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Bwrdd Iechyd Prifysgol  
Caerdydd a'r Fro  
Cardiff and Vale  
University Health Board

**AGENDA ITEM 4.4**

**26 APRIL 2011**

**REPORT ON WELSH CLINICAL PORTAL**

<b>Report of</b>	Director of Innovation and Improvement
<b>Paper prepared by</b>	Cardiff and Vale UHB NWIS Programme Manager
<b>Executive Summary</b>	<p>On 1 April 2010 the NHS Wales Informatics Service (NWIS) was established. It brought together Informing Healthcare, Health Solutions Wales, the Corporate Health Information Programme, the Primary Care Informatics Programme and the Information Management and Technology element of the Business Service Centre. NWIS is responsible for the strategic development of Information Communications Technology to support the transformation of NHS Wales services.</p> <p>Cardiff and Vale UHB is planning to implement the Welsh Clinical Portal (WCP) as part of its NWIS Programme and is actively developing the Medicines Management &amp; E-Transcribing functionality for the WCP on behalf of NWIS. This paper sets out the approach to the implementation of the WCP in the UHB and asks the IGC to advise on the approach to be taken regarding WCP information governance.</p>

<b>Purpose of Paper</b>	To set out the UHB's position in relation to the implementation of the Welsh Clinical Portal
<b>Action/Decision required</b>	Decision required regarding the UHB's approach to information governance in relation to the Welsh Clinical Portal
<b>Link to Health Care Standards:</b>	The initiative supports Healthcare Standards: 1,8,25,26,27
<b>Link to Public Health Agenda</b>	
<b>Link to UHB Strategic Direction and Corporate Objectives / Legislative and Regulatory Framework</b>	Supports UHB's Local Development Plan and Annual Operating Framework

## **NHS WALES INFORMATICS – WELSH CLINICAL PORTAL UPDATE**

### **INTRODUCTION**

#### **Welsh Clinical Portal - Implementation Update**

NWIS is developing the Welsh Clinical Portal which will replace the Cardiff and Vale Clinical Portal over time. It has been designed and tested by clinicians and health professionals in NHS Wales. The Welsh Clinical Portal is being developed in incremental phases, first allowing users to view pathology and radiology results and general patient information. In time it will provide all the information and processes needed to support care centred on the patient, including the ordering of tests and creating and viewing of electronic documents

Cardiff and Vale UHB has helped to develop the Welsh Clinical Portal, in particular the 'Break Glass' governance functionality, which audits user access to sensitive results, and is currently developing the Medicines Transcribing and E-Discharge (MTED) module on behalf of NWIS.

## **Implementation Scope and Dependencies**

Cardiff and Vale UHB is planning to begin the implementation of the Welsh Clinical Portal towards the end of 2011 with a pilot on 2 wards. At the Informatics E-Communications Services (ISEC) meeting on 24<sup>th</sup> February the Board agreed that Pathology Test Requesting should be included in the scope of the WCP pilot. It is important to ensure that the schedule for Pathology Test Requesting 'go live' does not impact the implementation time frame for the new Laboratory Information Management System (LIMS). It would not be possible to implement 2 new IT systems in the Pathology Department at the same time.

NWIS is making the WCP available to health boards using a framework model. Health boards can implement elements of the WCP when they are ready to do so. The WCP implementation has some challenges for the UHB. The following functionality will be available from within the WCP however there are some significant dependencies to be addressed:

### **Pathology Results and Test Requesting**

iSoft are required to undertake some work on the UHB's Telepath system before pathology results can be made available to the UHB. NWIS are setting the priorities for iSoft's programme of work within NHS Wales which includes work on other projects including the Individual Health Record and the Welsh Clinical Communications Gateway. Some of the work to be carried out is a requirement of this health board only. Pathology results need to be available in WCP before Pathology Test Requesting can be implemented in the UHB.

### **Radiology Results and Test Requesting**

In order to include Radiology Results the UHB must either wait for the National Document Repository (NDR) to be available to the WCP or alternatively wait for the UHB's upgrade to Radis2.

NWIS are working on the NDR and this may be available in the summer of 2011. Radis2 will not be available to the UHB until late 2011 at the earliest and potentially much later. Radiology results need to be available before Radiology Test Requesting can be implemented in the UHB.

In the event that the NDR becomes available within a suitable time frame, the UHB can make use of this but it will require further interfacing work to be undertaken by the UHB.

### **Medicines Transcribing & E-Discharge (MTED)**

The UHB is undertaking the technical development of the MTED functionality on behalf of NWIS. The UHB aims to be the pilot site for MTED and may therefore need to go live with the WCP in order to host this pilot prior to the availability of any results based functionality at the UHB.

### **Hospital Workflow Phase 2**

During Phase 2 of the implementation of the Hospital Workflow (HW) application clinicians will be offered the opportunity to prioritise their outpatient referrals on-line. NWIS and the UHB have agreed that this functionality should be made available via the WCP. The UHB is developing Phase 2 of Hospital Workflow on behalf of NWIS however it is unclear when NWIS will be able to schedule the integration work which they must complete. NWIS has agreed that the UHB will be able to offer its clinicians this functionality in a 'stand-alone' mode if the WCP integration work has not been completed.

