

**ITEM: 08/100**

**DOC: 3**

**MEETING:** Trust Board – 18 June 2008

**TITLE:** IM&T Strategic Implementation Plan 2008-09

**SUMMARY:** This paper describes the IM&T Strategic Implementation Plan 2008-09.

It sets out the key priorities for IM&T investment, and how they are aligned to the Trusts business drivers in order to deliver improvements in patient safety, quality of care and hospital efficiency.

The IM&T Strategic Implementation Plan 2008-09 has a capital allocation of £480K to deliver the priority projects. It has previously been discussed and approved at the Executive Committee meeting on 25th March 2008 and Hospital Management Board on 2nd April 2008.

The Trust Board are asked to review the IM&T Strategic Implementation Plan 2008-09 to approve the agreed priorities for IM&T investment.

A draft three year IM&T Strategy 2008-11, setting out a potential road map towards implementing the “digital hospital”, is in development and will be presented to the Trust Board in July.

**ACTION:** For discussion and approval

**REPORT FROM:** Glenn Winteringham, IM&T Consultant

**SPONSORED BY:** David Sloman, CEO

**Financial Validation**

Lead: Director of Finance

N/A

**Compliance with statute, directions, policy, guidance**

Lead: All directors

N/A

**Compliance with Healthcare Commission Core/Developmental Standards**

Lead: Director of Nursing & Clinical Development

**Reference:**

N/A

**Compliance with Auditors’ Local Evaluation standards (ALE)**

Lead: Director of Finance

**Reference:**

N/A

**Compliance with requirements of FT application and monitoring regime**

Lead Director of Strategy & Performance

**Reference:**

N/A



## **1. Introduction**

- 1.1. The Whittington Trust Board approved a local IM&T Strategy 2000-05 in June 2000.
- 1.2. This Strategy was superseded in 2003/04 with the establishment of the National Programme for IT (NPfIT), known as Connecting for Health (CfH).
- 1.3. The CfH Strategy mandated the central procurement and deployment of standardised IT systems across the NHS. Costing £12.7bn, it is the largest civil IT project in the world.
- 1.4. Consequently, the IM&T directorate has developed an annual IM&T Strategic Implementation Plan for approval by the Trust Executive Committee (EC) and the Hospital Management Board (HMB).
- 1.5. This is to ensure the IM&T priorities for investment are aligned to both the Trusts corporate objectives and to the CfH Strategy.
- 1.6. A progress report is presented to EC and HMB every six months to monitor progress against the IM&T Strategic Implementation Plan and to highlight any significant changes resulting from changes in local requirements or national policy initiatives.

## **2. Business drivers for 2008-09**

- 2.1. The Trust's key business drivers for 2008-09 requiring IM&T support are :-
  - **achieve Foundation Trust (FT) status**
  - **open the new Day Treatment Centre (DTC)**
  - **deliver the Whittington Promise**
  - **reduce Hospital Acquired Infections (HAI)**
  - **achieve the 18 week Referral to Treatment (RTT) target**
  - **support the delivery of the corporate Cost Improvement Programme (CIP)**
  - **support for the Strategic Redevelopment project**
  - **support the delivery of service improvement projects e.g.**
    - make the best use of beds to reduce costs
    - improve theatre utilisation to maximise PbR income
    - support the productive ward to release nursing time back into clinical care
    - reduce DNAs to maximise PbR income
    - increase the Trust's market share to maximise PbR income
    - improve the availability of health records
  - **implement the Electronic Staff Record (ESR)**

2.2. There are also seven specific IM&T business drivers for 2008-09 :-

- **develop an IM&T Strategy 2008-11**
- **continue to implement the Connecting for Health (CfH) programme**
- **make all GP communication electronic**
- **develop and maintain a fast, secure and resilient IT infrastructure**
- **adopt best practice information governance guidance**
- **develop information management reports**
- **retain the Investors in People (IiP) award**

