

LHCR Monthly Highlight Report – April 2020



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Executive Summary

At the end March meeting (25th) the TVS Board considered the position and response of the programme in the context of the Covid-19 pandemic; the board decided that the programme should continue to focus and accelerate where possible the delivery of key goals for operational use of the TVS care records platform, given the impact and value the platform can provide for patient care. The development of the TVS Care Records platform is progressing towards operational go-live, with the data-matching underway of Connected Care data-sets (Berkshire West and Frimley) with Bucks My Care Record data-sets. The initial go-live for clinical use of the TVS platform will be the join-up of Connected Care and My Care record, which will enable improvements in the quality & safety of care for cross-border patient flows, in particular for Urgent Care. Direct links are also being prepared for some individual Trusts, including SCAS (South Central Ambulance) and Milton Keynes University Hospital – also supporting urgent care patient flows. The key focus this quarter is on progressing to the operational live-use of the platform, using the CareCentric capabilities and embedded user-access in Bucks, Berks West and Frimley. This will be followed by the integration of Surrey care records and Oxfordshire, and further direct data-feeds including SECAM (South East Coast Ambulance) and Child Health Information Services.

The **Health and Care Professionals Advisory group** and the **Ethics and Engagement advisory group** continue to support the programme albeit without meeting in April due to Covid. The HCA group has identified a number of use-cases that can be pursued and delivered once the TVS platform is in operational use, for example to support patient care for high-intensity users of A&E services. The E&E group has been active in supporting improvements to programme communications (eg via the website) and on the development to clear policy statements on data use and subject rights.

Julie Fisher (SRO since Oct 2018) has now finished in the role, with Jane Hogg commencing as SRO from early May.

Progress summary (this month)

- Progressing delivery towards Q1 / 2 goals in context of the Covid-19 pandemic.
- Programme route map updated to reflect board direction on priorities (from end March Board).
- Data matching and integration stage for Bucks My Care Record and Connected Care data-sets.
- Preparation for operational go-live (Release 2 plan).
- Planning in place for integration of real-time GP data-feeds (problems and medications).
- Information Governance model in place.
- Data Protection Impact Assessment for Individual Care developed.
- Ethics and Engagement Advisory Group input on key data-use and subject rights policies.
- Health and Care Professionals advisory group input on use-cases, eg supporting care for high intensity A&E users.
- Technical solutions for interface with Oxon and MKUH progressing.
- Update of TVS website to take on recommended improvements by the Ethics and Engagement advisory group.

Next Month Planned Activity

- Complete data matching and integration stage for Bucks My Care Record and Connected Care data-sets.
- Address final dependencies for Release 2 go-live (principally DPIA sign-off, local IG approval, Clinical Risk management approval).
- Confirm technical interface solutions for links with Cerner systems in Oxon and Milton Keynes.
- Progress interface solution with SCAS and SECAM.
- Confirm prioritisation for potential programme scope developments, inc links with London HIEs, Beds / Luton / MK GP data-integration, TV Cancer network support, and links with MOD Cortisone.
- Configuration and deployment of Collibra data-mapping solution for the programme.

Funding Agreement Milestone Delivery Update

Milestone Reference	Progress Report	Date Due	RAG	Status/reason for Red Rag or change from last month
M1	Funding Agreement Development	Oct 18	Green	Complete
M2	SHARING ACROSS LHCRS		Q3/4	see note below
M3	POPULATION HEALTH CAPABILITY		Q2	analytics supporting individual care is a component of 'release 2' and on-track to go live by end Q2.
M4	RECORD SHARING		Q1	all local partners of the TVS partnership have active records-sharing programmes in place; Oxon has recently gone live with use of the Cerner HIE, Surrey is progressing rapidly to go-live of the Surrey Care Record, and My Care Record & Connected Care are established programmes using Graphnet's CareCentric.
M5	CITIZEN ACCESS AND CONTRIBUTION		Q3/4	see note below
M6	DATA LAYER (PLATFORM)		Q1/2	the TVS data platform using Graphnet's CareCentric on MS Azure is in place and ready for operational use; marked Amber as there is a significant scope of data-set integration to complete to establish the regional capability for records-access and uses.
M7	DE-IDENTIFIED POPULATION HEALTH CAPABILITIES		Q3/4	see note below
M8	INNOVATION		Q3/4	see note below

Priority focus in Q1 and Q2 this year is on getting to live operational use for Individual Care (reflecting milestones M3, 4 and 6). LHCR to LHCR sharing (M2), secondary use data-analytics (M7) and PHR and App integrations / innovations (M5 and 8) remain in scope for progressing delivery in this financial year but not with a priority focus in the first half of the year.

Revisions to Funding Agreement milestones were finalised with NHSx in 2019/20 to reflect the deferment of £1m capital funding into 2020/21.

