

## INFORMATION MANAGEMENT AND TECHNOLOGY (IM&T) STRATEGY

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## **1. INTRODUCTION**

- 1.1 In August 2011 the Somerset Partnership NHS Foundation Trust integrated with Somerset Community Health to become a provider of community, mental health and learning disability services, employing more than 4,000 staff providing services in community hospitals, mental health wards, GP surgeries, dedicated clinics and in patients' homes across Somerset.
- 1.2 Since this time the Trust has developed, in partnership with its Council of Governors, staff and key stakeholders its mission, vision and values, and six strategic themes to help fulfil its vision to become the leading provider of community-based healthcare.
- 1.3 From the outset it was recognised that a further Phase 2 Integration Project could be required to fully realise the opportunities and potential benefits of bringing together community and mental health services within one organisation. The Trust is now in a position to proceed with a further level of full service innovation and integration for implementation in April 2015.
- 1.4 The focus of Phase 2 Integration on delivering personalised care as close to a patient's home as possible has wide-ranging implications for healthcare delivery in an increasingly technology-based environment. This is a particular challenge in a rural county like Somerset with limited connectivity for mobile IT solutions.
- 1.5 As integrated health services develop, there is an increasing need to ensure that IT systems are more interoperative (i.e. that information can be shared between systems and organisations more readily) and this approach has been further supported by the findings of Dame Fiona Caldicott's review of the Caldicott Principles – and the addition of a seventh principle: The duty to share information can be as important as the duty to protect patient confidentiality
- 1.6 In addition, the recommendations of the Robert Francis' Inquiry into the failings at Mid Staffordshire NHS Foundation Trust included a commitment to all patients having an accessible electronic patient record to which the Trust will also need to respond.
- 1.7 The Somerset Partnership's Information Management and Technology systems have a major role to play in enabling the Trust to deliver against its vision and strategic goals. This strategy sets out how the Trust will develop those systems over the next five years and how IM&T will be aligned to the Trust's strategic direction.

## **2. THE NEED FOR CHANGE**

### **The need for a new service**

- 2.1. In April 2013 the Trust took direct control of management of its own IM&T systems, including IT support services, project management,

application development and clinical systems support. The Trust had previously outsourced the service to the former Somerset Health Informatics Service.

- 2.2. The decision was taken following a detailed review of the service which was found to be too acute-focused and insufficiently responsive. Support for users and IT systems was reactive and uneven. The IT equipment fleet was also found not to have been managed effectively as the asset base had not been maintained accurately.

#### **The need for capacity and flexibility**

- 2.3 The national IT contracts used by all Somerset NHS trusts, including Somerset Partnership, have proven on the whole to be inflexible and at times a barrier to progress. N3, the national NHS wide area network (WAN), that the Trust depend upon for inter-site network links, is mostly low-speed and upgrades are comparatively expensive for the Trust. The Trust has had requests for improvement rejected by the service provider.
- 2.4 The capacity on the existing Somerset Partnership N3 estate is now inadequate for the existing infrastructure and future IT developments, increasing file sizes, video imaging, and data retention obligations will be severely hampered by the lack of available bandwidth. This is further hindered by systems such as PACS/RIS (digital x-rays) where the deployment of new systems has not been adequately tested on the infrastructure, and has stretched the N3 system even more.

#### **The need for investment**

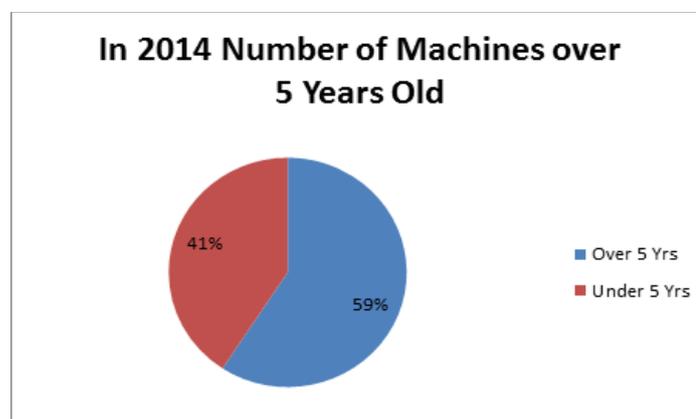
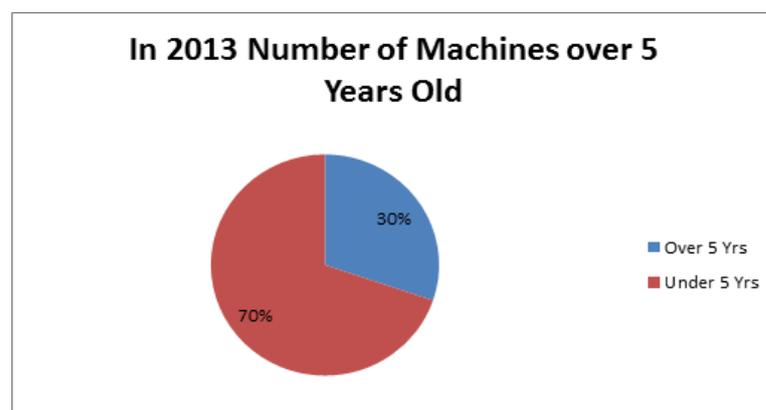
- 2.5 The Trust has not historically ring-fenced funding for replacing personal computers (PCs) at the end of their maintainable life and therefore the Trust has been reliant on second-hand PCs generated by the GP refresh programme to supplement its IT estate.
- 2.6 The acquisition of community health services in August 2011 exacerbated the mixture of equipment, much of which is old and of low specification. This hardware will not support the Phase 2 Integration plans to modernise and streamline operations. These plans will require the very latest in healthcare technology to enable the development of new and innovative services and simplified care pathways.

