

Informatics Strategy

“Rebase and re-focus”

Royal Bournemouth and Christchurch NHS Foundation Trust
Poole NHS Foundation Trust

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For more information on the status of this document, please contact:

Peter Gill
Director of Informatics
Peter.gill@rbch.nhs.uk
01202704305 (RBCHFT)
01202 263 174 (PHFT)

1. Introduction

In May 2013 Poole Hospital Foundation Trust (PHFT) and Royal Bournemouth and Christchurch Foundation Trust (RBCH) set a vision for Informatics and a 5 year strategy comprising of 27 projects to pursue that vision, Appendix 1. 2017/18 is year 5 of this strategy.

This report reflects on the progress of that strategy and the national, countywide and Trust level changes over the last 4 years that influence the work programme for the next 2 years.

The vision established in May 2013 was:

RBCHFT and PHFT will make patient care safer and more efficient and improve the working lives of staff by using modern Informatics. The trusts will achieve paperless patient journeys by the development, purchase and implementation of linked clinical computer systems presenting all appropriate clinical information and functionality at the point of care, seamlessly integrated with primary care systems.

And

RBCH and PHFT will implement digital channels to help patients and carers feel more connected with the Trusts, take less effort in their healthcare transactions, respond to their concerns and improve their control of personal care options.

The kernel of the strategy was the intention to exploit the investment already made in the many departmental clinical systems and bring the data together in a single place for clinicians, to build the Strategic Electronic Patient Record (EPR) for both Trusts. As a direct result of fully implementing this, with meaningful integration between, and use of, the EPR system and the other (best of breed) clinical IT systems the Trusts will move steadily towards paperless patient journeys.

This strategy rebasing document updates the position of the 27 projects and refocuses the intention for the next 12 to 24 months during which it is expected that major strategic development will take place within Dorset in pursuit of Digitally Enabled Dorset which will influence the arrangements for Informatics at the Trusts.

2. Baselining the Informatics Strategy

Within this section the question “what has changed since the strategy was agreed?” will be considered within the 3 levels as follows:

2.1. National level

The following developments in national Informatics related policy since the agreement of the strategy have set the context for far greater collaboration within local health communities and an acceleration towards the exploitation of digital technology to reduce inequalities, improve clinical care and improve efficiency:

The **Five Year Forward View**¹ (5YFV, October 2014) from NHS England set the context for transformation of healthcare delivery. Many of the changes are critically dependent on the power of information and technology, and the National Information Board (NIB) was tasked to set a strategy: **Personalised Health and Care 2020**². **Using Data and Technology to**

¹ Five Year Forward View <https://www.england.nhs.uk/ourwork/futurenhs/>

² Personalised Health and Care 2020 : <https://www.gov.uk/government/news/introducing-personalised-health-and-care-2020-a-framework-for-action>

Transform Outcomes for Patients and Citizens, which includes a target that, by 2020, there will be “fully interoperable electronic health records so that patient’s records are paperless”, and to empower patients/service users/clients/citizens with access to view and update their own records.

Within the 5YFV NHS and Social Care organisations were expected to collaborate at a health community level to form a sustainability and transformation plan (STP). The county of Dorset with its 5 NHS organisations and 3 local authorities formed the “STP footprint” for Dorset.

In June 2016 NHS Improvement wrote to all NHS organisations in light of the Lord Carter of Coles review of NHS efficiency, to set out their expectation that back-office functions should be brought together at a regional level, the same shape as the STP.

In June 2016 NHS Digital launched the Digital Maturity Assessment, whereby each organisation was asked to analyse the strength of their existing IT services against national criteria. The summary results for PHFT and RBCH are shown in the diagrams below against the national average:

Section	Type	Score	National Average
Strategic Alignment	Readiness	80	76
Leadership	Readiness	75	77
Resourcing	Readiness	65	66
Governance	Readiness	70	74
Information Governance	Capabilities	63	73
Records, Assessments & Plans	Capabilities	46	44
Transfers Of Care	Capabilities	49	48
Orders & Results Management	Capabilities	46	55
Medicines Management & Optimisation	Capabilities	14	30
Decision Support	Capabilities	35	36
Remote & Assistive Care	Capabilities	50	32
Asset & Resource Optimisation	Capabilities	55	42
Standards	Standards	21	41
Enabling Infrastructure	Enabling Infrastructure	45	68

Figure 1: RBCH digital maturity assessment

notes: RBCH scores relatively weakly on the clinical areas (records..., transfers of care, orders results management, medicines management, decision support) because it is yet to deploy order comms, the strategic Electronic Patient Record (EPR) and EPMA, and relatively weakly on enabling infrastructure and standards due to the single point of failure with one data centre.

