

9 February 2015

Dear Sir/Madam

Thank you for your recent Freedom of Information request regarding the Trust's ICT strategy.

The Trust can provide the following information:

1. ICT Strategy- I require the document that holds future plan and strategy of the organisation's ICT department.

**Under development – roadmap below**

2. ICT Departmental Business Plan

**Feb 2014 - below**

3. ICT Technical Strategy

**Under development**

4. ICT Structure

**Please see blow**

5. ICT Capital budgets and programmes

**Commercial in confidence**

If you have any queries about this response please contact the information governance manager at [foi@homerton.nhs.uk](mailto:foi@homerton.nhs.uk), in the first instance. If, following that, you still have any concerns, you may contact the Information Commissioner either by letter, FOI/EIR Complaints resolution, Wycliffe House, Water Lane, Wilmslow, Cheshire SM9 5AF, or by email [www.informationcommissioner.gov.uk](http://www.informationcommissioner.gov.uk) to take them further.

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*Incorporating hospital and community health services, teaching and research*

Yours sincerely

Laura Evans  
Information Governance Administrator

Mike Dunne  
Information Governance Manager/Deputy Calidcott Guardian

IT and Systems Business Plan – 2014/15

Strategic Objective	Objective Domain	Response: Agreed local objective	Service Area	Owner	Measurable outcomes with timescales	Investment required?
Quality	Safe	Improve use of key clinical information systems	EPR	Paul Adams	Electronic Meds: <ul style="list-style-type: none"> <li># Areas live</li> <li>% adverse meds events reduced</li> </ul> Electronic Vital Signs <ul style="list-style-type: none"> <li># No Devices</li> </ul> Sepsis Prevention <ul style="list-style-type: none"> <li>Reduction in bed days/mortality</li> </ul>	BC approved
		Ensure continuity of service beyond end of National Programme	Projects	Dzinja Kabambe	RiO: <ul style="list-style-type: none"> <li>Q2 contract signed</li> <li>Q4 system pilot</li> <li>Q1 15/16: System deployed</li> </ul> PACS: <ul style="list-style-type: none"> <li>Q1: 50% images retrieved</li> <li>Q1: Contract signed</li> <li>Q2: 100% images retrieved</li> <li>Q4: system implemented</li> </ul>	Yes
		Ensure accessibility to info/records from all sites	IT Networks	Mubin Mullan	COIN Replacement Childrens Centres Network Access	Yes
			Projects	Daniel Clifford?	Acute Notes Tracking <ul style="list-style-type: none"> <li>% notes tagged and tracked</li> <li># misplaced/lost notes</li> </ul>	Yes
		Effective	Define service specification (with appropriate measures) for IT service	IT & Systems	Niall Canavan	#SLAs in place; % jobs in target #SOPs in place; % compliance
	Support staff through professional development initiatives		IT & Systems	Niall Canavan	Staff Development <ul style="list-style-type: none"> <li>% staff ITIL trained</li> <li>% relevant staff PRINCE2 trained</li> </ul>	Yes
	Positive Patient Experience	Improve patient access to information and technology	IT Networks	Mubin Mullan	Patient wi-fi - # areas covered	Yes
			CIS	tbc	?? Patient portal	Yes
			CIS	Steven Ouko	Online Outpatient Appointments	Yes
		Improve patient participation in electronic record keeping	Projects	Dzinja Kabambe	Kiosks <ul style="list-style-type: none"> <li>Q1: Acute Pilot in OP/Rad</li> </ul>	Yes

					<ul style="list-style-type: none"><li>• Q2: Rollout to all OP/Rad</li><li>• Q3: 90%? checkins</li></ul>	
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Strategic Objective	Objective Domain	Response: Agreed local objective	Service Area	Owner	Measurable outcomes with timescales	Investment required?	
<b>Integration</b>	<b>Pathways</b>	Implement cross-sector clinical information and document sharing mechanisms	Projects	Dzinja Kabambe	Health Information Exchange <ul style="list-style-type: none"> <li>Q4 13/14: 10 practices + acute + community</li> <li>Q1: 30 practices + ELFT</li> <li>Q2: All C&amp;H practices + StJH</li> <li>Q2: Connect to Barts, TH, Newham &amp; WF</li> <li>Q4: Social care (subject to LBH procurement)</li> </ul>	Yes (for connecting outside C&H and outside primary, community & acute)	
			CIS	Steven Ouko	Discharge Summaries to GPs <ul style="list-style-type: none"> <li>Surrounding CCGs</li> </ul> Clinic Letters to GPs Order Comms <ul style="list-style-type: none"> <li>Surrounding CCGs</li> </ul>	Yes (for Clinic Letters)	
		Enable electronic integration between community and hospital systems	CIS	Paul Adams	Community ordering <ul style="list-style-type: none"> <li>%orders placed electronically</li> <li>?Average time to result?</li> </ul>	TBC	
			Projects	Dzinja Kabambe	DMS in Community <ul style="list-style-type: none"> <li>Q4 13/14: Technical upgrade</li> <li>Q1: Pilot service(s) live</li> <li>Q2: Rollout to all community services</li> </ul>	No	
			CIS	Paul Adams	Voice Recognition integration for clinical recording / reporting / documentation	Yes	
	<b>Prevention</b>	Support cross-sector information sharing/prevention initiatives	CIS	Paul Adams	Child Protection Information Sharing	Yes	
			Projects	Dzinja Kabambe	Care plan sharing <ul style="list-style-type: none"> <li>Q2: Investigation complete on using HIE to share actual care plans (rather than just flags)</li> </ul>	TBC	
	<b>Partnership</b>	Support delivery of new models of integrated care and service user engagement with London Borough of Hackney	IT & Systems	Niall Canavan	Deliver IT access and solutions for the development of an integrated, reablement and intermediate care service (RICS) and other services being developed	Yes	

			IT & Systems	Niall Canavan	Use of NHS number as primary identifier between NHS and Social Care  Appropriate IG in place for information sharing  Use of open standards and secure email used to support information sharing	No
		Child Protection Information Sharing	CIS	Paul Adams	Implementation of CP-IS with associated spine mini services and Cerner alerting to support child protection	IAD approved

Strategic Objective	Objective Domain	Response: Agreed local objective	Service Area	Owner	Measurable outcomes with timescales	Investment required?
<b>Growth</b>	<b>Turnover</b>	Extend current service offerings (electronic comms/orders) to neighbouring CCGs	CIS	Steven Ouko	OOA Electronic Orders/Comms <ul style="list-style-type: none"> <li>• #practices live</li> <li>• %comms sent electronically</li> <li>• %orders electronic</li> </ul>	No
	<b>Scale</b>	Ensure systems capable of supporting on-going needs, including move to 7-day	IT Infrastructure	Mubin Mullan	MS Azure Lync SCCM Packaged apps available Reset password New accounts	Yes
		Ensure service offering supports new models of working	IT Devices	Mubin Mullan	Mobile Laptops <ul style="list-style-type: none"> <li>• # Devices</li> </ul>	Yes (applied through NTF)
			IT & Systems	Niall Canavan	Service Catalogue <ul style="list-style-type: none"> <li>• Catalogue of standard items with TAT (and price where appropriate)</li> </ul>	
	<b>Reputation</b>	Build external reputation of IT service	IT & Systems	Niall Canavan	Conferences/Shows <ul style="list-style-type: none"> <li>• Q4 13/14: HIE @ HC2014</li> <li>• Q3: EHI Live / Cerner CHC</li> </ul> Relevant Award Applications	No

### **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.

**I.T. & EPR  
STRUCTURE  
CHART**