New and redeveloped systems such as PACS/RIS, Epro, and digital dictation software have minimum specifications for PC requirements far higher than the existing PCs deployed by the Trust. The service developments implemented by the acute trusts for staff working in community hospitals are therefore having a significant impact on our finances and IT workloads.

- 2.7 The Trust took part in the NHS Benchmarking Network's recent project to review the provision of corporate services, including IM&T. Data showed that Somerset Partnership had the tenth lowest total cost per user, out of 68 organisations contributing data, with a cost per user at

just over half the median value. The Trust also had the ninth lowest cost for network management, maintenance and user support, out of 60 organisations contributing data, with a cost per user of around a third of the median value, and the fifth lowest cost per user for IM&T systems and products, out of 54 organisations contributing data, with a cost per user of around a quarter of the median value. Preliminary analysis of other comparative data indicates that Somerset Partnership's current information technology expenditure of around £2.8m is less than the national average.

There has been a limited investment in a service that is important to the effective running of the Trust for many years. This is demonstrated by the diagrams below which show the proportion of IT estate over five years of age.



- 2.8 In 2012 the Trust Board approved investment in its electronic patient record system (RiO) to roll the system out into community health services. This investment has improved IT governance and communication. While this has been a straightforward process where teams are based in Trust buildings, the Trust has significant challenges with those teams working around the county in a wide variety of locations such as patients' houses, children's centres, schools, and GP surgeries. These pose challenges around effective connectivity (since hosting agreements are not always in place with stakeholders and mobile phone based data networks are poorly covered across Somerset.

### **The need to support staff**

- 2.9 Data input into the IT systems is done mainly through the traditional keyboard and mouse. From the recent roll out of RiO it is clear that the lack of effective mobile equipment has impeded staff inputting into the system. At present, the scanning of documents is also becoming more important and is proving difficult to perfect.
- 2.10 There are different methods of scanning used in mental health and community services; within community services the equipment used also varies in form and function. The mental health scanning method is aged and no longer supportable and documents only appear on RiO the next day. The community method is bureaucratic for the user, but does result in the document being available on RiO immediately.

### **The need to improve working efficiency**

- 2.11 The Trust's IT estate consists currently of straightforward server based file and directory structures, a number of clinical and administrative systems headlined by RiO and Microsoft Exchange (the email system), desktop PCs and laptops and an intranet. These systems have grown organically over a number of years and have little interoperability (i.e. the systems work in isolation). The number of individual systems further increased following the acquisition of Community Health Services.
- 2.12 The methods of team working and inter-team working have led to duplication not only of the files themselves but also with the business processes of which they are a part. Version control is inevitably a problem. New or revised workflows are not easily adopted as there is no flexible technological solution in place to underpin and simplify their development. Processes are developed in isolation and there are consequently inconsistencies across the Trust within similar services.
- 2.13 Maintaining an effective and efficient collaborative flow of information between managers, human resources, and other central services is also often subject to disruption or halted as the workflow is based on paper systems with no overall owner or automated triggers to ensure that tasks are done at the right time by the right people. For example starters to the Trust often find their IT accounts and working IT environment may not be ready on their commencement of service, managers routinely send the same information to different areas within central services.

### **The need for change**

- 2.14 All of these factors mean that the Trust needs to review its approach to IM&T and this strategy sets out the proposals to develop services and systems to address the need for change.

### 3. OBJECTIVES

- 3.1 The overall aim of this strategy is to give Somerset Partnership **“Smart IT”** = enabling the organisation to deliver

**“High quality patient care through new flexible ways of working enabled by technology”;**

a philosophy of **“Do it once, do it right”**.