Section	Type	Score	National Average
Strategic Alignment	Readiness	70	76
Leadership	Readiness	95	77
Resourcing	Readiness	65	66
Governance	Readiness	75	74
Information Governance	Capabilities	63	73
Records, Assessments & Plans	Capabilities	55	44
Transfers Of Care	Capabilities	42	48
Orders & Results Management	Capabilities	60	55
Medicines Management & Optimisation	Capabilities	19	30
Decision Support	Capabilities	40	36
Remote & Assistive Care	Capabilities	17	32
Asset & Resource Optimisation	Capabilities	40	42
Standards	Standards	29	41
Enabling Infrastructure	Enabling Infrastructure	68	68

Figure 2: PHFT digital maturity assessment

notes: PHFT scores relatively strongly on some of the clinical areas (records, decision support) due to the successful and long-standing EPR. And weakly on other areas as EPMA and a fully functional order comms system has not yet been deployed. The enabling infrastructure is scored as per the national average as PHFT has deployed a dual datacentre arrangement, thereby improving resilience.

2.2. County level

The 5YFV required the development of a Sustainability and Transformation Plan (STP) for natural geographical care communities. The Dorset STP describes how the 3 following gaps:

- **Health and wellbeing**
- **Care and quality**
- **Finance and efficiency**

will be closed by the following major portfolios of work:

- **Prevention at scale**
- **Integrated Community Services**
- **One Acute Network of Services**

There are 2 underpinning and enabling portfolios of work to support the delivery of the STP as follows:

- **working differently**
- **Digitally Enabled Dorset**

2.2.1. Digitally Enabled Dorset

This portfolio will have the most influential impact on the RBCH and PHFT Informatics strategy going forwards. As 2 of the 5 NHS organisations in Dorset and 2 of the 8 care organisations in Dorset, it is critical that PHFT and RBCH contribute significantly to Digitally Enabled Dorset (DED) and integrate their strategic requirements for Informatics within this

portfolio of work. The extent to which the DED will become the overarching strategy for all Informatics strategies within local organisations in Dorset will be discussed and agreed within the next 12 months by the Senior Leadership Team (SLT).

2.3. Trusts level

For RBCH and PHFT the major changes over the last 4 years are described below:

October 2013 – the planned merger was rejected by the Competition and Market Authority and undertakings were put in place which prevented any merger in the future.

There has been a gradual declining financial position for both organisations with both returning deficit budgets over the last 4 years.

July 2015 – a “Clinical Summit” was held with 75 staff from PHFT, RBCH and partner organisations to provide a clinical steer to the five-year Informatics strategy at its midpoint. The summary of this clinical steer was as follows:

- Order Comms was recognised as the number 1 priority for PHFT and must only be deployed when it is available as an embedded solution within Graphnet EPR. RBCH clinicians would not support the deployment of any more stand-alone clinical applications and consequently will only deploy Order Comms and Electronic Prescribing Medicines Administration once the strategic EPR (RBCH move to Graphnet) is achieved. This principle combined with the timescale for the deployment of the EPMA will mean that PHFT will deploy EPMA first and RBCH deploys approximately 12 months later.
- Both trusts must continue to support the safe embedding of the Electronic Document Management (EDM) service.
- The Dorset Care Record is shown next in priority order. This has its own timescale which will be supported by both trusts to ensure that we do not constrain its delivery timeline.
- For the other 3 services considered: electronic Handover, Electronic Discharge Summaries transmitted digitally and Electronic Nurses Assessment, it was recognised that we are already committed to these but we respect the priorities of the clinical staff and will fit this work in and around the larger scale/higher priority commitments described above.

August 2015 – both trusts agreed to join with Dorset County Hospital in the Vanguard program in the development of new models of care, promoting 7 clinical services and Informatics as areas of collaboration between the 3 acute trusts.

Summer 2016 – in response to the NHS improvement requirement for back-office functions consolidation at the STP level, the acute Vanguard program in Dorset is expanded to become a review of all back-office functions (including Informatics) for all 5 NHS organisations in Dorset.

October 2013 and October 2015 - Care Quality Commission reports for RBCH demonstrate improvement required with a formal rating of “requires improvement” in the 2nd inspection.

