

TRUST BOARD

Date of Meeting: 08/03/2011		Enclosure: 7
		Agenda Item No: 8.3
Title of Report: Information Management and Technology Strategy 2009-12 update		
Aims: To inform the Trust Board of the progress that has been made so far in the delivery of the 2010/11 element of the strategy and an overview of the deliverables over the next six months.		
Summary: The core elements of the 2010/11, which all directly support patient care pathway and clinical information and is being internally marketed as the ForWard programme. We have appointed the supplier for the integrated bad management system and are presenting the business case for the clinical observations to the ForWard board on the 17 th March. We continue to have the necessary clinical support for this large change programme and expect to see the initial phase live this calendar year starting in Whitehaven in June.		
Specific implications for consideration (Financial/Workforce/Risk/Legal/Race Equality etc):		
Financial		
Workforce	Communications with the clinical areas followed by continued engagement and support will be necessary throughout the next six months leading to considerable change in current working practices which will improve efficiency and effectiveness of delivering high quality care	
Other		
Recommendations: The Board note the progress and continue to support the implementation which will deliver the clinical benefits and organisational efficiencies		
Document previously approved by:		
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**TRUST BOARD
INFORMATION MANAGEMENT AND
TECHNOLOGY STRATEGY
2009 – 12 UPDATE
MARCH 2011**

1. INTRODUCTION

The role of Information Management and Technology (IM&T) is to be a key enabler in a new intelligence led culture which recognises the value and need to make information accessible via electronic means, update it in real time and manage the patient journey proactively, improve efficiency and to ensure the best possible outcome from the care pathway.

Fundamental to the development of the strategy was the involvement and engagement of clinicians and business teams which captured the needs of the patient, clinicians and business teams and this has continued since the adoption of the IM&T strategy in September 2009.

We have continued to engage and maintain clinical support for the programme and have recently re-negotiated the start date to allow for other key Trust programmes to complete prior to the large process transformation that is required for the ForWard programme.

2. CLINICAL PORTAL

There has been a change since we last reported to the Board in the proposal around the clinical portal.

While the clinical portal was originally conceived as the most cost efficient way of delivering a single view of a patient record prior to the rollout of the national application it will initially be delivered to support the hospital at night (H@N) project.

Having engaged with the market through due process we identified that we could provide the necessary information for the clinical portal through negotiating changes to the proposed bed management system. The result simplifies the clinical interface and reduced the overall cost of the programme.

3. ADMISSION TRACKING AND DISCHARGE

Electronic bed management supports both the care pathway and the efficiency and effectiveness of asset utilisation. Real time admission, tracking and discharge (ADT) provides a Trust wide view of the bed status from any terminal by an authorised person.

Once a patient is admitted via the existing patient administration system (PAS) they can then be tracked via the ADT. This will allow effective resource management through:

- monitoring the length of stay
- identifying when the clinical discharge criteria has been met and
- alerting that a patient due for discharge has not had their discharge criteria met therefore triggering a positive intervention and on-line section 2 and section 5 social care information to be transferred securely.

The section 2 and section 5 interactions with social care can often be time consuming for our nursing staff; this new system and process will dramatically simplify the process and release clinical time to deliver care.

The infection control (IC) element of this product will also look at previous history and lab results for an inpatient and trigger IC alerts prior to admission or on a positive result for early intervention and so reduce the risk of contamination elsewhere.

Following the appointment of RealTime to deliver the software we have negotiated the necessary changes to meet the clinical expectations and service improvements that we envisaged when we started the process.

Key to the delivery of the business benefits including reduction in the average length of stay is nurse led discharging and we are working with our consultants to define the criteria for safe discharge.

4. WIRELESS NETWORK

Real time ADT directly supports better clinical outcomes and efficiency savings as soon as it becomes live. To further improve access to information at the bedside we are installing a wireless network across the Trust.

The project takes into account the redevelopment of Whitehaven to ensure that the work is not repeated and hardware is not replaced keeping the full life cost to a minimum.

Once fully live, and initially available at the Carlisle site we will be able to introduce additional added value included asset tracking.

Asset tracking allows high value and/or important equipment to be tracked against a plan of the ward so that key equipment can be accessed quickly and efficiently and prevent valuable clinical time from being wasted. This is also useful for medical electronics who can actively track the items due for maintenance, saving time and money but more importantly reducing risk of use of something potentially out of calibration. Finally, this also allows the correct number of items to be purchased, therefore preventing the over purchase of 'missing' mobile items.

5. SINGLE SIGN ON

In line with the IM&T strategy, we have appointed a supplier for single sign on which will allow a clinician with a legitimate relationship to the patient to sign on to all the appropriate systems, and not to log into multiple systems with multiple passwords.

6. FUTURE WORK

Although the first roll out of the ForWard plan included real time ADT and clinical observations we are already planning the next phase which will be ordering tests. Delivery of this element will start in 2011/12 in A&E to further add value to the recent implementation of Symphony

2012/13 will see the implementation of electronic prescribing.

7. FINANCIAL CONTROL

All procurement follows the financial standing orders identified by Corporate Procurement, adheres to financial profile identified to the Capital Group and is being monitored monthly.

We have also introduced an Executive led Board to oversee the ForWard programme which will report to Trust Management Committee

8. CONTINUED SUPPORT

As with all change programmes of this magnitude and complexity of stakeholder engagement there will no doubt be some protectionism and resistance to change. We will continue to work with and on behalf of the clinicians to address these challenges to ensure we realise the clinical and administrative benefits. The ongoing support of the Trust Board will be necessary to allow the programme to be driven forward by the executive directors, through the Trust Management Committee which has the necessary senior clinical and managerial representation to ensure successful delivery.

9. DELIVERY PLAN

The current phase of the ForWard plan is attached as appendix A.

Alistair Mulvey
DIRECTOR OF FINANCE