### Aligning this strategy to the Somerset Partnership strategic themes

Trust's key strategic themes	IM&T objectives	Actions
Service Delivery	<p>Revolutionise the network infrastructure</p> <p>Establish an adequate PC estate</p> <p>Enrich information management</p>	<p>To achieve the modern, integrated IT systems that the Trust needs we must start with the basics i.e. the network infrastructure on which the Trust's and partner organisations IT and communications systems run. N3 is no longer fit for purpose and its replacement remains unclear. Ideally we would seek a secure and high speed Trustwide WAN that can deliver high volume data throughput and allow a first class IT estate to operate at an optimum level.</p> <p>A plan has been devised to eradicate the deficiencies in the 3,300 item PC estate by fast-tracking the replacement of the worst of the equipment over the first three years, with a total refresh to new devices to be completed by the end of 2019. This means that by the end of 2017 90% of the IT estate will be less than five years old. From that time on a standard refresh of 20% of the equipment each year will give a solid, fit for purpose PC environment. Those PCs not due for replacement in the first rounds will have their RAM upgraded to bring them up to the required minimum standard. 43% of the estate still runs on Windows XP, Microsoft support for Windows XP ended in May 2014 leaving this hardware at risk until upgraded or replaced.</p> <p>The Trust has to interact with its health and social care providers across the county. Traditionally we have shared information by letter, fax and phone. By working with our partners the acute hospitals,</p>

Trust's key strategic themes	IM&T objectives	Actions
	Phase 2 Integration	<p>GPs, CCG etc. the aim is to expand on electronic messaging and system interoperability between us, to speed up the transmission of patient information so that patient safety is ensured as everyone is in the loop, and that a patient's care pathway is clear to those delivering the service.</p> <p>The IM&amp;T service will work in partnership with operations and service managers to deliver their plans for the Phase 2 integration of services. In collaboration with clinicians and operational services, there will be an on-going programme of revising and improving the RiO configuration to ensure it supports the integration of services and assists clinicians. Working processes will be further improved by introducing a system such as SharePoint to facilitate revised workflow and information sharing, and by integrated smarter communications systems.</p>
Quality and Safety	<p>Deliver the recommendations in the Francis Report</p> <p><i>Accessible electronic patient record</i></p> <p><i>Reduce unnecessary</i></p>	<p>The Patient Portal is an exciting tool that will allow patients to access a bespoke view of their RiO patient record from home. They will be able to view their care plan, medication, make regular self-assessments and appointments, receive advice and feedback from their clinicians, and communicate direct with the care team, and should prove a valuable resource for patients and their clinicians alike.</p> <p>A solid and well thought through electronic patient record system</p>

Trust's key strategic themes	IM&T objectives	Actions
	<p><i>bureaucracy</i></p> <p><i>Revolutionise record management</i></p>	<p>brings a wealth of aids to the clinicians and their patients. Patients will no longer need to repeat assessment information to clinicians, and having access to a complete integrated record will improve patient safety and clinical decision making, freeing up time to spend on patient care. Assessments should be constructed to record relevant clinical data once, and allow central reporting of information, thus reducing the onus on frontline staff to report.</p> <p>In addition to the work undertaken with the rollout of RiO to community services the Trust have identified the need for document management within RiO; the implementation of which will also bring further opportunities to streamline clinical and central services through improving administrative and business processes initially within HR and central services.</p>
Culture and People	<p>Support the Trust to become the employer of choice for the next generation</p> <p>Sustainability</p>	<p>Breakthroughs in the technologies available to people in their everyday life such as tablets, smart phones, and cloud data storage etc. all of which interact to give the user an exciting and stimulating experience have not yet been brought into the Somerset Partnership's IT environment. This is not the case across all organisations and there is a growing expectation, particularly from the younger staff, that the IT provided by the Somerset Partnership will be modern and fit for purpose.</p> <p>Reducing the need for staff to travel by providing remote working, WebEx, and the ability to work anywhere, will cut the carbon footprint of the Trust. We will build into our tender specifications for things such as the Managed Print Service an obligation to minimise the</p>

Trust's key strategic themes	IM&T objectives	Actions
		<p>impact on the environment, and actively seek well thought through innovations in this area.</p>
Innovation	To promote innovation in IM&T	<p>Working with smart IT systems will streamline and standardise processes for clinical and central services.</p> <p>The introduction of mobile solutions will replace the need for staff to capture data on paper that is then transcribed should allow us to cut through the business processes and allow the clinicians more time for patients. An example of this would be improving our data capture using modern technology appropriate to the clinical need such as:</p> <ul style="list-style-type: none"> <li>• tablets;</li> <li>• smart scanning that sends documents direct from the device into patient records on RiO;</li> <li>• RiO on mobile devices;</li> <li>• digital dictation.</li> </ul> <p>The need to travel to meetings or to access our systems will be reduced by providing the ability for staff to work from anywhere on our estate, from establishments with internet access, and from home.</p> <p>A high capacity WAN will allow the use of videoconferencing and WebEx shared working and training.</p>

