1. **Strategic context:**

The report summarizes progress on the IM&T planned projects for 2010/11 building on the strategy update that was presented to Board in Jan 2010 the “further faster” paper that was approved by the Board on 24/11/09. The Further Faster paper was aimed at reducing cost through the introduction of paper-light systems, standardization of process, decision support and patient co-production.

Data to measure Quality of Service (Quality Data rather than Data Quality) is a growing area of work and will be linked to income in 2010/11.

Within the Data Quality work we are also assuring the coding of the organization via a monthly rolling audit of 100 sets of casenotes which will alert us of any problems with the new electronic processes and help to protect the income from successful challenge.

To aid the delivery of the programme and assist the Divisions in designing IM&T supported efficiency programmes, a part of the further faster initiative is a new role provisionally called Healthcare Technologist. Initially there will be three of these posts embedded in Divisions with a broad understanding of IT and where it can make a difference to service delivery.
### 2. Specific Detail:

#### 2.1. EPR Projects

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<tr>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
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<td>Q1</td>
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**Electronic Patient Record (EPR)**

- **Integrated Patient Administration System**
  - Replace IP PAS with bed management, coding, integrate with OP PAS
  - Replace theatres system integrated with PAS with clinical information linked to coding

- **Electronic ordering of tests and investigations**
  - Include radiology not yet done
  - Primary care Order Communications (interfacing work lies within SUHT)

- **Letters with coding (discharge summaries, clinic, A&E letters)**
  - Expand systems use to include day case
  - Discharge summary and reports sent directly to OP system
  - Decision support coding (from clinical input) into new PAS

- **Scheduling (for beds, tests, theatres etc)**
  - IP and OP e-Prescribing
  - Scheduling of multi appointment activity - plan to assess available functionality as time approaches

- **e-Prescribing (including To Take Out drugs (TTOs))**
  - Clinical viewer linking PAS admin data (ward patients, clinics etc) to clinical view (documents and results)
  - Digital dictation within outpatients linked to the record and off-site typing service
  - Scanned document retrieval as a part of the clinical record
  - Reduction in casenote library space (requires technical resilience)

- **Choose and Book**
  - Directly (GP) bookable services - roll out CamHS clinics
  - SUHT are also working with Southampton PCT in delivering the same functionality across the board.

- **Paperless EPR environment**
  - Clinical viewer linking PAS admin data (ward patients, clinics etc) to clinical view (documents and results)
  - Digital dictation within outpatients linked to the record and off-site typing service
  - Scanned document retrieval as a part of the clinical record
  - Reduction in casenote library space (requires technical resilience)

- **Patient safety**
  - Blood products tracking (pilot then Trust wide)
  - Printed wristbands for all patients (Note missed deadlines)

- **Summary care record (in lieu of national project we are progressing the Hants Record to make information available across care settings)**
  - SUHT events visible in HHR (across Hants Health Record)
  - Hyperlink to HHR from SUHT systems

#### 2.1.1. Patient Administration System

Though we do not yet have a fully agreed contract, working under letter of intent has allowed us to progress and maintain a prospective go-live for the new PAS in October 2010. This will give us:

- Replacement PAS
- Replacement Theatres system
- Integration between theatres and existing clinical operation notes
- Integration of operation notes and PAS for coding
- Real Time bed state (ADT)
- Electronic TCI (To Come In) process from outpatients to theatres

SUHT are also working with Southampton PCT in delivering the same functionality across the board. Hampshire have also requested that this is replicated in Lymington but the complexity of the installation to set them up as a separate organization means that this cannot go live until March 2011. Confirmation is awaited regarding their agreement to pay the associated charges for extension of the existing PAS contract etc.
2.1.2. Electronic Ordering Of Tests (Order Communications)

eQuest
Continued standardization in 2010 will see the introduction of new generic ordering functionality during June. This will enable any orderable to appear in a work-list in the destination department. Early indication is that this will be a popular development and will go live early in gastroenterology (motility test) lung function tests and intensivist referrals.

