Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

**TRUST BOARD**
**29th March 2012**

| | |
|---|---|
| **TITLE** | **Health Informatics Strategy – Progress Report** |
| **EXECUTIVE SUMMARY** | The purpose of this paper is to provide the Trust Board with a progress against the Year 1 plan of our Health Informatics Strategy and to outline Year 2. |
| **BOARD ASSURANCE (RISK)/ IMPLICATIONS** | BAF cites the absence of an Informatics Strategy post NPfIT as a risk |
| **STAKEHOLDER/ PATIENT IMPACT AND VIEWS** | Liberating the NHS: An Information Revolution has stated that its vision is to ensure ***"……** 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".* |
| **EQUALITY AND DIVERSITY ISSUES** | The Strategy and subsequent implementation has been designed to ensure that there is no adverse impact on any group. |
| **LEGAL ISSUES** | None known |
| **The Trust Board is asked to:** | Note progress |
| **Submitted by:** | Donna M Jarrett, Associate Director of Health Informatics<br>for<br>John Headley, Director of Finance & Information |
| **Date:** | 22nd March 2012 |
| **Decision:** | For Noting |

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NHS Foundation Trust

**TRUST BOARD**
**29th March 2012**

**Health Informatics Strategy – Progress Report**

## 1. Introduction

The purpose of this paper is to provide the Trust Board with an update on progress against the Year 1 plan 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. Years 1 and 2 are show below:

| **Year 1: April 2011-March 2012** | **Year 2: April 2012-March 2013** |
|---|---|
| ♦ Complete deployment of wireless | ♦ Exploit wireless network |
| ♦ Implement Patient Centre | ♦ Implement Patient Centre |
| ♦ Upgrade infrastructure | ♦ Upgrade infrastructure |
| ♦ Procure and Deploy Single Sign-On | ♦ Procure and Deploy Single Sign-On |
| ♦ Prepare for Electronic Document Management | ♦ Deploy Electronic Document Management |
| ♦ Innovate through pilots | ♦ Innovate through pilots |
| ♦ Commence application integration | ♦ Continue integration programme - CEASR |
| ♦ Initiate change management | ♦ Continue change management |
| | ♦ Implement new Transcription Service |
| | ♦ Undertake PACS (xrays etc) Procurement |

## 3. Progress on Year 1

Since the last report, some of the objectives for the year had to be reprioritised to enable the Health Informatics Team support the deployment of RealTime to help the Trust manage capacity issues. Consequently, some of the Year 1 work was delayed. Progress so far is shown in the table below.

| Year 1 | Progress |
|---|---|
| Complete deployment of wireless | Completed. Workstation on Wheels fully deployed across both hospital sites.<br>Further exploitation of the wireless network is currently in development, eg looking at potential opportunities for enhancing patient experience whilst in our care. |
| Implement Patient Centre | The roll out of Patient Centre was put on hold whilst RealTime was urgently deployed to help the Trust manage issues of capacity.<br>Rescheduled to commence April 2012. |
| Upgrading the infrastructure to industry strength | Work on the design and procurement was put on hold whilst RealTime was urgently deployed to help the Trust manage issues of capacity.<br>This work has recommenced. Business Case approval is expected in May 2012. |
| Procure and Deploy Single Sign-On | The business case has been developed. This is later than originally planned due to refocusing resources to deploying RealTime. Procurement will commence in June 2012.<br>The Commercial Group and TEC will consider the Business Case in May 2012. |
| Prepare for Electronic Document Management | A service review of Medical Records is, in conjunction with the Chief Nurse and team, and as part of the Trust's CMAO initiative has commenced. The outcome will directly affect how our records are constructed, handled and stored in future.<br>Participation in the South Acute Programme has been confirmed – see below. |
| Innovate through Pilots | Self Check-In for patients – business case has been developed. The Commercial Group and TEC will consider the business case in April 2012.<br>Mobile Working for Midwives – Pilot scoped. Supplier engaged. |
| Commence application integration - CEASR | Our CEASR (**C**linical **E**lectronic **A**shford **S**t Peter's **R**ecord) plan for integrating our clinical applications to achieve a single view of our patients is well developed. This is later than originally planned due to refocusing resources to deploying RealTime.<br>The Commercial Group and TEC will consider the business case in May 2012. Procurement will commence in June 2012. |
| Initiate change – restructure of Health Informatics Department | Completed. |
| Other Achievements | ♦ RealTime<br>♦ Code 5 Tracker<br>♦ Summary Care Record – leading acute for Surrey<br>♦ BoardPad and Mobile Device Management<br>♦ Prism - Neurophysiology<br>♦ SystmOne - Hounslow Community Ophthalmology Service<br>♦ Ultrasound Viewpoint interface to PAS<br>♦ Alert mechanism – ensuring cancer patients presenting at A&E are seen by an Oncologist within 24 hours |

## 4. 2012-13 Year 2 Plans

The focus for Year 2 will be Making IT Happen. In addition to the above carry-over projects from Year 1, two projects will be delivered; these are:

- Transcription and Voice Recognition
- Reprocurement of PACS and RIS (picture archiving + communications system and radiology information system)
    - The Trust has just joined the Sussex Consortium for this procurement

Other key deliverables have been identified as essential elements to support the challenges that the Trust faces. These are:

- ePrescribing
- CaseNote Tracking
- RealTime Emergency Department system
- Review of Video Conferencing to support clinical activity
- Bring Your Own Device (BYOD) exploration
- Supporting the Trust's Corporate and Middle Office Review

## 5. South Local Clinical Systems Programme - South Acute Programme (SAcP)

The South Acute Programme (SAcP) was established in November 2011, following the decision not to progress with the ASCC (additional supply, capability and capacity) framework. The SAcP programme has been established by NHS South to provide Trusts with an opportunity of accessing central funding to support the local procurement of 'Clinical 5' (PAS, Scheduling, ePrescribing, Order Comms and Clinical Documentation) systems proven in NHS acute settings. The intention is for the Trust to partner with other like-minded Trusts through a collaborative arrangement to procure the systems. Engagement workshops with Trusts across the South of England were held on the 8th and 9th March 2012. Dr Peter Reynolds, Clinical Lead for Health Informatics and Donna-Marie Jarrett, AD Health Informatics attended the event. Due to where the Trust is currently in its Health Informatics Strategy, an expression of interest in procuring Clinical Documentation (which includes other departmental systems) solutions has been declared.