WALSALL LHE INFORMATICS PLAN 2010-2011 to 2012-13

Abstract: This document outlines Walsall Local Health Economy Informatics Plans for the period 2010-11 through 2012-13. This document is a refresh from last years plan incorporating the new Operating Framework for NHS in England 2010/11 and changes in the Connecting for Health Programme.

Organisations Covered: NHS Walsall (Commissioner), NHS Walsall Community Health (Arms length Provider), Walsall Hospitals NHS Trust (Provider), Dudley-Walsall Mental Health Partnership Trust (Provider)

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Glossary of Terms

Abbreviation / Term	Description
LHE	Local Health Economy
DoH	Department of Health
EDS	Electronic Discharge Summary
EDRM	Electronic Document and Records Management
COIN	Community of Interest Network
eSAP	Electronic Single Assessment Process
PCT	Primary Care Trust
LRC	Lorenzo Regional Care
MPI	Master Patient Index
OCS	Order Communications & Scheduling
AHP	Allied Health Professional
ICES	Integrated Community Equipment Service
SAT	Strategic Alignment Tool
CfH	Connecting for Health
NPfIT	National Programme for IT
WMNPfIT	West Midlands National Programme for IT
OIP	Outline Implementation Plan
QIPP	Quality, Innovation, Productivity & Prevention

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1. Setting the Scene

Organisational Landscape

Walsall Local Health Economy (LHE) comprises of NHS Walsall (previously Walsall Teaching Primary Care Trust), Walsall Hospitals NHS Trust and the newly formed Dudley & Walsall Mental Health Partnership Trust. The organisational landscape has changed since the development of last years plan. Added to this is the creation of an Arms-length Provider Organisation named Walsall Community Health providing a variety of community services in Walsall.

The organisational landscape continues to change to meet the needs of it's population. This is being reviewed under the Transforming Community Services initiative and the need to break down organisational barriers in the seamless care of it's people.

The purpose of this document is to tie the Information and Communication Technology (ICT) requirements with the main objectives and strategic drivers of the Walsall commissioning and provider organisations 2010 to 2013. This document has been created via partnership working arrangements across the commissioning and provider trusts within Walsall, including input from local authority / social care partners.

The Walsall LHE supports the principles of the National Programme for Information Technology (NPfIT) and its deployment structure, Connecting for Health (CfH).

Shared Service Approach

All LHE organisations are signed up to the shared service approach called 'Walsall Informatics Service'. This is now a well-established and experienced shared 'Informatics' team who deliver all aspects of informatics development, ICT support, business change management, information systems, application development, training and support. This shared approach enables high cost specialised staff to be utilised across the trusts enabling economy of scale, resilience and skills diversity.

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The senior representatives of the following Trusts have therefore agreed to continue to work together in partnership:

1. NHS Walsall (Commissioner)
2. Walsall Hospitals NHS Trust (Provider)
3. Walsall Community Health (Arms Length Provider to NHS Walsall)
4. Dudley and Walsall Mental Health Partnership NHS Trust (Provider)

The plan recognises the different responsibilities between commissioner and provider. Includes a governance structure and stakeholders involvement at all levels including User Group specific interests or common themes.. The plan will continue to be reviewed as service priorities change through the Walsall LHE IT Board, which will continue to act as the primary decision-making body.

The Informatics Service has developed an over-arching Informatics Strategy. This is a supplementary and detailed plan as Informatics has been embedded in the main Operating Plan for Walsall. This Informatics plan expands that high level strategy and describes the specific implications for the Walsall Health Economy. This document maps elements of the Informatics Team delivery to the agreed priorities and challenges facing the Local Health Economy (LHE).

2. Executive Summary

This plan builds on the foundations over the past couple of weeks where great strides continue to made where IT is become part of everyday life for everyone across Walsall and is now seen as an enabler to our stakeholders. There have been successful implementations for example :

- Implementation of Electronic Discharge Summaries (EDS) from secondary to primary care.
- "VISION" (McKesson HEV) to improve capacity and scheduling within the organisation to help with efficiency and patient experience. This has had significant benefits in reducing the length of stay, improving patient experience and streamlining organisational workflow/capacity issues
- Important IT infrastructure projects including implementation and embedding of a new high-speed network called Walsall N3 Community of Interest Network (COIN)
- Wireless access across the PCT
- The identification and start of an Electronic Document Records Management (EDRM) Programme of Work.
- Implementation of 18 week and Clinical Coding (SNOMED) across the Acute and Community Services.
- Increased functionality in i.PM
- A&E Whiteboard for patient management
- Continuation of development in Fusion, Walsall Electronic Patient Records Programme
- Continuation of development of CDR Intel in Primary Care for Management Reporting, Commissioning and Business Intelligence

