

TRUST BOARD PUBLIC – NOVEMBER 2013

Agenda Item Number: 223/13
Enclosure Number: (7)

Subject:	IT Strategy - Update
Prepared by: Sponsored by: Presented by:	<i>Chris Tite, Head of IT</i> <i>Ben Lloyd - Director of Finance / Deputy Chief Executive</i> <i>Chris Tite, Head of IT</i>
Purpose of paper	To update the Board on progress in implementing the IT Strategy
Key points for Trust Board members	Note contents of the report
Options and decisions required <i>Clearly identify options that are to be considered and any decisions required</i>	None required, for information
Next steps / future actions: <i>Clearly identify what will follow the Trust Board's discussion</i>	N/A
Consideration of legal issues (including Equality Impact Assessment)?	Considered, none apparent
Consideration of Public and Patient Involvement and Communications Implications?	N/A

Links to Portsmouth Hospitals NHS Trust Board Strategic Aims, Assurance Framework/Corporate Risk Register	
Strategic Aim	SA 1: Deliver safe, high quality patient centred care
BAF/Corporate Risk Register Reference	BAF 1.10
Risk Description	Failure to successfully implement the Trust's IT Strategy to deliver new IT systems that better support delivery of high quality, more efficient and cost-efficient patient centred care.
CQC Reference	N/A

Committees/Meetings at which paper has been approved:	Date
N/A	

IT Strategy - Implementation Update: November 2013

1. Background

The Trust's current IT Strategy received Board approval in February 2013. It stated that IT would be a key enabler of service improvement across the Trust and set as its broad vision:

'All data digitised from the first point of contact with the patient, and all relevant information readily available to care professionals and managers at the touch of a screen.'

The IT Strategy outlined a number of areas in which action would need to be taken to achieve this vision.

a. Strategic IT investment - Clinical Information Systems (CIS)

To transform its care of patients the Trust needs an effective, modern, fully-integrated Clinical Information System (CIS) that presents all relevant information on a patient that has already been recorded to the next clinician involved in their care, helps them quickly order the right tests, supports them in making good decisions on diagnosis and treatment and helps them communicate and arrange subsequent treatment without delay. Integration is key to ensuring data are only collected once and are available to all. Achieving this via the incremental 'best-of-breed' route is fraught with difficulty, so the proposed approach was therefore to contract with a single CIS solution provider whose platform included additional 'bolt on' modules that will most likely lead to a rationalisation and standardisation of the majority of clinical (and possibly corporate) systems onto a core platform. Key to success would be selecting the right commercial provider that wanted not only to sell product to the Trust, but to help it implement solutions effectively so that Trust services were improved.

b. Tactical IT Investment

As it would be at least two years before the strategic integrated CIS solution would start to be delivered, the Trust would continue to invest in IT systems and infrastructure to address priority needs in the interim.

c. IT Governance Arrangements

To ensure all future investment in IT was made in accordance with Trust business and clinical priorities an IT governance structure was proposed as follows:

- i. **IT Strategy Committee:** To involve Trust Board members, doctors and CSC representatives in overseeing implementation of the strategy and agreeing annual IT capital investment programmes.
- ii. **IT Clinical Reference Group:** To prioritise annual IT capital investment programmes and the order of the roll-out of the eventual CIS modules, as well as contributing to development of specifications of requirements; and
- iii. **Clinical Information Systems Programme Board:** To oversee implementation of both tactical and strategic clinical information system developments to ensure required benefits are fully realised.

d. The IT Function

The IT Strategy highlighted that IPHIS, the shared IT service hosted by the Trust, would be losing most of its external customers and stated that it would therefore be restructured to be the PHT IT Department, focused entirely on the IT needs of the Trust.

2. Progress In Implementing The IT Strategy

Progress achieved to date against the various elements of the IT Strategy are shown below.

a. Strategic IT investment - Clinical Information Systems (CIS)

The most important element of the IT Strategy in transforming Trust services for the better is the successful procurement and implementation of an effective, modern, fully-integrated suite of Clinical Information Systems (CIS) from a single supplier.

