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**Public Board Meeting: 22<sup>nd</sup> January 2009**

**Implementation of IT Strategy**

**Presented by: Nick Evans, Director of Partnerships**

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**Background**

1. The five year IM&T Strategy signed off by the Board in September 2008 will be delivered through a series of annual implementation plans, each setting out the actions required to deliver the strategy and support the Trust Business planning process going forward.
2. This paper summarises the proposed programme of work for 2009/10 to support the trust business plan, national requirements in respect of IT and audit recommendations. It includes work required in 2009-10 to support the longer-term aims of an Electronic Patient Record (EPR), replacement of the main Patient Administration System (PAS) and associated improvements to the Trust IT infrastructure.

**Next Steps**

3. The next 12 months will see a mixture of improvement and development. This includes delivery of:
  - Implementation of new system to support bed management
  - Implementation of new system to support “order communications” (the electronic requesting of imaging and pathology investigations) and result reporting
  - Replacement of the existing theatres management system
  - Provision of a new chemotherapy e prescribing system, networked to the Mount Vernon Cancer Centre.
  - Establishment of East of England stroke telemedicine pilot site at Watford.
  - Replacement of the existing pathology management system.
4. The upgrade of our existing electronic imaging system (PACS) to Version 2 of the national product is planned for later this year but we are awaiting confirmation of timescale from the National Programme team. This will involve a major change to the way we access and use the PACS, and also will require additional projects to implement Smart cards to all users and upgrade the PACS server room.
5. We will also introduce:

- Bi directional links between the Patient Administration System (PAS) and our clinical system Inflex,
  - Additional functionality for A&E
  - Generic data sets to support discharge summary production
  - E-mail distribution to GP'S to enable the Trust to meet contractual timescales.
6. The success of many of these developments relies on the Trust embracing real time admission, discharge and transfer (ADT) of patients. This will involve a massive programme of training and business change across all divisions, requiring project resource, operational staff and financial commitment to an ongoing programme of training and business change. The financial implications of this will be included in the full business plan.
  7. The trust will commence a major project to produce the "road map" of timescales, work and resources required to deliver the major PAS replacement by the national Connecting for Health system, Lorenzo . This programme will impact on all areas across the Trust. Such a programme is expected to take a minimum of 18 months and the Trust will therefore need to start in this financial year if we are to book a deployment slot in the next 2 years.
  8. National Information Governance drivers for this year include implementation of data encryption (already under way), introduction of a formal information security risk assessment and management programme, and disaster recovery and business continuity planning. Delay in delivering these improvements to the required standards will result in non-compliance with the national Statement of Compliance (SOC) and could affect the Trust connectivity to the NHS national "N3" network.
  9. At the same time, we must make rapid progress in improving systems to deliver the management and administrative information required to manage the Trust's business at all levels. The integration of existing systems through the implementation of the CACI Service Line Management system is a major priority over the next two years but continued support of current business processes will be required. The work programme therefore includes projects that deliver improvements to our existing data warehouse. These projects influence the infrastructure and major system requirements, which have also to be addressed.
  10. This programme contains a number of key infrastructure projects but does not yet detail all the infrastructure work, which will be identified through the Infrastructure and NHS Information Maturity modelling (NIMM) reviews currently underway. The NIMM report available in February will enable us to benchmark against other NHS organisations and we expect to be in a position to report on priority areas for attention in the completed business plan being presented to the Board in March. The full infrastructure report will be available in May 2009.
  11. The above work programme and audit recommendations will require additional investment and restructuring of the Clinical Informatics Department to include additional staffing to support network management, IT security management, training and business change, and extension of day-to-day user support.

12. A detailed plan setting out the timescales and funding requirements plus the risks and issues will be included in the full plan which will be incorporated in the Trust Business Plan which will come to the Board in March.

**Nick Evans**

Director for Partnerships

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