Hertfordshire Local Health Community IM&T Plan 2009/10

Document History

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Revision History

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2.0	13/03/09	Final draft for presentation to SHA	Lloyd Baker
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1.0 INTRODUCTION

1.1 Purpose

1.1.1 The NHS Operating Framework for 2009/10 identifies the need for sustained focus on information management and technology (IM&T) in the NHS to deliver better, safer care.

1.1.2 This document sets out the plan by which the local health community (LHC) in Hertfordshire will work together; building on the foundations identified in previous planning documentation to deliver the IT infrastructure that will enable improvement and facilitate change as detailed in the key service re-design programmes in Hertfordshire.

2.0 CONTEXT

2.1 National Context

2.1.1 The government's transformation vision for the NHS was originally articulated in the NHS Plan published in 2000. The aim was to transform the health and social care system so that it produces faster, fairer services that deliver better health as well as addressing health inequalities.

2.1.2 Subsequently, a number of initiatives since the publication of the NHS Plan have addressed challenges in its implementation and responded to emerging patient needs and changes in the wider environment.

2.1.3 The latest review ***Our NHS Our Future*** initiated by the Secretary of State in June 2007 and being led by Lord Darzi, is taking place at two levels, a national reviews and local SHA-level review.

2.1.4 The interim report published in October 2007, presented findings which reinforced the general direction of travel and signalled the increasing importance of personalisation, ensuring all patients for whom NHS services are provided can see their care as personal to them, reflecting and addressing their specific needs and requirements. Lord Darzi's final report is due for publication in June 2008.

2.2 East of England (EoE) Context

2.2.1 The NHS East of England's own regional strategy, ***Towards the Best Together*** sets out the basis of the relationship between the NHS and patients in the East of England. The strategy is built upon the delivery of a number of pledges that patients can expect from their NHS services over the next three years.

2.2.2 IM&T will be a fundamental enabler for the changes that the services will be making to meet these pledges, through the provision of a solid, reliable and robust informatics foundation which will underpin and enable innovation and change.

2.2.3 The expectation is that information systems will be a key component in improving patient experience, by supporting patient choice (Choose and Book), enabling greater personal involvement in care (Summary Care Record) and ensuring efficiency and safety (Electronic Prescription Service)

2.3 Local Context

2.3.1 The local context for future IM&T planning is primarily determined by the two major service redesign programmes, Delivering Quality Health Care in Hertfordshire (DQHH) and ALTO which are currently in progress in Hertfordshire.

2.3.2 To complete the strategic picture for the LHC, plans will include key organisational specific services such as Mental Health, Primary Care (GP) and the two Acute trusts

2.4 Local Health Community Constitution

2.4.1 The local health community in Hertfordshire is made up of six distinct NHS organisations.

- East & North Hertfordshire NHS Trust
- West Hertfordshire NHS Trust
- East & North Hertfordshire PCT
- West Hertfordshire PCT
- Hertfordshire Partnership Foundation Trust
- East of England Ambulance Service

2.4.2 Prior to the establishment of the current configuration of organisations across Hertfordshire, the National Programme for IT (NPfIT) had been administered by two Quadrant Boards based on geographic boundaries. Following the reconfiguration, the decision to support the Primary Care Trusts with a single management structure and the National Local Ownership Programme (NLOP), NPfIT is being delivered at a whole county level.

2.4.3 Both Quadrants had previously adopted different but complimentary approaches to the deployment of available NPfIT applications, as determined by their local requirements. A description of these deployments together with a synopsis of the individual organisations from an IM&T perspective is given in the following paragraphs.

West Hertfordshire Hospitals NHS Trust

2.4.4 West Hertfordshire Hospitals NHS Trust was an early adopter of the Picture Archiving Service (PACS) having implemented PACS in July 2006.

2.4.5 The Trust implemented an upgraded Radiology Information System in November 2007, as a necessary precursor to implementing the upgrade to PACS which will deliver access to the centralised data store.

2.4.6 The Trust is currently operating the iSOFT Clinicom Patient Administration System which is interfaced with Infoflex to provide the Trust with a basic patient clinical information system. On the basis of the functional richness of the current setup the trust are now considering Lorenzo rel. 4 as their logical upgrade path and are actively engaged with CSC to arrange functionality demonstrations and preparatory discussions.

2.4.7 The Trust has reconfigured its local area network and working with BT N3 has implemented a local COIN for the hospital sites within the Trust configuration.

2.4.8 The Trust implemented a Directly Bookable Service (DBS) via a managed Directory of Service (DOS) in order to deliver Choose and Book functionality in September 2006.

2.4.9 18 week functionality has been developed for Clinicom and Infoflex to enable the Trust to meet 18 week wait targets.

East & North Hertfordshire NHS Trust

2.4.10 East & North Hertfordshire NHS Trust implemented a legacy PACS solution prior to the advent of NPfIT. This system is due for replacement in 2012.

2.4.11 The Trust has implemented the Single Assessment Process jointly in collaboration with the health and social care providers in East & North Hertfordshire.

2.4.12 The Trusts legacy PAS was unable to meet the requirements to deliver 18 week Referral to Treatment functionality and a decision was taken in 2007 to replace with the interim LSP PAS solution which went live July 2008. To enable this deployment, the Trust was required to instigate two additional projects to deliver an Integration Engine and a Data-warehouse. The integration engine was successfully implemented in 2007, providing interfaces with seven of the hospital's key ICT systems, including PACS, pathology and pharmacy.

2.4.13 Difficulties with the legacy PAS delayed implementation of a fully functioning DBS within the Trust until December 2007.

2.4.14 The Trust has also undertaken work to reconfigure its Local Area Network and has implemented a local COIN across its four main sites.

2.4.15 East & North Hertfordshire NHS Trust was one of the original pilot sites within the NHS to implement NHSmail, which is now used as the sole email system within the Trust.

East & North Hertfordshire PCT

2.4.16 East & North Hertfordshire PCT was created following the merger of four previous PCTs delivering health services with this locality. Prior to its creation, these organisations had implemented the LSP interim iPM PAS within the four Community Hospitals that existed within the locality.

2.4.17 eSAP has been implemented in the central and eastern localities of the PCT.

2.4.18 There are 63 GP practices within the PCT and 12 have migrated from their legacy systems having implemented the LSP GP solution, TPP SystmOne. The remaining 51 practices have committed to the implementation of GPSOC.

2.4.19 All GP practice systems have the capacity to deliver Choose and Book functionality.

2.4.20 The legacy community PAS and Child Health system is iSOFT Continuum. In 2006, a phased replacement of this system was begun with the initial deployment of the Community module of TPP SystmOne to support the Clinical Assessment Service (CAS) and to support the Continence service, which had previously been a solely paper based service. Subsequently, further community services have deployed SystmOne and a programme has been developed to complete deployment to all services and to replace the Child Health system in 2008/09.

West Hertfordshire PCT

2.4.21 West Hertfordshire PCT was also created following the merger of four PCTs within the locality. These predecessor organisations had also implemented the LSP interim iPM PAS within the three Community Hospitals that existed within the locality.

2.4.22 The West Hertfordshire locality implemented the Community module of TPP SystmOne across all community services as a direct replacement for their legacy community system. The Child Health system was also replaced with the TPP SystmOne Child Health module.

2.4.23 There are 69 GP practices within the PCT and 4 have migrated form their legacy system having implemented the LSP GP solution TPP SystmOne. The remaining 65 practices have committed to the implementation of GPSOC.

2.4.24 All GP practice systems have the capacity to deliver Choose and Book functionality.

2.4.25 The PCT has HMP The Mount within its boundary and is responsible for the provision of healthcare services. HMP The Mount deployed the LSP TPP Prison Module in March 2007.

Hertfordshire Partnership NHS Foundation Trust

2.4.26 Hertfordshire Partnership Foundation Trust (HPFT) provides mental health and learning disability services across the two PCT boundaries. The exposure of HPFT to NPfIT to date has been fairly limited because of the delays in developing functionality within Mental Health that significantly improved the functionality delivered by the legacy system deployed within the Trust.

2.4.27 The HPFT continued the implementation of the Care Notes system across the Trust whilst anticipating that early 2010 the LSP solution will be able to provide the enhanced functionality to meet the needs of Mental Health and at that point the Trust would embark upon an implementation programme.

2.4.28 HPFT jointly with the other health and social care organisations in the East & North Hertfordshire locality have implemented eSAP to support care in the Older Peoples services.

East of England Ambulance Service NHS Trust

2.4.29 The Ambulance Service formed following the merger of the three services in Beds & Herts, East Anglia and Essex and has been engaged in deployment of the LSP Emergency Care system initially in the former East Anglia area.

