

**DMPC Decision – PCD 836****Title: Electronic Medical Records System****Executive Summary:**

This decision seeks approval and funding for the procurement of an Electronic Medical Records System (E.M.R.S) and request for funding the upgrade of the N3 –HSCN broadband required for the access of (SCR) NHS Summary Care Record access. This includes all training and roll out of the system to 31 custody suites, across the MPS estate.

The police have a duty to ensure appropriate healthcare provision in their custody suites as this is enshrined in law and national guidance. It will always be a requirement for a safe and effective custody provision.

**Recommendation:**

The Deputy Mayor for Policing and Crime is recommended to:

1. Approve the initiation and award of E.M.R.S via direct award process on the NHS SBS framework to NELCSU for £700K for a three year plus one year plus one year optional extensions (3 Years + 1 Year + 1 Year)
2. Approve funding for E.M.R.S for £1.2m which is funded from reserves and Met Detention's budget as agreed as part of the Custody TOM FBC in May 2019

Note the following decisions under delegated authority:

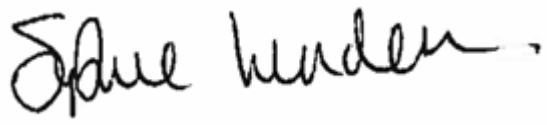
1. Use of underspend in Year 1 (20/21) of £93K to be rolled forward to fund the budget gap in 2021/22-23/24. The £50K pressure in 2023/24 and 24/25 can be managed within Met Detention's existing budgets.
2. For the award of the N3- HSCN broadband upgrade, the MPS will pay contribution to NHS England £320K for a three year plus one year plus one year optional extensions (3 Years + 1 Year + 1 Year) i.e. £60K per annum which will be funded from staff vacancies in 20/21 and as part of existing budgets for 21/22 onwards.

**Deputy Mayor for Policing and Crime**

I confirm I have considered whether or not I have any personal or prejudicial interest in this matter and take the proposed decision in compliance with the Code of Conduct. Any such interests are recorded below.

The above request has my approval.

**Signature**

A handwritten signature in black ink, appearing to read "Edue Warden", is written over a light gray rectangular background.

**Date**

**5/11/2020**

## **PART I - NON-CONFIDENTIAL FACTS AND ADVICE TO THE DMPC**

### **1. Introduction and background**

- 1.1. In January 2016, the NHS reviewed the current MPS custody health model (As Is), which highlighted potential improvements, particularly in clinical governance, audit and supervision. With the new Nursing model agreed in the Target Operating Model, implementing an effective Electronic Medical Records system will mitigate risk and provide a safer healthcare provision in Police Custody.
- 1.2. As part of the transfer of legal and financial responsibility of Police Custody healthcare to the National Health Service. NHS England undertook a programme of work to modernise the IT infrastructure within Police Custody. This project was to include the procurement of a new Electronic Medical Record System (E.M.R.S) to replace the current system used by Police Nurses. This system was called (CHAPS). The legal transfer never took place leaving the MPS without an E.M.R.S.
- 1.3. It is imperative in a modern healthcare setting that all healthcare records should be recorded and shared electronically. Some of the advantages are obvious and include legibility, the ability to search electronically and view remotely and the ability to share across different platforms including London Police forces, Courts and Prisons.
- 1.4. Procurement of the E.M.R.S and the joint funding of the N3-HSCN line will enable the MPS to share vital detainee medical data across all MPS suites and the Health and Justice London platform.

### **2. Issues for consideration**

- 2.1. The introduction of an E.M.R.S software will assist in better-integrated care throughout the criminal justice system, future proofing the ability to share health information with other criminal justice agencies, thus enhancing support to the most vulnerable and potentially reducing future re-offending.
- 2.2. The MPS and NHS England will share costs, as Liaison & Diversion Mental Health services will use the line in custody. Currently L&D (Liaison & Diversion) MH services funded by NHS London use the N3 line in Police Custody (Soon to be upgraded. This will improve Mental Health services in custody enhancing support to the most vulnerable and potentially reducing future re-offending.
- 2.3. This is a key component of the transformation of Custody in the MPS and will provide greater confidence about the standard of healthcare provided in Custody.