### 3. Alignment to Connecting for Health (CfH)

3.1. The table below shows the excellent progress the Whittington Trust has made, relative to the national position, regarding the implementation of the NHS CfH programme for acute hospitals :-

CfH Project	Description	Benefits	Whittington Status	NHS CfH status <sup>1</sup>
NHS Network (N3)	NHS wide fast broadband network	Connects 1.2m employees Est. £900m saving in 7 years	<b>ACHIEVED</b> 2 x diversely routed links installed	<b>ACHIEVED</b> 32,000 connections installed
Choose and Book (CAB)	National electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment	Improved patient choice, with greater convenience and certainty  Reduction in DNAs will improve efficiency  Supports 18 week RTT pathway	<b>ACHIEVED</b>  100% first OP appointment slots on PAS available for e-booking  40% of first OP appointments per month booked via CAB  National Early Adopter (2004) and National Flagship (2005)	<b>IN PROGRESS</b>  > 8 million bookings via CAB  Average 20,000 bookings per day  92% of all GP practices have booked via CAB
Picture Archiving and Communication System (PACS)	Digital capture, storage, distribution and viewing of radiological images	Faster, safer, better quality clinical diagnosis and treatment  No lost film = no re-imaging patients ; no cancelled appointments ; no film, storage or admin costs  Supports 18 week RTT pathway	<b>ACHIEVED</b>  One of the very first hospital wide PACS in the NHS, live since 2001  Option Appraisal due in 2008-09 to extend current contract or re-procure a new PACS	<b>ACHIEVED</b>  100% Acute Trusts (127) live on PACS by December 2007

= [www.connectingforhealth.nhs.uk](http://www.connectingforhealth.nhs.uk) : Latest deployment statistics and information 16/05/06



Care Record Service (CRS)	24 hour, secure access to electronic patient records	<p>Faster, safer, better quality clinical diagnosis and treatment e.g. access to allergies, alerts, drugs etc, will reduce adverse clinical events and improve care by providing access to a patients comprehensive clinical history</p> <p>Increase patient ownership of their healthcare by providing on-line access to records</p>	<p><b>IN PROGRESS</b></p> <p>Successful implementation of “best of breed” clinical applications with proven benefits for :-</p> <p><u>Radiology</u> – using voice recognition has reduced report turnaround from 8.5 days to 4.5 hours for GP reporting</p> <p><u>PACS</u> – see above</p> <p><u>ED</u> – real time triage and patient tracking has enabled 98% 4 hour target to be achieved since 2004</p> <p><u>Pathology</u> – enabled electronic results and requests and extra discipline reports to GPs</p> <p><u>Order Communications</u> – will enable e-results and e-orders for both Pathology and Radiology for internal clinicians and GPs</p> <p><u>Pharmacy Stock Control</u> – enabled patient level drug stock control to reduce costs and electronic TTA\discharge letters</p> <p><u>BedWeb</u> - real time bed state to manage admissions efficiently, reduce LOS and reduce HAI</p> <p><u>Horizon Physician Portal</u> – single sign on web based access to EPR</p>	<p><b>IN PROGRESS</b></p> <p>In London, 3 Acute Trusts are now live with the Cerner CRS version R0 (Barnet and Chase Farm, Queen Mary Sidcup and Barts and the London).</p> <p>The Royal Free is scheduled to go live on version LC1 in June.</p> <p><u>The delivery of the CRS to hospitals is now running four years late according to the recent National Audit Office Report<sup>2</sup>, and is unlikely to be completed before 2015, five years later than originally planned.</u></p> <p>The Trust’s CRS Strategy since 2003 has been to continue to develop an EPR using “best of breed” clinical applications, whilst awaiting evidence that the Cerner CRS has delivered clinical benefits in a London acute hospital setting that are equal to, or in excess of, those of the Trust’s current EPR.</p>
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= The National Programme for IT in the NHS : Progress since 2006, National Audit Office (2008)