3.0 ENABLING SERVICE TRANSFORMATION

3.1 Realigning the Programme, NPfIT in Hertfordshire.

3.1.1 Since Hertfordshire began its journey with the National Programme for IT the majority of organisations in the LHC have embarked on significant programmes of redesign, the most significant of which re-shapes the provision of healthcare for the entire county.

3.1.2 In response to the evolutionary nature and shifting priorities for Hertfordshire it has been agreed that the Vision and all associated strategic documents are revised to reflect the strategic poison for Hertfordshire for the next 3 years.

3.1.3 Whilst the overall goal of the programme has not changed, the method and the tools which will enable successful delivery have. The Programme should focus on enabling the LHC to realise its business goals and not purely reflect the ability of the organisations within to deploy the portfolio of products the Programme can offer.

3.1.4 This will require reinvigoration of the programme with all key senior stakeholders across the LHC to secure the essential levels of engagement and buy in are achieved, and in turn give their approval to the revised vision. This will provide the Programme with the correct level of leadership and ownership that spans across all organisations involved.

3.1.5 To ensure this is achieved the Delivering Quality Health Care in Hertfordshire programme board which consists of the CEO, chairs and strategic leaders for the LHC have taken the role of "Sponsoring Group" for the NPfIT programme in Herts. This provides the programme the highest level of ownership and stakeholder engagement possible.

3.1.6 The process will begin with regular NPfIT programme briefings scheduled for presentation to the DQHH board. This will be enhanced with a strategic alignment session scheduled for November 09 which will involve all constituent NHS organisations in Hertfordshire, The outcome expectations for the session are:

- To agree the process for the creation of the Hertfordshire NPfIT transformational plan which will encapsulate the various organisations IM&T plans and ensure they are aligned, reflect and enable the aspirations outlined in each of the LHC's constituent bodies long term strategic plans.

- The creation of a shared vision for the NPfIT programme for Hertfordshire.

3.1.7 This will lead into creating an updated version of the business case and the design of the Blueprint. The Blueprint is a model of the organisation, or in this case Hertfordshire LHC organisations, that details both the current and the future state required to deliver the desired outcomes of the programme and its associated projects.

3.2 Delivering Quality Healthcare in Hertfordshire (DQHH)

3.2.1 Following on from the successful completion of the Acute Services review the "Delivering Quality Healthcare in Hertfordshire" programme was created to deliver the agreed outcomes with regard to service redesign across Hertfordshire. It is this programme that will determine the majority of key

outputs of the NPfIT programme in Hertfordshire which is a vital strategic enabler to the vision of DQHH.

3.2.2 The DQHH programme and its associated governance have ensured that the PCT has complete stakeholder engagement across all the LHC which has given significant opportunities for collaborative working across Hertfordshire organisational boundaries. NPfIT solutions will be deployed to enable the DQHH programme and provide the LHC with enhanced clinical information sharing and reporting wherever possible.

3.2.3 The DQHH strategy, developed following full public consultation sets the vision for the future delivery of secondary care services across the LHC.

- Bring acute hospital services for east and north Hertfordshire together at the Lister hospital in Stevenage;
- Develop two local general hospitals providing outpatient, diagnostic and minor treatments in Welwyn Garden City and Hemel Hempstead. Both of these hospitals will have an urgent care centre, which will care for about 65% of people who go to A&E at the moment;
- Develop a network of eight urgent care centres across Hertfordshire, including an agreement to pilot one each at both Hertford County and Cheshunt Community hospitals.
- The other urgent care centres will be established at the Lister, Watford General, St Albans City and Herts and Essex Hospitals, as well as the two proposed for the new local general hospitals in Welwyn Garden City and Hemel Hempstead;
- Children's emergency and planned care in west Hertfordshire will be brought together at Watford General hospital. It was also confirmed that the long-term location of an NHS-run Surgicentre will be at St Albans City Hospital

To underpin this service redesign the DQHH Programme Board approved the following vision:

3.3 Vision for Hertfordshire

3.3.1 Wherever patients/clients are treated in Hertfordshire the appropriate information is available at all points on their care pathway in order for them to be treated effectively.

3.3.2 To ensure that information is delivered in a way that provides assuredness of safety and accessibility.

3.3.3 Key assumptions:-

- Lorenzo will be implemented in all inpatient facilities over the next 36 months, including mental health.
- TPP SystmOne, which is being implemented for child health and community services and in to GP Practices, will be enabled to work with Lorenzo.
- Ultimately by 2015, a decision may be required to replace TPP SystmOne with a totally integrated solution, anticipated to be Lorenzo Regional Care.
- The technical IT infrastructure must be in place to meet the vision.
- When commissioning new services and providers, the PCT ensures that national IT application requirements are incorporated into service agreements.
- Where services can be provided from alternative locations the procurement specification will need to include clauses to ensure either the use of national systems and/or assurance that alternative/interim systems allow the necessary access, safety, information sharing etc.
- Security issues and responsibilities for the network should be uniform across NHS organisations. There will be the need for some local deliverables regarding PC support and training and this should be coordinated across organisations

3.4 Clinical Informatics strategy for Hertfordshire

3.4.1 There is recognition that with the potential for health care services to be provided to Hertfordshire patients from a contestable provider marketplace consisting of both NHS and non NHS organisations it is essential that a standards and commonality is considered as a core part of any commissioning exercise.

3.4.2 IT and clinical informatics will form an integral element of the specification stage for all PCT commissioning exercises.

3.4.3 The default position is that providers will be expected to adopt the Hertfordshire instance of the relevant national clinical IT system as per the commissioning it strategy and to preserve the single, shared clinical record. Each specification will be reviewed on a case by case basis, there will be occasions where mandating the national system could prove a retrograde step and / or stifle innovative practice with certain providers and legacy / existing systems usage may be considered.

3.4.4 Work is scheduled to define clinical information standards and sharing protocols to cover all ensure in the instance that a non NPfIT solution is to be used there will be a clear expectation that patient information can be transferred onto new providers and that data quality standards are adhered to.

3.5 Commissioning PCT's Strategic plan / embedded IT Strategy:

3.5.1 It is the intention that healthcare Informatics, the provision of technology and information should enhance both health improvement and health care services,

by facilitating changes to delivery and/or providing opportunities for greater effectiveness and efficiency.

3.5.2 The use of technology for delivery and by providing access to information can empower patients, carers, public and healthcare professionals alike. It can shift the focus from a passive activity where healthcare is provided to patients by professionals, into a more collaborative process, actively involving and engaging patients into taking more responsibility of their own health.

3.5.3 The vision for the Local Health Community (LHC) is one where the delivery of healthcare is fully supported by technology, underpinned by access to a single electronic record.

3.5.4 The expectation is that the LHC will maximise the use of the National Programme for Information Technology (NPfIT) solutions to provide the technical solutions and software that will allow the vision to become a reality In practice initially, this record may be created in a virtual environment rather than by the establishment of a single system, with delivery being through technology that links together existing information sources and presents these in an accessible coherent format, independent of location.

3.5.5 However, the long term commitment of the health economy is to deliver the vision by use of the applications supplied through the NPfIT.

3.5.6 The aim is for the establishment of mechanisms for the delivery of seamless healthcare that is enabled by technology. The strategy recognises the differing starting points for organisations however it is believed that provided agreed standardised approaches are adopted, the “mixed system economy” that exists can be “woven” together to enable seamless delivery.

3.5.7 Whilst technology is the enabler by which this vision will be accomplished, there are some underlying key principles that apply:

- Paramount is to ensure the security and integrity of the data and the adherence to relevant legislation and good practice guidance regarding the use and sharing of personal information and data.
- That the technology should be easily available and useable, irrespective of care setting by frontline clinicians and is capable of providing access to the necessary clinical information. This will require functionality that can support clinical pathways delivered across organisational boundaries.
- That the technology will support the delivery of the appropriate information to enable health planning and the business process associated with contracts and performance monitoring.
- That information should be available at the point at which it is required, in a format that meets the need of the user and enables informed decisions to be made

3.5.8 The expectation is that overall business efficiencies will be facilitated through the use of technology and that arrangements exist in order to provide 24x7 availability and support as and when necessary. Each organisation will need to invest appropriately in its core infrastructure to ensure that access to both NPfIT and other business applications are reliable, available and secure. A key enabler to delivering the vision is for the existence of a workforce that has both the capacity and capability to maximise the use of technology and to utilise the information provided.

3.5.9 The strategic vision outlined will be achieved by the PCT through its commissioning arrangements whereby it:

- Shifts focus from that of provider to a commissioning perspective. In order to achieve this, it will be necessary to prepare an ICT Commissioning Strategy that articulates its aims and identifies the steps required to deliver them.
- Provides clear and direct leadership to the IM&T function across the Local Health
- Community so as to ensure robust strategic partnerships between all health care providers.
- Leads the development of active clinical leadership and stakeholder engagement to participate in the influencing, planning, delivery and exploitation of deployed systems.
- Establishes appropriate governance frameworks that facilitate the sharing of information across organisations, ensuring the appropriate identification of individual patient records through the use of the NHS number as the primary identifier.
- Procures the necessary technical infrastructure, focusing on network reconfiguration and the delivery of an LHC wide Community of Interest Network COIN that enables electronic links to be established and supports the applications necessary to deliver the overall vision.

