Dear Sir/Madam,

I would like to request some information under the Freedom of Information Act 2000. Please acknowledge receipt of my request by email.

I am contacting you from HSJ. This FoI request is going to every acute trust in England.

I am collecting information about trusts' bids to the first tranche of the NHS England Technology Fund. The first tranche, known as "Tech Fund 1", was a £250m fund. Details about the fund are provided in the below link. The second tranche, "Tech Fund 2", bids are not relevant to this questionnaire.
http://www.england.nhs.uk/ourwork/tsd/sst/tech-fund/

My request comes in three parts. Please provide the following information:

Part 1: Did your trust submit a bid to the Technology Fund?

- If the answer is "yes", please go to part 2. Yes
- If the answer is "no" please go to Part 4 (parts 2 and 3 are only relevant for trusts which bid for Tech Fund 1.

Part 2: Please provide your trust's bid documents – see attached zip file

Part 3: Please also provide answers to the following questions in the space provided. Please type them into this words document and then return the word document to me attached.

- Please explain what your bid was for in one or two sentences in the space below
- Electronic Patient Record, PACs and VNA, Community and Mobile, Ordercomms
- Please state how much money you bid for
- Electronic Patient Record £1947k
- PACs and VNA £1432k
- Community and Mobile £1008k
- Ordercomms £768
-
- Please state if your bid successful. If the answer is yes, please state how much money the trust is receiving and in which financial years Not successful

Part 4: Does your trust have a plan to have a fully operational electronic patient record? The trust was required by NHS England to complete the plan by April 2014.

The original NHS England target set out in the "Everyone Counts" planning guidance published in December 2013 **(see link below)**

http://www.england.nhs.uk/wp-content/uploads/2012/12/everyonecounts-planning.pdf

The guidance said: "We will expect secondary care providers to be able to account for the outcomes of all patients they treat and to adopt modern, safe standards of electronic record keeping by 2014-15."

The targeted was diluted by Tim Kelsey in 2013. Now trusts are only required to have a plan for electronic patient record system, rather than have deployed the system itself (see link below)

http://www.hsj.co.uk/news/kelsey-dilutes-digital-records-target/5055645.article#.U2yefPldWa8

- **If the trust does not have a plan, please reply to say the trust does not have a plan.**
- **If the trust has a plan, please provide the plan.** **See attached**

If you need any clarification of this request or if it is too broad in any way please feel free to email me. I would remind you that under your Section 16 duty to advise and assist I would expect you to contact me to discuss any practical difficulties that you may have in fulfilling this request so that I may narrow my request in a way that works for both of us.

If some parts of this request are more difficult to answer than others please release the answerable material as it is available rather than hold up the entire request for the contested data.

If FOI requests of a similar nature have already been asked could you please include your responses to those requests. I would be grateful if you could confirm in writing that you have received this request, and I look forward to hearing from you within the 20-working day statutory time period.

The Safer Hospitals, Safer Wards Technology Fund Expression of Interest – Community and Mobile EPR

Is this a joint application?	No
Project Title	Community and Mobile EPR
Key Project Contact Details	Name: Niall Canavan Director of IT and Systems Tel No: 020 8510 5034 Address: Homerton Hospital, Homerton Row, Hackney, E9 6SR Email: niall.canavan@homerton.nhs.uk
Project Aim & Description	Provide a description of your project. Explain what you are seeking to achieve and the expected benefits for patients, clinicians and efficiency. (400 words)
	Our community system and mobile project seeks to build upon our successful implementation of a core electronic patient record within acute services. We will make the benefits of such a record, including accessibility to all results and relevant clinical documentation, available regardless of the care setting as well as providing the functionality to place orders for a range of service areas including diagnostic tests, delivery of therapeutic equipment, and assessments by other professionals. The project will go beyond current capability, and deliver a comprehensive digital clinical patient record including documentation for AHPs, nurses and doctors, medicines management & e-prescribing, real time data entry, automated from collection devices such as vital signs monitors, and make virtual integrated care planning available to all the clinicians involved in the care of a patient. This when combined with our health information exchange (HIE) project, provides a platform for future roll out of patient access, to empower patients to become an active participant in their care across the pathway of organisations that are involved in delivery. To achieve this we need to replace our existing community system to enable effective and efficient use at the point of contact with the patient. The current setup neither supports integration nor satisfactory access (e.g. in patients' homes). Investment in mobile working technology will allow us to liberate clinical information from hospital networks. Creating intelligent task focused

	applications and providing mobile access to the digital record and other resources and will remove constraints to the integration agenda. Benefits: • Enable decision support through timely and easily accessible clinical information across the multi-disciplinary team • Ability to deliver more care at home (including real time decision support/updating of care plans based on patient reported information in a visit) • More effective and comprehensive views of patient clinical and demographic data to support handovers and transfer of care • Improved patient experience through reduction in repeat record taking and better co-ordination of patient care across professions and sectors • Easier and more comprehensive audit process to access the effectiveness of care pathways • Reducing clinical risk associated with separate clinical notes through the establishment of shared or single electronic notes • Reduced clinical risk from illegible or incorrect drug errors • Improved macro-level information to drive evidence based service improvements, and to support commissioning initiatives. • Improved compliance with NHS reporting and data capture mandates (CQUINs, etc.)
Digital/Paperless Roadmap	Provide organisation's roadmap to move from paper to paper light to paperless. This should include an indication of the progression that an award of funding would make in terms of scope, scale or speed. (400 words)
	We have an ambitious roadmap to develop and integrate the best of breed systems across our acute and community services provision. This will meet the joined up data requirements of the local health economy to add value to; efficiency, effectiveness and patient experience as we help deliver the Paperless NHS. Our strategy is to build on our Acute Electronic Patient Record and replace our Community EPR system, to take them beyond their use as administrative systems with limited clinical functionality, and develop them as comprehensive clinical systems supporting electronic prescribing with medicines management, elimination of paper through clinical and nursing documentation, medical device integration, and clinical information views to support decision making with the patient. Additionally we will continue to develop and upgrade our diagnostic service order communication and reporting, upgrade our PACs, improve our data quality and patient care by utilising PDS & Spine mini services, deliver Child Protection Information Sharing Service to support child protection decision making, and continue to develop integration engines and portals supporting integrated electronic records to provide

