

**TRUST BOARD**  
**27<sup>th</sup> September 2012**

<b>TITLE</b>	<b>Health Informatics – Progress Report</b>
<b>EXECUTIVE SUMMARY</b>	The purpose of this paper is to provide the Trust Board with a progress against the Year 2 plan of our Health Informatics Strategy.
<b>BOARD ASSURANCE (RISK)/ IMPLICATIONS</b>	BAF cites the absence of an Informatics Strategy post NPfIT as a risk
<b>STAKEHOLDER/ PATIENT IMPACT AND VIEWS</b>	Liberating the NHS: An Information Revolution has stated that its vision is to ensure “..... <i>people have the information they need to stay healthy, to take decisions about and exercise more control of their care, and to make the right choices for themselves and their families. This includes an accurate record of their care, available to them electronically</i> ”.
<b>EQUALITY AND DIVERSITY ISSUES</b>	The Strategy and subsequent implementation has been designed to ensure that there is no adverse impact on any group.
<b>LEGAL ISSUES</b>	None known
<b>The Trust Board is asked to:</b>	Note progress
<b>Submitted by:</b>	Donna M Jarrett, Associate Director of Health Informatics for Simon Marshall, Director of Finance & Information
<b>Date:</b>	20 <sup>th</sup> September 2012
<b>Decision:</b>	For Noting

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**Health Informatics – Progress Report**

1. Introduction

The purpose of this paper is to provide the Trust Board with an update on progress against Year 2 of our Health Informatics Strategy.

2. Background

Trust Board will recall that the Health Informatics Strategy was approved in February 2011. It was accepted that moving to a single system was, at that time, high risk and high cost and it would not make sense to implement a 'rip and replace' strategy unless the Trust is ready to embark upon a massive transformation programme. Consequently, it was agreed that we would:

- ◆ “Sweat” our current assets until such time that the right cultural environment has been created to ensure maximum return on investment
- ◆ Develop a roadmap for each clinical division by engaging with each Clinical Director and General Manager to capture their requirements
- ◆ Make the business case at a transaction level, patient safety, and application of productive processes;
- ◆ Understanding the change management, cultural and working practices of staff within the Trust to fully exploit existing investments and to prepare for any major investment in an enterprise wide system;
- ◆ Ensure that process work changes drive the configuration of any new system in order to harness the benefits (return on investment);
- ◆ Restructure the Health Informatics Department to focus on the delivery of the vision and implementation of the roadmaps.

A 5 year Roadmap was agreed. Year 2 of the Roadmap is shown below:

<b>Year 2: April 2012-March 2013</b>
◆ Exploit wireless network
◆ Implement Patient Centre
◆ Upgrade infrastructure
◆ Procure and Deploy Single Sign-On
◆ Deploy Electronic Document Management
◆ Innovate through pilots
◆ Continue integration programme - CEASR
◆ Continue change management
◆ Implement new Transcription Service
◆ Undertake PACS (xrays etc) Procurement

3. Progress on Year 2

The focus for Year 2 will be Making IT Happen. Progress outlined below.

Service Improvement	<p>Information Management</p> <p>Service Improvement Plan developed. Project Board established. Review of Trust's reporting suite being undertaken in the next month. Automation of data feeds being designed.</p> <p>Benchmarking</p> <p>The Trust has awarded a contract to CHKS for the provision of benchmarking services. Go live is anticipated w/c 24<sup>th</sup> September 2012. Approach to deployment across the Trust is being scoped. This is an online system that will allow clinicians and managers access to national and local peer benchmarked information on governance and safety using dashboards, scorecards and heatmaps.</p>
Exploitation	<p>Wireless network</p> <ul style="list-style-type: none"> <li>• Hotspots being developed</li> <li>• Review of IT network strategy underway</li> </ul>
Deployment	<ul style="list-style-type: none"> <li>• Patient Centre – in review as part of Epsom IM&amp;T Workstream</li> <li>• RealTime Phase 2 under way, going well</li> <li>• RealTime ED rescheduled for February 2013</li> <li>• BlueSpier Embedding and Exploitation</li> </ul>
Efficiency	<ul style="list-style-type: none"> <li>• CMAOR Projects: <ul style="list-style-type: none"> <li>○ CaseNote Tracking – under review to ensure that it delivers the right benefits for the Trust</li> </ul> </li> <li>• Review of Video Conferencing – being piloted by the Epsom IM&amp;T and Finance Workstreams</li> <li>• BYOD (bring your own device) – currently in pilot, wider release is being reviewed</li> </ul>
Procurement	<ul style="list-style-type: none"> <li>• ePrescribing: The final 3 suppliers have been selected. Patient Journey testing with the Evaluation Team and hands-on demos with clinicians from across the Trust is currently happening. On target to achieve award end November.</li> <li>• Transcription Services: The Trust is at the point of award of contract.</li> <li>• Self Check-In: The Trust is at the point of award of contract.</li> </ul>
Business Cases	<p>In development and nearing completion:</p> <ul style="list-style-type: none"> <li>• Mobile Working for Midwives</li> <li>• CEASR (<b>C</b>linical <b>E</b>lectronic <b>A</b>shford <b>S</b>t <b>P</b>eter's <b>R</b>ecord) integrating our clinical applications to create a virtual electronic patient record</li> <li>• Core Switch Replacement</li> <li>• Single Sign-On</li> <li>• Video Conferencing</li> </ul>
Collaboration	<ul style="list-style-type: none"> <li>• Sussex + Surrey PACS Consortium has successfully reprocured the replacement of GE Imaging, Information and Storage solution. The Trust signed the contract with Philips in July. Preparatory work underway for deployment. Project Board being set up. Deployment expected to commence March 2012.</li> <li>• South Acute Programme – procurement of Electronic Document Management solution, partners identified, governance structure being established.</li> <li>• Surrey Summary Care Record – Live in Pharmacy and SAU.</li> </ul>