**Information Management & Technology (IM&T) Strategy, Review of Progress**

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**Purpose of the Report:** To update the Board on progress against the IM&T Strategy

**FOR:** Information ✗ Assurance ☐ Discussion and input ☐ Decision/approval ☐

**Sponsor (Executive Lead):** Jane Wilson, Medical Director

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**Risk Implications – Link to Assurance Framework or Corporate Risk Register:**

Board Assurance Framework 1.7 – To work towards paperlight using information technology and record management across the Trust.

**Legal / Regulatory / Reputation Implications:**

The Department of Health Information Strategy provides strong support for the pre-existing IM&T Strategy approved in 2011

**Link to Relevant Corporate Objective:**

1.7 – To work towards paperlight using information technology and record management across the Trust.

**Document Previously Considered By:** Executive Management Team

**Recommendation & Action required by the Trust Board:**

The Board is asked to note:

a) Progress against the strategy.
b) Progress towards an Electronic Patient Record and the further work required on Electronic Document Management.
c) That the DH Strategy, ‘The Power of Information’, provides strong support for the Trust IM&T Strategy as it mandates electronic records that can be shared with patients and their carers.
Introduction

1. This paper outlines progress against the Trust’s IM&T strategy which was approved by the Board in December 2011. In 2012 the Department of Health (DH) published its new IM&T strategy which supports the direction of travel adopted by the Trust and a brief summary is provided in this paper.

Kingston Hospital IM&T Strategy

2. This describes the Trust’s vision for IM&T:

   To use information technology to support the best possible, efficient, seamless and convenient care to patients by providing the right tools and the right information, in the right place, at the right time.

3. At the heart of the Trust’s five year strategy is making best use of the Care Records Service (CRS) and using this to develop an Electronic Patient Record (EPR). An EPR effectively means all patient data, digitally stored, accessible immediately from anywhere on site. This means, *inter alia*, information is more likely to be legible, accurate, safe, secure, and available when required.

4. We are striving to reduce the amount of paper that is generated across the Trust and move towards being a ‘paper-light’ Hospital. A major component of the Trust’s EPR will be the provision of an Electronic Document Management (EDM) system. An EDM system enables large volumes of records to be stored centrally and to be made available across the Organisation. Hospitals have traditionally implemented an EDM system to reduce the amount of paper records that need to be stored in medical records libraries, and also at off-site storage facilities such as ‘Iron Mountain’.

5. Underpinning the delivery of our strategy is a secure, robust I.T. infrastructure service that enables the organisation to both keep the day-to-day operations running and support future technology developments.

6. To deliver our aim of the ‘right information, in the right place, at the right time’ we will be working with our stakeholders in both health and social care to enable information to be accessible across care settings.

The DH IM&T Strategy

7. Published in 2012, “The Power of Information: Putting all of us in control of the health and care information we need” is the government strategy that spans public health, social care and healthcare in England. It is focused on enabling a culture of ‘no decision about me without me’. It sets out a vision in which through being able to access and share records patients can take part in decisions about their own care in a genuine partnership with professionals.

8. The vision is also for connected information enabling safer, more joined up care. It is to record and collect high quality data in health and care records for the primary purpose of ensuring the receipt of high quality care, to link records and data electronically and to share it appropriately.

9. The focus is on ‘doing what can only be done centrally’ (e.g. standards to allow different systems to communicate with each other, providing national infrastructure like the Spine), but otherwise ‘getting out of the way’ so that others can innovate. The strategy does not include large-scale information systems, nor does it describe detailed mechanisms of delivery, preferring to advocate a route map and promoting flexibility and local innovation.

IM&T Business Plan

10. The IM&T business plan sets out the key elements required to support delivery of the IM&T strategy. Produced annually, following a supply/demand prioritisation exercise, this summarises the projects the Trust aims to deliver, the benefits and their relative priority. Significant work has gone into developing the plan for 2015/16 and whilst demand continues to outstrip supply we are carefully balancing ‘business as usual’ needs versus ‘development projects’.

Kingston Hospital NHS Foundation Trust – Trust Board – July 2015
Overview
11. Our CRS focus in 2015/16 is;
   i. To achieve an orderly, controlled exit from the current BT data centre and transition across to the new service provided by Cerner.
   ii. To complete a code upgrade of our system to ensure we have the latest version of software which will allow outstanding fixes to be implemented. The upgrade also provides a better “look and feel” and give us the opportunity to use mobile devices across the Trust. This upgrade will provide bedrock to develop our EPR over the coming years.
   iii. Following our completion of in-patient e-Prescribing and Clinical Documentation in March 2015, we recognise the need to support the staff in achieving competencies in administration of medications, and develop and nurture a champion user network to provide advice and guidance on wards, as and when needed. We also want to develop examples of good practice and share this across the Trust.
   iv. Our successful bid to the Nurse Technology Fund means that we will be able to connect a number of medical devices to our CRS, and this will be piloted in September. We will also trial a SEPSIS alerting system initially in A&E and AAU, and then roll-out to the outreach support Team by March 2016.

12. Our Picture Archiving and Communication System (PACS) London Programme for IT contract was due to end in July 2015 and we successfully moved to a new service by the end of June.

13. We will complete our project to grow our services into the community by connecting our outreach sites and providing clinicians with access Kingston Hospital systems (such as CRS or Radiology) with a look and feel that is familiar to them.