	integration in all care settings beyond the organisation both safely and securely. We are intending to shortlist a community EPR system during 2013/14. An award of this funding will allow us to start integration and mobile working efforts immediately, (even in advance of the new EPR system being implemented), by setting up systems and workflows which can transfer. For example, part of the funding will go towards buying some mobile working middle-ware which will create mobile applications specific to user workflows (e.g. for district nurses). In the short term these can be connected to our existing system but in the medium term those same applications can then be connected to our final EPR system, enabling us to continue to develop them further but without any interruption to the clinicians using those applications. The same will be done for the integration and reporting middle-ware layers, enabling seamless reporting of patient information across systems as well as electronic integration of systems to support diagnostic order communications and other developments. Even where these communications systems cannot be connected to our existing community record system, we are able to use the middleware to provide an electronic gateway to this process thereby both improving the speed and accuracy compared to the existing manual paper-based processes.
Project Delivery Approach	Provide an outline of the intended approach for delivering the project, confirming if the project is currently in flight. (400 words)
	This project would be managed through the RiO Management group chaired by Sallie Rumbold and Osian Powell who are Divisional Operations Directors (a subgroup of the Informatics Committee which is chaired by the Chief Executive). This group will oversee the output and progress of the project and its associated workstreams, and make decisions regarding scope, deliverables, timelines, and plans and manage issues & risks. This group is already in existence and has oversight of all workstreams which affect the capture, recording and use of clinical information in support of community services. The Informatics Committee have already agreed the project approach and delegated appropriate authority to the RiO Management Group to proceed with the project. A long list of systems has been pulled together (based on existing systems in use in the Trust and the LPP framework), and more detailed requirements are being formed so that a shortlist can be made during Summer 2013. It is anticipated that contract awards and signatures will be ready for the beginning of the 2014/15 financial year. The RiO Management group will also be defining the implementation

	process for the new systems, and will oversee that approach to ensure successful delivery of the system and associated benefits. We will build on successful implementation and large scale technology driven change projects the Trust has previously undertaken, (such as implementing the Cerner Millennium suite), and through the Informatics Committee ensure project alignment with the other projects which make up our Informatics Strategy.
Sourcing Strategy	Provide an outline of the sourcing strategy and suppliers involved (if known) and the likely procurement approach and timescales.(400 words)
	We would use the London Procurement Partnership and associated framework contract as a route to procuring the main EPR system, based on the successful set up of this framework by a consortium of Trusts. However, there is also the possibility we would simply extend use of our existing EPR system that is used in acute settings into our community services. In this case this would be done through an extension to the existing contract. From requirements being signed off to contracts being ready to be signed can be turned around in approximately 3 months subject to availability of Trust input. Given the internal processes we would also need to go through in the Trust (approval by Informatics Committee & Investment Committee) this would be a bit longer, but it is anticipated a contract award could be made ready for the beginning of the 14/15 financial year. The mobile working solution is of a scale that its procurement would come in below OJEU limits, so it is intended this would be procured through an internally run competitive process. As we already have an outline of requirements, these could be firmed up in just a few weeks and a procurement process complete in 2-3 months
Supplier Partner Capability Assessment	Provide details on any delivery capability and capacity assessment that has been made regarding the envisaged supplier partner(s) involved. (400 words)
	Based on the LPP framework contract the capacity and capability assessment of future suppliers will form part of the procurement process, and be a key part of the Trusts evaluation criteria.
NHS VistA Solution	Confirm your interest in being involved in the development and adoption within your organisation of an NHS Open Source IDCR, 'NHS VistA', that would provide a core platform for digital care records. (YES/NO)
	NO – use LPP and associated framework contract
Strategic Alignment	Describe the fit of the project with the organisation's information and IT strategy and the current level of infrastructure and capability. (400 words)

	Our Information and IT Strategy is based on a best of breed approach using a small number of fit for purpose applications utilising integration engines and portals with industry standard API's to support information flows. Our maturity & progress is measured against our ability to Capture, Share and Use information, reliant on our infrastructure and capability to: Capture digital information - using clinical and patient management systems in most care settings, and use PACs for image acquisition, reporting and storage and are developing digital dictation and document scanning solutions – significant step change is required to develop medicine management, mobile solutions and scheduling. Share digital information - is facilitated by our network infrastructure currently being developed to support mobile devices across our 70+ community sites, and our use of integration engines to create integrated patient records. Again significant step change is required to support the development of portal technology and integration /interoperability and collaboration tools for clinicians to enable integration of records across the health community and to deliver online access to patients and carers in that community. Use digital information – facilitated by our diagnostic service order communication and reporting but limited by our continued use of paper, as we increase our ability to capture and share information digitally, we will need to deliver electronic dashboards and whiteboards displaying real time information. We need to develop our analytics, modelling and knowledge tools and our scheduling systems to deliver and manage hospital, community and patient activities, while monitoring patient journeys and allowing better future planning and resource use. Absolutely key to this strategy is our development of our comprehensive digital clinical patient record in the community to enable effective and efficient use at the point of contact with the patient and is essential to our aim of combining and sharing patient level data in the local health economy (including Primary Care, Mental Health and Social Care) at the point of clinical contact with explicit patient consent. An award of funding would allow us to really jumpstart our integration and mobile working developments significantly, which ahead of community system replacement would allow us to develop and deploy new ways of working based around the patient in their homes, including clinical and nursing decision support & documentation collected at the point of assessment, and allow us to start work on advanced scheduling