The *'High Quality Care for All': Next Stage Review (Darzi Report)* set out a 10 year vision for the NHS, reflecting what was heard from patients, staff and the public. Whilst acknowledging progress made so far it specifies how the NHS can become fairer, more personalised, effective and safe; setting out immediate and longer term priorities in these areas. The report was supported by the *'Health Informatics Review Report'*. This builds on the Next Stage Review by describing how informatics is supporting the delivery of better, safer care of patients, improving the NHS through better research, planning and management, and empowering patients to make more informed choices about health and care.

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In Walsall, a number of these recommendations have been embedded in Informatics working processes for a number of years. But this years plan builds on these and makes an even stronger link between Service Transformation and Informatics across the Local Health Economy(LHE). We have had a excellent track record with LHE projects such as Fusion “Electronic Patient Records Portal” that integrates clinical information from all care settings(including Social Care and Voluntary Sector)and used by over 2500 users.

The Health Informatics Review Report highlighted the need for integrated information systems across all health care setting and recognised the potential need for interim solutions to secure better progress and subsequent engagement from clinical staff, particularly the ‘The Clinical 5’, which are seen as key progress drivers:

- PAS with integration & sophisticated reporting;
- Order Communications;
- Letters with coding;
- Scheduling
- e-prescribing

Walsall is ahead in many of these areas amongst peers but there is no reason to be complacent. We expect to fulfil most of the requirements in ‘The Clinical 5’ in 2010/11 . The only exception will be e-Prescribing which will follow the year after when Lorenzo Functionality nationally will be available. As there is some uncertainty in the Lorenzo release programme options are currently being reviewed.

Walsall will continue with its integration and interface philosophy and will only replace this with national functionality when it is proven to be as good or better than current functionality, so Walsall remains committed to the Connecting for Health programmes goals and vision. This long standing approach is now reflected in the national guidance “Informatics Planning 2010/11” as the *‘Connect All’*.

In 2009/10, the PCT planned to move to the new world of Lorenzo from i.PM PAS and closely followed by Clinical Documentation and Care Planning Functionality. Unfortunately due to the delays in the Lorenzo Regional Care deployments work has yet to be carried out. Subsequently, the Lorenzo Regional Care Release Programme and contract has been renegotiated. The options for implementation are currently under review in the Local Health Economy. This comes at a time when the NHS Walsall is deciding on the Transforming Community Services.

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The Walsall Hospitals NHS Trust will continue to use it's existing PAS and theatres systems, but will improve the use of the functionality in these existing systems with a proposed migration Lorenzo or another supplier under consideration. Other developments at the trust have included a new systems in the area of Therapies and blood transfusion. Maternity and Order Communications between Primary and Secondary Care are due for implementation in 2010-11.

'VISION', a visual information display system from every ward on the hospital site has been deployed 2009/10 which will see many benefits in the hospital which will improve bed/capacity management, patient experience and patient workflow.

eSAP(Single Assessment Process) is available to both health staff using Fusion, while Social Care are considering options to integrate into the health solution.

General Practices will be continue to be encouraged through the GPSoC roadmap moving to Hosted Solutions. Progress is being made using Electronic Prescriptions Services and GP2GP functionality; however this is being hampered due to GP system supplier accreditation issues.

The deployment of Summary Care Record has commenced with a full Patient Information Programme concluding during the summer. 8 practices have been identified in a pilot for loading GP records centrally during the first quarter of 2010-11. 5 waves of GP practice uploads will be initiated after the pilot who is dependent on a successful GP data accreditation programme and GP suppler accreditation/availability. A&E, Community Matrons, Out of Hours and any other identified staff will follow in 2010-11.

A 7 year health economy-wide Electronic Document and Record Management Programme has been defined with 5 initial candidate projects identified. Progress will be made in 2009/10 in line with the QIPP agenda, PFI and Service Transformation around technologies such as Digital Dictation/Digital Pens, Business Intelligence and RF-ID. Most important of the 5 projects is the project which covers Business and Culture Change to ensure IT becomes an integral part of their working life. All projects have been identified, scoped and start, however all are subject to business case approval. Learning project such as Digital Dictation and Woman in Theatre are contributing to the next stages of recommendation that are due in April following a review of the EDRM and Business Intelligence Programmes.

