



HSE Technology and Transformation Committee Workshop

Minutes

A workshop of the HSE Technology and Transformation Committee was held on Monday 28th November 2022 at 10:00 in Dr Steevens Hospital, Dublin 8.

Members Present: Tim Hynes (Chair), Martin McCormack, Rosaleen Killalea, Fergus O’Kelly, Brendan Whelan.

Apologies: Barry Lowry.

Joined the Meeting: Derick Mitchell.

HSE Executive Attendance: Dean Sullivan (Chief Strategy Officer), Fran Thompson (CIO), John Ward (Interim Chief Technology Transformation Officer), Niamh Drew (Deputy Corporate Secretary).

1. Committee Members Private Discussion

The Committee held a private session to review the agenda, the relevant papers and approach to conducting the workshop, noting that the purpose of the workshop was to allow Committee members the opportunity to discuss key priorities of the Committee with the CTTO, CSO and CIO.

2. Governance and Administration

The Chair welcomed the Executive members to the meeting.

2.1 Declarations of Interest

No conflicts of interest were declared.

3. Electronic Health Record (EHR)

The CTTO presented the EHR Discussion Paper to the Committee which had been circulated in advance of the meeting. He highlighted that EHRs were foundational components in the eHealth for Ireland Strategy and HSE Knowledge and Information Strategy, as well as a key enabler in Sláintecare which recommends ensuring the necessary funding for a timely roll-out of an EHR system.

Regarding potential options to facilitate roll-out of EHR, the CTTO outlined the first option is a single EHR system across the healthcare system. While there are benefits to a single system, he confirmed



there are already other EHR systems in use throughout the service. The second option is to have the same EHR technology, but multiple deployments, this would also have a shared care record which is currently being developed. A shared care record would have a patient's information aggregated from different locations and would also allow patients to access their records directly. The third option, is to have allow for different EHR systems in different hospitals. The third option requires the ability to aggregate patient information from multiple systems, and therefore a focus on interoperability and data standards would be critical in the selection of such systems. Irrespective of the EHR solution, the aim of the Integrated Care is that regardless of where a patient is being treated, there's a common place to access their records i.e. the workflow goes with the patient. Having different systems in different hospitals would make this challenging. The Committee agreed that the third option is unfavourable, however, as some hospitals have different EHR systems now which are functioning, a transition to a common system may be challenging. The Committee discussed the difficulties of procurement in relation to implementing EHR systems, and agreed that a separate session should be planned to discuss in more detail.

4. eHealth Portfolio Review

The CTTO presented to the Committee the eHealth strategy and the eHealth portfolio update, outlining the project lifecycle stages and timelines. He advised that the eHealth organisation in its current state is largely responsible for delivering coordinated Plan-Build-Run services delivered centrally to Hospital Groups and CHOs; central IT management; a maturing set of delivery platforms (infrastructure, integration); and products aligned to major National programmes. The CTTO confirmed that the eHealth portfolio of work is driven largely by the ICT Capital Plan, which is agreed on a yearly basis as part of the service planning process. He outlined the most recent eHealth Portfolio Update which relates to the ICT Capital Plan 2022, and a number of items in the plan which originated a number of years previously.

The CTTO advised that eHealth projects are initiated by the relevant service (Acute, Community or Corporate) and many programmes have multiple projects which are individually tracked. This is needed to track Department of Health and Office of the Government Chief Information Officer (OGCIO) Digital Government Oversight Unit (DGOU) approval. He confirmed that eHealth projects are governed by a project/programme Board, with each Board is responsible for the overall management and delivery of the project



The Committee discussed the approval process for these projects and related timelines. The Chair queried whether it would be possible to move to a more agile approach, For example, regarding the roll-out of an EHR, the Chair queried whether if the Committee could demonstrate the business case for EHR, it would be possible to expedite the process. The CIO and CTTO explained that developing a more agile approach which would make this possible is challenging.