	of visits and resources.			
Total Project Cost	Please state the total cost of the project (£k)			
	£2244			
Total Amount of Funding Requested	Provide a breakdown of total project costs by year, the profile of the costs split by capital/revenue. This should include the amount of capital sought from the fund per year and the amount of funding provided by the organisation (capital and revenue). Please indicate any known tolerances in the costs and funding model. Include any other funds that have been applied for (or are required for the project's viability) and the status of this funding.			
	£1008			
Project Costs (£k)	Breakdown of total project costs by year:			
	2013/14	2014/15	2015/16	Totals
Capital	252	756	252	1260
Revenue	96	384	504	984
Total	348	1140	756	2244
DH Capital Sought	252	756	0	1008
HUH funding provided	96	384	756	1236
Totals	348	1140	756	2244
Cost Tolerance %	5%			
Other funding applied for or required for viability	Other funding applied for or required for viability			
	N/A			
Delivery in FY13/14	Please state if your project will begin to deliver and incur capital spend from the fund by March 2014			
	YES			
Is this a multiple application?	Please indicate if your organisation has made multiple applications to the fund and please rank your applications in priority order, (1st, 2nd, 3rd etc). This priority ranking may be considered if the fund is oversubscribed.			
	Yes, this is one of several expressions of interest by the Homerton. Priority 3 out of 4			

The Safer Hospitals, Safer Wards Technology Fund Expression of Interest – Acute EPR

Is this a joint application?	No
Project Title	Acute EPR Development Strategy
Key Project Contact Details	Name: Niall Canavan Director of IT and Systems Tel No: 020 8510 5034 Address: Homerton Hospital, Homerton Row, Hackney, E9 6SR Email: niall.canavan@homerton.nhs.uk
Project Aim & Description	Provide a description of your project. Explain what you are seeking to achieve and the expected benefits for patients, clinicians and efficiency. (400 words)
	Our implementation of the Cerner electronic patient record system was one of the earliest and has been one of the most successful in the UK. We have tailored the system to UK medical practice. We are regularly used for site visits for others who plan to implement similar systems. Until recently the Cerner system has not been able to provide the additional functionality required to facilitate a transfer from paper to electronic clinical records. This has now changed. We have recently upgraded to the latest Cerner code. This will allow us to move UK-style clinical records and prescribing via this system. We plan an 18 month procurement, development and testing cycle which can start immediately. We have a track record of successfully implementing clinical system projects of this size and scope including achieving harmonious clinical engagement. The project objectives are: • To deliver a comprehensive digital clinical patient record including documentation for nurses and doctors, medicines management & e-prescribing, supported by real time vital signs capture by wireless network • To provide better care through empowered clinical decision-making, increased efficiency and the extended use of technology • To deliver workflows to enable full adoption of the system for streamlined paper light clinical documentation processes The project benefits are focused on the overall improvement of patient safety within hospital and community settings by: • Earlier identification of unexpected clinical deterioration (e.g. sepsis) as a result of medical device integration and real-time algorithmic analysis of patient observations

	• Reducing clinical risk from incorrect prescribing, illegible prescriptions and drug administration errors • Making clinical information in digital format accessible across acute and community settings to enable decision support and transfer of care • More effective and comprehensive views of patient clinical and demographic data to support shift handover and ward rounds, and enable better informed decision making • Easier and more comprehensive audit process and improved audit quality (supports: improving patient care, measuring pathway compliance and impact, resolving disputes, and defending or accepting medico-legal claims) • Positive improvements to quality of patient experience through information being readily available to all clinicians and minimising duplicate questioning • Positive improvements in staff experience through improved support to treat and care for patients safely and efficiently • Reducing clinical data quality issues, and therefore clinical risk, such as transcription errors • Reducing time spent searching patient records • Improved compliance with NHS reporting and data capture mandates (CQUINs, etc.) • Meeting the Department of Health Digital Challenge for e-prescribing
Digital/Paperless Roadmap	Provide organisation's roadmap to move from paper to paper light to paperless. This should include an indication of the progression that an award of funding would make in terms of scope, scale or speed. (400 words)
	We have an ambitious roadmap to develop and integrate best of breed systems across our acute and community services to meet the joined up data requirements of the local health economy. This will add value to the patient experience and improve the effectiveness and efficiency of our services as we help deliver the Paperless NHS. A key challenge here is to identify and focus effort to achieve rapid, sustainable, affordable and safe progress. Our strategy is to build on our acute Electronic Patient Record (EPR) and replace our Community EPR system. This will take them beyond their use as administration systems with limited clinical functionality, and develop them as comprehensive clinical systems supporting electronic prescribing processes, widely available notes and elimination of paper through electronic clinical and nursing documentation, medical device integration, and clinical information views to support clinical decision making with the patient. Additionally we will continue to develop and upgrade our diagnostic service order communications and results reporting, upgrade our PACs, improve our data quality with the NHS number as primary identifier by utilising PDS & Spine mini services, deliver the Child Protection Information Sharing Service to support child protection

