under stage 2 would not be the same pieces of kit that you would have put in had you done it as part of the last stage?

Assistant Director of Finance, Health and Social Services Department:

It will achieve the same strategic intention but moderated for the change in service model and ...

Deputy G.C.L. Baudains:

So it is basically updated?

Assistant Director of Finance, Health and Social Services Department:

Updated, yes, thank you.

Mr. R. Parker:

Sorry, what was the procurement process for the consultancy on this project?

Assistant Director of Finance, Health and Social Services Department:

It went out to tender for all consultants. Apart from our assurance advice, which we received from the O.G.C. (Office of Government Commerce) because that was the U.K. best practice, that was the small part that ended up ...

Mr. R. Parker:

That went out to tender, but I think none of that documentation has been seen as to what the expertise of these guys were or how they were appointed.

Deputy T.A. Vallois:

Sorry, I just recognise that we are running out of time, there are just a couple of things I would just like to quickly clear up, we just need the answers for. When comparing what we had delivered for the original I.C.R. programme to what was placed in the Informatics Strategy for 2013, trying to identify the difference, so what happened in terms of the descoping from 2009 to now what is being proposed, as far as we can see two-thirds of the anticipated capital cost of the 2013 informatics strategy relates to the implementation of remaining TrakCare functionality, e-prescribing and other items that were originally to be delivered within the earlier I.C.R. programme. So it is just to understand whether we have that correct, it is roughly about £6 million. But trying to clearly compare we found difficult.

Director of Finance, Health and Social Services Department:

We have, with your Committee Officer, been trying to put a table together, which we have done, but obviously that did not quite do the job. Perhaps the best answer is to try and refine that for you to give you that clarity because it is the kind of thing that is probably easier done in black and white on a piece of paper.

Deputy T.A. Vallois:

I think also what we are trying to identify as well is saying that this was what was originally intended from the strategy in 2001, identifying obviously that models will change of course, but then this was what was originally going to be delivered in 2006, albeit after the money was approved in the business plan, then it was de-scoped, so it is identifying exactly what it is, the difference between 2006 to the descoping in 2009 and then to what is being delivered in the informatics strategy, so what is new and what was supposed to be delivered. There is no clear ability to say, all right, this is what you originally wanted, this was what was descoped, and this is now what you are trying to provide for. So technically all I want to see is this phase 2 of the original I.C.R. programme, do you see what I mean?

Director of Finance, Health and Social Services Department:

I understand that. We can do that. It is going to be a lot easier to put on a piece of paper.

Mr. J. Mills:

Could you also add on what is the non-rocket science bit, you say in your document at page 59: "TrakCare is not well regarded by all existing users. This is largely due to the perceived levels of training and support and this will need to be addressed in the phase one work programme." On page 42 you are rather more critical about training, you refer to "minimal support" for training around this. You are obviously stretched; I mean I can accept that. What are you going to do about this? It is one thing to spend a good lot of money on developing the system, which you have already sunk and you have, fine, but how are you going to make it work in the real world day to day with staff across the piece?

Director of Finance, Health and Social Services Department:

There is a number of things that we are going to do, not least that we have identified training is a big ... it is not simply classroom training, it is training and understanding...

Mr. J. Mills:

And culture.

Director of Finance, Health and Social Services Department:

... and culture. There is a number of things, some tied into what we have been talking about previously, so the Head of Informatics, part of that role is to develop that culture within the organisation about information.

[11:45]

We have 2 staff at the moment now dedicated to training. We have an e-learning package, which sits within our suite of systems. What we are now looking to do is make far more use of that to make it easier for people to access some of that basic level training that you can do at your leisure.

Mr. J. Mills:

Is it obligatory for your staff?

Director of Finance, Health and Social Services Department:

It is not at the moment because it is what we are planning to do.

Mr. J. Mills:

But will it be?

Director of Finance, Health and Social Services Department:

There will be elements of it that I would like to make obligatory for some staff in some roles, yes.

Mr. J. Mills:

That is not saying it is obligatory; you would like to do that?

Director of Finance, Health and Social Services Department:

I would like to do that, but obviously it is no good having a plan to make some element of training blanket obligatory to everybody because it will not be relevant. But there would be elements that I would want to make obligatory for ward clerks, for example, that may be accessing and putting data into the system on the wards, there may be something for theatres, but we need to get that together and that is part of the informatics piece of work that needs to be done and part of changing the roles and the day-to-day activities of the training staff to shift from more of a classroom based environment to something slightly different that facilitates learning in different ways.

Deputy G.C.L. Baudains:

I know it has been contemplated in the past, bringing Social Security into the system, have you any plans to do that at some time in the future? If so, would it be integrated into phase 2 or would it be a phase 3?

Director of Finance, Health and Social Services Department:

There is a number of things we are doing, not just with Social Security, but with other departments. We have data sharing agreements with Social Security to enable us to share some data, which is

particularly around understanding people's entitlement to free care, depending on how long they have been on the Island and so on. Also, the e-Government project that is being led essentially is looking at a whole range of things, but not least the integration of demographic data and the like from central systems into Hop(?) and other systems, so there is an initiative, "Tell Me Once", which is about if you change your address or have some event that you want recorded, you can inform the Government once, whether that is in Cyril le Marquand House or the hospital or Social Security, and that ...

Deputy G.C.L. Baudains:
So it would not be a system basically plugged into yours, it would be part of the States-wide system, which is being introduced, and you would plug into that?

Director of Finance, Health and Social Services Department:
Information could flow both ways but it needs to be managed ...

Deputy G.C.L. Baudains:
So it would not be something, it would not be one of your projects, it would be a States project?

Director of Finance, Health and Social Services Department:
It is a States-wide imitative that we are participating in, so there is a piece of work going on particularly around our screening systems at the moment to do some work with them, which is part of the wider e-Government project.

Deputy T.A. Vallois:
Just bearing in mind we are already 15 minutes over, so if nobody has any more questions I will just ...

Mr. R. Parker:
Sorry, just one, very quickly. Since the introduction of phase one, has there been an increase or reduction in the number of administration staff?

Director of Finance, Health and Social Services Department:
We planned for a number of savings from implementing the system, particularly in radiology, and they have been achieved in the savings and the staff.

Senator S.C. Ferguson:
Do you have a report on that, on what savings you have made?

Director of Finance, Health and Social Services Department:

Yes, I think so. I think it was in one of the folders we provided to you. The radiology report. We will check it was in there, if it is not in there we will send a copy.

Senator S.C. Ferguson:

Thank you.

Deputy T.A. Vallois:

Thank you very much for your time, very much appreciated.

[11:49]