



## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	Tuesday 7 <sup>th</sup> May 2024
<b>Report Title</b>	Morse Community Electronic Patient Record Evaluation and Contract Renewal
<b>Report Number</b>	HSCP 24.030
<b>Lead Officer</b>	Alison MacLeod, Strategy and Transformation Lead
<b>Report Author Details</b>	Name: Michelle Grant Job Title: Transformation Programme Manager Email Address: migrant@aberdeencity.gov.uk
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	Yes
<b>Exempt</b>	Partial exemption. Appendix A contains exempt information. The business relates to the commercial interests, contractual terms (whether proposed or to be proposed), financial or business affairs of any person and confidentiality is required, e.g. when there is an ongoing tendering process or contract negotiation.
<b>Appendices</b>	a. Financial Information (Exempt) b. Morse Community EPR Evaluation 2024 c. Direction to NHSG
<b>Terms of Reference</b>	Contracts, in so far as it relates to business services, the engagement of consultants, or external advisors for specialist advice, subject to necessary approvals through the Partners' own procurement rules and Schemes of Delegation;



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### 1. Purpose of the Report

- 1.1. This report is seeking approval from the IJB to renew the contract with Cambric to supply Morse as an Electronic Patient Record for Community Nursing, Hospital at Home (H@H), Macmillan Nursing, Health Visiting and School Nursing Services for a period of up to 3 years (October 2024-October 2027).

### 2. Recommendations

- 2.1. It is recommended that the Integration Joint Board:
  - a) Note the Morse Evaluation appended in Appendix B
  - b) Approve a further 3 year contract with Cambric, running from October 2024, to supply Morse as an Electronic Patient Record for Community Nursing, Hospital at Home (H@H), Macmillan Nursing, Health Visiting and School Nursing Services.
  - c) Makes the direction attached at Appendix C, and instructs the Chief Officer to issue the Direction to NHSG

### 3. Strategic Plan Context

- 3.1. This report supports the Strategic Enablers portion of the Aberdeen City Health and Social Care Partnership's Strategic Plan 2021-2024. Within the delivery plan, it is noted to investigate the use of Morse within Community Nursing and Allied Health Professionals (AHPs). The appended report in Appendix A assists with the investigation relating to its use.

### 4. Summary of Key Information

- 4.1. In 2019, the Integration Joint Board (IJB) approved a business case to procure Morse in order to provide an Electronic Patient Record to the ACHSCP's Health Visiting Service (HSCP.19.052). This was funded through finance made available by unfilled vacancies within the service and facilitated alleviating some of the risks present in the service at that time.
- 4.2. Morse was obtained through NHSG procurement and is hosted and supported by NHSG eHealth. Information held within Morse is wholly NHSG data controlled health information as was previously recorded in services' paper held records.



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- 4.3. Following an evaluation of the implementation to the Health Visiting service in 2021 (HSCP.21.069), the IJB approved a proposal to implement the use of Morse to Community Nursing, School Nursing, Hospital at Home (H@H) and Macmillan Nursing Services. A second evaluation was conducted in 2023 and presented to the IJB (HSCP.23.022). The IJB requested that a further evaluation was conducted in one year. Appendix B fulfils this request.
- 4.4. The evaluations presented in 2021 and 2023 demonstrated a reduction in the duplication of information, an increase in effective communication between teams who use Morse and a more efficient means to access information rather than relying on the ability to access paper records.
- 4.5. The evaluation in Appendix B demonstrates a continued reduction in the duplication of information, increased communication within and between the services who use Morse. It also shows that the digital maturity of the system is starting to further embed. This is most notable in Community Nursing where user feedback demonstrates an increase in positive results received when asked about the impact that the use of Morse has had on communication between and within services and the reduction of the duplication of information. It also demonstrates a marked increase in those willing to recommend the use of Morse to a colleague compared with 2023 results.
- 4.6. Sixty three percent of users suggest that compared with paper based processes, there continues to be a 30minute reduction in the duplication of information per day. Across all of the services which use Morse, this accounts for 41,780 of hours or £1.06m (based on a Band 5 average)
- 4.7. As part of the evaluation, Lean Six Sigma principles were used to look at the Universal Health Visiting Pathway and the Initial Community Nursing visit and 9,358 hours are potentially saved as a result of more efficient ways of working when compared with paper-based processes.
- 4.8. The savings noted within the evaluation are related to each other, for example a more efficient 27-30month Health Visiting pathway visit means that there will be an associated reduction in the duplication of information.
- 4.9. Feedback was received from users relating to concerns over the speed of the upload of information, this has been discussed with the supplier and eHealth. This was reported mainly by Community Nursing services and is thought to be as a result of their team size and number of patients on their caseload. Steps have been taken to rationalise the list of users to ensure that it is as accurate as possible to minimise disruption. Other suggestions