Additional resources will be required to deliver the Informatics Programme, but also needed post go-live for operational support. This is a changing workforce which will be addressed through the Informatics Workforce Plan. This is currently being reviewed in line with the new priorities.

3. Introduction

This documents the discussions to date with our customers and key stakeholders in building the principles, priorities, challenges and outline schedule for the next year. This document provides the basis of assessing and matching customer expectations and requirements against national and local priorities through strategies, information and guidance set out in the following documents below:

- Department for Health: High quality care for all: NHS Next Stage Review final report (Darzi)
- West Midlands SHA: Investing for Health
- NHS Walsall: World Class Commissioning Strategy
- Walsall Hospitals NHS Trust: Building Better Health for Walsall
- Department of Health: Health Informatics Review report
- Department of Health: The NHS in England: The operating framework for 2010/11
- Department of Health: Informatics planning 2010/11

"The quality and productivity gains we need to make lie not within individual NHS organisations but at the interface between primary, secondary, between heath and social care, and between empowered patient and the NHS."
– David Nicholson (NHS Chief Executive)

Informatics is a key enabler to this as set out in the Operating Framework. Breaking down barriers and new ways of workings. The Transforming Community Services and integrating agenda are challenging. This can only be realised by effective use of ICT in the NHS. Walsall has always been at the forefront of this approach. In addition, the acute trust is to move into a new hospital in 2010, in the community setting new organisations and partnerships are forming that will bring it's own exciting challenges.

There has been significant progress and successes in informatics deployments across the patch including:

- Extended Implementation of Electronic Discharge Summaries (EDS) from secondary to primary care.

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- Important IT infrastructure projects including implementation and embedding of a new high-speed network called Walsall N3 Community of Interest Network (COIN) and new network at the Acute Trust
- Wireless access across the PCT
- Investment in IT Infrastructure to improve resilience, performance and capacity.
- Start and continued of an Electronic Document Records Management (EDRM) Programme of Work.
- Implementation of 18 week and Clinical Coding (SNOMED) across the Acute and Community Services.
- Progression in the NHS Number and Pseudonymisation Projects.
- Increased functionality in i.PM
- A&E Whiteboard for patient management
- Continuation of development in Fusion, Walsall Electronic Patient Records Programme
- Continuation of development of CDR Intel in Primary Care for Management Reporting, Commissioning and Business Intelligence

There are significant implementations gathering pace in the way our clinicians and staff access information to support our patients and healthcare by using electronic systems.

Across the PCT, Community Services (Walsall Community Health) and Dudley-Walsall Mental Health Partnership NHS Trust , there move to afoot to separate the information within these organisations to support patient flows and confidentiality. This is called the Splits Project . Lorenzo Regional Care is currently being assessed in terms of functionality to check whether it is locally 'Fit For Purpose'. Alternative options are being looking into.

Electronic Single Assessment Process(eSAP) will be available across all health and social care settings using our local clinical portal Fusion. Although Social Care users integration options are being considered. There will be a single Master Patient Index available across health and social care to identify and manage patients/clients.

Developments will begin to emerge from the LHE EDRM programme in relations to activities such as digital dictation, pathways development and system integration.

The acute trust will continue with a number of existing deployments including significant changes of how the hospital operates and manages workflow and capacity through the 'VISION' project. A decision will need to be made during this period on whether to start the deployment of the LRC product set.

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Primary Care will be supported for the number of initiatives and national projects in line with Walsall GP Systems of Choice roadmap and encourage to it's migration through the accreditation levels.

The significant investment has been made in the technical infrastructure and functions/facilties will become available to users in the coming year. This includes the enablement the use of different devices in the access to information for our customers. E.g. Mobile working and more effective data capture.

4. National Operating Framework – Key Service Areas

Operating Framework 2008-09

The Operating Framework for the NHS in England 2008/09 (Gateway Ref: 9120) was published by the DoH in Dec 2007. In this year's Operating Framework, there are five key areas where PCTs (working with providers and their local partners) need to pay particular attention. Listening to our patients and public that these are the most important issues, regardless of where people live.

These are:

- improving cleanliness and reducing HCAIs;
- improving access through achievement of the 18-week referral to treatment pledge, and improving access (including at evenings and weekends) to GP services;
- keeping adults and children well, improving their health and reducing health inequalities;
- improving patient experience, staff satisfaction, and engagement;
- preparing to respond in a state of emergency, such as an outbreak of pandemic flu.