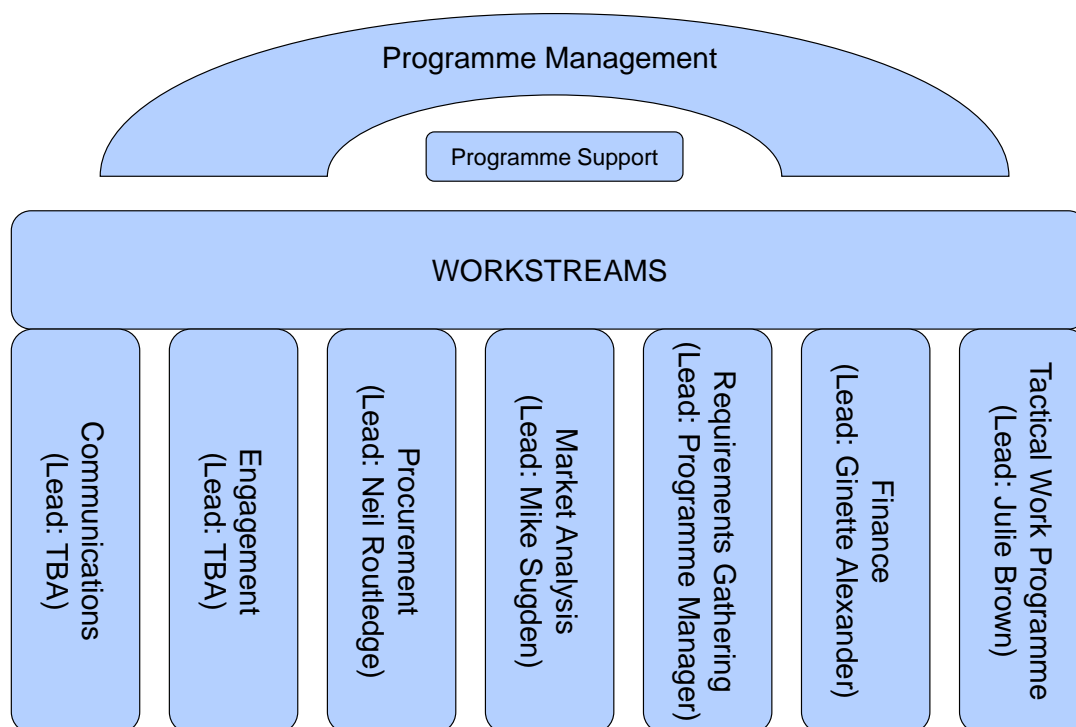
Work on this began in September when the Head of IT freed himself and the Head of IT Solutions Development from a number of operational responsibilities to focus on enabling activities:

- i. **Clinical Process Familiarisation:** To better understand the ways in which clinicians currently utilise technology in their work and the potential ways in which technology can provide stronger support to them in improving services to patients the Head of IT has shadowed a number of clinicians in a range of clinical environments. This is also informing the development of a 'straw man' vision of how IT will support Trust staff in the future to be used to initiate the specification of requirements with clinicians.
- ii. **Understanding Current Systems:** There are around 100 multi-user clinical information systems and potentially another 200 stand-alone databases and other applications in use across Trust clinical services. Identifying them and understanding which could potentially be replaced by the strategic CIS, and which may not, is important in informing both the scope and content of the specification of requirements and the financial analysis in the business case. Initial scoping work has been carried out on the data we need to capture for each system for this purpose.
- iii. **Market Research:** The Head of IT Solutions Development has led the engagement with commercial CIS suppliers to understand what products are available in the market and what is the appetite of suppliers for the type of partner relationship the Trust seeks so it can utilise the new technology to improve its services. Key intelligence gathered recently includes:
 - As was anticipated the 'ideal' solution does not exist, but a number of suppliers are moving towards it.
 - The 'footprint' of what clinical areas each supplier's product set covers is different.
 - Some suppliers appear interested in the type of relationship the Trust seeks, but they are not usually the market leaders in terms of product.
- iv. **CSCs Engagement:** The Head of IT has met with CSC Chiefs of Service to discuss how best to engage their services in specifying what IT systems they will need to enable them to improve their services and to gain their nominations for members of the IT Clinical Reference Group.
- v. **Programme Initiation:** A formal programme will need to be established to manage the procurement and implementation of the strategic CIS solution. Learning from previous large-scale IT projects that have both failed and succeeded, wherever possible the programme will seek to involve existing Trust staff in leading and contributing to the strategic CIS Programme so that existing experience can be exploited and Trust skills enhanced. Where resources are inadequate to support this contractor will be brought in to backfill for Trust staff, not replace them on the programme.

As the current IT Programme Manager is new into role it has been agreed with her that we will employ an experienced contractor to manage the procurement phase of the strategic CIS programme, but that she will be increasingly involved and mentored in this as the tactical CIS programme reduces so that she will take over as

IT Programme Manager for the strategic CIS implementation. Recruitment of a suitable contractor is underway.

- vi. **Programme Structure:** Again learning from previous IT programmes, a programme structure will be established with work streams addressing each key area of the requirements specification / procurement stage. Existing Trust staff will be co-opted as work stream leads and provided with resources as funding allows. The proposed programme structure is shown below.



b. Tactical IT Investment

Key developments and achievements in this area are as follow.

- i. **ED System:** The procurement process has been completed with award of the contract to CSE for the Oceano system. Due to the urgent need to resolve pressures in ED the go live date for the system has been brought forward from March 2014 to 18 December 2013. Of necessity this means some elements will not be delivered for go live, which will make usage of the system less easy for a period.
- ii. **Idesktop Roll-Out To Clinical Areas:** idesktop continues to earn plaudits from clinical staff wherever it is implemented. The project has made significant progress to date, with the ED and MAU implementations signed-off in July and Rheumatology and Women & Children due to complete this month. However, there has been some slippage against planned timescales due to two factors:
 - The numbers and variety of ad-hoc IT solutions, workarounds and embedded processes within CSCs and departments have far exceeded our expectations. Each has to be understood and solutions have to be designed, tested and implemented to allow them to continue to work in the idesktop environment. This is very time-consuming.
 - The original implementation plan was based on the adoption of Thin Clients for 80% of workstation replacements. This has proven to be unworkable in practice due to the need to keep legacy systems running (as outlined above.) Consequently, we now expect the Thin Client to PC mix to be closer to 50/50,

rather than the original 80/20. Unfortunately, due to CIP initiatives departments have not been replacing PCs at previous levels, so the PC estate is more aged than we anticipated, requiring more investment to overcome these problems.