January 2016 – PHFT receives a Care Quality Commission report with a rating of “requires improvement”.

Both trusts clinical and quality performance remain very strong during the last 4 years.

December 2016 – Dorset CCG launches the Clinical Service Review consultation with a recommendation that PHFT becomes the major planned centre for Dorset and RBCH becomes the major emergency centre for Dorset.

January 2017 – following the NHS improvement requirement on back-office function consolidation, the SLT approved a Strategic Outline Case which recommends that an Outline Business Case is developed for a shared Health Informatics service across Dorset with the following services in scope:

Area	Functions
IT Management	<ul style="list-style-type: none"> • Overall leadership of the function • Strategy development • Policy development • Portfolio management • Business case development • Overall accountability for financial control and service quality • Service Level Agreement (SLA) management • Managing Requests for Change (RfCs) to IT services • Setting the policy for Service improvement • Workforce development and management
Operational management of IT hardware, infrastructure and telecommunications	<ul style="list-style-type: none"> • Service desk • End-user computing • Data centres • Infrastructure operational control centres • Telecommunications • Security • Business continuity • Technical standards
Operational management of software applications and user training	<ul style="list-style-type: none"> • Secondary care applications • Patient-based systems • Clinical support systems (supporting health and care professionals in doing their routine work) • Technical and scientific systems supporting health and care organisations • Community applications • Corporate applications • IT training
Software development, new application procurement and implementation	<ul style="list-style-type: none"> • Project management office • Project management • Bespoke development • Systems analysis and architecture • Organisational change
Data, information and records management	<ul style="list-style-type: none"> • Information management • Information governance policies and working practices • FOI request management • Data quality • Clinical coding • Health records management
IT project, programme and business	<ul style="list-style-type: none"> • Projects (new and BAU)

Area	Functions
management	<ul style="list-style-type: none"> • Business management • Change management • Benefits identification, realisation and management • Corporate services • Workforce development and management

Figure 3: functional areas within scope of the Informatics shared service option appraisal

3. The RBCH and PHFT strategic Informatics programme

As mentioned above, the 2013 strategy declared 27 projects which would be pursued to advance the strategy and achieve the vision. This section answers the question “how well has that programme of projects been delivered over the last 4 years, and what has it cost?”

3.1. Achievements of the programme to date

Within the tables below there are simplistic summaries of the progress over the last 4 years.

	Number of projects	percentage of projects completed
Workstream 1: Single Informatics Service	1	100
Workstream 2: Infrastructure development	8	50
Workstream 3: Clinical applications developments	9	56
Workstream 4: Effective support	6	83
Workstream 6: The Digital consumer	3	0

Figure 4:high-level view of achievement of the Informatics work streams

Strategy Reference	Workstreams and Projects	Progress since May 2013
6.1	Workstream 1: Single Informatics Service	
Project 1.	Implement a Single Informatics Service based on best practice (ITIL)	Achieved – new integrated service launched in June 2013.
6.2	Workstream 2: Infrastructure development	
Project 2.	Network replacement	Partly achieved –This project can be seen in three phases 1. the establishment of the triangulated intersite links (complete Feb 2015); 2. the implementation of the core network (6 new core switches, 2 at each of the 3 sites (complete April 2016); 3. the replacement of the 200 + edge switches and the associated re-cabling (work in progress).
Project 3.	Server Virtualisation	Achieved - Purchases and deployment of virtual servers have been achieved over the last 4 years to keep pace with demand and a decision has been taken to consolidate the RBCH computer facilities on the dual data centres at PHFT which is an ongoing piece of work.
Project 4.	Thin Client Environment	ISB agreed to cancel this project in light of the deployment of new PCs for EDM and the growing lack of evidence of thin client