Trust's key strategic themes	IM&T objectives	Actions
		<p>Document Management Systems such as SharePoint can be used to automate workflow between staff, teams, and services, ensuring that the right activity is requested from the right staff at the right stage of the process. Where this collaborative and highly efficient working practice is deployed it would be expected that staffing efficiencies could be made.</p> <p>Standardisation onto a reduced, but smarter system estate will allow greater inter-operability and bring interaction between the data sources providing enhanced information. Managers should be able to access clear, concise, and focussed patient and other information in the form of dashboards and management reports, enabling increased performance across the Somerset Partnership.</p>
Viability and Growth	To support the Trust to continue to grow its business	<p>Our proposed infrastructure and developing IT systems will allow us to incorporate new services quickly from within and outside the Somerset Partnership.</p> <p>In conjunction with operational services we will set out the ideal IT equipment required for the staff teams so are able to work optimally. In addition setting the appropriate level of access to our IT systems is to be reviewed which will allow us to standardise and simplify user access and who can see and modify our data.</p>

## 4. THE STRATEGY

### **Building on our unique RiO system**

- 4.1 The government's response to the Francis Report indicated that patient records should be paperless by the end of 2018. Somerset Partnership NHS Foundation Trust has traditionally been well ahead of these developments by operating RiO as a paper light system in mental health for many years (the requirements of Mental Health Act paperwork has been a barrier to being totally paperless). The roll out of RiO into community health services is now well advanced. The remaining services, such as community hospital inpatients and minor injury units will transfer to RiO by the end of May 2015.
- 4.2 Rolling out RiO to community hospitals started in South Somerset in September 2013 and the development of a minor injury unit module will commence along with the upgrade to RiO version 7 in 2014.
- 4.3 Pilots for mobile devices such as RiO Store & Forward, netbooks and tablets are underway, and are expected to transform the data input of services such as district nurses and health visitors. As the use of mobile devices becomes more common across the Somerset Partnership, we will develop applications with clinicians to meet their specific needs.
- 4.4 The rollout of e-prescribing has been hindered by the lack of a business continuity solution should the live system become unavailable. We expect a solution to this problem during 2014.
- 4.5 The rationalisation of clinical systems is vital to our ability to produce records for patients that are accessible across the clinical services of Somerset Partnership. This work is concentrated currently on the transfer of community hospitals from the acute hospitals' PAS.

### **Revolutionising technology delivery – always in touch**

- 4.6 Providing services across the whole of a rural county like Somerset means our staff spend a lot of time travelling both to see patients and for other operational reasons. On the whole, while travelling, they are out of reach of our network and they must return to base to access the systems they need for their work.
- 4.7 We will seek to offer a range of solutions to minimise the down time staff experience currently while away from base including offering:
- the capability for off and online working;
  - the capability to work from any Somerset Partnership location or home;

- access to mobile devices – tablets, RiO Blackberry, store and forward, etc.;
- the use of intuitive technology;
- automatic expenses claims through a mobile application;
- thin clients (where the software is run on the server thus lowering the specification needed on the local device and load on the network) to reduce cost of ownership;
- continuous application review to ensure that services are using the correct application to deliver the service appropriately and efficiently as possible and to give the best possible patient experience.

4.8 These solutions will also help to reduce the risks in relation to information security for those delivering healthcare in the community.

#### **Revolutionising communication**

4.9 If the Trust is to work more effectively across services, the way we communicate needs to move away from the antiquated systems in place currently. Voice Over Internet Protocol (VOIP) phone systems for example use computer networks instead of phone lines. Being digital in nature, they can have functionality that the old analogue systems lack such as the ability to take your number and voicemail between desks and sites. Staff will be able to log off the system in one site, and log in with their own number and pick up their messages in another. They also offer free calls over the WAN, and mean that if a site goes down through power outages for example, the main numbers could be transferred quickly elsewhere to keep continuity of service.

4.10 With an upgraded WAN the Trust will be able to offer:

- WebEx - providing on-demand collaboration, online meetings, web conferencing and videoconferencing applications;
- e-learning saving the need for trainers or trainees to travel to courses as video and e-learning packages can be delivered directly to the users' desktops;
- intranet, internet, extranets.

#### **Guaranteeing access to clinical systems through improved resilience**

4.11 The new Bridgwater Community Hospital has enabled the Trust to improve radically its business continuity planning to bring enhanced resilience for IT Systems.

- 4.12 The first stage of this will be to replicate the RiO system at the hospital so, should the system be lost at the primary site (Foundation House, Taunton), then the back up at the hospital could be brought on line in a number of hours.
- 4.13 The next stage, following the proposed WAN upgrade, will be that the systems on the two sites work as one, and should one be lost, then the other will take on the load without the users being aware that something has happened.