### **3. Financial and Commercial Comments**

- 3.1. The MPS carried out a number of clarification sessions on the proposals submitted by NELCSU. The clarification sessions with NELCSU reduced the costings from £1.02m to £700k over five years.
- 3.2. The procurement strategy was to identify potential suppliers within the market place who were able to provide a suitable E.M.R.S service. Gartner was engaged to identify prospective suppliers. The MPS carried out a series of pre-market engagement exercises to ensure that the proposed system fulfilled MPS requirements. Due diligence was then undertaken to ensure suppliers were fit for purpose. Suppliers were also invited to give a demonstration of the service. These sessions were used to inform the statement of requirements. This ensured that the requirements were tailored to business need and that the proposed system is fit for purpose.
- 3.3. It became clear through the market engagement process that only two suppliers had the potential to support the requirements of the MPS. The responses to the MPS Scope of Requirements was scored technically and commercially and the NELCSU solution scored highest in both categories and is therefore the preferred supplier.
- 3.4. Following approval, the strategy is to source via the direct award process of NHS SBS Framework, which is a compliant route under PCR 2015.
- 3.5. Further details are provided in the exempt section of this report.

### **4. Legal Comments**

- 4.1. The Mayor's Office for Policing Crime is a contracting authority as defined in the Public Contracts Regulations 2015 ("the Regulations"). All awards of public contracts for goods and/or services valued at £189,330 or above will be procured in accordance with the Regulations. This report confirms that the request exceeds the £181,302 threshold and therefore the PCRs are engaged.
- 4.2. Paragraph 4.8 of the MOPAC Scheme of Delegation and Consent provides that the Deputy Mayor for Policing and Crime (DMPC) has delegated authority to approve business cases for revenue or capital expenditure over £500,000 or above.
- 4.3. Paragraph 4.13 of the MOPAC Scheme of Delegation and Consent (Scheme) provides that the Deputy Mayor for Policing and Crime (DMPC) has delegated authority to approve all contract exemptions above £100,000 or above.

### **5. GDPR and Data Privacy**

- 5.1. The MPS is subject to the requirements and conditions placed on it as a 'State' body to comply with the European Convention of Human Rights and the Data Protection Act (DPA) 2018. Both legislative requirements place an obligation on the MPS to process personal data fairly and lawfully in order to safeguard the rights and freedoms of individuals.

- 5.2. Under Article 35 of the General Data Protection Regulation (GDPR) and Section 57 of the DPA 2018, Data Protection Impact Assessments (DPIA) become mandatory for organisations with technologies and processes that are likely to result in a high risk to the rights of the data subjects.
- 5.3. The Information Assurance and Information Rights units within MPS have been consulted at all stages to ensure the project meets its compliance requirements.
- 5.4. The project will use personal identifiable data of members of the public, so there will be current GDPR issues to be considered. The NHS and the MPS have completed a DPIA and are working with NHS Digital to keep this under constant review.

## **6. Equality Comments**

- 6.1. This business case has undergone initial equality screening. Due regard has been taken to the Equality Act's Public Sector Equality Duty. Real consideration has been taken to assess equality impact caused by the proposed business changes.
- 6.2. The implementation of this system will see significant benefits for healthcare in custody. General health issues will be addressed along with improved Mental Health screening and intervention. Those detainees with complex needs and vulnerabilities will have their health needs more comprehensively assessed and managed by key healthcare workers as a result of this system.

**Public access to information**

Information in this form (Part 1) is subject to the Freedom of Information Act 2000 (FOIA) and will be made available on the MOPAC website following approval.

If immediate publication risks compromising the implementation of the decision it can be deferred until a specific date. Deferral periods should be kept to the shortest length strictly necessary.

**Part 1 Deferral:**

Is the publication of Part 1 of this approval to be deferred? NO

If yes, for what reason:

Until what date: N/A

**Part 2 Confidentiality:** Only the facts or advice considered as likely to be exempt from disclosure under the FOIA should be in the separate Part 2 form, together with the legal rationale for non-publication.

Is there a **Part 2** form – Yes

**ORIGINATING OFFICER DECLARATION**

*Tick to confirm statement (✓)*

**Financial Advice**

The Strategic Finance and Resource Management Team has been consulted on this proposal.

✓

**Legal Advice**

The MPS legal team were involved in the drafting of the report.

✓

**Equalities Advice:**

Equality and diversity issues are covered in the body of the report.