Whilst we are ordering radiology on the system this has not yet been fully completed due to lack of an interface to the national programme RIS/PACS solution. Issues here have not yet been resolved since the contract was changed from Fujitsu to CSC in 2009.

GP Ordering
The connectivity is proven but PCTs have not yet signed off the roll out to their GPs. A live site is expected imminently however.

2.1.3. Letters With Coding

We are now compliant with this initiative in outputting all discharge summaries to the Hants Health Record. The outstanding work is on the PCT side in enabling their GPs to accept the electronic message.

2.1.4. Scheduling

Although the PAS replacement contains elements of scheduling, there is no planned work on enterprise scheduling for this period.

2.1.5. ePrescribing

ePrescribing
The procurement has decided to recommend a preferred bidder. Discussions are being held about financing the implementation.

Cancer prescribing
The cancer network system is now live for lung cancers

2.1.6. Choose and Book

There is no change in this area of work during this period. The system is deployed to >60% SUHT clinics. There is a plan to go paperless in terms of referral in Dermatology but this has not yet been enacted.

2.1.7. Paperless EPR Environment

Paperless Outpatients
Our early adopters for this project are Gynaecology and Rheumatology outpatients and will be going live in June 2010. There have been delays in configuring the software for all of the relevant SUHT data to be visible in the clinical viewer application, which has involved significant software development in cutting out keyboard and mouse actions and multiple login/searches. We have demonstrated the product set to the users however and have received positive feedback. We still hope to be at 80% implementation by April 2011.

Self check-in will also be adopted in this roll-out to facilitate the workflow.

ITU system
A large gap in IT systems support for Trust departments remains in the ITU areas and a business case is expected to come forward in 2010. There are no planned implementation dates at this time however.
MDT

Eleven of thirteen MDT meetings are live with a support system through HICSS. Modifications have been identified for the others and this is planned for completion in June 2010.

Handover and acuity

Priority adjustments in the year have meant that this piece of work has slipped (clinical viewer integration and eye casualty replacement). We have instituted a prioritization group for the developments at the start of 2010. The work is now a top priority. The intention is to pilot the prototype on one of the medical wards during June 2010 and we are working with Dr D Waller on this.

2.1.8. Patient Safety

Cancer care are undergoing training at the moment for imminent go live. Agreement still has to be reached on the further roll-out but the costs have been re-worked with some non-essential elements taken out. This legal requirement must be completed during this year as the Trust is already in a non-compliant situation.

2.1.9. Summary Care Record

During 2010 we will be making the HHR more widely available to SUHT staff through a single click-through function from our clinical applications.

2.2. Information Projects

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<th>2009</th>
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<tr>
<td>Information</td>
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<tr>
<td>Patient pathways</td>
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<tr>
<td>RTT information integrated as a by product of activity - upgrade to OP PAS</td>
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<tr>
<td>Single warehouse for patient pathway reporting - Ardentia</td>
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<td>Patient Related Outcome Measures (CQUIN and Schedule 3)</td>
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<td>NHS Choices</td>
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<tr>
<td>Cancer data sets and NSF development compliance</td>
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<td>Financial sustainability</td>
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<td>HRG 4 projects - SUS data to mirror billing data - prime source</td>
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<td>Patient Level Costing</td>
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<tr>
<td>Automation of processing</td>
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2.2.1. Patient Pathways

18 Week reporting  No further action to report at this stage

Ardentia warehouse  The information team are planning a go live on this [RTT pathway] system that will not adversely affect existing reporting and will also take cognizance of the PAS replacement (CaMIS) project

2.2.2. NHS Choices

Outcome measures  Quality reporting work is a high priority for 2010 but there is no significant update for this period.

NSF Datasets  No further action to report at this stage
2.2.3. Financial Stability

HRG4
Changes required for 10/11 set-up were not as pronounced as the previous year. The reconciliation of this data with Secondary Uses Service (PCT queries) remains a large ongoing piece of work however.

