

## Introduction

1. This paper has been prepared to provide the Board with a summary of progress to date on:
  - The West Hertfordshire Hospitals IM&T 5 Year Strategy (approved by the Board in September 2008.)
  - Clinical Informatics' Annual Plan 2009-10 (approved by the board in March 2009).
  - Work to address recommendations arising from audit reports carried out in 2008/09.
  - Improvements in Information Governance

## West Hertfordshire Hospitals IM&T Strategy 2008

2. The emphasis of the West Hertfordshire Hospitals IM&T 5 Year Strategy is on increasing quality of care and efficiency of delivery through the use of IT. It contains details of the current and projected programmes of work. The guiding principles of the strategy are listed in Appendix 1. The strategy also describes key elements with regard to:
  - Supporting patient care
  - Supporting management, governance and business processes required to underpin Payment By Results (PBR) and achieve NHS Foundation Trust status
  - Delivering a Healthy Future (DafH) planning and service redesign
  - Developing the Trust's IT infrastructure.
  - Collaborative IM&T and Connecting for Health (CfH) projects
  - The impact of the NHS Operating Framework 2008/09 on the local strategic approach.
  - The importance of managing cultural change within the Trust in order to deliver the IM&T vision
3. The task over the five years of the strategy is a mixture of short and medium term improvement and development of existing systems, IT support in the management of the Trust business and delivery of patient care, and the need to lay the foundations for major systems replacement in the longer term. Within this, the urgent priority is to establish and develop the use of IT in front-line patient care. By the end of the 5-year period covered by the strategy the existing paper based manual patient medical records system will have been replaced by a fully functional Electronic Care Record (ECR).
4. Since the strategy was approved it has become apparent that the focus of the National Programme for IT (NPFIT) has moved away from central delivery of system software and infrastructure and is now encouraging a more locally led approach.

5. Future delivery of the strategy relies on a robust technical infrastructure that supports the efficient use of Information technology. National Informatics planning and strategy requires an ambitious and innovative approach to using digital technologies and we are charged with moving from a 'replace all' to a 'connect all' philosophy.
6. Success depends on strict adherence to agreed standards for data and infrastructure on which to build for the future, whilst addressing issues posed by the limitations of N3 band width and network requirements for new emerging technologies.
7. In order to achieve and sustain this the Trust must have a robust and effective local technical infrastructure and have 'technical readiness' that will underpin higher-level informatics programmes and support service transformation. Delivery of the five-year strategy remains dependent on the Trust's ability to invest resources in both network infrastructure and software systems.

### **Clinical Informatics Annual Plan 2009/10**

8. The 2009/10 Clinical Informatics Annual Plan proposed a programme of work to support the Trust business plan, national requirements and audit recommendations. It includes work required in 2009/10 to underpin the delivery of the longer-term aims of an Electronic Patient Record (EPR) and associated improvements to the Trust IT infrastructure.
9. The programme included a mixture of improvement and development in key areas which aimed to ensure that a sound foundation be built for the future implementation of systems and technologies to support patient care.
10. The Plan is divided into six work areas:
  - Service Developments supporting Clinical Care
  - Infrastructure
  - National Initiatives
  - Audit requirements
  - Improved quality and service
  - Delivering a Healthy Future (DaHF)
11. The Plan focuses on infrastructure improvements, upgrading or adding functionality to systems currently in use within the Trust, and replacing systems which are reaching end of life in order to meet the national drive to deliver the '*Clinical 5*'. The *Clinical 5* identified five key elements of essential functionality, useful and valuable in a clinician's 'day to day' business:
  - A patient administration system with integration to other systems and sophisticated reporting
  - Order communications and diagnostic reporting
  - Letters with coding (discharge summaries, clinic letters and Accident and Emergency letters)
  - Scheduling for beds, tests, theatres etc.
  - E-prescribing 'To Take Out' (TTO) medicines

12. A review of the technical infrastructure and a Trust informatics maturity modelling process in 2008/09 generated a number of recommendations for network and infrastructure improvements many of which were included in the 2009/10 Informatics annual plan.
13. The total proposed programme required capital funding of £1.8 million. Unfortunately pressures on the capital programme resulted in a number of high cost network and infrastructure improvements / modernisation projects being deferred.
14. This year will however have seen the progression or delivery of approximately 90% of the remaining programme of work supporting clinical care and audit requirements. Although some projects have been delayed for reasons outside the control of IT they all now have either revised completion dates or are work in progress in line with the Trust's business requirements.
15. 2009/10 has seen improvements in management and administrative information systems required to manage the Trust's business at all levels. The integration of existing systems through the implementation of the Service Line Management system was a major priority over the first two years of the strategic period.
16. Clinical Informatics has also worked closely with the Capital Planning and Service Redesign teams to support and deliver all the IM&T elements of the AAU project, current capital programme and future planning and design work. A summary of 2009/10 achievements is provided in Appendix 2.
17. During the course of the year some further projects were identified and taken forward, including 'single sign-on' and 'patient context'. (Appendix 3). A number of these additional projects/ work streams have been driven by new initiatives and national directives to the Divisions and the Informatics services. They have inevitably had some impact on resources and delivery timescales for some existing projects.
18. Added to this have been further pressures caused by service reconfiguration which has resulted in the need to redirect resources to deliver additional AAU IT requirements, numerous adhoc moves across the Trust and staff to support training and business change in the AAU.
19. As requested by the November Board we will be bringing forward a proposal in respect of leasing of desktop hardware including information on the revenue implications.