		being an economically viable proposition.
Project 5.	Computer Room Strategy	Achieved - The computer room strategy has been agreed
Project 6.	Mobile Devices	Achieved - Significant numbers of additional mobile devices have been deployed, notably with iOS devices now in use clinically (eNEWS, EDM) etc.
Project 7.	Single Active Directory	ISB agreed to cancel this project in light of the non –merger decision.
Project 8.	Wifi network	Procurement has started but was significantly delayed by the knock on effect of the network replacement.
Project 9.	Storage, back up and archive strategy	Achieved - Purchases of storage and backup devices have been achieved over the last 4 years to keep pace with demand and crucially the backup facilities are now disk to disk rather than disk to tape.
6.3	Workstream 3: Clinical applications developments	
Project 10.	Interim EPR	Achieved. This functionality has been available since Nov 2014
Project 11.	Strategic EPR	Project underway –RBCH has approved the business case to adopt Graphnet EPR and the project is in the pre-deployment stage.
Project 12.	Picture Archive and Communication System (PACS) re-procurement	Achieved. Both trusts were live during 2013 with the new integrated PACS and RIS systems
Project 13.	Electronic Document Management/Scanned Health Records	Achieved EDM is live in all specialties at both trusts.
Project 14.	Electronic National Early Warning Score (eNEWS)	Achieved. eNEWS is now live for both trusts
Project 15.	Electronic Discharge Summaries (EDS)	Achieved - electronic discharge summaries are now transmitted digitally to GP practices, for both Trusts
Project 16.	Order Communications/Results Reporting (OCS/RR)	Partly achieved – primary care requesting radiology and pathology is live at PHFT. Acute requesting and results sign off has been constrained by the necessity for interoperability with Graphnet EPR which is scheduled for around September 2017.
Project 17.	Electronic Prescribing and Medication Administration (EPMA)	Project underway – the project is in the pre-deployment stage with the expectation that PHFT will be live with this solution in 2017/18 and RBCH in 2018/19
Project 18.	Access to primary/community information	This project was subsumed by the decision to collaborative with all of Dorset and create a Dorset wide record - which became known as the Dorset Care Record.
6.4	Workstream 4: Effective support	
Project 19.	New Service Desk system	Achieved – the new service desk system is embedded into practise
Project 20.	Service Catalogue and Service Pipeline	Project started but not yet come to conclusion.
Project 21.	Improve communications with customers	Every channel of corporate communications has been used extensively in the pursuit of keeping all staff up-to-date with key deployments and other changes.
Project 22.	Innovative skill building	The full variety of skill development has been used successfully. The “floor walking” support through the eNEWS and EDM rollouts has been particularly effective at improving communication and skill building.
Project 23.	IG Assurance	Significant progress has been made on implementing the Information Asset Ownership framework for both trusts which was previously too weak to assure compliance to the IG Toolkit. Both trusts targeting a fully compliant IG Toolkit by the end of 2016/17
Project 24.	Service Level Agreements	Achieved - a service level agreement has been achieved between RBCH and PHFT
6.5	Workstream 5: Merger Support	
	Projects being defined pending the outcome of the Competition Commission's review	Workstream cancelled.
6.6	Workstream 6: The Digital consumer	
Project 25.	Electronic Transmission of patient letters	Project started at PHFT for all patient correspondence and pilot in place in anticoagulation at RBCH.
Project 26.	Patient held medical devices	Limited pilot under Epilepsy Network Project.
Project 27.	Patient Access to their online records	It has been agreed by ISB that this project will be subsumed under the Dorset Care Record plans

Figure 5: status of the 27 Informatics projects

3.2. Costs of the program to date

The table below shows the projected capital spend in May 2013 for each of the 5 years of the Informatics strategy against the actual spend (and planned spend for this year and next) for each of the trusts:

	Actual and Planned IT Capital spend (£'000's)				
RBCH	2013/14	2014/15	2015/16	2016/17	2017/18
Strategy proposal	2,440	2,127	1,873	1,873	2,210
Actual and <i>planned</i>	2,108	2,219	3,339	3,109	3,146
PHFT	2013/14	2014/15	2015/16	2016/17	2017/18
Strategy proposal	2,380	2,707	1,933	2,073	2,310
Actual and <i>planned</i>	2,775	3,224	1,505	2,044	1,966

Figure 6: comparison of the planned IT capital spend (forecast in the strategy) and the actual spent to date

3.2.1. variance analysis

The main variances between the planned and actual capital spend where for the following reasons

3.2.1.1. new projects

The following projects were never envisaged in the Informatics strategy:

- Dorset Care Record
- The replacement of cardiology storage
- The upgrade of operating systems

3.2.1.2. overspending projects

The following projects have overspent their planned budget or are expected to. Each project has been (e.g. EDM) or will be subject to a Post Implementation Review following completion which will describe the planned and actual spend in full detail

- Electronic Prescribing and Medicines Administration (at the time of forecasting the procurement had not been started and the costs were significantly underestimated)
- Electronic Document Management
- Network upgrade
- Order Communications and Results Reporting

3.2.1.3. Cancelled projects

The following projects were cancelled over the last 4 years:

- Thin Client technology
- Active Directory integration to support the merger

4. New Governance arrangements

Digitally Enabled Dorset and the Vanguard program have a significant influence on the RBCH and PHFT governance arrangements for the Informatics strategy over the next 5 years. These county-wide arrangements are not yet fully bedded in and are expected to become fully effective during 2017/18. There are 6 programmes in the Digitally Enabled Dorset portfolio, as depicted by the diagram below.



