

TRUST BOARD
27th October 2011

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.
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 “..... <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> ”.
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 for John Headley, Director of Finance & Information
Date:	18 th October 2011
Decision:	For Noting

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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

In February, the Trust Board approved a new Health Informatics Strategy. 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 1 was:

Year One: April 2011–March 2012

- i. complete deployment of wireless
- ii. implement Patient Centre
- iii. upgrading the infrastructure to industry strength
- iv. procure and deploy Single Sign-On
- v. prepare for Electronic Document Management
- vi. innovate through pilots
- vii. commence application integration
- viii. initiate change management – restructure Health Informatics

3. Progress

The Trust has made strong progress on Year 1 objectives to date as outlined in the table below.

Year 1 - Objectives	Progress
Complete deployment of wireless	Technical and user acceptance testing is complete. We are ready to switch on 1 st November. An Acceptable Use Policy is currently being drafted for approval.
Implement Patient Centre	The roll out of Patient Centre has been put on hold whilst RealTime is urgently deployed to help manage the Trust manage issues of capacity
Upgrading the infrastructure to industry strength	The technical design has commenced. Procurement is scheduled to take place before Christmas. Deployment is expected to be completed March 2012.
Procure and Deploy Single Sign-On	The business case has been developed. The Commercial Group and TEC will consider the business in November. Procurement will be completed by March 2012 with a deployment commencing April 2012 as planned.
Prepare for Electronic Document Management	A service review of Medical Records is, in conjunction with the Chief Nurse and team, scheduled to commence in December. The outcome is expected to directly affect how our records are constructed, handled and stored in future.
Innovate through Pilots	Self Check-In in Outpatients is currently being scoped and developed with the Patient Access Team. Supporting midwives out in the community is currently being explored with a couple of potential solutions emerging.
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. A business case is being drafted and it is hoped to commence procurement in January/February 2012.
Initiate change – restructure of Health Informatics Department	A full review of the Health Informatics Service commenced end May and was completed in September. The new staff structure was implemented on 1 st October 2011. We are now in the process of recruiting to some key posts in Health Informatics.

Preparation for Year 2 has commenced.

4. Recent Events

Ashford and St Peter's Hospital (and also Epsom Hospital) has a contract with iSOFT for the support and maintenance of PAS Systems. CSC Alliance acquired iSOFT in late August 2011.

Discussions with CSC have confirmed that both the ASPH CliniCom and the Epsom iPM PAses will no longer be supported after 2014/15

5. The Trust Board is asked to note progress.