#### **Revolutionising information delivery**

- 4.14 Changing the way our partners and patients access information away from a paper based model, to match the modern trends of accessing via electronic means:
- enabling patients to view parts of their records via the internet and to feed information directly into their own clinical record;
  - expansion of electronic messaging to enable sending of client information across health and social care organisations;
  - allowing primary and social care to see data held on RiO, via a bespoke view;
  - working with local health providers to develop systems to share key patient data in real time.
- 4.15 Standardising the clinical and central services systems, building in interoperability and efficient data capture will allow us to transform the way data is collected, and consequently the quality and availability of the information our systems produce. This will improve:
- Ward to Board assurance;
  - Patient Safety;
  - reducing organisational risks;
  - access to performance information at all levels;
  - information quality;
  - planning processes and decision making;
  - real time reporting.
- 4.16 Making data available to managers and clinicians via reports directly on RiO to improve data quality, management reporting, and patient safety.

The Information team are working with services to help them understand their reporting requirements.

4.17 The Trust will continue to review of the data quality of all the current nationally mandated datasets working with the system providers to ensure the Trust is submitting accurate and validated datasets.

- Secondary Uses System (Inpatients, Outpatients and A&E);
- Mental Health Minimum Dataset;
- IAPT Dataset.

There are also a number of new nationally mandated datasets that will need to be submitted by the Trust in the future:

- Community Information Dataset;
- Children's and Young Peoples IAPT;
- Children's and Young People's Health Services Secondary uses data set;
- Children's and Adolescent Mental Health Services Data Set.

#### **Providing proactive IT support**

4.18 The Trust's IT service will support these initiatives through a proactive culture, taking the initiative in the way the IT support service assists staff across the organisation. IT technicians will work from our main sites on a weekly basis, following a philosophy of being where the user is working, and will handle any outstanding calls for that site. The service will be highly visible to the users on site that day so that they can get things fixed, give advice, guidance, and discuss future requirements by attending team meetings or talking with managers. Issues will be reported back to the senior IM&T Management Team for action.

4.19 The service has already improved the data captured when dealing with calls, and the analysis of this data will give trends in the incidents that are arising. Over time, this information will speed up the resolution time and identify permanent solutions, reducing the number and resolution time of incidents. This results in less downtime and less disruption to critical systems.

## **5. IMPLEMENTING THE STRATEGY**

5.1 The plans for the rollout of RiO within community health services are well established. The Trust will need to work closely with CSE Healthcare as new functionality and software versions become available.

### **Projects Approach**

- 5.2 The Trust will utilise Project and Programme Management expertise from the in-house team.
- 5.3 There will be a separate project team for each system implementation, which will be made up of technical experts and end users, and will be chaired by the appropriate project manager, the Head of IM&T, or the Systems Manager.
- 5.4 Business process analysis will be applied and there will be close working with operational teams to ensure best practice and bespoke workflows are created.

### **Communications**

- 5.5 The importance of good communications with all Trust staff throughout the delivery of the programmes will be of paramount importance. Routine project updates will be distributed through the normal channels and, if appropriate, departmental “champions” will provide two-way communication between those who will be using the new systems, and the project boards.
- 5.6 Frequent briefings and easy access to the project team by staff will ensure that processes and benefits are understood. The communications plans will be an integral part of the project planning process.

### **Benefits**

- 5.7 Having access to modern, faster, mobile IT equipment and infrastructure will support the Phase 2 Integration and have substantial benefits for all staff and patients. This, together with the implementation of RiO, will provide the opportunity to have truly a contemporaneous and complete patient record improving patient safety and patient care.
- 5.8 The introduction of mobile working to community services has brought more efficient and effective working practice and cash releasing savings. The Department of Health’s mobile worker project (2011) concluded that significant increases in productivity could be achieved by using technology. One of the pilot sites saw contacts by community nurse’s increase by 142% and time spent with patients increase by 104% following the deployment of mobile devices. Some sites found journeys could be reduced by 11% and time spent travelling was reduced by up to 33%. Staff reported having more confidence at the point of contact with the patient due to having more up to date clinical information.
- 5.9 Another pilot with the Northern Devon Healthcare Trust has generated £750,000 savings in the first year of rolling out mobile working to their 800 community health professionals and the Trust has identified a further £500k of savings around planning and resourcing.

- 5.10 A Value For Money template was submitted as part of the Trust’s successful Safer Hospitals, Safer Wards Technology bid, which used a modest saving of 8% nursing costs through planning and care time; 5% reduced costs for admin time, 13% saving on travel and the elimination of expensive printed hospital documentation. The Template predicted a saving of over £16m over the eight year period. These have been used in the IM&T strategy financial implications.

**Risks**

- 5.11 The Trust currently holds the following risk on its Assurance Framework:

“The Trust fails to develop its information and technology systems to meet the changing demands of clinical and healthcare delivery which creates barriers to effective working and potential patient safety concerns”

- 5.12 There are a number of significant individual risks which this strategy seeks to address:

Risk	Likelihood of risk	Impact of risk	Rating
Failure of PCs over five years old	5	3	15
Poor performance of current network	5	3	15
Failure of current server environment	3	4	12
Lack of mobile equipment impacting on clinical performance	3	3	9
Transfer of costs to the Trust of new N4/Public Service Network	3	5	15
Final EWA reconciliation & shortfall of licences	3	4	12
Resource shortfalls for equipment roll out	3	2	6
Technology does not deliver expectations	3	3	9

- 5.13 Failure to implement the strategy in full or in part will require alternative mitigation of these risks.