Figure 7: 6 programmes of the digitally enabled Dorset portfolio

Each of the existing Informatics directors/IT directors/Chief information officers (from this point on CIOs) for the NHS organisations in Dorset have been asked to take a lead on one or more of the 6 of these. This sees a significant departure from the existing management/leadership arrangements whereby each of the CIOs has been responsible to an individual organisation for the entirety of the Informatics functions to one where a CIO will take a leadership role crosscutting all NHS organisations in Dorset.

The agreed leadership areas are as follows:

- Shared Care Record – Peter Gill, Informatics Director PHFT &RBCH
- Intelligent Working – Esther Provins, AD, Business & Performance
- Independent Self-Care – Mike Sinclair, CIO DCHFT
- Digital Dorset Shared Service – Libby Walters, DoF DCHFT
- Continuing Digital Operations – Stephen Slough, CIO DCCG
- Enabling Technologies – Nick Jenvey, AD IM&T DHC FT

The overall governance arrangements for these programmes and portfolio are shown in the diagram below.



Digital Dorset: Governance Framework

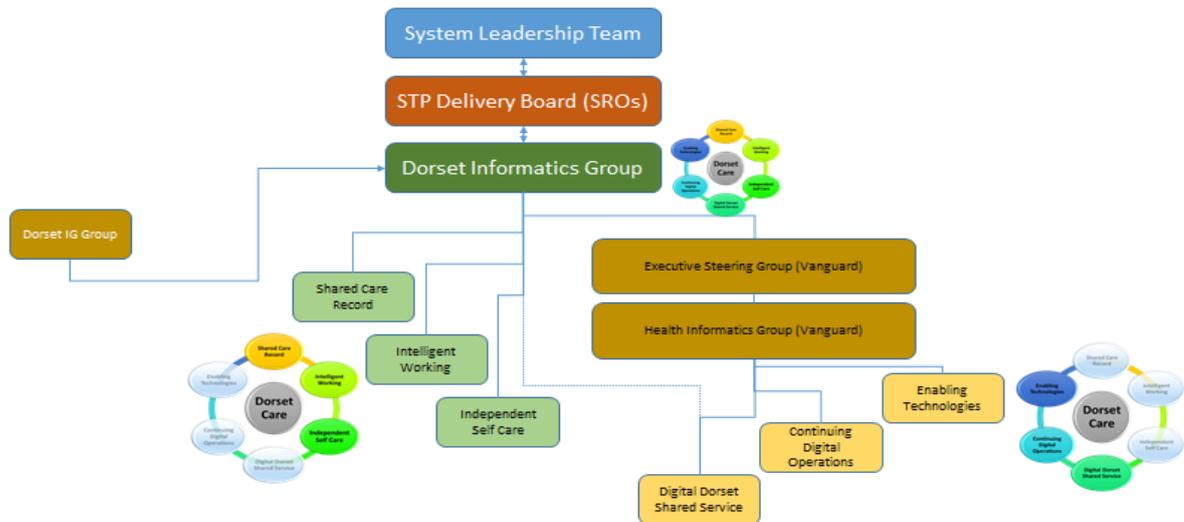


Figure 8: governance arrangements for Digitally Enabled Dorset and the Vanguard Health Informatics Programme

The existing governance arrangements of the PHFT and RBCH Informatics Strategy is shown in the diagram below and over the next 12 months, as the DED governance embeds, consideration will be given to how these two frameworks should come together