3.5.10 Clearly the implementation of the vision will be realised over a period of time and to an extent that period will be determined by the availability of technology and applications delivered through NPfIT and the resources available at a local level to invest in the infrastructure development.

3.5.11 Nevertheless there will be a series of co-ordinated actions required over the next 6 to 9 months which will involve consultation with interested parties and direct stakeholder involvement and will culminate in the production of ICT Commissioning Strategy

3.6 Urgent Care Centres

3.6.1 Following the Acute Service Review consultation "Delivering Quality Healthcare for Hertfordshire" the boards of the four NHS organisations decided to develop a network of eight Urgent Care Centres across Hertfordshire

3.6.2 A 24 hour standalone Urgent Care Centre on the Hemel Hempstead Hospital Service has been recently procured and the contract has been awarded. The service started on 1st October 2008.

3.6.3 Phase 1

- A pilot Urgent Care Centre at Hertford Count Hospital, Hertford – hours of operation 8am – 8pm / go live 01/10/09.
- A pilot Urgent Care Centre at Cheshunt Community Hospital, Cheshunt – hours of operation 8am – 8pm / go live 01/10/09.

3.6.4 Phase 2

- An Urgent Care Centre at St Albans City Hospital, St Albans - hours of opening to be agreed will be between 12 – 18 hours per day.
- An Urgent Care Centre at Herts & Essex Hospital, Bishops Stortford -hours of opening to be agreed will be between 12 – 18 hours per day.

3.6.5 Phase 3

- A 24-hour integrated Urgent Care Centre at Watford General Hospital

3.6.6 Phase 4

- A 24-hour integrated Urgent Care Centre at Lister Hospital, Stevenage
- A 24-hour integrated Urgent Care Centre probably in QE11 Hospital, Welwyn Garden City.

3.6.7 Any plans for the Urgent Care Centres need to take into account the wider health economy plans per hospital site to allow for the transfer or consolidation of services as appropriate.

3.6.8 The Hemel Hempstead Urgent Care Centre opened in October 2008, and linking into the overall project programme, the final Urgent Care Centre at QEII Hospital at Welwyn Garden City needs to be open in first quarter of 2011 as this is when the QEII A&E Department is scheduled to close.

3.7 World Class Commissioning

3.7.1 World Class Commissioning is an ambitious national programme which is designed to help PCTs commission local services in the most effective way. It will help the PCT's to ensure delivery of better services that are more closely matched to local needs, improving health and well-being and reducing health inequalities across the community.

3.7.2 During late 2008, the PCTs in Hertfordshire underwent the assessment process. This involved a self-assessment, a stakeholder survey and a panel day

where the EoE SHA assessed our capability and capacity. The final report matched our own self-assessment fairly closely and there were some areas where the panel thought more work needed to be done.

3.7.3 Workshops have been held throughout 09 to facilitate the formation of the PCT's action plan in response to the recommendations outlined in the final report. Key stakeholders across the directorates within the PCT's, including IM&T, will be present. It is envisaged that there will be both linked, and specific IT and information requirements to underpin the action plan and these will be formally incorporated into the IM&T plan at the appropriate level following the planned events.

3.8 PCT Provider Services, Arms Length Trading Organisation project (ALTO)

3.8.1 The PCT's provider service are responsible for all clinical services within the trust with the exception of Mental Health. The service have begun a major project to become "Arms length" which will form the basis for their strategic planning and service provision, and potentially could change the picture for community services in Hertfordshire. IT systems and the information contained are crucial to the success of the ALTO project as the movement to cost per contact will become the revenue mechanism for the services.

3.8.2 To ensure IM&T is given the required focus as the enabler to support the proposed reconfiguration project a strategic IT group has been formed to focus on the information system requirements of the service as it evolves. A key consideration for the group will be agreeing the long term strategy for the deployment of Lorenzo in keeping with the DQHH IT strategy.

Capability and Capacity will also feature in the design of the new organisation ensuring that business change, support and training for both national and legacy information systems is available.

3.8.3 Community and Child Health

3.8.4 To date the agreed strategic IT solution for Hertfordshire Provider community and child services is, and remains to be TPP SystmOne. The table below shows the significant progress made across both PCT's in deploying SystmOne.

West Herts Services Taken Live To Date	East Herts Services Taken Live to Date
Child Health	Community Matrons
Health Visiting	Continence Service
School Nursing	Diabetes Services
Adult SALT	MSK Assessment & Treatment
Bed Based Rehab	Neuro Rehab

Cardiac Rehab	Podiatry & Foot Health
Child Psychology	
Children's OT	
Children's Physio	
Children's Community Nurses	
Children's Continuing Care Team	
Children's Specialist Diabetes Nurse	
Children's Eye Care	
Children's Palliative Care	
Children's Physio - Outpatients	
Chronic Fatigue Syndrome	
Clinical Psychology	
Community Paeds	
Community Matrons	
Continence Service	
Diabetes Service	
District Nursing	
Early Intervention Team	
Elective Orthopaedic	
Foot Health	
Intermediate Care	
Leg Ulcer Service	
MSK Assessment & Treatment	
Nascot Lawns Children's Care	
Nurse Consultant for Children with Complex Needs	
Nutrition & Dietetics	
OT - Inpatients	
OT - Outpatients	
Physio - Inpatients	
Physio - Outpatients	
Paediatric SALT	
Paediatric Audiology	
West Herts Services Taken Live To Date	**East Herts Services Taken Live to Date**
Paediatric Liaison Health Visitor	
Pain Management Programme	
Palliative Care	
Respiratory Care	
Specialist Nurse for the Homeless	

3.8.5 The table below details the TPP SystmOne deployment plan for 09/10; the dates are subject to possible changes to reflect potential changes in service priorities.

PCT	Service	Start Date	End Date
East & North	Skin Health	Oct-08	Apr-09
East & North	Nutrition & Dietetics	Oct-08	May-09
East & North	Children Looked After	Oct-08	Mar-09
West	Specialist School Nurses	Dec-08	Apr-09
East & North	Family Planning	Apr-09	Jul-09

West	Heart Failure Nurses	Apr-09	Jul-09
East & North	Psychology	Apr-09	Jul-09
East & North	Leg Ulcer Service	Apr-09	Jul-09
East & North	Child Health	Mar-09	Oct-09
East & North	Health Visiting/School Nursing	Mar-09	Nov-09
East & North	Safeguarding Children	Aug-09	Nov-09
East & North	Paed SALT	Dec-09	Feb-10
East & North	Paed OT	Dec-09	Feb-10
East & North	Paed Physio	Dec-09	Feb-20
East & North	District Nursing	Mar-10	May-10
East & North	Specialist Nursing (inc Palliative Care Nurses)	Mar-10	May-10
East & North	Intermediate Care Teams	Mar-10	May-10
East & North	Adult OT	Jun-10	Aug-10
East & North	Adult Physio	Jun-10	Aug-10
East & North	Adult SALT	Jun-10	Aug-10
East & North	Diabetes Consultants	TBA	
West	Diabetes Consultants	TBA	

3.9 Community Hospitals

3.9.1 The current planning assumptions show that the first deployment of Lorenzo, in a programme of 9 community hospitals will begin in Q2 2009 with the delivery of release 1.9 into Potters Bar Community Hospital; this will be directly followed by St Albans community Hospital.

3.9.2 Hertfordshire will receive a single shared “Instance” of Lorenzo for the entire LHC, it is therefore essential that all planning and deployment activities are centrally co-ordinated as per the NPfIT programme governance arrangement for Hertfordshire.

3.9.3 The system currently in use in the remainder of the community hospital sites is iSOFT IPM; this was delivered under the old LSP contract with Accenture. CSC, the current Local Service Provider, are currently reviewing the lifespan for this product in line with the Lorenzo release strategy and it associated functionality. At the point where Lorenzo can offer the equivalent functionality to iPM it is expected that they will publish a “sunset” plan that will require all users, irrespective of any local decisions, to migrate onto Lorenzo. The table below shows the current availability of NPfIT applications within the Community Hospital sites.