#### 4. IM&T Investment Priorities for 2008-09

- 4.1. The total capital allocation for IM&T in 2008-09 is £480K, which equates to 9% of the total capital programme of £5.2m. In 2006/07 and 2007/08 the level of capital investment in IM&T has been significantly higher at £2.1m (22%) and £1m (10%) respectively.
- 4.2. The table below highlights the IM&T priorities for 2008-09 and the approved capital funding for each priority.
- 4.3. Please note, where there is a blank in the funding column, it is either because there is no capital cost because the project will be delivered using internal IM&T resources, or the required capital investment has already been made previously from the 2007-08 capital allocation. Where the funding column is shaded green it indicates that the IM&T project will address an issue raised on the Risk Register.

Trust Objective	IM&T Project	Comment	Funding	Lead	Date
<b>Achievement of Foundation Trust (FT) status</b>	Develop a Foundation Trust Board reports	Need to define and sign off Trust Board level specification of KPIs		SS\DE	May 08
		Need to define and sign off Directorate level specification of KPIs		KS\DE	May 08
		Option appraisal to develop in-house or procure a commercial solution		GW\DE	July 08
		IT support for Foundation Trust membership database		SI	2008-09
		Develop an in-house or implement a commercial solution		GW\DE	Dec 08
<b>Opening of the new Day Treatment Centre (DTC)</b>	Implement new Theatre management system	Install new IT infrastructure (PCs, telephones, printers)		CP	Apr 08
		Procure and install 10 x mobile carts, dual monitor PCs, PACS portrait licences	30*	CP	Apr 08
		Implement new Theatre management system to enable real time scheduling, tracking and reporting	50	GW	Sep 08
<b>Deliver the Whittington Promise</b>	Implement a patient survey solution	Option appraisal to procure a patient survey data collation\reporting solution		GW	Jun 08

\* = subject to business case approval

Trust Objective	IM&T Project	Comment	Funding	Lead	Date
<b>Reduce Hospital Acquired Infections (HAI)</b>	Implement HAI reporting solution(s)	Review HAI reporting requirements		FW	Jun 08
		Post project evaluation on new Pathology and Infection Control systems		SM	Sep 08
<b>Achieve the 18 week Referral to Treatment (RTT) Target</b>	Implement 18 week reporting solution(s)	Review and sign off 18 week RTT reporting requirements		FW	Apr 08
		Develop 18 week RTT and PTL reports		FW	Apr 08
		Implement PAS version 20\20.1 which include patient pathway identifiers		CP	Sep 08
<b>Strategic Re-development</b>	Modelling	Activity and capacity modelling for the site Strategic Redevelopment project		DE	Mar 09
<b>Support the delivery of the corporate Cost Improvement Programme (CIP)</b>	Deliver the IM&T CIP	<b>The IM&amp;T 2008-09 CIP are shown as negative numbers and as either non-recurrent <sup>(N)</sup> or recurrent <sup>(R)</sup></b>			
		Income for licencing the Doctors in Training MMC system to London Deanery	<b>-150 <sup>(N)</sup></b>	GW	Apr 08
		Non pay rebate from Vodapage	<b>-55 <sup>(N)</sup></b>	GH	Apr 08
		Income for ESR Training Room rental	<b>-45 <sup>(R)</sup></b>	GW	Apr 08
		Reduce cost of annual maintenance and support contract for the Trust network	<b>-43 <sup>(R)</sup></b>	SI	Apr 08
		Implement Casenote Manager to increase the availability of Health Records	<b>-100 <sup>(R)</sup></b>	GW	Apr 08
		Implement DNA reminder system to reduce the cost of DNAs\increase income	<b>tbc <sup>(R)</sup></b>	GH	Jun 08
		Review IT\Telecomms London Procurement Project contracts to reduce costs	<b>-66 <sup>(R)</sup></b>	GH	Jun 08
		Total	<b>-459</b>	<b>(205 <sup>(N)</sup> + 254 <sup>(R)</sup>)</b>	