✓

**Commercial Issues**

The MPS Commercial team have been consulted on the commercial issues within this report. The proposal is in keeping with the GLA Group Responsible Procurement Policy.

✓

**GDPR/Data Privacy**

- GDPR compliance issues are covered in the body of the report
- A DPIA is not required.

✓

**Director/Head of Service**

The Head of Workforce and Professional Standards has reviewed the request and is satisfied it is correct and consistent with the MOPAC's plans and priorities.

✓

**Chief Executive Officer**

I have been consulted about the proposal and confirm that financial, legal and equalities advice has been taken into account in the preparation of this report. I am satisfied that this is an appropriate request to be submitted to the Deputy Mayor for Policing and Crime.

**Signature**



**Date 21/10/2020**



## Electronic Medical Records System

**MOPAC Investment Advisory & Monitoring meeting 23<sup>rd</sup> July 2020****Report by Daniel Hewitt on behalf of the Chief of Corporate Services**
**Part 1 – This section of the report will be published by MOPAC. It is classified as OFFICIAL – PUBLIC**
***EXECUTIVE SUMMARY***

This paper concerns the approval and funding for the procurement of an Electronic Medical Records System (E.M.R.S) and request for funding the upgrade of the N3 – HSCN broadband required for the access of (SCR) NHS Summary Care Record access. This includes all training and roll out of the system to 31 custody suites, across the MPS estate. The police have a duty to ensure appropriate healthcare provision in their custody suites as this is enshrined in law and national guidance. It will always be a requirement for a safe and effective custody provision.

**Recommendations**

The Deputy Mayor for Policing and Crime, via the Investment Advisory and Monitoring meeting (IAM), is asked to:

**Approve –**

1. Award for the N3- HSCN broadband upgrade. MPS to pay contribution to NHS England £0.32m for a three year plus one year plus one year optional extensions (3 Years + 1 Year + 1 Year) i.e. £0.06m per annum which will be funded from staff vacancies and as part of budget setting in 20/21. Met Detention will find a funding solution for future years.
2. The initiation and award of E.M.R.S via direct award process on NHS framework to NELCSU for £0.7m for a three year plus one year plus one year optional extensions (3 Years + 1 Year + 1 Year)
3. Funding for E.M.R.S for £1.2m which is funded from a corporate reserve and Met Detention's budget as agreed as part of the Custody TOM FBC in May 2019
4. Approve the underspend in Year 1 of £0.093m to be rolled forward to fund the budget gap in 2021/22-23/24. The £0.05m pressure in 2023/24 and 24/25 can be managed within Met Detention's existing budgets.

This is required from the Deputy Mayor by 15<sup>th</sup> August 2020. This is because the E.M.R.S will be part funded by NHS England and our partners are keen to begin to implement the E.M.R.S system. The N3 (NHS Broadband) will be decommissioned by the 31<sup>st</sup> August 2020. The MPS will then switch on the HSCN network.

### **Non-confidential facts and advice to the Deputy Mayor for Policing and Crime**

The MPS has a duty of care to all detainees in custody. The procurement and implementation of an end-to-end E.M.R.S system would improve the care given and would reduce risk to detainees as essential medical information relating to detainees would be shared across custody suites and London.

### **Introduction and background**

1. In January 2016, the NHS reviewed the current MPS custody health model (As Is), which highlighted potential improvements, particularly in clinical governance, audit and supervision. With the new Nursing model agreed in the Target Operating Model, implementing an effective Electronic Medical Records system will mitigate risk and provide a safer healthcare provision in Police Custody.
2. As part of the transfer of legal and financial responsibility of Police Custody healthcare to the National Health Service. NHS England undertook a programme of work to modernise the IT infrastructure within Police Custody. This project was to include the procurement of a new Electronic Medical Record System (E.M.R.S) to replace the current system used by Police Nurses. This system was called (CHAPS). The legal transfer never took place leaving the MPS without an E.M.R.S.
3. It is imperative in a modern healthcare setting that all healthcare records should be recorded and shared electronically. Some of the advantages are obvious and include legibility, the ability to search electronically and view remotely and the ability to share across different platforms including London Police forces, Courts and Prisons.
4. Procurement of the E.M.R.S and the joint funding of the N3-HSCN line will enable the MPS to share vital detainee medical data across all MPS suites and the Health and Justice London platform.