The CTTO provided the Committee with a summary of the eHealth Programmes currently underway. The Committee considered, in particular, data relating to: the Individual Health Identifier (IHI) Integration; National Forensic Hospital; the National Rehab Hospital; Integrated Community Care Case Management; Citizen Portal; and Health Performance and Visualisation Platform.

The CTTO advised that as part of the eHealth strategy, the HSE must assign patients an Individual Health Identifier (IHI). Under relevant legislation, the PPSN cannot be mandated for use for data protection reasons but an individual's IHI and PPSN are linked. The CTTO noted that assigning IHIs is key for a number of processes, including auditing waiting lists. The CTTO referenced that new legislation (the Health Information Bill) is currently being drafted that will legislate for the use of PPSN, and the sharing of patient data for appropriate use such as care and treatment. The Chair requested that the Committee hold a health legislation information session to ensure they are familiar with all current and proposed legislation in the area.

In relation to the National Forensic Hospital and National Rehab Hospital, the Committee queried why they are recorded in the portfolio as part of Community instead of Acute funding. The CIO confirmed that this is because of the governance structure in place for these hospitals.

Regarding the Integrated Community Care Case Management, Citizen Portal and Health Performance and Visualisation Platform proposals, the Committee discusses the practicalities of data flow, particularly in relation to voluntary services. The CSO advised that some of these services have concerns around what data they can legally share. The Committee recognised that there cannot be any blocks in the flow of data from these services and agreed that such services should be engaged with to get an in depth understanding of their concerns.

D Mitchell joined the meeting at approx. 12:10.

The CIO and CTTO presented the progress of the 2023 Capital Programmes e.g. the 'Safe Nurse Staffing and Skill Mix', which is used, though not uniformly, in both an acute and community settings.



The system allows rostering based on acuity, ensuring the appropriate number of staff with the appropriate skills are rostered on in accordance with numbers and patient demands. In relation to rostering in community settings, the CIO confirmed there are different systems used and work is underway as part of the National Integrated Staff Records and Pay Programme (NiSRP) to establish how to integrate these systems into SAP to ensure uniformity.

The Chair queried whether it seems stakeholders hold a shared view of what they want in relation to shared records and if the CIO/CTTO are confident that the eHealth programme is engaging with the correct stakeholders to develop them. The CIO stated that he believes there are different views within the HSE system on what a successful EHR roll-out would look like, but that healthcare workers must be involved with these decisions and they are being consulted. The aim is to bring stakeholders views together as a core which will become the focus of the business case presented to DPER. In relation to global health technology spending, the Chair queried whether it would be possible to access data on the total spend per head of capita as this information would be useful as part of the business case. The CIO confirmed that a paper is currently being prepared for the CEO on this subject and it will be shared with the Committee when it becomes available.

The CIO advised that when implementing a EHR system, international data has shown workflow management is the challenge, not just getting access to data. The system will need to make sense for both the patient and the clinician using it, so input from clinicians and all healthcare workers who will be using the system is crucial. It was also highlighted that the vast majority of healthcare occurs outside hospitals so GPs buy-in will also be critical. The Committee emphasised that the patient must remain the centre of any potential EHR system which is implemented. A business case for an EHR system will only be backed by the Committee if it is the correct solution and this point can be clearly shown.

Key Strategic Initiatives Discussion

The CTTO advised that given the significant number of programmes part of the eHealth portfolio, they are currently seeking to identify key strategic initiatives on which special focus will be placed. He presented the Committee with the proposed draft assessment criteria for discussion. The Committee discussed these five criteria and did not approve them as requested. It was agreed that the CTTO would review the assessment criteria, incorporating the Committee's comments, and present them to the Committee again for approval.



5. A.O.B

Nothing was raised under this item.

The meeting concluded at 13:55

Signed: 
Tim Hynes
Chairperson

Date: 19/01/23