Key Risk Report (Amber/Red and RED ONLY)

Key points:

- Currently 15 open risks on TVS LHCR Risk Log – breakdown by category:
 - 8 = Information Governance
 - 2 = Technical
 - 1 = Stakeholder Engagement
- Risks from TVS DPIAs are included in the Risk Log for integrated management.
- Highest rated risks outlined below:

Risk ID	Risk Description	Risk Owner Role	Next Action
R003	FR-6 Information Governance Framework / policies: If IG policy and templates are not agreed there will be an impact on the ability of the programme to share data amongst stakeholders.	Information Governance lead	<ul style="list-style-type: none"> - Sign-off for DPIA 3 (Individual Care) & Data Subject Rights policy . - Continued development and agreement of local ISAs to enable data sharing in to the LHCR platform (Surrey and Oxfordshire). - IG model and procedures progressing to be in place by Release 2 (Clinical Use). - Follow up recommended actions from IG National Panel Review on 24-Feb - ISA in development for direct feed organisations.
R021	There is a risk that organisations using Cerner's technology will struggle to: <ul style="list-style-type: none"> a) Provide an extract of historic data to establish the longitudinal records for individuals and trends for the population, as well as b) Complexities finding an integration mechanism which is both technologically and commercially viable. 	Technical Architect	<p>Routemap in place for all non-Oxford Cerner sites (based on what is already proven in Connected Care with RBFT)</p> <p>Further escalation to follow up Cerner response re interface with Graphnet for Oxfordshire</p>

Risk Log is saved on the FutureNHS platform here: https://future.nhs.uk/connect.ti/TVS_LHCRE/view?objectId=46380421

Financial Summary – to March 2020

Capital Spend Summary to Date	£k
Total Capital Budget Available	6,500
Total Capital Spend to Date	£5,131
Match Funding To Date (est)	4,000

Provide summary description of capital spend this month, and highlight any risk to under / overspend in the box below:

Main expenditure to date is on programme management and professional services relating to the capital investment and the initial milestone payments for the supplier contract.

Capital Spend This Month - Item Description –	£k
Programme management & professional services (see year to date breakdown on next page).	£157
Supplier Milestone payment, M3	£835

Capital Spend Planned - Item Description – Q1 , 2020/21	Month	RAG	£k
Data Platform	Apr-Jun	Green	£800

Expenditure to March 2020 & Forecast to Mar 2021

		2018/19	2019/20	2018/19 & 2019/20	2020/21 forecast	total forecast exp to end 2020/21
Data Platform - milestone payments	SYSTEM C HEALTHCARE LTD	£600,000	£2,600,000	£3,200,000	£2,010,000	£5,210,000
Data Platform - contract costs	SYSTEM C HEALTHCARE LTD	£0	£0	£0	£1,208,333	£1,208,333
Programme Team	SCW	£198,888	£509,990	£708,878		
Programme Team	Synergy	£0	£328,031	£328,031		
Programme Team	Frimley Health FT contracts	£52,596	£163,775	£216,371		
Programme Team	NHS Buckinghamshire CCG	£68,160	£25,400	£93,560		
Programme Team total		£319,644	£1,027,196	£1,346,840	£800,000	£2,146,840
SDRS feed	NHS Digital	£0	£10,100	£10,100	£10,100	£20,200
Patient & public involvement	Oxford AHSN	£85,000	£0	£85,000	-	£85,000
Professional Services	PA, AJSpinks	£399,057	£89,800	£488,857	£100,000	£588,857
Benefits and transformation via ICSs					£240,000	£240,000
Total		£1,403,701	£3,727,096	£5,130,797	£4,368,433	£9,499,230

Income & Expenditure to 2020/21 (forecast)

	2018/19	2019/20	2020/21	total to end 2020/21
Income:				
NHSx capital	£4,000,000	£2,500,000	£1,000,000	7,500,000
Partner contributions to programme running costs			£2,000,000	2,000,000
income	£4,000,000	£2,500,000	£3,000,000	£9,500,000
expenditure	£1,403,701	£3,727,096	£4,368,433	£9,499,230

Partner contributions and Capital repayments, 2020/21

Based on the Partnership Agreement (Feb 2019), each partner area contributes towards both the £2m a year annual revenue budget per year from 2020/21, and the Capital charges (interest and depreciation). 2020/21 is the highest year for contributions as capital charges decrease each year.

area	Annual operating revenue contribution	Highest annual capital repayments (2020/21)	Maximum annual contribution (2020/21)
Milton Keynes	148,009	110,313	258,322
Oxfordshire	354,733	264,387	619,120
Buckinghamshire	284,131	211,766	495,897
Berkshire West	258,484	192,651	451,135
Frimley	396,264	295,341	691,605
Surrey Heartlands	459,294	342,318	801,612
East Surrey (<i>now part of Surrey Heartlands</i>)	99,085	73,849	172,934
Total	£2,000,000	1,490,625	3,490,625