North Cumbria University Hospitals NHS

NHS Trust

TRUST BOARD

Date of Meeting: 06/09/2011	Agenda Item No: 5.4	Enclosure: 6
Intended Outcome:		
For noting ✓	**For information**	**For decision**

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 2011/12 element of the IM&T 2009-2012 strategy and an overview of the deliverables over the next six months.

Executive Summary:

The core elements of the 2011/12 delivery programme, which all directly support patient care pathway and clinical information and is being internally marketed as the ForWard programme and we continue to have the necessary clinical support for this large change programme which will see the first ward go live at WCH in October.

Working with our primary care partners we are also developing interfaces with their core systems, to enable key clinical information to be exchanged at the point of clinical care, which improves patient safety and supports an integrated care pathway approach.

Overview of key areas for consideration or noting:

The core elements of the Trusts IM&T strategy are:

- Placing the patient at the centre of the of the IM&T strategy

- Taking a need led approach and not a technology led approach

- Ensuring a quality health care pathway and improving risk management

- Improving clinical support information

- Improving support coordination for the provision of care

- Improving management information

- Moving to an inelegance led culture

The full delivery of the above elements will last two years and will significantly improve data capture for all inpatient activity.

Appendix one of this report updates the Board on specific progress against the core elements of the strategy.

Appendix two of this report gives the details of the delivery plan for the ForWard programme

Specific implications and links to the Trust's Strategic Aims:	
Ensure we provide high quality, safe and effective care for all our patients including meeting essential standards of safety and quality as set out by the CQC	✓
Develop a viable integrated clinical strategy for secondary care services which is sustainable and affordable	✓
Develop a new healthcare facility in West Cumbria that is fit for the 21st century	
Achieve sustainable financial balance through the delivery of the Trust's internal Cost Improvement Programme, securing a viable contract income from our GP commissioners and contributing to the system wide cost reductions	
To develop and implement a successful merger or acquisition plan that enables the Trust to become part of an existing NHS Foundation Trust	

Recommendations:

The Board note the progress and continue to support the implementation which will deliver the clinical benefits and organisational efficiencies

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North Cumbria University Hospitals **NHS**

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**INFORMATICS STRATEGY UPDATE
SEPTEMBER 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. ADMISSION TRACKING AND DISCHARGE

This is the core element of the first phase of the programme and we have worked with our clinical colleagues to ensure that the patient is always at the centre of all processes, as we track their episode of care through the Acute element in real time.

We have incorporated expected length of stay for our main conditions and procedures and safe discharge criteria, which will specifically target the reduction in the average length of stay.

A significant area to be addressed by the ForWard programme is the electronic discharge summary. Once the programme has been completed the discharge summary will become a by-product of the patient activity recording and automatically transfer the key information into the primary care clinical system.

We have also integrated community services including short term intervention teams (STINT) and social services initial contact and risk assessment.

The business case for electronic observations is currently with clinical colleagues for consultation prior to consideration by the ForWard board.

3. SINGLE SIGN ON

The interfaces (bridges) have been implemented for six of the core systems (Active Directory, PAS, Real time, PACS viewer and Symphony), which will also enforce the

use of smart cards and enhance information governance and security obligations as well as easing access for the clinician when delivering care.

We are also developing context management within the emergency department which will improve data retrieval.

The core product will also allow staff to reset their passwords, where appropriate, without requiring contact with the service desk.

4. ORDER COMMS

Having successfully rolled out order comms (Sunquest ICE) to primary care we are now planning to provide this service within the Trust. This will allow pathology and radiology requests to be made at the bed side.

The results will be automatically available within the ForWard programme, which supports the clinicians on the ward, as well as outreach teams supporting H@N.

We are due to roll this out as an integrated part of the ForWard programme in Carlisle in April.

5. FUTURE WORK (2012/13)

We are capturing the requirements for the e-prescribing element of ForWard so that we can develop the necessary detailed business case prior to procurement.

We are also working with the clinicians in Ophthalmic services to look at an integrated solution that will provide their requirements and link into ForWard and primary care.

The national contract for PACS and RIS ends in 2013 and we are in discussion with all of the potential acquisition partners to ensure that all parties have the necessary information to ensure that this element of a merger is not under estimated.

Alistair Mulvey
DIRECTOR OF FINANCE/DEPUTY CHIEF EXECUTIVE