	Organisation/Location	**NACS CODE**	**PAS (iPM)**	**TPP (COMM)**	**TPP (CH)**
1	Danesbury Hospital - Welwyn	5P3G1	✓	✓	

2	Queen Victoria Memorial - Welwyn	5P3G4	✓	✓	
3	Hitchin - Hitchin	5P3H2	✓	✓	
4	Herts & Essex – Bishop's Stortford	5P3K1	✓	✓	
5	Royston - Royston	5P3K7	✓	✓	
11	Gossoms End - Berkhamsted	5P4W1	✓	✓	✓
12	Langley House - Watford	5P4V1	✓	✓	
13	Windmill House - Bushey	5P4V2	✓	✓	
14	Potters Bar Community Hospital	5P4P3		✓	✓
16	St. Albans City Hospital	5P4X2		✓	✓

Table Key

✓ **iPM deployed**

✓ **TPP Child Health deployed**

✓ **TPP Community deployed**

✓ **TPP Community & Child Health deployed**

3.10 Mental Health

3.10.1 Hertfordshire Partnership Foundation Trust, who provide mental health services across Hertfordshire, currently use the CareNotes product to support their clinical application and reporting requirements. The Trust are considering Lorenzo 1.9 from both a functionality and strategic perspective, demonstrations of Lorenzo have been delivered to key stakeholders within the Trust. The HPFT have commissioned the IS consultancy firm Methods to conduct a systems appraisal of Lorenzo and the other commercial offerings available to the foundation trust.

3.11 Primary Care

3.11.1 GP Systems

3.11.2 The following paragraphs summarise the LHC plans with regard to IM&T provision, support and future plans across Primary Care.

3.11.3 Current Systems and progress

East & North Hertfordshire

System	No's	GPSoC Level	GP2GP	EPS Level 1	SCR Readiness

			Tech	Bus	Tech	Bus	D/Accred
TPP SystmOne	15	-	-	-	15	15	1
EMIS LV	30	3	28	28	28	25	0
EMIS PCS	1	2	-	-	1	1	0
IPS Vision	7	3	7	6	7	7	0
iSOFT Premiere	4	2	-	-	3	3	0
iSOFT Synergy	4	2	-	-	4	2	0
Microtest Evolution	1	2	-	-	1	1	0
Total	**62**	**-**	**35**	**34**	**60**	**54**	**1**

West Hertfordshire

System	**No's**	**GPSoC Level**	**GP2GP**		**EPS Level 1**		**SCR Readiness**
			Tech	Bus	Tech	Bus	D/Accred
TPP SystmOne	4	-	-	-	4	4	0
EMIS LV	42	3	37	36	42	42	0
EMIS PCS	6	2	-	-	6	5	0
IPS Vision	12	3	12	11	12	12	0
iSOFT Premiere	3	2	-	-	2	1	0
iSOFT Synergy	1	2	-	-	0	0	0
Microtest Evolution	1	2	-	-	1	0	0
Total	**69**	**-**	**49**	**47**	**67**	**64**	**0**

3.11.4 GP System replacement plans

3.11.5 All GP systems across the LHC have systems that as a minimum comply with GPSoC Level 2. The strategy for replacement remains to encourage practices to consider moving to TPP SystmOne but only if business benefits can be identified.

3.11.6 TPP SystmOne is being deployed in West Hertfordshire replacing the remaining Microtest Evolution system, the go-live is planned for October 09. A further deployment in East and North Hers is scheduled for Feb 2010 replacing Emis LV.

3.11.7 Demonstrations have been arranged for a further three practices to see TPP SystmOne. Planning work is taking place to consider a Local Enhanced Service (LES) approach to SystmOne migrations with regard to assisting practices with the resource implications of system change and data migration.

3.12 GP Led Health Centres

3.12.1 Under the leadership of the DQHH programme the LHC has commissioned the provision of two GP Led Health Centres in Hertfordshire. One of these is co-located with the Urgent Care Centre at Hemel Hempstead Hospital and the second adjacent to the QEII Hospital in Welwyn Garden City.

3.12.2 Both centres successfully went live on June 1st. Following the PCT's strategic approach the Welwyn centre has employed the use of TPP SystmOne and in turn is realising the benefits from integration with the Hertfordshire SystmOne estate. The west Herts centre is utilising AdAstra on an interim basis due to the provider holding the contract for the PCT GP out of hours service and further enhanced their business capability to have a common clinical system.

It is the PCT's intention to migrate the Welwyn Garden City centre on TPP SystmOne out of hours. Discussions are in progress with CSC to determine the commercial arrangements to enable this.

3.13 Electronic Prescription Service

3.13.1 The LHC remains committed to the provision of Electronic Prescription Service and plans to role this out as quickly as possible once the appropriate software upgrades are available in both practices and pharmacies.

3.13.2 The range of GPSoC compliant practice systems will enable the LHC to embark initially on a system specific focussed roll out programme, although because the vast majority of practice systems are EMIS, a full-scale deployment will not be possible until EMIS is able to deploy updated software.

Planning assumptions in preparation for the availability of EPS r2 are that the current EPS project manager will remain the EPS lead for the PCT, the project team will also consist of comms leadership for the corporate PCT comms team and a named senior pharmacy lead. The scope regarding RA service for pharmacies in Hertfordshire is also currently under reveiw. The PCT's EPS R2 deployment plan will be completed during November 09.

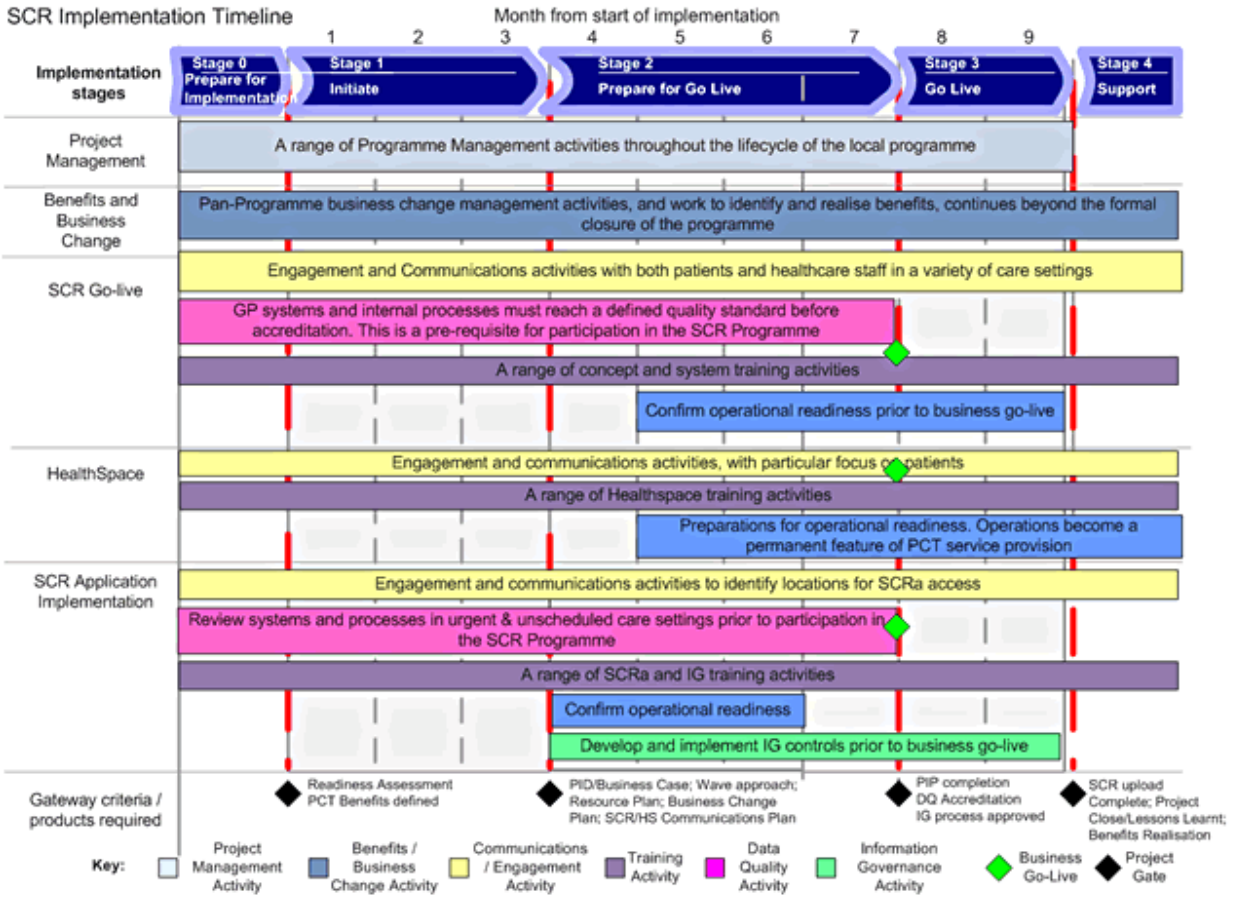
3.14 Summary Care Record (SCR)

3.14.1 Within Hertfordshire it is envisaged that all GP systems currently in use will be SCR compliant by September 2009 and therefore able to upload the patient summary to the national data spine once enabled. Prior to this technical milestone it is advised that a comprehensive communication plan is created to ensure both clinicians and patients are fully aware of the SCR, its associated functionality and governance arrangements which will include detail for the patients on how to "opt out".