### **The Clinical Informatics Annual Plan 2010-11**

20. National IM&T planning guidelines and Operational framework published in December 2009 identify a range of far reaching objectives that will be reflected in the Clinical Informatics annual plan 2010/11
21. As well as developing the maturity of the technical infrastructure the 2010/11 plans will include projects /work streams to:
  - Implement systems and processes that enable conformation to the national information standards detailed in the new Information Standards Notice (formally a Data Set Change Notice -DSCN)

- Sustain and support robust Information Governance
  - Utilise the tools available to support employment check standards
  - Improve data quality
  - Improve clinical safety
  - Achieve consistent and comprehensive use of the NHS number
  - Support new models of care
  - Process redesign existing technologies
  - Assess the use of mobile technologies to improve quality and productivity
  - Use technical innovation to deliver efficiency and productivity
  - Ensure maximisation of benefits from existing technologies
  - Reduce costs by the adoption of centrally provided and managed capabilities e.g. NHS mail, N3 Voice over IP (VOIP) telephony
22. Alongside this we will ensure that we deliver existing commitments, build on progress made, and tackle inhibitors in key areas. We aim to continue to develop informatics solutions that deliver patient centred information across care pathways through integrated and participative local planning and the deployment and utilisation of integrated solutions.
23. The Clinical Informatics Annual Plan for 2010-11 that will be presented to the Trust Board In March 2010 will include the delivery of the new pathology system and “context management”, plus continuing deployment of both the bed management and order communications systems. In addition it will seek to bring forward a number of systems and infrastructure projects not funded this year. These include:
- Desktop hardware and software upgrades
  - Operating system upgrades
  - Server virtualisation
  - St. Albans network resilience improvements
  - Application virtualisation
  - Tele-working /home working solution –VPN

### **Audit recommendations**

24. In 2008/09 a number of internal and external IT audits made recommendations to improve the controls and infrastructure of IT management in the Trust. These included audits of:
- Patient Administration System
  - Data Security (PAS System) Advisory Review
  - Network Infrastructure
  - Information Technology Controls
25. IT managers across the Trust have been required to ensure that the key areas around security management, policy, standards and process, which were highlighted as major risks, were addressed urgently.
26. This year has seen a major restructuring of the Clinical Informatics department, which has addressed many of the issues of security and network management, segregation of duties, system management and training, highlighted by recent audits.

27. Another key piece of work has involved disaster recovery and business continuity. This has delivered a business case for the procurement of disaster recovery services, a Trust wide IT business continuity plan and ensured that downtime procedures are in place for all IT systems and users.
28. All audit recommendations requiring capital funding have been addressed and will be 100% complete by March 2010. Those considered to be fundamental risks are detailed in Appendix 4 with their recommendations and delivery timescales

## **Information Governance**

29. This year the Trust is progressing well and is on to target to meet level 2 for IG standard 301 as detailed in the November 2009 report to the Board. The Trust will meet all the Statement of Compliance (SOC) requirements by March 2010.
30. Good progress has also been made on the main priorities for 2009/10. Work to ensure that the Trust continues to demonstrate compliance with the key IG standards through the achievement of at least level 2 performance in terms of the NHS IG toolkit V7 is on going. Plans are in place to progress this minimum where it has been achieved
31. This requires on-going commitment across all Directorates e.g. corporate records management, data mapping, FOI, risk and incident management and business continuity
32. The October assessment presented to the November Board indicated that the Trust was 71% compliant; the current assessment is at 77%. The final assessment for 2009/10 will be presented to the March Trust Board and submitted to the DOH on 31<sup>st</sup> March 2010.
33. The Trust is also well placed against the national expectations for 2010/11 detailed in the DOH Informatics planning guidance, which is:
  - To have an action plan in place for achieving level 2 against all remaining requirements – already in place.
  - That all staff should receive annual basic IG training appropriate to their role - deployment of an e-learning tool providing all staff with access to basic IG training will be rolled out by April 2010.
  - NHS accounting officers must continue to report on the management of information risks in statement of internal controls and to include details of data loss and confidentiality breach incidents in annual reports – already in place.
  - An IG audit utilising the centrally provided audit methodology should be included in the work plans of the organisations auditors – in the programme
34. Version 8 of the national IG Toolkit is expected to make further significant changes in IG requirements but will not be available until July 2010.

## **Summary**

35. 2009-10 has seen significant progress on many aspects of the Trust's IT agenda. In particular, system security and information governance issues have been addressed, and the department has successfully supported the major service changes made across the Trust during the year.
36. Much remains to be done. The need for investment in hardware infrastructure (either through capital expenditure or through leasing/outsourcing) remains a priority and will determine the pace at which progress can be made on systems development. The latter continues to focus on improving the accessibility and integration of existing systems for front-line staff teams.

NCE  
January 2010