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**5.2 Deputy A.D. Lewis of St. Helier of the Minister for Health and Social Services regarding the total expenditure to date relating to the implementation of the Health and Social Services informatics I.T. strategy:**

Would the Minister confirm the total expenditure to date relating to the implementation of the Health and Social Services informatics I.T. (information technology) strategy, provide an update on progress and indicate what savings have been achieved to date and will be achieved upon full implementation?

**Senator A.K.F. Green (The Minister for Health and Social Services):**

The informatics strategy comprises of 2 phases. Phase one - that was 2013 to 2015 - was largely about building capacity in the department to obtain, analyse and utilise information to plan system developments in phase 2. Phase 2 - taking place between 2016 and 2018. Good progress has been made during phase one. The Comptroller and Auditor General recognised the importance of informatics and the progress being made in her recent review of Community and Social Services. Savings derived from the implementation of the strategy falls into two categories. Firstly, savings from using information to drive performance, improved decision making. In layman's terms, this tells us what we are getting for our money, not just where the money has gone or how the money has been spent. The importance again was recognised in the C.A.G.'s (Comptroller and Auditor General) report in her "*Use of Management Information in H.S.S.D.'s (Health and Social Services Department) Operating Theatres.*" These savings are difficult to quantify but are important to achieve. The second savings are savings achieved from making processes more efficient and effective through the use of I.T. systems. These savings are just as important but are easier to quantify and document. In addition to the routine I.T. expenditure and departmental costs, specific expenditure on implementing the strategy to 31st December 2015 is £440,000. This comprises of 2 main elements: the upgrading of the patient administration system to the current version; and costs related to the implementation of the electronic prescribing system for chemotherapy. The business case underpinning the strategy identified quantifiable savings of up to £1.4 million per annum once the various strategies are implemented and operating.

[11:00]

As these systems are scheduled for implementation in the second phase, that is 2016 to 2018, those savings have not yet been realised. The department is planning to deliver approximately £100,000 of savings from I.T. schemes this year – 2016 - under its Safely Reducing Costs.

**5.2.1 Deputy A.D. Lewis:**

Could the Minister just quantify something in there? Did he say £100 million of savings in his last view?

**Senator A.K.F. Green:**

I did not manage to get my earphones on. Could the Member ask me the question again?

**Deputy A.D. Lewis:**

What amount did you give at the end? The Minister alluded to £100,000 saving or was it £100 million?

**Senator A.K.F. Green:**

No, I wish we were making £100 million savings but it is £100,000.

**5.2.2 Deputy A.D. Lewis:**

I would also like to know how the Minister is trying to minimise the cost of the informatics strategy. There was £12 million allocated originally, £50 million was originally requested. Has he made any effort to engage with the equivalent department in Guernsey, who I believe is going through a similar process, and could any costs be shared?

**Senator A.K.F. Green:**

To answer the second bit of the question first: have I made any effort to contact colleagues in Guernsey? I do meet regularly with my colleagues in Guernsey but I have to say that I.T. was not part of those discussions and maybe that is something I can look at in the future. What we need to do is to, as I implied at the very beginning of my answer, in Health we know exactly where every penny is spent. What we have been lacking until recently is what gave us the best value for money. What gave us the best clinical outcomes? What actions gave us the best to ensure safe continuity of services? That is where the emphasis is on, as far as I am concerned... in driving forward our I.T. strategy. Yes, we want to make things better, more streamlined for patients, but I want strategic information on which good discussions, good clinical decisions, safe decisions for patients are made.

**5.2.3 Deputy J.A. Martin of St. Helier:**

The Minister said, I think, to date ... in the second phase only £440,000 is being expended. Out of a budget of either the £12 million or the £15 million that was allocated and the end date of 2018, given that we are already January 2016, can the Minister say this is going to be on budget and definitely on time? Thank you.

**Senator A.K.F. Green:**

It is a high-risk strategy answering a question like that. But the information I have is that we will deliver on budget and that we will deliver on time. But if that changes I will advise Members.

**5.2.4 Deputy J.A. Martin:**

What is that budget because the figures keep moving around and that was in the original question that was not answered?

**Senator A.K.F. Green:**

It is very difficult to give a precise figure but I am happy to come back with it later because some of the budget sits within my own Department of Health and Social Services and some of it sits at the centre as part of the I.T. strategy. But if Members want a defined absolutely correct figure I will need to come back.

### **5.2.5 Deputy S.M. Wickenden of St. Helier:**

I was wondering if the Minister can confirm when this I.T. strategy was first put in place with a business case that would make the savings for the large expenditure of this overall project. They required £15 million to complete the I.T. project, they could not get that money so they only managed to get £12 million. That meant that they were not able to implement the parts of the I.T. system that would make the savings as per the business plan. Now that the extra money has been allocated could the Minister confirm what savings in the business plan will be made by completing this?

### **Senator A.K.F. Green:**

I thought I had done that in my original answer. I will just go through it again, if I may. The savings that we anticipate, once the scheme is fully up and running, is about £1.4 million per annum, and about £100,000 of savings from I.T. schemes under our Safely Reducing Costs; so £1.5 million in total. But for me savings are important. We need to make those savings and we need to reduce costs but for me it is the powerful use of that information that will allow proper strategic decisions to be made and to enable improvements in efficiency and service, which is equally as important.

### **5.2.6 Deputy A.D. Lewis:**

This was a huge sum of money in anybody's term, £15 million originally allocated for this project. Is the Minister satisfied that the procurement process was robust and appropriate? He has already said that it will deliver some value for money but we wish to be reassured that when it comes to, for example, the procurement of the hospital at £400 million, the procurement processes in the hospital are adequate and robust. Can the Minister confirm that?

### **Senator A.K.F. Green:**

The procurement of the new hospital will not be something that my department will be doing alone. It will be something that we will be sharing as part of a project team. But can we improve procurement? Of course we can always improve things. Are we reasonably good at procuring things? Yes, we are but the knack comes in having a very clear specification right from the start, so you understand what it is you want and that your suppliers are then able to quote for and able to deliver what it is you want.

### **The Deputy Bailiff:**

Before we move on to question 3, could I cordially remind Members that the question should be succinct and that the answers should be equally succinct. The normal time allocated for a ministerial answer to the first question is 90 seconds. That has not been honoured so far. If I could bring that to Members' attention at this stage because we have a large number of questions to get through, if we possibly can, within this question time period.