Trust Objective	IM&T Project	Comment	Funding	Lead	Date
<b>Support the delivery of Service Improvement projects</b>	Make the best Use of Beds	Implement new Maternity system		SM	Jun 08
		Complete Bedweb go-live for real time bed state, use estimated discharge date		CP	Jun 08
		Implement new ITU audit system		CP	Jun 08
		Implement new Paediatric HDU audit system		CP	Jun 08
<b>Support the delivery of Service Improvement projects continued</b>	Make the best Use of Beds	Roll out McKesson Physician Portal to provide access to electronic patient record for ward rounds and clinics		CP	Dec 08
	Improve Theatre Utilisation	Implement new Theatre management system to enable real time scheduling, tracking and reporting	See DTC above	CP	Sep 08
	Reduce DNA	Implement DNA reminder system to reduce the cost of DNAs\increase income		GH	Jun 08
	Increase the Trust's market share	Develop GP website	20	RM	Jul 08
		Provide remote access to IT services for community based midwives (Q2 08/09 move from block to PbR tariff)	30	SI	Jul 08
		Make all GP communications electronic (see IT section below for detail)		CP	Mar 09
		Review option to provide Whittington IT services to Hornsey polyclinic		GW	Sep 08
	Improve casenote availability	Implement Casenote Manager to increase the availability of Health Records to support patient care and reduce costs		GW	Apr 08

Trust Objective	IM&T Project	Comment	Funding	Lead	Date
Implement the Electronic Staff Record (ESR)	Improve Trust efficiency using ESR	Interface ESR and Baum-Hart bank an agency system		SI	Jul 08
		Integrate ESR staff lists with Trust staff list data to provide a single, accurate up to date staff directory to improve communications		RM	Sep 08
		Support implementation of self service functionality e.g. sickness\absence		SI	Sep 08
Total			130		

4.4. The table below highlights the seven specific IM&T business drivers for 2008-09 and the approved capital funding :-

IM&T Objective	IM&T Project	Comment	Funding	Lead	Date
<b>Develop an IM&amp;T Strategy 2008-11</b>	Develop an IM&T Strategy 2008-11	Use output from BT Discovery Programme to develop an IM&T Strategy for the implementation of the "The Digital Hospital"		GW	Jul 08
<b>Implement the Connecting for Health (CfH) programme</b>	Implement Pharmacy Stock Control (PSC) system	Implement new Pharmacy Stock Control (PSC) system to provide patient level usage and improve income recovery		MS	Achieved April 08
	Implement Order Communication System (OCS)	Pilot results requisitioning for Pathology		SM	Jun 08
		Complete roll out of results requisitioning for Imaging		SM	Sep 08
		Complete roll out of results requisitioning for Pathology		SM	Mar 09
	PACS	Undertake PACS option appraisal		GW	Sep 08

IM&T Objective	IM&T Project	Comment		Lead	Date
<b>Make all GP Communication Electronic</b>	Implement Order Communication System (OCS)	Facilitate electronic Pathology results reporting & order requesting to local GPs		CP	Mar 09
		Facilitate electronic Imaging results reporting & order requesting to local GPs		CP	Mar 09
		Facilitate electronic Endoscopy reporting with local GPs		CP	Sep 08
<b>Make all GP Communication Electronic contd</b>	Electronic Discharge Letters	Facilitate electronic ED attender\admitted care discharge letters with local GPs		CP	Sep 08
		Review storage and retrieval of Outpatient discharge letters		CP	Mar 09
	Increase market share	Explore opportunities to lease PAS clinics to enable direct booking via CAB		CP	Apr 08 - Mar 09
<b>Develop and Maintain a Fast, Secure and Resilient IT Infrastructure</b>	Resilient storage	Install additional SAN disk arrays and servers to increase available storage		SI	Jun 08
	Comms in ED	Pilot BT\Vocera comms badges to improve productivity and patient care in ED	50*	GH	Sep 08
	Desktop standard	Install Windows XP\Office 2003 across 1200 PC base		SI	Sep 08
	ITIL standards	Review ITIL best practice standards for service management		GW	Sep 08
	Network resilience	Improve network resilience using new protocols (Dragon) and VLANs		SI	Dec 08
	Remote access	Develop the remote access service by making available more IT services		SI	Apr 08 - Mar 09
	Replace legacy IT	Technology refresh of legacy IT infrastructure PCs\printers\servers\switches to ensure a Trust a fast, secure, resilient Trust wide minimum service standard	300	GW	Apr 08 - Mar 09