Operating Framework 2009-10

The Operating Framework for the NHS in England 2009/10 (Gateway Ref: 10967) was published by the DoH in Dec 2008 maintains the 5 previous national priorities, but builds on other priorities and now includes the Vital Signs:

- Links with Social Care / Local Authority;
- Prevention packages for Older People;
- Supporting those with Long Term Conditions – particularly with individualised care packages;

- Supporting carers;
- Cancer Reform Strategy;
- National Stroke Strategy;
- Access to maternity & neonatal services;

Other areas highlighted are as follows:

- National Alcohol strategy;
- National Dementia Strategy;
- End of Life Care;
- Access to psychological therapies;
- Military personnel, their dependants and veterans;
- Reduction in mixed sex accommodation;
- People living in vulnerable circumstances;
- People with learning disabilities

Operating Framework 2010-11

The Operating Framework for the NHS in England 2010/11 (Gateway Ref: 13232) was published by the DoH in Dec 2009 and continues to maintains the 5 previous national priorities, but the NHS Vital Signs are split into three tiers in support of the national priorities:

- **Tier 1** sets out a small number of must dos, which, because of the degree of importance our patients, staff and the public attach to them, apply to all PCTs. These are subject to performance management from the centre.
- **Tier 2** sets out a small number of national priorities for local delivery where we know that concerted effort and action is required across the board, but where we recognise that local organisations wouldthe operating framework for the NHS in England 2010/11 13 benefit from a greater degree of flexibility on how they deliver. Strongly performing organisations are allowed to get on and deliver these indicators without interference from the centre.

- **Tier 3** provides a range of indicators available to PCTs and, following consultation with their local communities and partner organisations, they can choose areas where they want to target local improvements. The Department of Health is not involved in the performance management of tier 3.

The operating framework now has a dedicated section reaffirming the Chief Executive's position to lead local informatics programmes to ensure that informatics underpins the implementation of Service Transformation. There a key themes to focus on :

- Connect all;
- Support new models of care;
- Impact transaction costs;
- Integrated planning and performance.

The Informatics Programme and/or Service has always been seen as an enabler and support facility for all of the above priorities. It cannot always necessarily directly resolves the above issues but with the good and sound governance and stakeholder engagement can make significant contributions and has been acknowledged locally. Examples of these are (e.g. electronic discharge summaries, PACS, LHE results reporting and management including infection control).

Department of Health Informatics Review

Health Informatics Review Report *(Gateway Ref: 10104)* published in July 2008 by DoH stresses the value of how important informatics is in supporting the delivery of better, safer care for patients.

It outlines there is a great deal of data in the NHS, but this is not really used in a coherent and integrated manner to provide better healthcare and help make better decisions for our patients and patient population.

The main points in the review are as follows:

- to ensure the move towards integrated solutions via Lorenzo Regional Care, where available and interim solutions to 'fill the gaps'

- providing a robust, flexible but secure infrastructure upon which the clinical systems can perform well.

- deploying tools to support the Trust information teams to interrogate the primary clinical systems and convert that data into meaningful information

Walsall believes that it has made great strides in already making this happen particularly through the single cross organisational Fusion Clinical Information Portal available to over 2500 users in the LHE. Also through the deployment of CDR Intel in Primary Care provides some excellent information in terms of clinical dashboards from at all levels across the patch. Walsall believes this is the framework to build on and implement the recommendations within this review to meet this challenging agenda.

5. Walsall LHE and Informatics – In Summary - Progress so Far

Background

NHS Walsall recognise that the effective use of information, communications and technology is a key component of delivering the overall vision. This is essential in:

- Supporting clinical decision-making,
- Measuring quality and performance,
- Informing effective service planning,
- Delivering efficient and cost effective business support processes.

There is a challenging relationship between the needs of the service to deliver national programme elements while maintaining effective operational services to health economy.

It is evident that, without looking at the principle of integrated service improvement across the economy and involving all of the constituent organisations within Walsall we will struggle to achieve:

- financial balance.
- demonstrable benefits to patient care.
- the desired outcomes associated with High Impact Change targets.

Local Health Economy (LHE) has been challenged with delivering a single, consistent approach that will help its constituent organisations:

- identify and share evidence-based best practice, benchmarks and measures for performance.
- understand processes for effective change delivery.

- have good processes which enable decisions to be made quickly and securely.
- maximise the benefits from investments in people, process and technology.