3.14.2 To realise the maximum benefits associates with the deployment of the Summary Care Record it is important that Hertfordshire consider a single LHC wide approach to the project management and delivery of the application.

3.14.3 Cross organisational co ordination and delivery of the key components such as the patient and staff communication campaign, business change and training will allow Hertfordshire to realise the full potential of the Summary Care record.

3.14.4 The diagram below shows the high level implementation timetable for the deployment of the SCR into the LHC



3.14.5 Key Challenges for the Project:

- Project Teams, Project Boards need to be compiled
- Communications - PIP needs to begin prior to GP uploads commencing
- Stakeholder Engagement - LMC's, PALS
- Local clinical and patient sponsorship is vital

- Training needs to be coordinated: Concept Training; Systems Training
- IT Infrastructure - ensure technical support available and knowledge transfer takes place. Manage user expectations if awaiting software or patches.
- Understanding this is business change supported by IT

3.14.6 The PCT, under the leadership of the CEO, has committed to the aspirational goal of Dec 2010 to complete the roll out of the SCR. A project manager will be appointed in October 09 who be appointed the PCT SCR lead, the PCT's corporate head of communications will lead the comms activities associated with the SCR with appropriate links to resource and funding.

3.15 Acute Trusts – "Clinical 5"

3.15.1 The starting point is completely different for the two Acute Trusts in Hertfordshire as plans are developed to meet the "Clinical 5", identified as the key elements of functionality, useful and valuable in a clinician's 'day to day' business. Nevertheless, there is a synergy in terms of the selected approach to deliver order communications & diagnostic reporting and letters with coding, both organisations looking to exploit the benefits of the previous solution deployed to provide pathology order communications.

3.15.2 The selection of a single product, albeit delivered to different timescales, is that it enables the LHC as a whole to implement a county wide approach that is capable of integration with the Primary Care infrastructure and also supporting clinicians within Hertfordshire Partnership Trust, enabling cross county communication irrespective of where tests or reports and letters originate.

3.15.3 This unified solution approach is enhanced even further for Hertfordshire GPs in the fact that a similar solution is being deployed at the Luton & Dunstable Hospital, which services a number of Hertfordshire residents who live on the Hertfordshire/Bedfordshire border.

3.15.4 Whilst there are Trust specific projects with individual timescales for delivery, an overarching arrangement is being established to ensure the delivery of a uniform approach, shared learning and to maximise the use of resources such as training and support.

3.15.5 East & North Hertfordshire Trust have already partially rolled out pathology results reporting within the Trust and are piloting the requesting functionality with a number of GP practices prior to developing the wider roll out plan to commence Quarter 1 2009/10.

3.15.6 West Hertfordshire is piloting to deploy radiology order communications and results reporting in the A&E and Acute Admissions, prior to a Trust wide rollout for both Radiology and Pathology. Plans are being developed to include the

wider GP community in the second stage of the project, utilising the lessons learnt in the East.

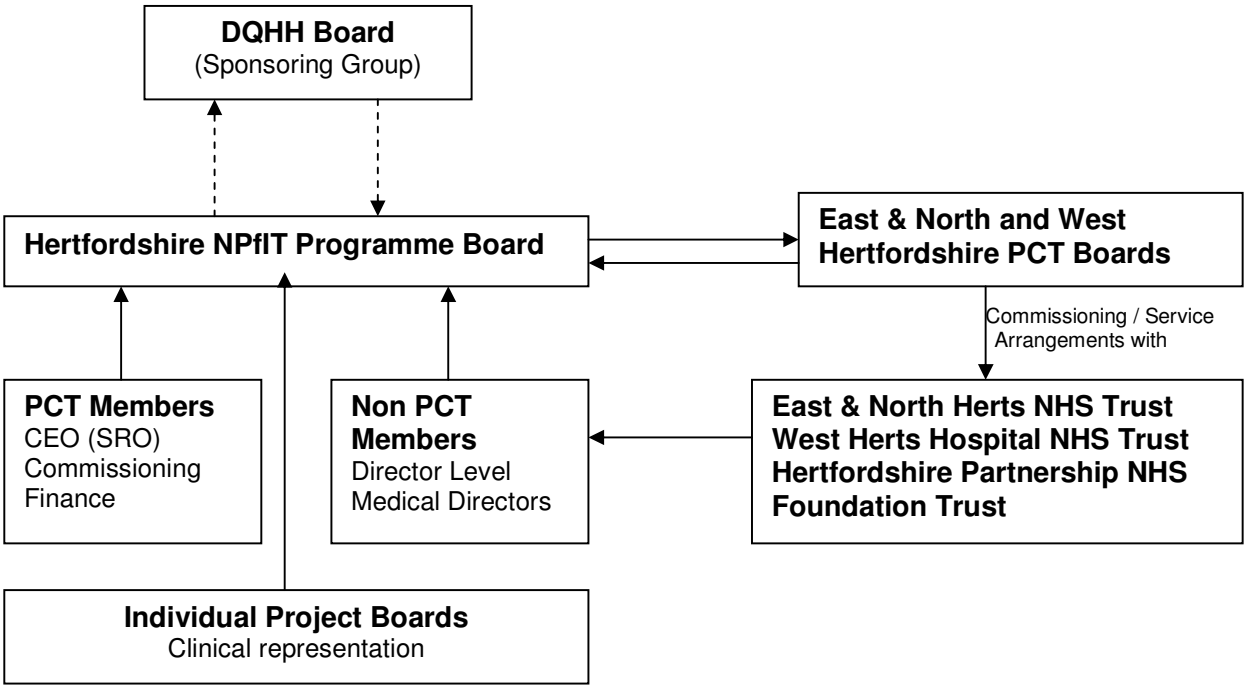
3.15.7 Both Trusts are developing plans that will utilise the same solution for transmitting coded electronic discharge letters to GPs. The timescale for which will be determined on the basis of the initial pilots, subject to successful pilots a staged roll out across the county is anticipated to begin in the fourth quarter 2009/10.

3.15.8 A chemo-prescribing project is being implemented by East & North Hertfordshire NHS Trust on behalf of the Mount Vernon cancer network, which includes West Hertfordshire NHS Trust. There will be a staged deployment across the four sites with a provisional go-live for East & North Hertfordshire planned for July 2009. The lessons learnt will inform the approach to be taken delivering e-prescribing in other areas of the Trusts.

4.0 GOVERNANCE

4.1 Local governance arrangements

4.1.1 The governance arrangements for the Hertfordshire NPfIT Programme Board are detailed in the following diagram:



4.1.2 The Board's agreed remit is to:

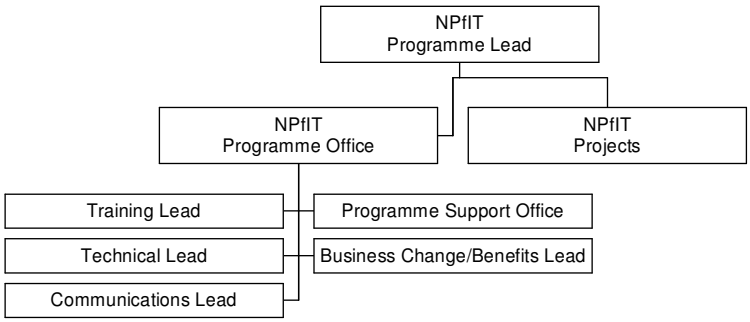
- Under delegated authority from the East North and West Herts PCTs Boards:
  - prioritise individual IM&T projects in relation to the overall strategy
  - allocate earmarked resources from the PCTs to support delivery of the strategy
  - coordinate IM&T investment throughout Hertfordshire
  - make recommendations on IM&T investment to the boards of constituent organisations within Hertfordshire
- Ensure that sufficient resources are provided to individual projects from all organisations to support IM&T enabled service redesign and improvement across the local health community
- Quality assure individual IM&T projects and ensure that they are run using PRINCE 2 standards
- Monitor and performance manage the implementation of all strategic IM&T projects
- Identify and manage programme risks and issues, ensuring that these are reported as appropriate to the relevant organizations.
- Coordinate and track the delivery of benefits
- Support and coordinate the organisational development of the individual IM&T organisations within Hertfordshire to support delivery of the IM&T strategy.

4.1.3 Membership of the board is derived from directors with responsibility for service improvement from all Hertfordshire organisations, IM&T professionals and clinicians.

4.1.4 The board meets quarterly and is led by the PCT Chief Executive as Senior Responsible Owner for the programme.

4.2 Programme management arrangements

4.2.1 Overall responsibility for the day to day delivery of the LHC plan is undertaken by the NPfIT programme lead. This is a full time position supported by a programme office, the details of which are as follows:



Appendix 1 details the programme office structure with the names of the current post holders included.