14. The I.T. infrastructure (networks, servers, desktop’s) requires ongoing investment to ensure a secure resilient platform for all our services. The replacement of end-of-life network equipment and upgrade to servers dominates the plan. For a three year period from 2015/16 we will increase our proportion of spending on the infrastructure, from the I.T capital budget, to address areas such as ageing desktop PC’s

15. The Trust will need to make a decision whether to remain with the current local email system or move across to the National ‘NHSmail’ offering. This is a difficult choice as the current solution is well embedded, supported and functionally rich, whilst the central offering crucially provides a means to communicate securely between health and social care. An options appraisal will be completed by the end of the year to assist the decision makers.

16. As a key stakeholder in the South West London Pathology service (SWLP), the plan supports the aim to move combined blood sciences to the central hub at St Georges and allow clinicians to view Pathology results across the sector (St Georges, Kingston and Croydon)

Progress Report
17. Good progress has been achieved against our plan:
   i. CRS Clinicals Phase 1, which includes the first tranche of clinical documentation and e-prescribing, has gone live.
   ii. The plan to exit from the National Programme for our CRS is on-track and we will transition to the new service on the 8th/9th August. This requires a window of 12 hours downtime, and therefore we have arrangements in place to minimise the disruption to the business over that weekend.
   iii. We took another step toward e-Prescribing across all areas of the Trust by implementing Chemotherapy Prescribing in our Haematology Day Unit. This leaves Outpatients and Paediatrics to complete.
   iv. Our PACS system replacement includes a Vendor Neutral Archive (VNA) and enables us to store images from other sciences (e.g. from Ophthalmology, Cardiology) and make them available to clinicians across the Trust.
v. We have delivered against the agreed plan for our community outreach sites.

vi. Our wireless network has enabled the use of mobile devices across the Trust and ‘Workstation’s on Wheels’ are rapidly becoming the preferred choice for staff to support e-prescribing and clinical documentation.

**What does this mean for delivering our EPR?**

18. Overall there has been good progress, particularly around the Trust’s journey to “paper-light”:

i. We have completed in-patient e-Prescribing and CRS now provides a good deal of clinical documentation.

ii. GP order communications for Pathology and Radiology is widely available across Kingston and the surrounding boroughs, and we continue to deploy this service to as many GP’s we serve.

iii. Digital Dictation has helped to remove paper from clinics, put clinic letters onto CRS, and deliver correspondence electronically to GPs;

iv. Our Docman system sends discharge summaries to GP’s electronically and will help to support CCG targets.

19. The SWLP portal has demonstrated a technical means of providing ‘the right information in the right place at the right time’ for clinicians. The portal approach opens up a host of opportunities to allow information to be accessible, in a secure way, to patients.

20. The implementation of an EDM System requires careful planning as the capital investment required is significant in the first 3 years (circa £6m). Savings over a 10 year period are attractive, but the organisation must completely buy-in to the project to ensure the benefits are delivered. We have identified a number of approaches to scanning medical records including ‘bulk-scanning’ all records (timely and costly) versus only scanning active records (less cost, but leaves a residual number of paper records). We do not have an EDM solution in our plan at this stage pending an options appraisal for consideration.

**Other challenges**

21. Our annual business plan requires I.T. technical resources from within the Department and this creates a tension between project delivery and ‘business as usual’ activities. The balance between competing priorities is a challenge to maintain, and there are emerging threats such as Cyber Security which will require additional knowledge and skills to manage. The I.T infrastructure is growing and technology is developing at a rapid rate, and over the coming years a significant part of the I.T. capital plan will be required to ensure we keep the operational services in the Trust running efficiently.

22. Recruitment and retention of I.T. staff continues to be a challenge. Highly skilled technical staff in areas such as networks and servers are in short supply, and we have to compete against commercial companies who offer better salaries and more attractive packages. Traditional recruitment routes such as NHSjobs have proved largely unsuccessful and we often have to use agencies to source candidates with an accompanying finders-fee. The Agenda for Change framework makes it difficult to be flexible and therefore we have to look at other ways of recruiting and retaining staff; these include:

i. Offering technical certification packages for staff with the recognition that we may keep them in the short-term, but train them with skills to leave the organisation.

ii. Recruitment and retention premiums

iii. Partnerships with companies such as QA, who support apprenticeship schemes.

iv. Focus on developing the softer skills for staff (e.g. influencing, engaging) and move regular 1-1s to a conversational or an ‘appreciative enquiry’ style.
v. Looking inwards in the organisation to identify staff with potential who could move across to I.T. We need the right people with the right skills – we can teach them the technical/service aspects.

23. The current I.T. strategy runs through till 2016, so work will commence on creating an updated, refreshed strategy in the coming months. The “NHS 5 Year Forward View” (October 2014) and the “South West London 5 Year Strategic Plan” (June 2014) will help to shape our direction of travel alongside our own local imperatives. Key themes from the plans point to ‘key systems that provide the electronic glue which enables different parts of the health service to work together’ and a fully integrated health record which patients will have access to and be able to write directly into their record. This hints at standardisation, better sharing of data between care settings/providers and a patient will have access to their record via a GP/Portal.

**Recommendations**

24. The Board is asked to note:

a) Progress against the strategy.

b) Progress towards an Electronic Patient Record and the further work required on Electronic Document Management.

c) That the DH Strategy, 'The Power of Information', provides strong support for the Trust IM&T Strategy as it mandates electronic records that can be shared with patients and their carers.