### **Withdrawing Consent to View a Patient Record**

The Cardiff and Vale Clinical Portal (CCP) has 2 levels of 'break glass' functionality which audits user access at:

1. test result level
2. at patient record level.

The WCP can offer break glass functionality only at test result level. It is not possible to place a patient's entire record behind break glass. The NWIS information governance advisory body (NIGAG) have agreed that this requirement should be fulfilled in a future phase of WCP development. However, timescales for any such work have not been made available to the UHB but will be beyond any desired implementation date. It is to be noted that Cardiff and Vale UHB is the only health board to submit this request.

The UHB has 3 patients who have previously requested that their entire CCP record be placed behind break glass. These requests were granted because CCP had this functionality. The patients were advised at the time that there might be a risk that carers would be more reticent to break the glass to view their records since access is audited and therefore the management of their care may be less efficient. When the UHB starts to implement the WCP, towards the end of 2011, it will not be possible to provide the same level of confidentiality to these patients since WCP does not have this functionality. The patients could be excluded from the WCP. This action could pose a risk to their treatment and safety, although clinicians would still have access to CCP when WCP goes live in pilot areas.

A fairly specific and extended discussion took place at the National MTED project board recently. The discussion addressed itself to the question of withdrawn consent against potentially sensitive drugs. In short, some drugs are so highly specific in their use that they give clear indications of which illness the patient is receiving treatment for – e.g. HIV. The Clinical view was that Patient Safety (including both the safety of the patient being treated and the safety of other patients) and Staff safety, were significantly compromised by the concept of withdrawn consent. Additionally it was recognised that whilst Patient Consent is a prime focus of the National Governance body (NIGAG), that its recommendations were only advisory. The MTED board identified and agreed that as a result of the discussion Patient Safety, in as far as it did not contravene law, was of greater importance than Patient Consent. That as such it would seek legal advice on the extent to which Patient Consent was necessary and would not in any circumstances compromise Patient Safety except as defined by law

### **Information Governance – Way Forward**

The UHB's aim would be to implement WCP in the first instance with all of the above functionality, however the IGC is asked to support the UHB's pilot of the WCP with a limited scope if only MTED and Hospital Workflow Phase 2 are available. The Cardiff and Vale Clinical Portal provides clinicians with radiology and pathology results and would continue to be used in tandem with the WCP. Alternatively the UHB may have access to the National Documents Repository which NWIS is developing. The IGC is asked to support this approach to the scope of the pilot.

The IGC is also asked to support the implementation in Cardiff and Vale UHB without the level 2 break glass functionality, if this is not available for WCP 'go live'. As described above the WCP will be rolled out on a small scale initially and is expected to take many months to implement across the UHB. During that time the level 2 break glass functionality may be developed by NWIS. However, it cannot be guaranteed that the records for the three UHB patients would not be accessed by clinicians using the WCP during the early phase. The IGC is asked to advise on the most appropriate method of communicating this situation to the UHB patients who will be effected.

## **RECOMMENDATION**

The Information Governance Committee is asked to:

- **NOTE** the current position and dependencies in relation to Cardiff and Vale UHB's Welsh Clinical Portal implementation programme.
- **ADVISE** on the approach to be taken when informing UHB patients that the WCP will not be able to hold their entire electronic record behind break glass at first implementation.

## **IMPACT ASSESSMENT**

<b>Health Improvement</b>	By introducing new ways of accessing, using and storing information, health services will be improved.
<b>Workforce</b>	Operational processes may change or be refined due to the implementation of new national IT systems. A dedicated resource may be required to manage the business change for each system implementation.
<b>Education and Training</b>	To be identified
<b>Financial</b>	Additional resource may be required in order to implement national systems.
<b>Legal</b>	All new national IT systems will be designed to support compliance with Equality and Data Protection and Freedom of Information legislation.

<b>Equality</b>	Systems will ensure equitable services for all.
<b>Environmental</b>	N/A

**RISK ASSESSMENT**

<b>Clinical/Service</b>	Robust national patient safety and clinical risk processes are in place.
<b>Financial</b>	N/A
<b>Reputational</b>	Risks associated with failure to progress implementation of national IT systems have been mitigated.
<b>Acronyms and abbreviations</b>	UHB – University Health Board NWIS – NHS Wales Informatics Service RADIS2 – Radiology Information System WCCG – Welsh Clinical Communications Gateway WCP – Welsh Clinical Portal NADB – National Architecture Design Board MTED – Medicines Transcribing and E-Discharge HW – Hospital Workflow CCP – Cardiff and Vale Clinical Portal ISEC – Informatics Services E-Communications Board NIGAG – National Information Governance Advisory Group

**CONSULTATION AND ENGAGEMENT**

N/A

**SOURCES OF INFORMATION & EVIDENCE**

N/A