\* = subject to business case approval

IM&T Objective	IM&T Project	Comment		Lead	Date
<b>Adopt best practice information governance guidance</b>	Revise IM&T Security Policy	Update IM&T Security Policy to reflect latest best practice guidance from the Department of Health\CfH		GW	Jul 08
	Revise E-mail & Acceptable Use Policy	Update E-mail and Acceptable Use Policy to reflect latest best practice guidance from the Department of Health\CfH		GW	Jul 08
	Encryption standards	Implement the NHS encryption standards for PC\laptop hard drives and mobile media e.g. USB memory sticks, DVDs following the CfH national procurement		GW	Jul 08
<b>Develop Information Management reports</b>	Improve coding	Benchmark coding quality to improve accuracy and depth of coding		DE	Mar 09
	Improve data quality	Develop a data quality reporting framework and implement action plan to improve income recovery		DE	Sep 08
	Clinical governance	Roll out Dr Foster Real Time Monitoring and Consultant Outcome Benchmark tools		DE\SC	Sep 08
	SLA	Develop new Service Level Agreement (SLA) monthly performance reports		FW	Jun 08
	Productivity	Develop productivity performance reports		DE	Jun 08
	SLR	Develop Service Line Reporting (SLR) performance reports		FW	Jun 08
<b>Retain the Investors in People (IiP)</b>	Implement IiP assessor report	Implement recommendations of the IiP assessor report to ensure the IM&T Directorate meets the IiP standards		GW	Sep 08
<b>Total</b>			<b>350</b>		
<b>Total Capital Funding 2008-09</b>			<b>480</b>		

## 5. IM&T Priorities for 2008-09 that require capital funding

- 5.1 The table below summarises a further list of potential IM&T priorities for investment in 2008-09 that do not currently have an approved capital allocation.
- 5.2 Following business case approval, they will be considered for implementation as and when further capital funding becomes available during 2008-09. The Executive Committee prioritised this potential projects in descending order below :-

IM&T Project	Comment	Funding (£'000)
Electronic prescribing	Reduce adverse drug events by implementing rules based prescribing software to alert clinicians to drug interactions and incorrect drug dosages.  There is a strong evidence base from the US that shows e-prescribing will reduce drug costs and reduce adverse drug events.	200
Implement patient survey data collation and reporting solution	Procure and install a patient survey tool to monitor patient rating of the Trusts performance against the Whittington Promise and customer care KPIs.	30
Cancer Clinical Repository	Procure and install Cancer Clinical Repository including e-MDT software. Potential to reduce cost\improve income through improved data capture and improved running of MDTs.	20
Wireless network across all clinical areas	The Trust needs to install a wireless network to take advantage of new mobile technologies\applications that will improve patient safety, patient care and hospital efficiency e.g.  <u>Mobile Voice Communications</u> Vocera will cut costs and release clinical time for patient care  <u>Mobile Data Communications</u> E-prescribing and order requesting during ward rounds will cut costs and release clinical time for patient care  <u>Mobile RFID Tags</u> RFID tags for Blood Products and medical equipment tracking will cut costs and release clinical time for patient care	250
<b>Total</b>		<b>500</b>