

## PUBLIC ACCOUNTS COMMITTEE

Transcript of Hearing on 'FIG Databases/EMIS'  
Held Thursday 25<sup>th</sup> July 2019 commencing at 15.15  
at the Public Accounts Committee Office, Reflections Building, Dean Street

**Present:** Dr Andrea Clausen (AC) (Chair)  
Mrs Nadia Knight (NK)  
MLA Mark Pollard (MaP)  
Dr Barry Elsby MLA (BE)  
Mr Richard Cockwell (RC)

**Transcript:** Mrs Nancy Locke (NL) (Secretary)

**Witnesses:** Mr Michael Poole (MP) to give evidence

**In attendance:**  
Mr Kyle Knappett FITV  
Mr Philip Honeybone Chief Internal Auditor, FIG

AC: Today is to assist us with collecting a little bit more background around a project that we've been looking at for quite a long time. We've had a bit of a hiatus, so just to give you the background and for those people in the room listening to understand where we are coming from. Quite some time back the PAC had brought to its attention that the Government has over the years purchased a number of different bits of software, data management software, not necessarily databases but systems where data is held and managed and processed and it was put to us that some of those may or may not have been in the best value for money purchases. So we had collated a list of all of the systems FIG have and we have randomly picked three principally to look at, one that was, gave us quite a lot of concern was the EMIS system which is in KEMH. I appreciate there are a number of iterations of the EMIS system but we were concerned after hearing there were some issues with data, extracting data and results from that data management system and we were also concerned to hear that it hadn't been potentially able to do what had first been intended so we've collected some evidence from previous Directors of Health and during that process it was made clear to us that you were a manager in the hospital for some of that period, not all of it. So we just thought it would be really useful to get you in to ask you just a few very basic questions to help us gather the information we need in order to be able to write a report and make recommendations. Ok?

MP Sure.

AC So we've actually got four very straightforward questions, we are going to each share them out. We may have follow up questions and we appreciate you may not have all things to hand, you know, we'd just like you to do the best you can given what you recollect of the situation. If there's somewhere you know where there might be something held that would be useful to us, that would be great, if you could point us in the right direction. Does that sound ok to you?

MP Yes, that sounds fine.

AC OK. So I'll open up, firstly could you explain what your role was in the procurement and

- execution/installation of EMIS at KEMH during your period there?
- MP Sure, so I was Hospital Manager from the period of around mid-2010 until early 2013. My role was Hospital Manager, I reported in to the Director of Health and Education as they were at the time and for the entirety of my tenure as Hospital Manager David Jenkins was the Director of Health and Education. In that role I was responsible for the support of non-medical functions within the hospital, that covered Admin and the typing team, the reception team, engineering, the drivers and support function and the kitchen and the cleaners for a period as well. As part of that role I sat in the Senior Management Team as it was, we met generally monthly and that was made up of the Chief Medical Officer, the Chief Nursing Officer, myself and the Engineering Manager and the Director as well. So EMIS was obviously the medical record system we used throughout my period there, it had been around for some time. There was talk really, I think from when I first joined about needing to upgrade the EMIS system and towards the end of my time that became more pressing because we were informed by EMIS that the version we were using was no longer going to be remotely supported by them. So if we had technical problems with the software we wouldn't get remote support for it as we had been up in the previous years. So my best recollection is that towards the end of my time we made the kind of in principle decision to upgrade and I think we got a quote from EMIS as to what that was going to cost. I honestly can't remember us having taken the decision and actually saying yes, we're doing this, I think we got to the point of the quote and I then left (BACKGROUND COUGH) in early 2013.
- AC Ok, thank you very much. Nadia will ask the next question.
- NK So, I believe you had EMIS, a different iteration of, before and then went with EMIS again, was any other products or options or systems looked at at that time leading up to the quote from EMIS, did you look at any others or receive any other quotes?
- MP So here I mean, we didn't I think is the answer to that, I have no memory of us having kind of run an expression of interest process to access what else was available in the market. It's difficult as so many years have gone by, I think the reasoning for that was that the kind of long term stable team in the hospital were familiar with EMIS. The Chief Medical Officer that came in and replaced Doctor Diggle was familiar with the version of EMIS they were using in smaller practices in the UK and recommended that to us which was in effect the next version of EMIS up which was what EMIS were recommending to us as well. So the thinking was, well we know the system, it's really an upgrade, transfer of data into it should be simpler, I think with hindsight we found that wasn't the case but you know that was after my time in the transition ....(TRANSCRIPT UNCLEAR DUE TO BACKGROUND COUGHING)....But, yes I'm pretty certain that was the process we used, we certainly didn't go out for expressions of interest and I wasn't involved in looking for alternative systems.
- NK Ok, thank you.
- RC Just for the record, who was the CMO?
- MP Doctor Robert Queensborough, he was only CMO for about 6 or 7 months and then probably the last 6 months of my time as Hospital Manager we had kind of acting CMOs but for the vast majority of that period it was then Beccy so when Doctor Diggle, Doctor Queensborough, Beccy on and off when she was here.  
(TRANSCRIPT UNCLEAR DUE TO SOME MUMBLED DISCUSSION OFF MIC)
- RC Wasn't Doctor Rowlands there?
- MP Yes, you're right, I'm missing one, it would have been Doctor Queensborough, then Angela, then Beccy.
- AC Right, thank you very much, Mark?
- MaP So, Michael you are aware there are certain issues with the current system, the EMIS system. And were you confident that these could be resolved with the system coming