	decision making, and continue to develop our Health Integration Engine and portals that support joined up electronic health records to provide integration in all care settings beyond the organisation both safely and securely. An award of funding will allow us to deploy the full scope of identified developments, resulting in a significant step change in our established roadmap both in terms of scale and speed. It will allow us to go beyond piecemeal deployments of functionality in a sequential manner, and allow us to co-ordinate delivery to successfully cover clinical documentation, e-prescribing, device integration and clinical decision making. Additional funding would allow us to develop at scale and help us deliver real change in our progress towards an integrated digital care record supporting our delivery of high quality care, clinical effectiveness and outcomes.
Project Delivery Approach	Provide an outline of the intended approach for delivering the project, confirming if the project is currently in flight. (400 words)
	This project will be managed by a Programme Board chaired by the Clinical Sponsor, supported by Clinical operational design group leads, and will report to our Informatics Committee chaired by the Chief Executive, other committee members include a medical and surgical consultant, Medical Director, Finance Director, Director of Nursing and the Chief Operating Officer. The project manager and team will work with: The system supplier to support the build/configuration, system testing and issues resolution, and clinically led operational design groups who will be involved in decision making and testing to ensure the solutions are fit for purpose. The project is currently being planned with detailed supplier discussions and proposals being carried out over the last 8 months (including sending some of our clinicians to the United States to see some of the potential advanced solutions in use in hospitals there). The programme is currently at the Draft Business Case stage and as outlined above an award of funding would make a significant impact of the scope scale and speed of the potential preferred option.
Sourcing Strategy	Provide an outline of the sourcing strategy and suppliers involved (if known) and the likely procurement approach and timescales.(400 words)
	We currently have an existing contract with the current system supplier (CERNER) until Feb 2019 under the NHS Conditions of Contract for the Supply of Managed IT Services. The sourcing strategy and procurement approach will be to leverage existing contracts with Cerner as the programme involves enabling

	additional functionality or new modules not currently purchased or configured for use at the Homerton via a Contract Change Notice (CCN) The timescales are that the programme will be initiated by October 2013 with expected completion by March 2015.
Supplier Partner Capability Assessment	Provide details on any delivery capability and capacity assessment that has been made regarding the envisaged supplier partner(s) involved. (400 words)
	There has been a capability and capacity assessment completed by Cerner, and the company will commit to achieving the high level time frame and agreeing a resource profile to support the programme via a Contract Change Notice (CCN). There has been a capability assessment completed by Intersystems (Spine mini systems supplier), but further discussion is required regarding resources and time frames. The risk that the Intersystems developments will take longer than the Cerner developments is low, and this is likely to be completed within 6 months from initiation.
NHS VistA Solution	Confirm your interest in being involved in the development and adoption within your organisation of an NHS Open Source IDCR, 'NHS VistA', that would provide a core platform for digital care records. (YES/NO)
	No – contracted to current systems supplier until 2019
Strategic Alignment	Describe the fit of the project with the organisation's information and IT strategy and the current level of infrastructure and capability. (400 words)
	Our Information and IT Strategy is based on a best of breed approach using a small number of fit for purpose applications, and utilising integration engines and portals with industry standard API's to support information flows. Our maturity and progress is measured against our ability to capture, share, and use information, reliant on our infrastructure and capability. Capture digital information – we are using clinical and patient management systems in most care settings; use PACs for image acquisition, reporting and storage; are developing digital dictation and document scanning solutions. However a significant step change is required to develop medicines management, medical devices integration, electronic clinical care pathways and mobile application solutions.

	Share digital information – is facilitated by our network infrastructure currently being developed to support mobile devices across our 70+ community sites, and our use of integration engines to create integrated patient records. Again significant step change is required to support the development of portal technology and interoperability and collaboration tools for clinicians to enable integration of records across the health community as well as deliver online access to patients and carers in that community. Use digital information – facilitated by our diagnostic service order communication and results reporting solution but limited by our continued use of paper. As we increase our ability to capture and share information digitally we will need to deliver electronic dashboards and whiteboards displaying real time information. We need to develop our analytics, modelling, and knowledge tools and our scheduling systems to deliver and manage hospital, community and patient activities, while monitoring patient journeys and allowing better future planning and resource use. This project will deliver significant step change in our ability to capture, share and use digital information, in particular it will enable us to deliver e-prescribing and medicines management and deliver digital medical devices integration into the patients record and move from paper to paper light clinical documentation. We will then share this richer information using our CERNER Health Integration Engine to our Community staff and Primary Care colleagues. By using this richer data set more effectively this project will allow us to develop tools to support clinical decision making and manage hospital, community and patient activities and deliver better future planning , resource use and outcomes.			
Total Project Cost	Please state the total cost of the project (£k)			
	£3380k			
Total Amount of Funding Requested	Provide a breakdown of total project costs by year, the profile of the costs split by capital/revenue. This should include the amount of capital sought from the fund per year and the amount of funding provided by the organisation (capital and revenue). Please indicate any known tolerances in the costs and funding model. Include any other funds that have been applied for (or are required for the project's viability) and the status of this funding.			
	£1947k			
Project Costs (£k)	Breakdown of total project costs by year:			
	2013/14	2014/15	2015/16	Totals
Capital	1690	957	0	2647