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relate to the increased sharing of information between systems. There are planned interfaces with Trakcare showing inpatient ward details and an interface with SCI Store which will allow forms and documentation to be passed between Morse and Trakcare giving secondary care colleagues access to pertinent information. A list of all feedback has been circulated to the applications user group for further discussion.

- 4.10.** The Partnership Services which use Morse continue to experience high vacancy levels (39% in Health Visiting and almost 20% in Community Nursing) and frequently report a red service risk level. The benefits which the use of a Community EPR brings to the service do not necessarily produce cashable savings in the traditional sense but allow the services to work more efficiently and provide a better quality service despite working in difficult conditions.
- 4.11.** The approved paper presented in 2021 outlined a 3 year license period which is due to expire in October 2024. Based upon the evaluation presented in Appendix A, it is recommended that the IJB approve a further 3 year contract with Cambric to provide Morse, and to eHealth to provide application and facilitation support.
- 4.12.** Table 1 in Section 5.2 displays the costs associated with the renewal of the Morse license and associated eHealth support for a 3 year period. Cambric (supplier of Morse) have agreed to a 3 year contract at 2024 license prices and therefore costs displayed should be relatively static depending on Retail Price Index (RPI) figures and also take into account an expected 3% year on year increase in staffing costs. A year on year rolling contract can also be opted for, but may include a license price increase. A three year term is recommended by eHealth since a decision to exit from using a system would also require significant planning to ensure that historical information remains accessible as per information governance records guidance.
- 4.13.** Following feedback from the evaluation and the Morse User Group, the eHealth application support package also includes support from the eHealth facilitation team. This demonstrates how the system is maturing and how the services are moving from an implementation phase into a Business as Usual state. This is further expanded on in the Service Level Agreement (SLA) between eHealth and the Services.
- 4.14.** Since the 2021 report, further interest in the Morse product and the potential of a Grampian- wide implementation of Morse has been raised. This was further investigated through the NHSG Digital Transformation Delivery Group (DTDG) and a sub group of this investigated the known options available and



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recommended to the DTDG that Morse was the preferred option to implement as a Community EPR across Grampian's Health and Social Care Partnership's Adult and Child Nursing Services and Allied Health Professionals. Implementing Morse on this scale would decrease risk in many areas by allowing increased levels of information sharing. However the financial situation has made movement on this challenging at this time. This paper therefore centres on maintaining the status quo for the benefit of the ACHSCP services which currently use it.

- 4.15.** The Family Nurse Partnership (FNP) is a service which is a person centred, preventative programme which is offered to young, first time parents aged 19 or under, and their children up to the age of two. Once the child reaches two years old, the family is discharged to the Health Visiting Service where they continue on the Health Visiting Universal Pathway. The service which employs 16 members of staff operates across Grampian and its main office is based in Tillydrone Health Centre. The service currently operates using paper records and has highlighted a number of benefits which it believes it can recoup from the use of Morse including a reduction in travel, a reduction in risk for their service users and an easier transition to Health Visiting. There are other FNP services in Scotland who also use Morse as their electronic patient record.
- 4.16.** It is proposed that the FNP share the enterprise wide license that ACHSCP has procured through the NHSG procurement framework. This will allow for a reduction in the risk for some of Aberdeen's (and Grampian's) most vulnerable families by allowing easier information sharing and will also facilitate an income stream to assist ACHSCP with the ongoing licensing and support costs of Morse.
- 4.17.** As set out in the Chief Officer's Update Report on today's agenda, the ACHSCP is currently developing a coordinated plan to build its digital capability. A key aspiration is to rationalise the number of digital systems used by health and care services to enable the integration of records and to build a more complete set of information relating to the individual. This would drive a more personalised service and allow for demand forecasting. As mentioned in 4.14, Morse is the recommended application to be used for community health services as part of a 'Once for Grampian' approach. However, at present it is limited in its data sharing capabilities with other systems which are in use and it does not share information with local authority systems. A decision to invest in Morse for a period of three years will provide scope to consider how these aspirations are best met during the term of the proposed contract.