4.2.2 The NPfIT programme lead has a co-ordination role, linking directly with the individual specific NPfIT projects being undertaken in the specific local organisations.

4.3 Information Governance

4.3.1 Processes are currently being reviewed by the Information Governance Sub Committee with particular attention given to the possible complexities World Class Commissioning and Third Party Contracting may bring.

4.4 NHS Number

Project Manager has been named and first meeting involving all disciplines including: Acute, Corporate and Hertfordshire Community Health Service to take place 6th October 2009. HCHS are formally reveiwng their internal IG policys and procedures in line with the TCS agenda.

4.5 Pseudonymisation

Project Manager has been nominated, submission of initial baselines will be submitted 30th September 2009.

4.6 Clinical leadership

4.6.1 Fundamental to the successful delivery of the programme in Herts is the engagement with our clinical colleagues across the LHC and in some circumstances the EoE SHA.

4.6.2 To ensure a benefits focused patient centric approach to our LHC planning, the post of NPfIT Clinical Lead, Business and Benefits realisation lead is responsible for the high level strategic clinical engagements and has the

delegated authority to determine and agree clinical practice and safety issues for the PCT that relate to the NPfIT programme for Hertfordshire.

4.6.3 The PCT will build a number of formal clinical champion networks spanning the LHC who will advise and input into their relevant project fields, these in turn will be represented on the individual project Boards which report into the Hertfordshire NPfIT Programme board.

4.6.4 Each clinical network will be asked to nominate a formal representative who will attend the EoE SHA special interest groups on behalf of the LHC.

4.7 Business Change Approach

4.7.1 Effective Business Change in NPfIT deployments is fundamental in moving towards the PCT's long-term strategic goals and overall success of the programme. To ensure that the organisational drivers for change are achieved in a timely and well-organised manner, a structured and formalised approach to business change is adopted across and forms an integral part of all NPfIT projects within Hertfordshire PCT's.
Appendix 2 shows a high level view of the process.

4.7.2 The Business Change work stream is lead by the Business Change Manager and Clinical Lead for the PCTs, and includes a team of Business Change Leads and Analysts who use an approach which promotes both service ownership and clinical engagement.

4.7.3 At the start of a deployment an assessment of service readiness is undertaken in conjunction with the Service Manager and Business Change Lead, to ensure that the service/practice is ready and signed up to the forthcoming changes. The assessment, along with deployment timescales and the mobilisation of a Service SystmOne Deployment Group, help focus the attention of key activities and roles and responsibilities.

4.7.4 During the 3 month deployment period a number of Business Change work streams are undertaken with the service and key stakeholders to identify current "as is" and future "to be" processes. It is also presented as an opportunity to all services to explore new ways of working and challenge historical practice thereby realising the benefits of enhanced working practice for staff and ultimately improved quality of care for patients.

4.7.5 These work streams are then brought together in the production of a Business Change Plan which formalises the final agreed changes and new ways of working. To ensure the success of deployments the Business Change Team works constantly in close collaboration with other members of the NPfIT Team.

4.8 Technical Approach

4.8.1 To compliment the approach taken to deliver effective Business Change within the NPfIT deployments, a similar structure has been developed for the technically related aspects of each project.

4.8.2 This process is headed by a Technical Lead for the PCT's and is managed by Technical Deployment Managers who may also specify and use desktop engineer or network resources from within the business as usual IT department. This ensures that extensive background knowledge of current infrastructure can be utilised and that this additional knowledge is carried back into the BAU setup when each deployment is completed. External contractors may be required for some elements but a strong working relationship has been built up between these contractors so a consistent approach is delivered.

4.8.3 Key stakeholders are kept involved in the progress of the technical deployment to so that the service is aware of the progress being made and to ensure that all required goals are achieved. Milestones are identified so that these stakeholders and the project team can liaise and confirm that the technical aspects of the deployment are aligned to the expectations of the service. The technology that is deployed must support the benefits that are intended to be delivered by the Business Change staff and the project team as a whole.

4.8.4 Once the service has reached their "Go-Live" period and been supported through it by all elements of the project team, all appropriate technical documentation is handed over to the Business as Usual teams so that a seamless transition of support is completed.

4.9 Training Approach

4.9.1 In order to support the PCTs goals ……professional & accredited training is essential to ensure the safe & effective use of clinical record systems. A formalised & structured approach is adopted for each NPfIT deployment within Hertfordshire. **Appendix 3**

4.9.2 The training team is led by the Education, Training & Development Lead and includes a team of accredited professional trainers. As required within the agreement with the LSP, all trainers are ‘Train the Trainer’ qualified, which ensures a consistent standard & understanding of training needs across the programme.

4.9.3 Once issued with a deployment notification the training approach is adopted. Each project is assigned a training lead who works closely in conjunction with the business change analyst to asses the service’s need for training. This need is based on the Training Needs Analysis (TNA), which is applied to all staff within the services. The results of the TNA enable the training team to refer onto the Learning & Development department those needing additional support, if required, and also to offer the staff a certificate which can be used for eKSF.

4.9.4 Each lead trainer has the responsibility for arranging training prior to go-live, crib sheets, handouts and other learning material and floor walking (training after go-live *in situ*). Special learning needs are considered as part of the responsibilities, ensuring accessibility to training facilities, resources and delivery.

4.9.5 After go-live the project team have a responsibility to handover on-going training to HCHS but in other providers this approach has not been decided upon.

4.9.6 Collaboration with the whole NPfIT project team is essential in delivering quality training on a system that is fit for purpose for the service receiving it. Collaboration with other departments of the PCT and outside organisations is also essential to ensure clarity and direction in delivering the required level and type of training.

4.10 Communication and stakeholder engagement strategy

4.10.1 Please see **appendix 4** for the current strategy applicable to all projects.

4.11 Project Assurance

4.11.1 Each NPfIT project is subject to the same project assurance approach, through each formal project stage and at the end of each milestone the assurance team assigned to the project in partnership with the benefits lead conduct an assurance review based on the agreed outputs and benefits to ensure the plan is still viable.

4.11.2 After successful project delivery the assurance team will conduct a post go-live assurance review that involves meeting individually with key stakeholders to record their perspective on delivery, quality and benefits realised. This information is then formally reported to the relevant project board and will form the basis of the lessons learned output.

4.12 Programme Assurance

4.12.1 The programme assurance function for the PCT's is currently being formalised, the function will assess specific aspects of the programme which will generate confidence that the programme is being managed effectively and is on track to realise the expected benefits and desired outcomes.

4.12.2 The key focus assurance areas are:

Business Assurance – *assessing the management of the business case and the continued viability of the programme against it.*

Stakeholder Assurance – *assessing the mechanics and performance of the stakeholder engagement strategy.*

Risk Management Assurance – *assessing the implementation and performance of the programme according to the risk management strategy*

4.13 Risk and Issue Management

4.13.1 The NPfIT Programme Board has an agreed framework for the reporting of programme and project risks and issues in order to ensure that identified risks and issues are formerly communicated to relevant NHS bodies for inclusions as appropriate in corporate risk registers. This framework will be used to form the basis of the Risk Management Strategy for the programme.

4.13.2 Risks and issues are identified at both the programme and individual project level.

4.13.3 Risks and issues at the programme level are formerly reported to the board at the next meeting and logged in a programme Risks and Issues Log.

4.13.4 The relevant project board proactively manage risk and issues identified at the project level. Each project maintains a risk and issues log. Where the risk or issue extends beyond the scope of the individual project or is assessed as presenting a high risk, it is reported to the programme lead and reported to the board on an exception basis.

4.13.5 Where it is considered necessary the programme board will escalate programme and/or project risks and issues to the EoE SHA and Connecting for Health, as appropriate

4.14 Benefits Planning & Realisation

4.14.1 Benefits approach

4.14.2 The LHC in keeping with the approach followed at EoE SHA, has adopted the Cranfield University benefits realisation methodology.

4.14.3 However, to date the approach to benefits planning and realisation has been project specific and there is a need to develop a more cohesive programme approach to ensure a broader delivery linked to the LHC objectives.

To facilitate this the NPfIT Clinical lead, Business Change and Benefits realisation manager has taken the lead role in defining and base lining the benefits across the LHC at both a strategic programme and project level. This will give visibility to the stakeholder organisations of the overall programme benefits borne from the adoption of the national systems across the LHC and

will complement the deployment roadmap drawing together the interdependencies across the linked projects.

4.14.4 This will be further underpinned through the formal links that have been forged with the major Herts wide transformational programme (DQHH) where NPfIT applications are a key enabler to realising the vision and associated benefits that will shape the picture for health care delivery in Hertfordshire.