Revenue	147	293	293	733
Total	1837	1250	293	3380
DH Capital Sought	1190	757	0	1947
HUH funding provided	647	493	293	1433
Totals	1837	1250	293	3380
Cost Tolerance %	5%			
Other funding applied for or required for viability	Other funding applied for or required for viability			
	Additional £70k Capital and £66k revenue is required for our planned upgrade to support Spine Mini Services and Child Protection information sharing; this funding will be provided by the Homerton.			
Delivery in FY13/14	Please state if your project will begin to deliver and incur capital spend from the fund by March 2014 (YES/NO)			
	Yes			
Is this a multiple application?	Please indicate if your organisation has made multiple applications to the fund and please rank your applications in priority order, (1st, 2nd, 3rd etc). This priority ranking may be considered if the fund is oversubscribed.			
	Yes, this is one of several expressions of interest by the Homerton. Priority 1 out of 4			

The Safer Hospitals, Safer Wards Technology Fund Expression of Interest – PACS and VNA#

Is this a joint application?	No
Project Title	Picture Archiving and Communications & VNA
Key Project Contact Details	Name: Niall Canavan Director of IT and Systems Tel No: 020 8510 5034 Address: Homerton Hospital, Homerton Row, Hackney, E9 6SR Email: niall.canavan@homerton.nhs.uk
Project Aim & Description	Provide a description of your project. Explain what you are seeking to achieve and the expected benefits for patients, clinicians and efficiency. (400 words)
	Implementing a digital imaging system in radiology has proved hugely successful for the organisation, and delivered great benefits for patients. This project builds upon this success by expanding the capability to include images from other specialties and care settings including those outside the organisation. Firstly, the project aims to ensure that radiology can take advantage of the significant developments in imaging technology that are already available, and those that come in the future. This will support improved clinical decision making and therefore improved clinical outcomes. The second main aim of this project is to create a platform which enables the same benefits available for radiology to be available across all our imaging specialties by creating a scalable solution that grows with the needs of patients, staff and the organisation. Our priorities being cardiology and fetal medicine, where we have a large volume of high risk patients within Obstetric Services which covers a wide geographical area and receive specialist referrals. The third aim is to provide the mechanism by which these images, and related clinical interpretations and other data, can be easily shared between individuals, systems and organisations both in support of individual care as part of the integrated record and also for service redesign and research/teaching initiatives. We will implement two separate systems: Firstly a Vendor Neutral Archive to store and transfer medical images, with multiple points of access allowing us to provide a platform for easy sharing of medical images both within and outside the organisation. Secondly, we shall replace the existing PACS system, (contract expiry

	2015). This system will allow clinicians to interact with the images and support the clinical workflow within the radiology department. Implementing a new system will allow us to achieve close two-way integration with our core records systems and thereby allow us to optimise workflows for patients and clinicians. The two systems will be implemented in such a way that will enable us to roll out the same improvements to other imaging specialities. The expected benefits for patients, clinicians and efficiency are: • Improved clinical outcomes from better and more extensive imaging technology going beyond just radiology • Enable decision support through timely and easily accessible clinical imaging information • Improved patient experience, outcomes and cost efficiency through reduction in duplication of tests. • Scalable modern workflows supporting clinical excellence. • Reducing time spent accessing patient medical (paper) records
Digital/Paperless Roadmap	Provide organisation's roadmap to move from paper to paper light to paperless. This should include an indication of the progression that an award of funding would make in terms of scope, scale or speed. (400 words)
	We have an ambitious roadmap to develop and integrate best of breed systems across our acute and community services provision and to meet the joined up data requirements of the local health economy to add value to; efficiency, effectiveness and patient experience as we help deliver the Paperless NHS. A key challenge here is to identify and focus effort to achieve rapid, sustainable, affordable and safe progress. Our strategy is to build on our Acute Electronic Patient Record and replace our Community EPR system, to take them beyond their use as admin systems with limited clinical functionality, and develop them as comprehensive clinical systems supporting electronic prescribing with medicines management, elimination of paper through clinical and nursing documentation, medical device integration, and clinical information views to support decision making with the patient. Additionally we will continue to develop and upgrade our diagnostic service order communication and reporting, upgrade our PACs, improve our data quality and patient care by utilising PDS & Spine mini services, deliver Child Protection Information Sharing Service to support child protection decision making, and continue to develop integration engines and portals supporting integrated electronic records to provide integration in all care settings beyond the organisation both safely and securely. An award of funding for this project will allow us to implement the VNA

	system in financial year 13/14, and complete the transfer of images from our existing archive, which stores images in a proprietary format that can't easily be shared, into our own standards based vendor-neutral archive. The Trust will then commence work on image sharing priorities (such as sharing images with BartsHealth and other tertiary centres). The Trust could then also start, during 2014/15, work needed to bring the same benefits to other imaging specialties (the priorities being cardiology and fetal medicine). This work is currently not in scope for the Trust, so the earliest it could otherwise begin is 2015/16 assuming availability of funding. Delaying this project significantly increases the risk that we would be unable to transfer the images out of the existing archive before the contract end in 2015. As well as delaying the improvements a VNA system would allow, this also poses significant financial risk. The funding will also support introducing a new PACS system. Award of this funding would allow speedy implementation of this system and therefore bring forward associated benefits.
Project Delivery Approach	Provide an outline of the intended approach for delivering the project, confirming if the project is currently in flight. (400 words)
	This project would be delivered as a joint Radiology and IT project, reporting to the PACS Replacement group chaired by Dr Susan Rowe (a subgroup of the Informatics Committee which is chaired by the Chief Executive). This group will oversee the output and progress of the project and its associated workstreams, and make decisions regarding scope, deliverables, and timelines and manage issues & risks. This project group has already been formed and a shortlist of 2 suppliers has been selected for VNA, which will be narrowed down (through NHS Supply Chain), during Summer 2013. If funding is available a contract will be signed by November 2013 so work on transferring images can commence immediately and be complete in this financial year. The same PACS replacement group is also responsible for pulling together requirements for the PACS system and seeing those through to a successful procurement and contract award, as well as defining the actual approach to implementation and overseeing that process.
Sourcing Strategy	Provide an outline of the sourcing strategy and suppliers involved (if known) and the likely procurement approach and timescales.(400 words)