**Financial Implications**

- 5.14 The RiO Business Case to invest a total of £3.7m in IT and RiO over five years in order to roll out an integrated electronic patient record to the newly acquired community health services was approved by the Board in February 2012.
- 5.15 The business case included the desire to implement RiO in the thirteen community hospitals but funding was only available and approved at that stage for community services. Nineteen community health services went live with RiO between September 2012 and May 2013 improving patient safety by giving staff access to one care plan, shared risk and referral information. This has been followed by a RiO Community pilot in three South Somerset Hospitals.

- 5.16 The transfer of the elements of shared Informatics Service in-house from 1 April 2013 increased the capacity and responsiveness in all areas of IM&T and increased our total revenue spend to £2.1 million.
- 5.17 Further funding is required if the Trust is to deliver the ambitions and benefits set out in this IM&T strategy. The tables below show the additional revenue and capital spend over the next five years.
- 5.18 Individual business cases will be prepared for mobile working and infrastructure improvements detailing benefits realisation and the rationale for change and investment.

#### 5 Year Revenue Plan Proposal

	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
	£'000	£'000	£'000	£'000	£'000
<b>Additional non-pay (Appendix A)</b>	166	257	317	377	587
<b>Additional Depreciation</b>	269	668	919	1,159	1,367
<b>Additional Capital charges</b>	87	111	123	127	112
<b>Total Additional Revenue costs</b>	522	1,036	1,359	1,663	2,066
<b>Cash releasing savings (VFM template)</b>	(2,045)	(2,045)	(2,045)	(2,045)	(2,045)
<b>(Savings) /Additional Revenue required</b>	(1,523)	(1,009)	(686)	(382)	21

#### 5 Year Capital Plan Proposal

	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
	£'000	£'000	£'000	£'000	£'000
<b>Agreed Capital Plan to date</b>	784	709	785	665	-
<b>Revised Capital Plan (Appendix A)</b>	2,757	1,353	1,255	1,288	923
<b>Additional Capital Required</b>	1,973	644	470	623	923

- 5.19 The implementation of the recommendations outlined in this IM&T strategy will require an additional investment of £4,633,000 capital and £6,926,000 revenue over five years. Although significant investment is required, the implementation of modern IT equipment and infrastructure will realise substantial benefits for staff, patients and the organisation. These could be in excess of £10,225,000.

## **6. RESPONSIBILITIES**

- 6.1 The overall responsibility for IM&T rests with the Chief Executive. This is managed on a daily basis by the Head of Information Technology in association with the Director of Finance and Business Development.
- 6.2 The Board has responsibility for agreeing the strategy and ensuring it is appropriately monitored and reviewed.
- 6.3 The Director of Finance and Business Development has the executive lead for ensuring this strategy is followed, reviewed and updated as necessary.
- 6.4 The senior IM&T management team has responsibility for ensuring the implementation of the strategy, and providing professional leadership for the development and delivery of the action plan. This will be managed through the weekly Senior IM&T Managers' meeting.
- 6.5 All Executive Directors, Heads of Division and Heads of Services have a responsibility to support the strategy.

## **7. MONITORING EFFECTIVENESS**

- 7.1 An annual IM&T work plan will be developed to support this strategy and to monitor its objectives. This work plan and progress against it will be reported quarterly to the Caldicott and Information Governance Group and regular reports will be provided to the Trust Board.
- 7.2 Each major work strand will be project lead, and the benefits assessed.

## **8. EQUALITY IMPACT ASSESSMENT**

- 8.1 The Trust is committed to communication that is respectful and accessible to all, including the nine protected groups defined by the Equality Act 2010 and the further protected group of those with Learning Disabilities added by the Trust. This means supporting the different needs of individuals and groups with easily obtainable communications available in other languages, symbols or formats and reasonable adjustments to support working or access to services.
- 8.2 If an individual, or any other groups, believe they are disadvantaged by anything contained in this document they are requested to contact the Document Lead (author) who will then actively respond to the enquiry.

## **9. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS**

9.1 This document supports the following national policies and documents:

### **Transforming Community Services**

The key to improving Community Services is the availability of information in the form of locally and nationally comparable data, to inform commissioning decisions and the management of services.

The Community Information Programme (CIP) supports the DH Transforming Community Services (TCS) plan. One of the CIP's main aims is to encourage national adoption of mobile working in support of the collection of standardised data items for community services (the Community Dataset), allowing local and national data collation and comparison for the improvement of service quality and service provision.

### **DH Information Strategy**

It is anticipated that 'electronic data capture at the point of care' will be a significant theme within the strategy due to be published in 2012. Mobile working is key to ensuring that data can be accessed, collected and collated in a fast, secure and consistent manner by community services healthcare professionals.