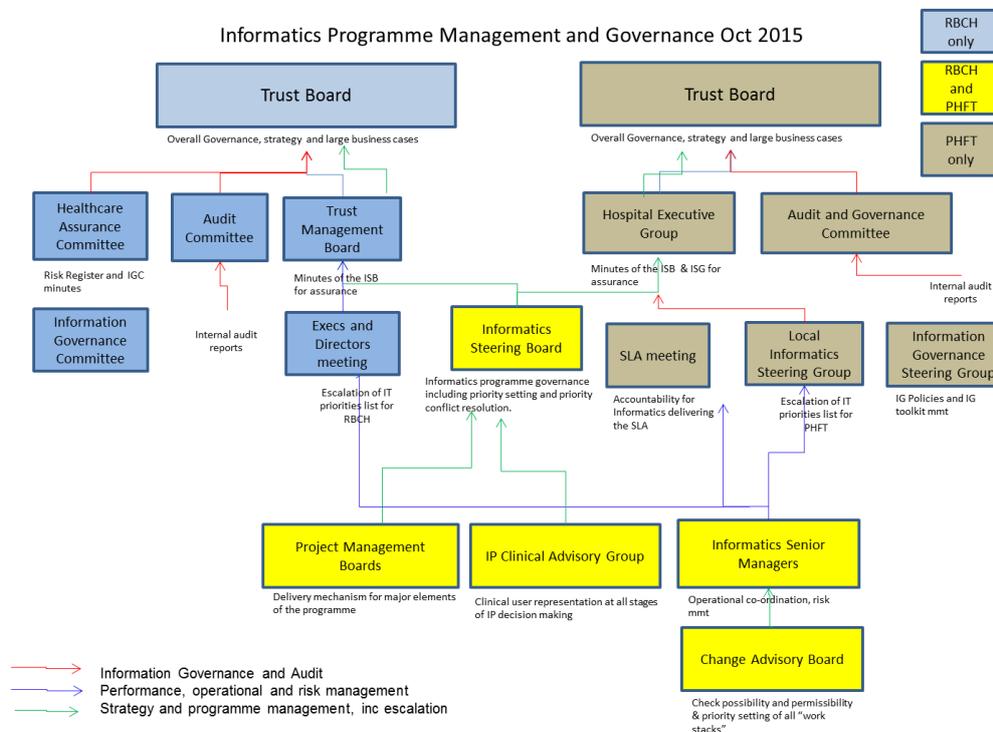


Figure 9: governance arrangements for the PHFT and RBCH Informatics strategy and work plan

5. Work naturally carrying forward for RBCH and PHFT.

In light of the achievements to date, and indeed the projects that have not yet fully delivered, and the new emerging governance arrangements within Dorset, this section answers the question “what projects must continue at RBCH and PHFT over the next 2 years?”

From this point forward it is proposed that the organisation of the strategic programmes of work RBCH and PHFT are aligned to the DED framework.

5.1. Workstream 1: Single Informatics Service

This WorkStream naturally aligns with the “Digital Dorset shared service” of the DED. The next phase of the PHFT and RBCH single Informatics function development will be to fully participate in the appraisal (via the outline business case and full business case phases) of the efficacy and options of a single Informatics service for Dorset. The published timescale is for the FBC to be presented to the SLT in September 2017.

5.2. Workstream 2: Clinical applications

This WorkStream naturally aligns with the “Shared Care Record” of the DED. There is a significant programme of Clinical Applications’ work that naturally carries forward from current strategy (i.e. business cases already approved, contracts signed or other natural follow-on implications of the current work). This programme is shown below:

RBCH/PHFT Informatics project	Rationale for continuing with this project	Contribution to shared care record programme of the DED
1. Strategic EPR for RBCH (creating a single EPR between trusts)	This is the agreed strategic solution for RBCH and significantly supported the CSR intentions. Business case approved and contract signed. The interfaces and increasing use of intelligent eforms will impact both Trusts and is crucial to the trusts achieving paperless care.	The single strategic EPR for RBCH and PHFT will be the sole contributor to the Dorset Care Record (DCR) from these 2 trusts and the DCR will be interfaced into the strategic EPR so clinical staff can seamlessly navigate between the 2 key systems.
2. Agree the strategic future for Electronic National Early Warning Score (eNEWS) and eNurse Assessments	Contracts ending, options appraisal.	Possible cost savings and system consolidation.
3. Order Communications/Results Reporting (OCS/RR)	Business Case approved, contract signed, cost Improved clinical safety and operational efficiency expected as well as a cost improvement opportunity.	All 3 acute trusts have chosen the same vendor and software for this critical system. Following the implementation of the PHFT/RBCH system they will be interfaced together which makes a significant contribution to the Shared Care Record programme of the DED.
4. Electronic Prescribing and Medication Administration (EPMA)	Business Case approved, contract signing expected July 2015, cost Improvement financial incentive as well as improved clinical safety and operational efficiency.	All 3 acute trusts have chosen the same vendor and software this critical system. Following the implementation of the PHFT/RBCH system they will be interfaced together which makes a significant contribution to the Shared Care Record programme of the DED.
5. Dorset Care Record	Significantly improve patient care between organisations within Dorset, Business Case approved, procurement currently underway. RBCH and PHFT have signed the partnering agreement and agreed the funding.	This is the main component of the Shared Care Record programme