	We would use the NHS Supply Chain and associated framework contracts as a route to procurement, based on the successful use of this framework by several Trusts in the northern regions of England. NHS Supply Chain have indicated that the process from PACS requirements being signed off to contracts being ready to be signed can be turned around in 3 months subject to availability of Trust input. Given the internal processes we would also need to go through in the Trust (approval by Informatics Committee & Investment Committee) this would be a bit longer, but it is anticipated a contract award could be made ready for the beginning of the 14/15 financial year. As the VNA is a much simpler system and the Trust have already undertaken most of the work needed, it is anticipated that from internal sign off of system (anticipated in August) and confirmation of funding availability from the fund contracts could be awarded with a 10-day lead time.
Supplier Partner Capability Assessment	Provide details on any delivery capability and capacity assessment that has been made regarding the envisaged supplier partner(s) involved. (400 words)
	The current suppliers have been fully engaged in the exit process through London Programme for IT (run by HSCIC). A full programme of work across the entire London and Southern region is available and being managed through a monthly London Exit Board to ensure the supplier can appropriately schedule resources. The technical approach we are intending to use to retrieve our data (called “query-retrieve”) doesn’t actually require any time from our existing supplier (over and above normal service operation) and therefore the capacity of the existing supplier is only a very low risk to our project. The capacity and capability assessment of future suppliers will form part of the procurement process, and be a key part of the Trusts evaluation criteria.
NHS VistA Solution	Confirm your interest in being involved in the development and adoption within your organisation of an NHS Open Source IDCR, ‘NHS VistA’, that would provide a core platform for digital care records. (YES/NO)
	NO
Strategic Alignment	Describe the fit of the project with the organisation’s information and IT strategy and the current level of infrastructure and capability. (400 words)
	Our Information and IT Strategy is based on a best of breed approach using a small number of fit for purpose applications utilising integration engines and portals with industry standard API’s to support information

	flows. Our maturity & progress is measured against our ability to Capture, Share and Use information, reliant on our infrastructure and capability to: Capture digital information - using clinical and patient management systems in most care settings, and use PACs for image acquisition, reporting and storage and are developing digital dictation and document scanning solutions – significant step change is required to develop medicine management, mobile solutions and scheduling. Share digital information - is facilitated by our network infrastructure currently being developed to support mobile devices across our 70+ community sites, and our use of integration engines to create integrated patient records. Again significant step change is required to support the development of portal technology and integration /interoperability and collaboration tools for clinicians to enable integration of records across the health community and to deliver online access to patients and carers in that community. Use digital information – facilitated by our diagnostic service order communication and reporting but limited by our continued use of paper, as we increase our ability to capture and share information digitally, we will need to deliver electronic dashboards and whiteboards displaying real time information. We need to develop our analytics, modelling and knowledge tools and our scheduling systems to deliver and manage hospital, community and patient activities, while monitoring patient journeys and allowing better future planning and resource use. Absolutely key to this strategy is our continued use and development of our diagnostic service order communication and reporting to enable us to continue to deliver benefits to patients and clinician and maintain these efficiencies in our use of digital information. Pathology requesting and reporting is integrated into our electronic patient records through our integration engine, and is key to delivering

	reporting and requesting to our wider Community Service provision and Primary Care community. It is also a key component of our Health Information Exchange product where we aim to combine and share patient level data in the local health economy (including Primary Care, Mental Health and Social Care) at the point of clinical contact with explicit patient consent.			
Total Project Cost	Please state the total cost of the project (£k)			
	£3067			
Total Amount of Funding Requested	Provide a breakdown of total project costs by year, the profile of the costs split by capital/revenue. This should include the amount of capital sought from the fund per year and the amount of funding provided by the organisation (capital and revenue). Please indicate any known tolerances in the costs and funding model. Include any other funds that have been applied for (or are required for the project's viability) and the status of this funding.			
	£1432			
Project Costs (£k)	Breakdown of total project costs by year:			
	2013/14	2014/15	2015/16	Totals
Capital	172	2,100	0	2,272
Revenue	46	389	360	794
Total	218	2,489	360	3,067
DH Capital Sought	172	1,260	0	1,432
HUH funding provided	46	1,229	360	1,634
Totals	218	2,489	360	3,067
Cost Tolerance %	5%			
Other funding applied for or required for viability	Other funding applied for or required for viability			
	N/A			
Delivery in FY13/14	Please state if your project will begin to deliver and incur capital spend from the fund by March 2014			

	YES
Is this a multiple application?	Please indicate if your organisation has made multiple applications to the fund and please rank your applications in priority order, (1st, 2nd, 3rd etc). This priority ranking may be considered if the fund is oversubscribed.
	Yes, this is one of several expressions of interest by the Homerton. Priority 4 out of 4