- in, was the system looked at in that way specifically?
- MP I struggle to recall that level of detail but I can remember EMIS having confirmed in writing to us that they felt that, it was pressurized because the system after the older version was no longer going to be supported and they were telling us the new version had considerably more functionality to it and that as a part of them installing it they would come and train us in that functionality and the reality was over time I think that with changes in staff in the hospital there was only a handful of individuals that really knew the version we were using, it was probably two or three people that could use the majority of its ability so we were already having trouble with new staff having come in, not being trained properly in the system and not being able to access training in the islands because there were only two or three people that kind of knew how to use it. So there was a little bit of an issue about knowledge transfer but to answer your question Mark, EMIS did tell us that it was going to work and that it would be a step forward and they'd come in and do two weeks training as part of that process.
- MaP Ok.
- AC Richard, would you like to ask the last question?
- RC Michael, I think you've actually answered this question already but do you know who had the final sign off on the new system. I think you said it was after you left but are you aware of who signed it off?
- MP So, I can only, 'cos I'm not trying to shirk responsibility here, we may have taken that decision whilst I was there and the way it would have worked is that the SMT would have reviewed the decision, would have looked at the proposal from EMIS, reviewed that and signed it off. There would have been collective responsibility, but the physical sign off of the expenditure would have been my role, it would have signed off the invoice that was received. I wouldn't have done that if the CMO and Director weren't comfortable with it but I think my role would have ultimately been the one that was commissioning the work.
- AC Just as a follow up to that then Michael, can you recollect if it was, a, if you like, an upgrade and I don't mean an update, we're talking upgrade here aren't we? Like one software system replacing a new one by the same company.....
- MP ...Sure....
- AC ...that's what we are really talking about here in the definition. At that point when they would have approved that, would you have been looking at the lifetime as in the upgrade plus the annual service/training all in the same sort of vote, or would you have had that in two separate...what do you recollect about that, if anything?
- MP I can't remember the figures but certainly we were aware of a recurring support and maintenance cost, if that's the right term so would we have done a whole life cost, you know, saying we are going to use this for ten years and then looked for a new system, no, but we would have been well aware of on-going operating costs in relation to the system because we would have needed to have budgeted for them and made sure that was in our budget submission each year.
- AC OK.
- BE I have a few questions Michael, coming back to that one while we are on the subject. What do you understand by the definition of an upgrade? We've been told the system they had, the LV was no more supported, it wasn't a question of upgrading that system, that system wasn't going to be available. How do you feel about calling the new system purchased an upgrade rather than a new system?
- MP I think that was probably just the terminology that we used because it was coming from the same company but it was known and EMIS made it clear, from my memory, that this was going to be a big task to transfer everything to a new system, you know it's not just updating a new version of Microsoft Word and being able to use the same documents, it

was going to need to be, you know, to transfer significant amounts of data, because of medical records, into a new system so I think we weren't thinking too deeply about the terminology but it was recognized that it was going to take some time to make that transfer.

BE You touched on... (TRANSCRIPT UNCLEAR DUE TO BACKGROUND COUGH)...with the Chair, about lifetime cost, what is your understanding of the Financial Instructions about a project that has annual ongoing costs that might exceed the £50,000 tendering process and did you realise, and do you think now that it should have gone through a formal tendering process?

MP Again, I genuinely can't recall the figures involved....

BE Would it surprise you if I talked about £11, £12,000 or £13,000 to buy it, but then a significant annual cost ongoing for a decade or more which would have seriously exceeded the £50,000 requirement and yet it seemed the decision didn't go through a tendering process?

MP So, in my time in the hospital where I was dealing with these kind of things, I mean we very much looked at Financial Instructions and said ok, the threshold for capital purchase is this and if you didn't exceed it, you went through the steps appropriate for that particular threshold, we weren't factoring in the on-going operating cost as part of that capital project.

BE That's interesting because my understanding from the Financial Secretary yesterday that when deciding on whether the cost exceeds £50,000 the lifetime costs should be considered.