6. Clinical Handover, patient flow, electronic bed management systems	It has been recognised that the biggest constraint on operational performance of both trusts is the management of patients flow through the inpatient setting.	
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Figure 10: work carrying forward in clinical applications

5.2.1. Underpinning sub strategy: electronic forms

The Informatics strategy has an underpinning sub strategy with respect to electronic forms (e-forms). This appraises the different current and future solutions for the electronic capture of clinical information which is currently captured manually (pen and paper). This supports the vision of moving to paperless care by the gradual erosion of paper-based document capture and the support of clinical staff going through this transition. This updates the previous medical records strategy which has now been replaced by a medical records policy and set of procedures associated with how the residual paper-based document will be maintained until such time as we are fully paperless on both sites.

5.3. Workstream 3: Infrastructure development

This WorkStream naturally aligns with the “enabling technology” of the DED. There is a significant programme of infrastructure work that naturally carries forward from the current strategy (i.e. business cases already approved, contracts signed or other natural follow-on implications of the current work). This programme is shown below:

RBCH/PHFT Informatics project	Rationale for continuing with this project	Contribution to shared enabling technology programme of the DED
Network replacement	This is the fundamental underpinning layer of all IT systems and services.	In line with the enabling technology programme consideration will be given to the management of firewalls between individual organisations networks to ensure seamless flow of patient information.
Server Virtualisation – completing the move from RBCH computer centre to the 2 computer centres at PHFT.	This project will remove the single point of failure of the RBCH computer centre and improve resilience.	The enabling technology programme will consider the strategic landscape for computer centres, expected to ultimately consolidate down to a smaller number than the current 11 between the 5 organisations.
Wifi network	To support the deployment of EPMA and order comms, ensuring that mobile staff have responsive access to the systems.	
Migrating our network connections to the “Health and Social Care Network” (HSCN) migration	The NHS National data network (M3) is being withdrawn	HSCN migration is one of the high priorities of the enabling technology programme and will be managed on a countywide basis
VoIP handset rollout	To reduce the risk of failure of the critical telephone system as a result of out of date technology	All NHS organisations are expected to move across to IP Telephony, whereupon integration will become much easier
Migration of local email to NHSmail2	This is a new project that has become necessary due to NHS Digital declaring it as a mandatory requirement	This is the national solution which will enable encrypted emails to be seamlessly sent between all parts of the NHS

Figure 11:work carrying forward in infrastructure development

5.3.1. Underpinning sub strategy: infrastructure

The Informatics strategy has an underpinning sub strategy with respect to infrastructure. This describes the forward view of the following components that together comprise the underpinning platform for all IT:

- Networking. This includes wired, wireless, Intersite links, IP addressing and VLANs, and Firewalls
- Data Centre configuration and usage. This includes optimising infrastructure investment by defining locations that offer resilience whilst being accessible to all. Crucially this describes the plan to move the RBCH-based computing and storage facilities from the single point of failure (single computer room) to the dual data centres at PHFT benefiting from this improved resilience.
- Server provisioning
- Storage. This includes local, cloud and hybrid solutions as well as data retention
- Remote Access. This includes Supplier and staff access.
- Telecomms.
- Supporting initiatives

This is maintained by the Associate Dir for IT Operations and is presented to the Informatics steering board for support, challenge and approval.

5.4. Workstream 4: Effective support

All of the elements of this WorkStream will fold into the conversation about the Dorset shared Informatics service. The work moving forward will be to ensure RBCH and PHFT are appropriately represented in all the discussions about the options appraisal surrounding the creation of a shared Informatics service

5.4.1. Underpinning sub strategy: information governance

The Informatics strategy has an underpinning sub strategy with respect to information governance (currently separate strategies per trust). These describe how each trust will achieve the nationally mandated IT security, confidentiality and data quality standards and, given the increased threats from cybercrime and increased magnitude of the possible fines from the office of the Information Commissioner are crucial for the organisations to achieve.

5.5. Workstream 5: Merger support

For obvious reasons this WorkStream was cancelled and may need to be revisited pending the outcome of the CSR consultation.

5.6. Workstream 6: Digital consumer

It is proposed that these innovations are managed under the framework of the Dorset Care Record in order that people within Dorset are presented with a consistent and single point of access for all their health and social care record accesses and transactions.