The Safer Hospitals, Safer Wards Technology Fund Expression of Interest – Order Comms

Is this a joint application?	No
Project Title	Order Communications and Reporting Development
Key Project Contact Details	Name: Niall Canavan Director of IT and Systems Tel No: 020 8510 5034 Address: Homerton Hospital, Homerton Row, Hackney, E9 6SR Email: niall.canavan@homerton.nhs.uk
Project Aim & Description	Provide a description of your project. Explain what you are seeking to achieve and the expected benefits for patients, clinicians and efficiency. (400 words)
	As a core component of our Digital Strategy, our Pathology Order Communications and Reporting system needs replacing with a system that is scalable, adaptive and supporting of the evolving workflows as we develop and enhance our pathology services with a comprehensively digitised clinical system supporting both care record integration within the Hospital and without to deliver Pathology results requesting and reporting to our Community Services and Primary Care. We are seeking to achieve: A secure and robust industry standard best of breed system to help us deliver the paperless NHS by 2018 with scalable modern workflows supporting clinical excellence, utilising future proofed technology delivering business continuity. Accurate and reliable delivery of diagnostic ordering information supporting our Health Information Exchange project where we are utilising Cerner HIE to combine and share patient level data in the local health economy (including Primary Care, Mental Health and Social Care) at the point of clinical contact with explicit patient consent. The expected benefits for patients, clinicians and efficiency are:

	• Improve efficiency and through continued reduction in diagnostic tests performed due to unnecessary or duplicate events • Improved service efficiencies in turnaround time monitoring and workflow tracking • Improved patient care and clinical effectiveness through accurate and secure sharing of diagnostics across the local health economy linked by NHS number as the primary identifier • Improve clinical efficiency by removing numerous limits of our existing systems (limited result lines and limited number of tests requested in a batch) • Improve the user security and authorisation processes to support requesting and reporting in Community Services and Primary Care • Improve Patient care by delivering greater control and ease of system access tailored to the local health community supporting Delivering Safe Care - 7 days a week
Digital/Paperless Roadmap	Provide organisation's roadmap to move from paper to paper light to paperless. This should include an indication of the progression that an award of funding would make in terms of scope, scale or speed. (400 words)
	We have an ambitious roadmap to develop and integrate best of breed systems across our acute and community services to meet the joined up data requirements of the local health economy. This will add value to the patient experience and improve the effectiveness and efficiency of our services as we help deliver the Paperless NHS. A key challenge here is to identify and focus effort to achieve rapid, sustainable, affordable and safe progress. Our strategy is to build on our acute Electronic Patient Record (EPR) and replace our Community EPR system. This will take them beyond their use as administration systems with limited clinical functionality, and develop them as comprehensive clinical systems supporting electronic prescribing processes, widely available notes and elimination of paper through electronic clinical and nursing documentation, medical device integration, and clinical information views to support clinical decision making with the patient. Additionally we will continue to develop and upgrade our diagnostic service order communications and results reporting, upgrade our PACs, improve our data quality with the NHS number as primary identifier by utilising PDS & Spine mini services, deliver the Child Protection Information Sharing Service to support child protection decision making, and continue to develop our Health Integration Engine and portals that support joined up electronic health records to provide integration in all

	care settings beyond the organisation both safely and securely. An award of funding for this project will allow us to deliver the necessary improvements to our Pathology Order Communications project in financial year 13/14.
Project Delivery Approach	Provide an outline of the intended approach for delivering the project, confirming if the project is currently in flight. (400 words)
	This project will be managed by a Programme Board chaired by the Clinical Sponsor, supported by Clinical operational design group leads, and will report to our Informatics Committee chaired by the Chief Executive, other committee members include a medical and surgical consultant, Medical Director, Finance Director, Director of Nursing and the Chief Operating Officer. This group will oversee the output and progress of the project and its associated workstreams, and make decisions regarding scope, deliverables, timelines plans and manage issues & risks. Based on our existing usage of a best of breed solution a potential approach to be used will be migrate the current LIMS configuration (where possible) over to the new system. The basis for this will be the master configuration supplied by the supplier will be used as a platform to design and provide the required system configuration. The build phase will be around 10-12 weeks and migration to the new system should be complete within six months. The project is not currently in flight.
Sourcing Strategy	Provide an outline of the sourcing strategy and suppliers involved (if known) and the likely procurement approach and timescales.(400 words)
	We would use the NHS Supply Chain and associated framework contracts as a route to procurement. Due to the need to migrate the current system, a potential strategy is likely to involve the use of the existing supplier (CliniSys) of the LIMS. The time scale from purchase order to implementation and go-live would be around 6 months.
Supplier Partner Capability Assessment	Provide details on any delivery capability and capacity assessment that has been made regarding the envisaged supplier partner(s) involved. (400 words)
	Existing LIMS supplier has already provided an outline quote and would be able to meet deadlines involved once a purchase order has been received by them. LIMS supplier has the capacity to provide resources to complete the project within timescales.