4.14.5 Pre - deployment baseline information will be recorded on the EoE SHA benefits tracker tool to give real-time visibility to post deployment benefits identified in the project brief , this is a formal stage to our business change process which follows the format below:

1. Core Benefits – advantages that all clinical services should receive
   a. Quantifiable benefits
   b. Measurable benefits
2. Additional Benefits – benefits specific to a clinical service
   a. Quantifiable benefits
   b. Measurable benefits
3. Benefit experiences – anecdotal evidence of benefits

4.15.6 Post go-live each project will hold benefits realisation workshops which will analyse the baseline information and formally record specific – non generic benefits borne from each deployment which will be recorded in the EoE SHA tool as per stage 3 above.

5.0 CAPACITY & CAPABILITY

5.1 The LHC has adopted an incremental approach to the provision of staff resources with the capacity and skills to deliver the various aspects of the NPfIT programme.

5.2 Permanent staff have been recruited to fill the posts identified within the LHC programme office. Individual projects are resourced with a mixture of staff reassigned from other duties, seconded from within the health economy, short term contracts and agency staff. The PCT training team are in the process of developing a multi competency team with each member holding specialist knowledge in one key system; this is enhanced by the addition of two GP specific trainers who will be skilled on both NPfIT and commercial systems to support GPSoC.

5.3 To support and enable the PCT's commissioning IT strategy, and vision for healthcare informatics for Hertfordshire, commitment has been given at an executive level to ensure that the PCT's retains key skill groups post project deployment. This will ensure that providers working in Hertfordshire who will be utilising the PCT's portfolio of national applications will have essential access to the key areas such as application support, training and business change.

5.4 All the organisations within the LHC have been involved in reviewing the ongoing staffing implications of changing the RA structures and aligning these with HR departments.

5.5 The PCT's provider services, under the remit of the TCS agenda, are reviewing their internal IM&T support functions in light of their proposed move to independent trust status.

5.6 The LHC will be reviewing the prospect of collaborating across organisational boundaries in order to support the NPfIT applications being implemented. The initial focus of this collaboration will be upon the feasibility of providing a single service desk to undertake first line support to system users. At the outset the expectation is that this will be developed on the model adopted by the PCT which was one of the earliest service desks to receive national accreditation to Connecting for Health standards.
It is expected that further areas for collaboration will include training and application support, both areas being those where capacity restraints will otherwise impact upon the successful roll out and subsequent support of common applications.

5.7 Continuing clinical engagement with NPfIT remains a key strategic objective for all organisations. The approach taken within the Trusts has been determined by the nature of the project. East & North Hertfordshire Trust have appointed a senior clinical lead with dedicated time to ensuring an appropriate level of clinical "buy-in" to the whole IM&T agenda. Similarly, with thin the PCT, dedicated clinical time has been devoted to active engagement with both individual projects and the programme as a whole.

5.8 All project boards are ideally either clinician led or as a minimum have clinicians undertaking active roles, including providing links back to the business areas that are implementing the projects.

5.9 The LHC has two members of the NHS EoE NPfIT clinical engagement group and the establishment of a structured approach to the provision of clinical networks to inform the programme across LHC will be initiated during 2009

6.0 SUPPORTING THE PLAN

6.1 IT Infrastructure

6.1.1 Service Desk

6.1.2 The core ICT Service Desk consists of nine technicians, one senior technician and one manager. Within the team there is a Choose and Book specialist (who can call on trainers for additional support) and a CfH specialist (who triages

calls, routes them to local IT or NPfIT suppliers and progress chases the resulting incidents).

6.1.3 An additional post of RA & CfH application support technician is currently going through the local approval process. Assuming it is approved this post will consist of two WTE members of staff to cover both RA and Choose & Book, absorbing the existing Choose & Book post.

6.1.4 In addition to the core IT Service Desk team described above the same phone system and Incident management system (Remedy) is used by the community TPP SystmOne support team, the HPFT CareNotes support team and the ICT Purchasing team.

6.1.5 The telephone system is used to route callers to the different specialist support groups described above.

6.1.6 The Service Desk achieved Connecting for Health accreditation in August 2007.

6.2 IT Infrastructure Library (ITIL)

6.2.1 The ICT department is in the middle of implementing the core ITIL processes. The Service Desk has been using Incident Management for three years.

6.2.2 The Network team have been under change control for one year and the Systems team for four months. The current paper based system is being migrated to Remedy during 2009, after which all other aspects of IT Services will come under the change control process.

6.2.3 The existing Configuration Management Data Base (CMDB) is in the process of being migrated to Remedy and will be used to underpin the change control process. It will be populated and maintained by a combination of manual processes and automated discovery tools such as Microsoft's System Centre management suite. There is a full time Asset & Configuration manager within the department who is responsible for maintaining the CMDB.

6.2.4 Within the department the Service and Quality Manager is a Red badge holder, the Network & Systems Manager is working towards his Blue badge in Service Capacity and there are numerous v2 & v3 Green badge holders.

6.3 Network

6.3.1 The ICT department currently supports 147 sites across Hertfordshire via leased lines and ADSL. A proposal has been put together with BTN3 and CfH for a 'wires only' Community of Interest Network (COIN). The business case has been developed and local funding is being sort. The COIN will cover the 67 largest PCT and HPFT sites, providing significant increases in bandwidth to

most, and resilience to all sites.

6.3.2 The COIN is designed to provide improved access to both national and local systems such as PACS and CareNotes.

6.3.3 The LAN at each site is running at a minimum of 100Mb/s with plans to upgrade core sites to gigabit LANs. Network access control is in place and is being gradually tightened to reduce the chance of an unauthorised or mis-configured device successfully attaching to the network. Microsoft's SMS is in place for PC management such as patching and program upgrading as well as providing the inventory required to facilitate the PCTs PC upgrade programme. SMS will be upgraded to System Center Configuration Manager during 2009.

6.3.4 All switches, firewalls and intruder detection devices are Cisco equipment, which the small network team is well qualified to support having attended several Cisco accredited training courses.

6.3.5 Remote access to the LAN is accessible to any member of staff with a PCT / HPFT owned laptop via their home internet connection and a RAS session secured via Cisco VPN and two factor authentication. All such connections will be upgraded during 2009 to allow failover to a secondary site in the event of failure. Microsoft's IAG secure access technology is currently being investigated.

6.3.6 Traditional network penetration tests have been carried out for a number of years but in 2009 an ethical hacking company will be used to test both LAN, WAN and physical security.

6.4 Servers

6.4.1 A major server virtualisation project is underway and is due to be completed in late summer 2009. This will reduce the number of servers by around 80% and introduce much better disaster recover and business continuity as two identical server farms will be created, one in each of our data centre. VMware's Site Recovery Manager will be used to create and test server DR plans. The disk sub-systems will be configured to replicate data across the network.

6.4.2 The current core network is running Windows Server 2008 with AD 2008. Sensitive data accessed via local web servers and N3 is protected by SSL encryption. The use of SSL will be expanded during 2009. It is also intended to turn on IPSEC to secure data in transit across the WAN / LAN between out own PCs and servers to prevent sniffing.

6.5 Identity Management

6.5.1 A secret question system is currently being used as authentication to unlock accounts for the 900 or so users of Safeboot encrypted laptops. During 2009 it

is expected that a single sign on system will be implemented. This will allow the use of NPfIT smartcards for local authentication and will include password self-service.

6.6 Video conferencing

6.6.1 The HPFT has implemented a pilot video conferencing system at 3 sites, running across N3 and the local WAN. It is expected that the PCT will start using the same technology in 2009.

6.7 Registration Authority (RA)

6.7.1 Registration Authority services for Hertfordshire were successfully mainstreamed in April 2008. The agreed structure moved responsibility for the Registration Authority and it associated governance and controls to the relevant organisations HR Director.

6.7.2 Smart Cards are issued jointly between the recruitment team and the IT based RA support technicians.

6.7.3 A number of RA projects are still in progress and led by the PCT. The most significant of these are the UIM (User Interface Management) and PBAC (Position Based Access Control) both of which we are 1 of 4 national pilot sites.