MP Oh ok, as I said we didn't do that on this occasion.

AC I think that's possibly because that has been made absolutely clear in the 2019 version of the Financial Instructions and that's the update that I believe you've had Barry, and so officers in the situation you were in then are now being made absolutely clear that it's not just the capital, it's the capital plus the lifetime cost. I don't know, because we don't have them in front of us now, we can look at the old version of Financial Instructions, you would have been reading them and I don't think, but we can double check it, that it was as clear as it is now even if it was in there at all. So that's possibly why you don't recollect.

RC We had this issue with the swimming pool...

AC We did, we have raised it so it's been picked up.

BE The point, thank you for thinking and agreeing, you were probably the person that signed it off, so there should be a document somewhere that says that you signed it off and you rightly said....

RC Point of order Barry, he said that he wasn't aware of the fact that he was there when it was signed it off, but if he had, correct me if I'm wrong, but if it had been signed off in your time, you would have done it but you cannot recollect it actually happening.

BE So you believe that signing off would have taken place while you were working in the hospital?

MP I honestly can't remember but, as Richard's summary is entirely correct, that if it had happened while I was there I would have signed it off and if it happened after I had left then my role would have signed it off.

BE OK, so when you left, just before you left, were you aware of concerns about the system as it was?

AC Still, still, I think you need to be clear here Barry, had the upgrade actually happened?

BE Had the upgrade happened before you left?

AC No, that's the problem. I'm sorry, I was aware that there was time you were there prior to Derek Muhl who we've taken public open evidence from, he came just after you or as you were going or something....

MP Yes, I probably worked with Derek for about a month...

AC So that's why you heard about the problems Barry, sorry,...

BE Ok, it's sometimes difficult when we are looking back some years to try and find the timeline there. You mentioned Doctor Queensborough's as the CMO after Roger Diggle, what you actually said, my understanding was, he was very supportive of the new system because he worked with it and recommended it, is that ..?

MP That's my memory of it, that, I'm sure, unless I'm confusing CMOs, I think it was Robert that had used it in a practice in the UK and was quite a strong advocate in his short period as Chief Medical Officer for upgrading the system.

BE My understanding was the system that was purchased is only used in a couple of remote places like St Helena, the Falklands and some military and is not used in the UK.

AC Can I just comment here that, as we heard during the previous evidence gathering session...there are a number of versions of EMIS and so the person who had told you they had worked with it in the UK practice may well have been using the all-singing, all-dancing super amazing version that is used and works well elsewhere and may not have been, as CMO, a complete techno expert, I don't know, we don't know unless we speak to that individual to find out.

BE But if you had've been speaking to EMIS about an upgrade, they would have been saying well this one uses Cloud and things like that or we can't support it in the Falklands so presumably they would be talking about the one that was suitable for non-Cloud based practices.

MP I can't remember any issues having being suggested when we first made contact with them about it, cloud based or internet based usage because it would have been a red flagged immediately.

AC Do you have any more Barry, are we done now on this, anybody have any other questions? Given the questions we've asked you Michael, you can see we are trying to build up a picture here of what happened and as there were so many staff changes within that period that clearly didn't help when you are trying to put in such a vital, absolutely vital piece of software into the health system so if you think or anything, either now or after today that pops into your head that could help us further clarify or build the story, please just contact Nancy and you can send something in in writing, that's absolutely fine. Also, if you think of anyone else that you haven't mentioned today who may be able to shed a little more light, even from a technical perspective, just helps us really understand what happened with it. I think we can build quite a good picture now and that's been very helpful because you've got the bit just before Derek Muhl so that's good, and we've got quite a big story from his side too. And obviously it hasn't all ended happily because they've still got problems, so....unfortunately which is part of the reason why we are looking at it. If you have nothing else to add Michael?

MP I would just note, in theory the progress of that discussion around the upgrading of the system should be tracked in the Senior Management Team minutes, probably over the period of mid-2010 to mid-2013.

RC The hospital Senior Management Team?

MP Yeah, clearly the KEMH SMT minutes, I have no memory of it reaching the Corporate Management Team or you know senior directors in the centre, it wouldn't have. And you may have already done so, but the Chief Nursing Officer, Mandy Heathman may have memories of how it came about and also, as she was at the time, the Healthcare Governance coordinator, Janette Vincent, would have been involved in these discussions too.

AC That's really helpful, thank you very much Michael. I believe that when Derek came to provide evidence he did refer back quite a lot to some of those minutes and also exchanges of emails between the teams, so I think that was really helpful from his

perspective but given those two consistent along the way that might be very helpful as next steps. Thank you very much, thank you for your time in coming today.

ALL Thank you very much.

AC So that ends the session for the evidence gathering today. Thank you.