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### 5. Implications for IJB

There are no direct legal implications arising from the recommendations set out in the report.

#### 5.1. Equalities, Fairer Scotland and Health Inequality

A test of proportionality and relevance was undertaken in January 2024 and the outcome of this was that a full IIA was not required.

An IIA is not required in this case as the information recorded within an electronic patient record is uniformed in practice across all services and should not differ from the information which is recorded in a paper record as set out by NMC or other governing bodies.

Individuals rights are maintained as per NHSG guidance (more information can be found here [Confidentiality, Health Records and Data Protection \(nhsgrampian.org\)](https://nhs.uk/healthcare-professionals/working-with-patients/Confidentiality,HealthRecordsandDataProtection)) and the use of an electronic patient record may make it easier for notes to be viewed by a patient if requested to do so through the established routes.

Where required, records can be restricted to a particular team where information is deemed to be sensitive and for the patients benefit. This practice would currently take place with paper records too.

#### 5.2. Financial

This information has been redacted so as to avoid disclosure of exempt information of the classes described in paragraphs 6 and 9 of Schedule 7A of the Act and can be found in Appendix A.

#### 5.3. Workforce

The continued use of Morse supports the growth and development priority by helping to “break down the barriers which cause staff frustration in information sharing and collaborative working between ACC, NHSG, and all ACHSCP partners”. Its use also allows ACHSCP to be able to report on data accumulated by the service which was very difficult to obtain prior to its implementation when the services relied on paper records. This allows us to focus our resources on where they are needed most.

#### 5.4. Legal



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There are no direct legal implications arising from the recommendations of this report.

### 5.5. Unpaid Carers

There is no direct impact on unpaid carers arising from the recommendations of this report.

### 5.6. Information Governance

There are relevant Data Protection Impact Assessments in place for the use of Morse for the services which currently use it. These are routinely updated if new functionality requires it and a separate DPIA will be agreed prior to the NHSG Family Nurse Partnership Service implementation of Morse. This will have no impact on ACHSCPs continued use of the application.

### 5.7. Environmental Impacts

A full environment Impact Assessment is not required for the recommendations of this report. The following table shows some of the positive and negative benefits which can come from the use of a Community EPR and the impact that the use of Morse has had on these.

Impact	Services impacted	Positive/Negative	Comment
<u>Reduction of paper resources.</u> As shown in Appendix A, the use of Morse has allowed services to reduce the amount of paper being printed, ink cartridges being used and Paper records being created.	All services who use Morse	Positive	The stationary order within the Health Visiting Service has reduced by over half since its implementation and 88% of users agree that its use helps to reduce the



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			environmental impact.
<u>Reduction in unnecessary journeys.</u> By providing an up to date demographic feed, this has allowed practitioners to be confident in the address provided prior to visiting the patient.	All services who use Morse	Positive	Monitor through the life of the product as information sharing continues in order to gauge the impact of this. Half of users agree that the use of Morse helps to reduce unnecessary journeys.
<u>Reliance on Laptop/tablet devices.</u> Laptop and tablet devices use mined material as part of the construction process.	All services	Negative	The carbon footprint of one laptop over a 4 year lifespan (incl production) is 61.5 kgCO <sub>2</sub> eq. For our approximate 250 laptops in use to allow our services to use Morse this equates to 15.4 tonnes CO <sub>2</sub> eq.

### 5.8. Sustainability

As discussed in section 5.7, the use of an Electronic Patient Record has some positive and negative environmental impacts. The social benefit of its use largely resides with the ability to share information easier between and within teams than when paper records were in a fixed place. This allows for a decreased risk to patient safety around the possibility of seeing a patient



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without adequate notes to hand, and a higher quality of care for our vulnerable or at risk patients as our clinicians can have more informed conversations. The use of Morse allows the nursing teams to work more efficiently with each other and therefore provide a better informed service to the Partnerships patients.