NHS VistA Solution	Confirm your interest in being involved in the development and adoption within your organisation of an NHS Open Source IDCR, 'NHS VistA', that would provide a core platform for digital care records. (YES/NO)
	NO
Strategic Alignment	Describe the fit of the project with the organisation's information and IT strategy and the current level of infrastructure and capability. (400 words)
	Our Information and IT Strategy is based on a best of breed approach using a small number of fit for purpose applications utilising integration engines and portals with industry standard API's to support information flows. Our maturity & progress is measured against our ability to Capture, Share and Use information, reliant on our infrastructure and capability to: Capture digital information - using clinical and patient management systems in most care settings, and use PACs for image acquisition, reporting and storage and are developing digital dictation and document scanning solutions – significant step change is required to develop medicine management, mobile solutions and scheduling. Share digital information - is facilitated by our network infrastructure currently being developed to support mobile devices across our 70+ community sites, and our use of integration engines to create integrated patient records. Again significant step change is required to support the development of portal technology and integration /interoperability and collaboration tools for clinicians to enable integration of records across the health community and to deliver online access to patients and carers in that community. Use digital information – facilitated by our diagnostic service order communication and reporting but limited by our continued use of paper, as we increase our ability to capture and share information digitally, we

	will need to deliver electronic dashboards and whiteboards displaying real time information. We need to develop our analytics, modelling and knowledge tools and our scheduling systems to deliver and manage hospital, community and patient activities, while monitoring patient journeys and allowing better future planning and resource use. Absolutely key to this strategy is our continued use and development of our diagnostic service order communication and reporting to enable us to continue to deliver benefits to patients and clinicians and maintain these efficiencies in our use of digital information. Pathology requesting and reporting is integrated into our electronic patient records through our integration engine, and integral to delivering reporting and requesting to our wider Community Services and Primary Care community. It is also a key component of our Health Information Exchange product where we aim to combine and share patient level data in the local health economy (including Primary Care, Mental Health and Social Care) at the point of clinical contact with explicit patient consent.
Total Project Cost	Please state the total cost of the project (£k)
	£1281
Total Amount of Funding Requested	Provide a breakdown of total project costs by year, the profile of the costs split by capital/revenue. This should include the amount of capital sought from the fund per year and the amount of funding provided by the organisation (capital and revenue). Please indicate any known tolerances in the costs and funding model. Include any other funds that have been applied for (or are required for the project's viability) and the status of this funding.
	£768k

Project Costs (£k)	Breakdown of total project costs by year:			
	2013/14	2014/15	2015/16	Totals
Capital	768	0	0	768
Revenue	155	179	179	513

Total	923	179	179	1281
DH Capital Sought	768	0	0	768
HUH funding provided	155	179	179	513
Totals	923	179	179	1281
Cost Tolerance %	5%			
Other funding applied for or required for viability	Other funding applied for or required for viability			
	N/A			
Delivery in FY13/14	Please state if your project will begin to deliver and incur capital spend from the fund by March 2014			
	YES			
Is this a multiple application?	Please indicate if your organisation has made multiple applications to the fund and please rank your applications in priority order, (1st, 2nd, 3rd etc). This priority ranking may be considered if the fund is oversubscribed.			
	Yes, this is one of several expressions of interest by the Homerton. Priority 2 out of 4.			

Digital Roadmap from Paper to paper light to paperless
We have an ambitious roadmap to develop and integrate best of breed systems across our acute and community services provision and to meet the joined up data requirements of the local health economy to add value to; efficiency, effectiveness and patient experience as we help deliver the Paperless NHS.

A key challenge here is to identify and focus effort to achieve rapid, sustainable, affordable and safe progress.

Our strategy is to build on our Acute Electronic Patient Record (not part of an LSP contract), our ACE project will deliver paper lite electronic records with clinical documentation, e-prescribing, and integrated vital signs monitoring and alerting in 2015.

We will replace our current Community EPR system in 2015 (as the current LSP RiO contract expires in Oct 2015)

We aim to take these systems beyond their use as admin systems with limited clinical functionality, and develop them as comprehensive clinical systems supporting electronic prescribing with medicines management, elimination of paper through clinical and nursing documentation, medical device integration, and clinical information views to support decision making with the patient.

Additionally we will continue to develop and upgrade our diagnostic service order communication and reporting, upgrade our PACs in 2014 (replacing our existing NPfIT solution).

We will improve our data quality and patient care by utilising PDS & Spine mini services, deliver Child Protection Information Sharing Service to support child protection decision making, and continue to develop our existing integration and portal (Health Information Exchange HIE) supporting integrated electronic records to provide integration in all care settings beyond the organisation both safely and securely.

Strategic alignment with our IT and Information Strategy and our maturity and capability
Our Information and IT Strategy is based on a best of breed approach using a small number of fit for purpose applications utilising integration engines and portals with industry standard API's to support information flows.

Our maturity & progress is measured against our ability to Capture, Share and Use information, reliant on our infrastructure and capability to:

Capture digital information - using clinical and patient management systems in most care settings, and use PACs for image acquisition, reporting and storage, and developing digital dictation and document scanning solutions – significant step change is required to develop clinical documentation, medicines management, mobile solutions and scheduling.

Share digital information - is facilitated by our network infrastructure currently being developed to support mobile devices across our 70+ community sites, and our use of

integration engines to create integrated patient records. Again significant step change is required to support the development of portal technology and integration /interoperability and collaboration tools for clinicians to enable integration of records across the health community and to deliver online access to patients and carers in that community.

Use digital information – facilitated by our diagnostic service order communication and reporting but limited by our continued use of paper, as we increase our ability to capture and share information digitally, we will need to deliver electronic dashboards and whiteboards displaying real time information. We need to develop our analytics, modelling and knowledge tools and our scheduling systems to deliver and manage hospital, community and patient activities, while monitoring patient journeys and allowing better future planning and resource use.