Patient Level Costing
No further action to report at this stage

Automation work
No further action to report at this stage

2.3. Business (non EPR) Systems

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<th>2009</th>
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<tr>
<th>Business systems</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
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</thead>
<tbody>
<tr>
<td>HR (human Resources)</td>
<td>Electronic Human Resources Strategy, including eRostering, Talent Management, Electronic Staff Record, online services, work at home strategy</td>
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<tr>
<td>Finance systems</td>
<td>Replace SLAM (service level monitoring)</td>
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<tr>
<td>Supplies systems</td>
<td>Stock control systems</td>
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<tr>
<td>Estates</td>
<td>Estates systems strategy, including mobile workforce building management, equipment maintenance</td>
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Please note that this paper is not reporting progress on the eRostering system which is being managed separately within HR, with IT involvement.
There has been no significant activity within IM&T on this area of work for the period.

2.4. Infrastructure Projects

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<th>2009</th>
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2.4.1. Directory Services
Through the summer of 2010 we will be moving away from the Novell structure onto Microsoft’s Active Directory. When this is complete our users will no longer see a Novell dialogue to log in and we can consider later versions of the desktop operating system e.g. Windows 7 (although we have no plans to deploy widely at this stage).

2.4.2. Network
No further action to report at this stage

2.4.3. Switchboard
The issues with the supplier have largely been rectified and we have agreed a financial settlement for the delays. With the new account manager we are now exploring call centre and directory technology.
2.5. Patient Projects

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
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<th>2012</th>
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<tbody>
<tr>
<td>Patients</td>
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<tr>
<td>Patient entertainment</td>
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<tr>
<td>Patient view their own information</td>
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<tr>
<td>Self service</td>
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2.5.1. Patient Entertainment

There is no planned work in this area.

2.5.2. Patient Views of Data

We have implemented a web cancellation form for outpatients to enable better management of DNAs and alleviate pressure on booking centres. A specification has been drawn up for an authentication mechanism and web portal for true patient interaction. We are looking for a software partner to take this work forwards.

2.5.3. Self Service

The further roll-out of self check-in is linked to the paperless outpatients project.

2.6. Information Governance Projects

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
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<tbody>
<tr>
<td>Information Governance</td>
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<tr>
<td>NHS Number Programme</td>
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<tr>
<td>Encryption Programme</td>
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<tr>
<td>Information Governance Toolkit</td>
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2.6.1. NHS Number

Work on the NHS number and wristbands is progressing as planned.

2.6.2. Encryption Programme

Portable memory blocking (USB sticks etc) on Trust PCs is being rolled out as planned.

2.6.3. IG Toolkit

IG toolkit submission for 09/10 showed a slight dip in performance against the self assessment. This is largely because the assessment was done in a much more critical way than in the past due to a stronger look at the evidence following recent audits. For 2010 it is proposed to move eight initiatives up from a score of one to two and a further ten from score two to three in order to take us from 68% to 78% overall compliance scoring. The action plan for Information Governance will be agreed by ISSG in May 2010. However it is known that the toolkit will significantly change in June 2010.
2.7.  Further Faster  
No further action to report at this stage

2.8.  Healthcare Technologists  
No further action to report at this stage

3.  Financial Information:  
Status report only

4.  Risk Register Ref:  

<table>
<thead>
<tr>
<th>Operational Risks</th>
<th>Loss of confidential Data</th>
<th>Use of memory sticks or other portable devices for sensitive and/or confidential data &amp; lack of understanding/control over data flows. (AF 28, CQC 21)</th>
</tr>
</thead>
</table>

5.  Trust wide Impact:  
Status report only

6.  Legal Implications:  
Status report only

7.  Carbon Management:  
Status report only

8.  Staff, Patient and Public Involvement:  
Status report only

This matter has been assessed for potential impact on personal data and privacy:  Yes/No  
This matter has been assessed in relation to Equality & Diversity:  Yes/No (please indicate)