### 5.9. Other Implications

No other implications have been identified from the recommendations of this report.

## 6. Management of Risk

### 6.1. Identified risks(s)

Risk	Likelihood	Impact	Controls	Evaluation
That Morse supplier (Cambric) collapses	Low	High	<p>-Cambric were acquired by Abingdon Software Group in Summer 2023, a company with multi-million-pound backing.</p> <p>-Cambric's business model is built upon recurring fees and not capital sums unlike other software houses.</p> <p>-Cambric do not outsource any</p>	<p>If approved, this risk will exist but should be managed.</p> <p>If the recommendation is rejected, then this risk will exist only for the period of time until ACHSCP can exit from the platform.</p>



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			<p>of our core deliverable</p> <p>-Cambric are currently implementing ISO 27001 and ISO 9001, both of which ensure they are addressing any other identified risk within the company</p> <p>-Morse is used by 8 other Health Board in Scotland and therefore this risk is shared with other Health Boards rather than only ACHSCP.</p>	
That benefits identified within the evaluation do not continue	Low	Medium	<p>-Evaluations in place to demonstrate the benefits from Morse's use within services across a significant period of time which shows that the maturity of the system still provides efficiencies and benefits to the service. A further evaluation to</p>	<p>If the recommendation is accepted then the controls will be enforced as part of Business as Usual</p> <p>If the recommendation is not approved then the benefits found within the evaluations to the services will no longer be in place and the service will likely</p>



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			<p>take place at the end of the contract period to assess continuing benefits.</p> <ul style="list-style-type: none"> <li>- User group in place throughout the life of the group to review concerns, suggested enhancements</li> <li>- Continued involvement in national Steering Group to ensure learning is shared and carried from other Health Boards.</li> </ul>	<p>require to revert to paper or another application.</p>
<p>That a different direction is taken by Aberdeenshire Health and Social Care Partnership and Health and Social Care Moray to provide a Community EPR to their services</p>	<p>Low</p>	<p>High</p>	<p>-continue to be involved in discussions relating to a 'Once for Grampian' approach</p>	<p>The recommendation from this report being accepted would be in support of the DTDG recommendation and a Once for Grampian Approach.</p> <p>The recommendation of this report</p>



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				not being accepted would mean that the services would revert to paper based processes.
Risk of harm to patients	Medium	High	-Continued use of an Community Electronic Patient Record	<p>The recommendation from this report being accepted would allow for information to continue to be accessible remotely and for increased communication to take place within teams.</p> <p>An example of the impact of the recommendation of this report being refused would be an increased risk for Health Visitors and School Nurses who deal with Interagency Referral Discussions (IRDs) and who would find it difficult to access paper records within the hour timeframe.</p>



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### 6.2. Link to risks on strategic or operational risk register:

The recommendation of this report links to the following risks identified on the Strategic Risk Register:

<b>Risk 2- IJB financial failure and projection of overspend</b>
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<p>The recommendation of this report will involve spending over the next three years. This risk is lowered as the costs have been included as part of the Medium Term Financial Framework.</p> <p>By renewing the contract for Morse, the benefits which have accrued from its implementation will continue for the services involved and allow them to work in a more efficient manner and also allow for reporting to be conducted in a more streamlined manner to evidence demand and assist with workforce planning.</p>
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<b>Risk 4- Performance standards/outcomes are set by national and regulatory bodies and those locally-determined performance standards are set by the board itself.</b>
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<p>The use of a Community EPR allows for reporting to be collated through BOXI or Tableau and support performance standards.</p>
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<b>Risk 5- Demographic &amp; financial pressures requiring IJB to deliver transformational system change which helps to meet its strategic priorities.</b>
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<p>The implementation of a digital solution for Community electronic Patient Record is a transformation change for the service and the ongoing maintenance and maturity of this system also requires further change and transformation in order to release efficiencies from current processes.</p>
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<b>Risk 7- The ongoing recruitment and retention of staff.</b>
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<p>The use of a Community EPR assists with the workforce plan as outlined in section 5.3. Investing in digital solutions also assists staff to feel supported in their work and ensuring that the solution is adaptable to suit the services needs allows the users to feel listened to.</p>
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