7.0 FINANCIAL PLANNING

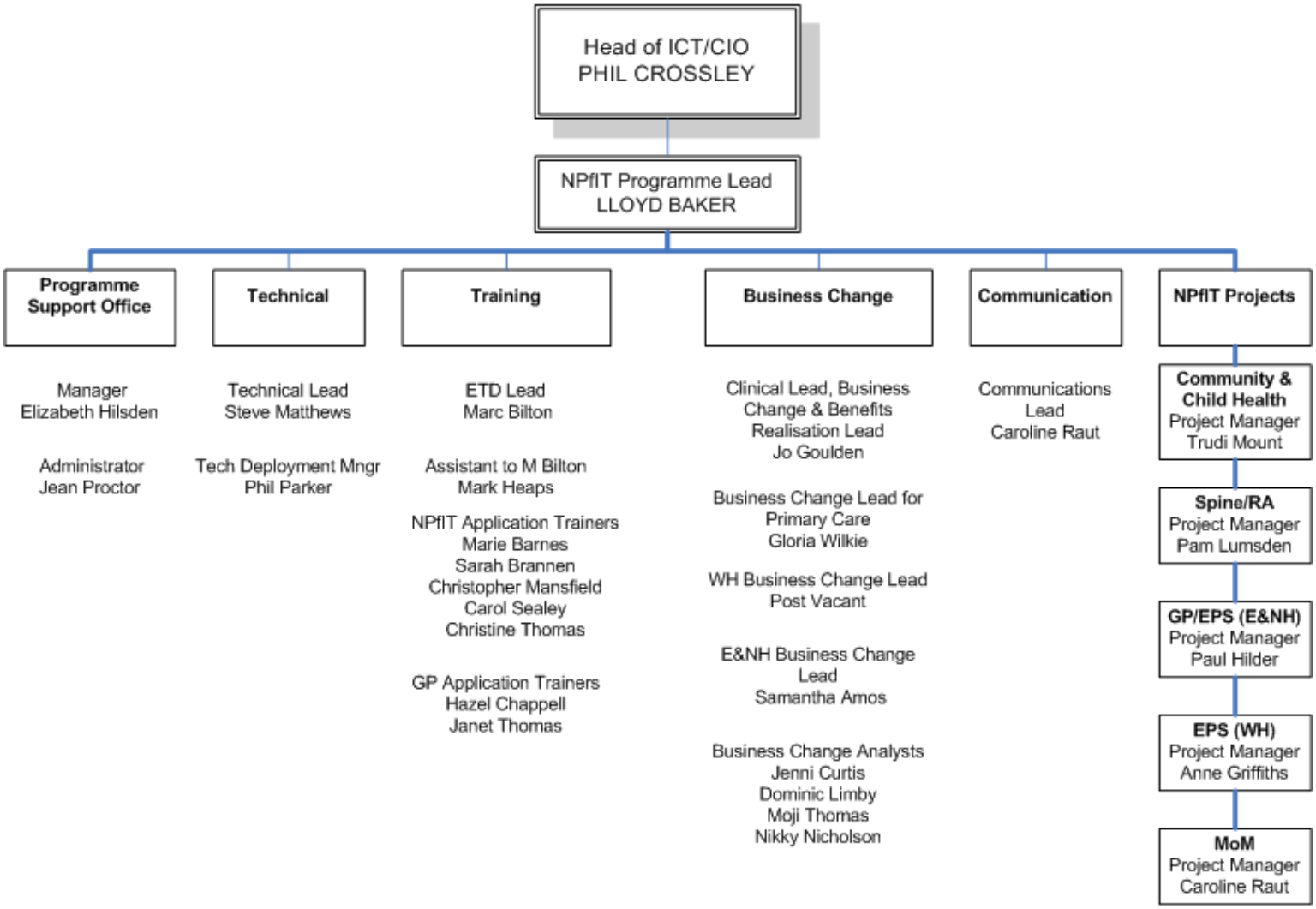
NPfIT Draft Budget Summary 09-10

Description	Pay	Non Pay	Capital	Total
NPfIT General	610,560	310,700	0	**921,260**
GP Systems Project	83,965	0	100,000	**183,965**
Community & Child Health	277,177	0	315,000	**592,177**
Choose & Book	160,295	0	0	**160,295**
Summary Care Record	0	0	100,000	**100,000**
Health Space	0	0	50,000	**50,000**
GP to GP	0	0	0	**0**
GPSoC Deployment	0	0	0	**0**
Map of Medicine	0	0	40,000	**40,000**
Lorenzo	0	0	85,000	**85,000**
PACS Commitment	0	75,000	0	**75,000**
EPS	0	0	15,000	**15,000**
Total	**1,131,997**	**385,700**	**705,000**	**2,222,697**

8.0 DEPLOYMENT PLAN 09/10

Programme plan 09/10

Appendix 1


Head of ICT/CIO
PHIL CROSSLEY
NPfIT Programme Lead
LLOYD BAKER
Programme Support Office
Technical
Training
Business Change
Communication
NPfIT Projects
Manager
Elizabeth Hilsden
Administrator
Jean Proctor
Technical Lead
Steve Matthews
Tech Deployment Mngr
Phil Parker
ETD Lead
Marc Bilton
Assistant to M Bilton
Mark Heaps
NPfIT Application Trainers
Marie Barnes
Sarah Brannen
Christopher Mansfield
Carol Sealey
Christine Thomas
GP Application Trainers
Hazel Chappell
Janet Thomas
Clinical Lead, Business Change & Benefits Realisation Lead
Jo Goulden
Business Change Lead for Primary Care
Gloria Wilkie
WH Business Change Lead
Post Vacant
E&NH Business Change Lead
Samantha Amos
Business Change Analysts
Jenni Curtis
Dominic Limby
Moji Thomas
Nikky Nicholson
Communications Lead
Caroline Raut
Community & Child Health
Project Manager
Trudi Mount
Spine/RA
Project Manager
Pam Lumsden
GP/EPS (E&NH)
Project Manager
Paul Hilder
EPS (WH)
Project Manager
Anne Griffiths
MoM
Project Manager
Caroline Raut

Appendix 2

Business Change Approach

Task Name	Resource
Service SystmOne Deployment	
Service Deployment Readiness Assessment sent to Service Manager/Lead	BC Lead
Initial Meeting with Service Manager/lead	
Review Service Deployment Readiness Assessment & agree actions	BC Lead & Project Mgr
Define service deliverables inc staffing numbers & current IT resources etc	BC Lead & Project Mgr
Set & agree timescales and deadlines	BC Lead & Project Mgr
Identify Service SystmOne Deployment Group	BC Lead & Project Mgr
Complete Deployment notification	BC Lead
Service SystmOne Deployment Group (SSDG) - First Meeting	
Terms of Reference - Outline tasks and responsibilities of group	BC Lead & Analyst
Discuss potential benefits of deployment	BC Lead & Analyst
Data Cleansing/Migration Requirements	BC Lead & Analyst
Set dates for future meetings (to be on key milestones)	BC Lead & Analyst
Business Change work	
As-Is	
Document As-Is Processes	BC Analyst
Agree As-Is processes with SSDG	BC Analyst
To-Be	
Create To-Be processes in line with system functionality	BC Analyst
Document To-Be processes	BC Analyst
Agree To-Be processes with SSDG	BC Analyst
Discuss To-Be processes with Trainer	BC Analyst
To liaise with Technology Lead regarding outcome of IT assessment & future requirements	BC Analyst
Reporting	
Collate service current reporting requirements	BC Analyst
Arrange meeting with CIS Reporting Team	BC Analyst
Meet with CIS to discuss services reporting requirements	BC Analyst
Input/Outputs	
Collate Letters	BC Analyst
Collate Care Plans	BC Analyst
Collate Forms	BC Analyst
Collate Assessments/Templates	
Benefits	
SSDG to identify benefits and establish baseline	BC Lead
Assess benefits and amend as appropriate	BC Lead & Analyst
Business Change Plans	
Create service BC Plan	BC Lead
Internal review with BCA	BC Lead
internal review with Trainer	BC Lead
Service Lead sign off BC Plan	
Training	
Liaise with Training Lead regarding floor walking requirements	

Appendix 2

Task Name	Resource
Configuration	
Request unit from TPP	BC Analyst
Define configured lists with SSDG	
Referral /Discharge Lists	BC Analyst
Activity/Contact Lists	BC Analyst
Caseloads	BC Analyst
Patient Status Markers	BC Analyst
Task, recalls etc	BC Analyst
Clinical Tree, Tool Bar, Home page etc	BC Analyst
Templates	
Service to provide template needs and clinical/best practice evidence for template	BC Analyst
Build required templates	BC Analyst
Submit list read codes for use in template to Template Review Panel for agreement	BC Analyst
Request missing Read Codes	BC Analyst
Hazard Review Template - internal with BC Lead (accredited clinical safety) & Project Mgr	BC Analyst
Hazard Review and sign off - Service Lead	BC Analyst
Publish Template	BC Analyst
Inputs/Outputs	
Create Care Plans	BC Analyst
Create Letters	BC Analyst
Create Forms	BC Analyst
Transition to Business As Usual Team	
Contribute to service deployment Go-live check list & Pack	BC Analyst
Business Continuity Plans	
Create Business Continuity Plans	BC Analyst
Service Lead sign-off Business Continuity plans	BC Analyst
Go Live	
3 & 6 month SystmOne Post Deployment Review	
Complete reviews and provide feedback to Project Manager	BC Lead & Analyst