### **Government ICT Strategy: Smarter, Cheaper, Greener (2010)**

Outlines and reinforces that the time is now right for the public sector to exploit ICT services and systems to enable organisations and services to meet the challenges they face. Not least the global economic downturn of 2008/09 which will have long term ramifications for market structures and investment models, leading to greater pressure for efficiency and savings.

### **Quality, Innovation, Productivity and Prevention (QIPP)**

Mobile working strongly supports the QIPP strategy. QIPP emerged from the Department of Health as part of the drive to increase efficiency and improve services within the NHS whilst reducing costs to make £20bn savings by 2014/15.

### **A strategy for the Health and Social Care Information Centre 2013-2015**

Data, and the information and knowledge that flow from it, all underpin the delivery of modern health and social care services. The delivery of safe, high quality care is dependent on shared electronic records which provide data to support the planning and commissioning of cost-effective services.

### **The Power of Information: putting all of us in control of the health and care information we need**

Information and technology are changing almost every aspect of life and encourages positive changes to the way we live. This strategy embraces change and marks a shift in the way information must drive

better health, care and support – to improve the experience, quality and outcomes of health and care services, putting people at the heart of care.

### **Making the NHS more efficient and less bureaucratic**

By 2015 the Department of Health wants all hospitals to be keeping patient records electronically rather than on paper, so staff only need to collect and record information about patients once; making things more efficient, reducing the chance of mistakes that might compromise patient safety and make it easier for health and social care services to work together.

### **Caldicott 2**

The latest review by Dame Fiona Caldicott has enhanced the six original principles and added:

“The duty to share information can be as important as the duty to protect patient confidentiality”. The Review highlights that for health professionals to act in a patient’s best interest, they need to have all the available information about the patient to do so. However, it is acknowledged that current information governance provisions (or at least the interpretation of them) have led to information not being shared when it should be.

Accordingly, Recommendation 2 of the Review specifically states that:

“for the purposes of direct care, relevant personal confidential data should be shared among the registered and regulated health and social care professionals who have a legitimate relationship with the individual.”

Further, the Review also recognises that there are certain situations when sharing of personal information is not just preferable, but vital. An example given of this is within public health medicine in order to identify people at risk during an outbreak of an infectious disease, or to carry out health improvement and research exercises.

### **Safer Hospitals, Safer Wards Technology Fund**

In 2013 NHS England made £260 million NHS technology fund available to NHS providers to support the move from paper-based systems for patient notes and prescriptions to integrated electronic care records and the development of e-prescribing and e-referral systems.

This document supports the following Trust policies and procedures:

- Quality Strategy;
- Communications Strategy;

- Information Governance Policy;
- Confidentiality and Data Protection Policy;
- IT Security Policy.

APPENDIX A - Information Technology - 5 Year Capital Plan

Item		2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
		£'000	£'000	£'000	£'000	£'000
<b>1. IT Estate Refresh</b>						
1.1	IT Refresh	437	437	437	340	340
1.2	Scanning	30	10	10	10	10
<b>2. Servers</b>						
2.1	Core infrastructure (host) replacement	20	20	30	30	40
2.2	CH Server Refresh	30	30	30	30	30
2.3	Additional Server Hardware	18	18	18	18	18
<b>3. Storage</b>						
3.1	SAN Upgrade			100		
3.2	Additional SAN Storage	30				50
3.4	Upgrade TS 2003 Licenses	20				
3.5	Upgrade TS 2003 Hardware	20				
3.6	SAN Refresh			100		
3.7	Archiving (Data & E-Mail)		100			
3.8	Local Site NAS Refresh	10	10	10	10	10
<b>4. Disaster Recovery</b>						
4.1	Backup Software/hardware	50	20		40	
4.2	Bridgwater Hospital SAN	20	20		80	20
<b>5. Software</b>						
5.1	Software - Kaspersky	20			65	
5.2	Software - McAfee (Safeboot)	40				
5.3	Software - Borderware (E-Mail)		20			
5.4	Bomgar Expansion	16				
5.5	EWA License Reconciliation	160				
5.6	Enterprise Upgrades/License Agreements		250	250	250	250
<b>6. Networks</b>						
6.1	Network Hardware (Switches etc.)	50	50	30	20	20