### **Issues for consideration**

The introduction of an E.M.R.S software will assist in better-integrated care throughout the criminal justice system, future proofing the ability to share health information with other criminal justice agencies, thus enhancing support to the most vulnerable and potentially reducing future re-offending.

### **Contributes to the MOPAC Police & Crime Plan 2017-2021<sup>1</sup>**

The MPS and NHS England will share costs, as Liaison & Diversion Mental Health services will use the line in custody. Currently L&D (Liaison & Diversion) MH services funded by NHS

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<sup>1</sup> [Police and crime plan: a safer city for all Londoners | London City Hall](#)



London use the N3 line in Police Custody (Soon to be upgraded. This will improve Mental Health services in custody enhancing support to the most vulnerable and potentially reducing future re-offending.

## **Financial, Commercial and Procurement Comments**

From a costings perspective, the MPS carried out a number of clarification sessions on the proposals submitted by NELCSU. The clarification sessions with NELCSU reduced the costings from £1.02m to £700k over five years.

The procurement strategy was to identify potential suppliers within the market place who were able to provide a suitable E.M.R.S service. Gartner was engaged to identify prospective suppliers. The MPS carried out a series of pre-market engagement exercises to ensure that the proposed system fulfilled MPS requirements. Due diligence was then undertaken to ensure suppliers were fit for purpose. Suppliers were also invited to give a demonstration of the service. These sessions were used to inform the statement of requirements. This ensured that the requirements were tailored to business need and that the proposed system is fit for purpose.

It became clear through the market engagement process that only two suppliers had the potential to support the requirements of the MPS. The responses to the MPS Scope of Requirements was scored technically and commercially and the NELCSU solution scored highest in both categories and is therefore the preferred supplier.

Following approval the strategy is to source via the direct award process of NHS SBS Framework, which is a compliant route under PCR 2015.

## **Legal Comments**

There are no legal implications. A direct award procurement of the NHS SBS framework is compliant under PCR 2015.

## **Equality Comments**

The Equality Impact Assessment has been completed and has identified minimal impact on the key areas as a result of existing legislation.

Operationally there will be a considerable amount of improvement in healthcare in custody. General health issues will be addressed along with improved Mental Health screening and intervention. Those detainees with complex needs and vulnerabilities will be supported by a number of key workers whilst in custody.

## **Privacy Comments**

1. The MPS is subject to the requirements and conditions placed on it as a 'State' body to comply with the European Convention of Human Rights and the Data Protection Act (DPA) 2018. Both legislative requirements place an obligation on the MPS to process personal data fairly and lawfully in order to safeguard the rights and freedoms of individuals.

2. Under Article 35 of the General Data Protection Regulation (GDPR) and Section 57 of the DPA 2018, Data Protection Impact Assessments (DPIA) become mandatory for organisations with technologies and processes that are likely to result in a high risk to the rights of the data subjects.
3. The Information Assurance and Information Rights units within MPS have been consulted at all stages to ensure the project meets its compliance requirements.
4. The project will use personal identifiable data of members of the public, so there will be current GDPR issues to be considered. The NHS and the MPS are working on the DPIA and also working with NHS Digital to complete the required DPIAs as needed.
5. The procurement and implementation of an E.M.R.S system for healthcare in custody is currently waiting for approval. Once the E.M.R.S system is confirmed the DPIA and I.G requirements will be met before Implementation.

## **Real Estate Implications**

The E.M.R.S will be operational in all 23 suites as well as the 8 contingency suites. The upgrade of the N3 (NHS Broadband) will also be across 23 suites and 8 contingency suites.

## **Environmental Implications**

No environmental implications have been identified at this stage

Report author:  
Daniel Hewitt  
Inspector FHS Met Detention  
07943066832

## **Part 2 – This section refers to the details of the Part 2 business case which is NOT SUITABLE for MOPAC Publication.**

The Government Security Classification marking for Part 2 is:  
OFFICIAL-SENSITIVE OPERATIONAL

Part 2 of Transforming Investigations & Prosecution - Custody Target Operating Model – Final Business Case is exempt from publication under Article 2(2)(a) of the Elected Local Policing Bodies (Specified Information) Order 2011 and Section 43 – Commercial Interest of the Freedom of Information Act.

The paper will be exempt until September 2022 at which point a review will take place to determine if the exception should be extended.