6. Indicative timeline of the major projects

An excerpt of the PHFT and RBCH submission to the Local Digital Roadmap for Dorset, is shown below. This chart shows the projects above 200k in value and how they map to the DED programme of work and in turn to the national Digital Maturity Capabilities.

National Capability Reference	DED Programm	RBCH/PHFT Project	Planned Timeline to Deploy												
			2016/17				2017/18				2018/19				
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Records, Assessments & Plans	Shared Care Record	RBCH: Migrate EPR to Graphnet Care Centric V2	C	C	C	C	C	C	C	↓	↓	↓			
		PHFT: Implement eForms (ACDs)	L												
		RBCH: Implement eForms (ImageNow, databases and custod)	L												
		Joint: Evaluate eforms and mobile EPR strategy	B/P	B/P	B/P	B/P									
PHFT: complete EDM rollout to paed			C	↓											
PHFT: GP Radiology Order Comms		C	R	R	L										
PHFT: Acute Order Comms		C	C	C	C	C	C	C/R	R	↓					
RBCH: GP Path and Rad Order Comms		C	C	R	R	L									
RBCH: Acute Order Comms			C	C	C	C	C	C	R	R	↓				
Medicines Management & Optimisation			PHFT: Electronic Prescribing and Medicines Administration			C	C	C	R	R	R	↓			
			RBCH: Electronic Prescribing and Medicines Administration									R	R	R	↓
Decision Support			PHFT: eNurse Assessment phase 1					R	R	↓					
		RBCH: eNurse Assessment phase 2 (Sepsis, Checklists, IV)	C	C	C/R	C/R	C/R	C/R	C/R	C/R	C/R	C/R	C/R		
		RBCH eNA phase 3 evaluation					↓								
Transfers of Care		Joint: Clinical Letters transmitted to Primary Care digitally	C	C	R	R	R	R							
		Joint: Dorset Care Record	B/P	B/P	B/P	B/P	C	C	C	R	↓				
Enabling Infrastructure	Enabling Technology	RBCH: replace edge switches for clinical areas					R	R	L						
		RBCH: replace edge switches for Non clinical areas							R	R					
		PHFT: replace edge switches for clinical areas							R	R					
		PHFT: replace edge switches for Non clinical areas							↓	R	R				
		RBCH: Deliver project to move the RBCH servers, storage etc to PHFT	C	R	R	R	R	R	R	↓					
		Joint: wifi network replacement			B/P	B/P	R	R	R	R	R	R	R	R	
		Joint: VOIP handset rollout to RBCH and PHFT			R	R	R	R	R	R	R	R	R	R	
		Joint: N3 to HSCN transition				B/P	B/P	R							
		Joint: Transition local email systems to NHSmail 2			B/P	B/P	C	R	↓						

Partial integration available – SSO only

Full integration available

Key	
B/P	- Business Case and procurement up to the point of contract signing
C	- Configuration and testing
R	- releases (from pilot to phased release, through to full deployment)
↓	- solution declared fully live and handed over to Operations
✓	- milestone for the achievement of a single item e.g. Strategy development
	Timescale being worked on
	Milestone achieved

Figure 12: excerpt of the local Digital roadmap showing high-level plan for Informatics projects

7. Decisions

The following decisions have been made by ISB:

7.1. Deployment scheduling:

PHFT:

- Acute Order Comms and EPMA will be deployed concurrently

RBCH:

- Neither Order Comms nor EPMA will be deployed as a standalone system and will only be deployed once the Strategic EPR is in place.
- Strategic EPR and Order Comms will be deployed concurrently
- There will then be a gap of at least 3 months before EPMA is deployed.

7.2. Work carrying forward

To continue to deploy the projects described under the heading “**Work naturally carrying forward**”

7.3. Strategy alignment

The RBCH/PHFT Informatics strategy is integrated with the Local Digital Roadmap for Dorset by aligning our strategic projects with the Digitally Enabled Dorset (DED) Portfolio

8. Further governance work

The ISB will take forward this element of governance work over the next 6 months:

To agree how the PHFT/RBCH Informatics governance integrates with the DED/Vanguard, particularly with respect to managing new requests for change and developments. The ISB would then be asked to make recommendations to the Hospital Executive Group (PHFT) and the Trust Management Board (RBCH) as per its terms of reference.

Peter Gill, Informatics director, Mar 2017