6.2	Core Switch replacement		30			30
6.3	Local Firewall Refresh	5	5	5	5	5
6.4	Enterprise Firewall Refresh	10		10	10	
6.5	Wi Fi	45	20	20	50	50
6.6	Firewall & Monitoring solution	20			60	
6.7	Infrastructure Upgrade Installation		113	60	90	120
<b>7. Misc./Additional</b>						
7.1	KACE Replacement				90	
7.2	Video conferencing		40	25	25	25
<b>8. RiO Business Costs</b>						
8.1	Additional Storage		25			
8.2	RiO Mobile Working Hardware	750				
8.3	CSE additional development	40				
8.4	Community Hospital Rollout	400	50			
8.5	RiO Infrastructure upgrade	100				
8.6	Document Management (SharePoint)	60				
8.7	Backfill staff for training	50				
8.8	Clinical Project Lead	70	70	70		
8.9	Software - Pinsafe		15		15	
8.10	Mobile Iron	25				
8.11	IT Contractors (Device deployment)	10				
8.12	B5 Trainer (Device deployment)	30				
<b>9. Contractors/Project Support</b>						
9.1	Contractors - IT	20	20	20	20	20
9.2	Contractors - RiO/Other	30	30	30	30	30
<b>10. Projects</b>						
10.1	Windows 7 upgrade	116				
10.2	VOIP					
10.3	Dental Upgrade	15				
<b>Total</b>		<b>2,757</b>	<b>1,353</b>	<b>1,255</b>	<b>1,288</b>	<b>923</b>



APPENDIX C – Glossary of Terms

- Glossary of terms	
Digital dictation	Method of recording and editing the spoken word.
Document Management System	Computer system used to track and store electronic documents.
e-prescribing	Electronic system that supports medicines use from prescribing to administration
Epro	Digital dictation brand
IAPT	Improving Access to Psychological Therapies
IM&T	Information Management and Technology
Microsoft exchange	e-mail system
N3 estate	Wide Area Network used to connect different sites across the NHS
Network management	Management of IM&T software and hardware used by the Trust
PACS/RIS	Picture Archiving and Communication System/Radiology Information System. Digital systems that transfer and store x-rays.
PAS	Patient Administration System
Patient portal	Tool allowing patients to access a view of their record on RiO, electronic patient record system
PCs	Personal computers
RAM	Random Access Memory: temporary space used for programs currently running
RiO	The Trust's electronic patient record system
Smart scanning	Speeds the scanning process by sending documents direct from the device to patient record
Store and forward	Offline version of RiO, electronic patient record system
Secondary Uses System	Repository for healthcare data in England which enables reporting and analyses of information
Tablets	Computer with keyboard displayed on the screen
VOIP	Voice Over Internet Protocol - telephones that work over the computer network
WAN	Wide Area Network
Webex	Online meeting using computer
Windows XP	A version of Microsoft operation system

<b>Links to Strategic Objectives:</b>	<ul style="list-style-type: none"> <li>• to remain the provider of choice for community health, mental health and learning disabilities for the people of Somerset and for the wider South West;</li> <li>• to continue to improve the quality and safety of our services and to improve further the experience of patients, carers and families in contact with our services;</li> <li>• to realise the benefits for patients and staff of the acquisition of Somerset Community Health by integrating mental health and community health services bridging the artificial divide between physical and mental health;</li> <li>• to value, support and empower all our staff and volunteers to do their best through education, training and personal development to deliver high quality services which are responsive to the needs of patients, carers and families;</li> <li>• to promote innovation and service redesign based on best practice and working with partner organisations, to maximise efficiency and effective care in response to the major financial challenges facing the Trust; the wider NHS and other public and voluntary sector organisations; and</li> <li>• to continue to grow our business through service expansion and strategic partnerships by proactively seeking and responding to opportunities that arise as a result of the changing health and social care environment.</li> </ul>
<b>Links to the Assurance Framework:</b>	Relevant to all risks on the Assurance Framework.
<b>Links to the NHS Constitution:</b>	<p><b>PATIENT RIGHTS AND PLEDGES</b></p> <ul style="list-style-type: none"> <li>• access to health services</li> <li>• quality of care and environment</li> <li>• respect, consent and confidentiality</li> <li>• informed choices</li> <li>• involvement in your healthcare and in the NHS</li> </ul> <p><b>STAFF RIGHTS, DUTIES AND PLEDGES</b></p> <ul style="list-style-type: none"> <li>• to provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities</li> <li>• to provide support and opportunities for staff to</li> </ul>

	maintain their health, wellbeing and safety
<b>Links to CQC Outcomes:</b>	<p>Relevant to all outcomes in the following sections:</p> <ul style="list-style-type: none"> <li>• information and involvement;</li> <li>• personalised care, treatment and support;</li> <li>• safeguarding and safety;</li> <li>• quality and management</li> </ul>
<b>Legal or statutory implications/ requirements:</b>	<ul style="list-style-type: none"> <li>• Information Governance Toolkit;</li> <li>• Data Protection Act;</li> <li>• Misuse of Computers Act;</li> <li>• Monitor Compliance Framework.</li> </ul>
<b>Public/Staff Involvement History:</b>	The IM&T strategy has been informed by the extensive work with operational services over the past two years. Staff have been involved in a variety of ways: process mapping, RiO project groups, RiO expert users, testing and piloting hardware on wards and in the community.
<b>Previous Consideration:</b>	The strategy has been developed through the Trust's ICT Group and has been presented to the Executive Team.