- iii. **PACS / CRIS Replacement:** This project was completed successfully in the summer.
- iv. **EPMA Procurement:** This project to procure and implement an electronic prescribing and medicines management system as part of a consortium has received DoH funding, but is taking time to negotiate the DoH approval processes. Significant local funding will still be required and an outline business case should be presented to the Trust for this in Q4. A full business case will follow after a contract is awarded next July.
- v. **EDS Improvement:** Due to the excessive lengths of time it was taking doctors to complete the Electronic Discharge Summaries (EDS) this project was initiated to simplify the solution. The Associate Medical Director - IT led the work to agree changes to the content and format of the EDS with commissioners and GPs and the content changes will be delivered in the next VitalPAC release. A programme of providing training and support to doctors will be enacted to raise the completion of the EDs to 100% across all areas that use VitalPAC.
- vi. **VitalPAC Developments:** The VitalPAC upgrade that will deliver Dementia Screening and the revised EDS has been delayed due to repeated failures in testing. We now expect the upgrade to go live in December. With Audit Committee agreement we intend to extend the current VitalPAC contract by 6 months to enable a competitive re-procurement to take place.

c. IT Governance Arrangements

The IT Strategy Committee had its first meeting on 22 August and will meet quarterly henceforth.

The Clinical Information Systems Programme Board had its first meeting on 4 November and will meet every 2 months henceforth. Escalation procedures have been agreed for urgent issues that arise between meetings.

We are still gathering nominations from the CSCs for members of the IT Clinical Reference Group, so this has not yet met.

d. The IT Function

Key developments in the IT Department have been as follow:

- 18 new staff have been recruited to the PHT IT Department since the restructure was completed in January. However, due to turnover the vacancies in the department still number 17.
- 17 IPHIS staff transferred to Southern Health NHS Foundation Trust in June under TUPE regulations. We are pleased to report that all the management and team leader roles within the Southern Health IT structure went to ex-IPHIS staff.
- 8 IPHIS staff are due to transfer under TUPE regulations to Solent NHS Trust or their new IT services providers CGI or Bates on 31 December. The formal consultation process is underway.
- It has now been agreed that, due to our inability to continue to provide IT services in a sustainable manner to the CSU / CCGs / GPs and NHS Property Services, the remaining 9 staff in the IPHIS Transition Team will be transferred to Hampshire IT Solutions (the shared IT service covering the rest of Hampshire and employed by the CSU,) or Healthcare Computing (the company providing GP IT support

elsewhere in the county.) A date for this has yet to be agreed, but it is hoped this will be early in the New Year.

- We are scoping a project to carry out the technical changes to ensure the Trust is not adversely impacted by loss of ownership of the community IT infrastructure previously managed by IPHIS.
- The Trust Estates Department is obtaining quotes for the conversion of the Lecture Theatre in the Rodney Road Centre to open plan offices to enable the PHT IT Department to move there at some point in the New Year.

3. Next Steps In Implementing The IT Strategy

Key actions for continued delivery of the IT Strategy planned for the period to 31 March 2014 are shown below.

a. Strategic IT investment - Clinical Information Systems (CIS)

- Complete recruitment of an IT Programme Manager.
- Produce Programme Initiation Document.
- Produce financial plan for 2014/15 for the strategic CIS programme (as it is unclear whether the programme will result in the Trust acquiring a capital asset, or if the CIS would be delivered as a managed service, we cannot utilise the IT Capital programme to fund this, but will require revenue funding.)
- Appoint remaining work stream leads and produce work stream plans.
- Arrange informal site visits for 'core' Programme Team.
- Plan and carry out initial engagement & scoping workshops with SMT / CSCs
- Devise plan for requirements gathering and initiate.
- Initiate information gathering on existing systems.

b. Tactical IT Investment

- Agree revised roll-out plan and associated funding for idesktop.
- Develop IT Capital Programme for 2014/15 with IT Clinical Reference Group.
- Initiate ICE For Radiology Requesting & Reporting Project.
- Complete Phases 1 & 2 of ED System implementation.
- Present EPMA outline business case.
- Complete VitalPAC upgrade, and revised EDS and Dementia Screening implementations.

c. IT Governance Arrangements

- Arrange and hold first meeting of IT Clinical Reference Group.

d. The IT Function

- Complete staff transfers to other organisations.
- Complete IT Department move.
- Complete scope of IT work to protect PHT from loss of control of community infrastructure and initiate work programme to address.
- Complete key recruitments.
- Propose and complete minor restructure to address needs of strategic CIS programme.

Chris Tite
Head of IT

November 2013