Informatics is therefore a key enabler, by deploying the products (through system implementation) and generating the capabilities (by linking those systems to processes of service change), necessary to support the deliver of expected service outcomes and ultimately, realising the desired service benefits.

As an example the ICT enablers for such change programmes as Emergency Care Reform, Out of Hours Services and the reduction in Acute Emergency Care admission are the deployment of integrated A&E systems, the development of clinical views of results and messaging alerts, all underpinned by sound infrastructure.

Connecting for Health

Walsall is committed to the Connecting for Health Programme and vision and has aligned local and interim solutions to the CfH Roadmap to realise the benefits outlined in the strategy. Walsall has already implemented a number of Connecting for Health initiatives/products these include;

Picture Archiving and Communications System (PACS)
PACS enables images such as x-rays and scans to be stored electronically and viewed on screens, creating a near filmless process and improved diagnosis methods. Doctors and other health professionals can access and compare images at the touch of a button.

Choose and Book
Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital or clinic.

i.PM at the PCT
To help achieve the NHS objective of implementing a common patient administration system across the entire health service, improving the access to patient information and ultimately improving patient care. This major initiative has included training over 800 clinicians in using Connecting for Health products and IT for the first time in their care setting.

N3 Network

Walsall has deployed an N3 COIN infrastructure that provides the entire NHS with fast broadband networking services.

Electronic Prescription Service

The Electronic Prescription Service will enable prescribers - such as GPs and practice nurses - to send prescriptions electronically to a dispenser (such as a pharmacy) of the patient's choice. This will make the prescribing and dispensing process safer and more convenient for patients and staff

GP2GP

GP2GP enables patients' electronic health records to be transferred directly and securely between GP practices.

IT Infrastructure

In the last 24 months, NHS Walsall has procured a new N3 derived Community of Interest Network (COIN) which effectively replaced the original wide area network. The new network fully operational and is ground breaking. Known as "Walsall N3 COIN" this provides improvements over the "older" service with such elements as:

- Increased bandwidth to all locations
- High level resilient connections
- 24 x 7 x 365 remote monitoring with real time performance controls
- Improved security and access control measures
- Target based contract with the NHS service provider BT N3
- And more to follow as NHS N3 catalogue services are developed

Over the past 12 months, a new network at the acute trust has been procured and due to go-live in March/April. Since 2006, over 2000 new devices (PC, laptops, handhelds) have been installed across the health economy for staff. This included a training programme with over 1000 clinicians in the PCT trained in the use of Connecting for Health products (e.g. i.PM)

Clinical Information Portal "FUSION"

Walsall Local Health Economy has always been at the forefront of the development of Electronic Patient Records in the NHS. This is mainly due to being part of the Electronic Record Development and Implementation Programme (ERDIP). The product born out of this programme was Fusion, which created a patient-centric view across a range of systems in which the patient has information stored. This information is drawn from a variety of information systems across the Health Economy through a data sharing policy. It currently has in excess of 2500 users. The NHS number record linkage policy in the health economy is a critical success factor for all these systems to interface.

This has the following benefits as an interim solution until Connecting for Health functionality is realised :

- Allowing either a top down 'summarised' view of patient care, 'pulling' summarised or detailing information from linked systems, or, a functional centred view for specialist clinical input, e.g. for A&E staff and Out of Hours Staff
- Extending and enhancing current access to health professionals outside the Acute system sphere to obtain instant results/reports, PACS images, e.g. General Practitioners, Community Matrons, CPNs
- Allowing front end reporting to be 'rapidly' developed, as development would be controlled in-house, as opposed by third party suppliers.
- Enhancing flexibility for users against system change in the immediate future by linking systems to a central 'interfacing module' as opposed to a central Patient Administration System, which when changed, would require a period of significant change to the other linked clinical systems.
- Provides Care Pathway information to all healthcare professionals e.g. the Health Economy CHD pathway, Stroke pathway.
- Electronic Discharges Summaries from secondary care to primary care.

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Over the past 12 months, new IT hardware has been procured to improve the performance and resilience of such a critical system to ensure optimum uptime and availability. New functionality has been developed:

- **Walsall-wide Master Patient Index (MPI)** – this will be the cornerstone of all future partnership working as all organisations within Walsall will be using the same and consistent Master Patient Index to identify patients and clients with the NHS number. This will facilitate the CONNECT ALL approach to joint and integrating working outlined in the *Information Planning Guidance 2010-11.*
- **New Role-based access functionality –** this increases the scope to develop access for users in line with current legislation and the differing role to support the new models of care.
- **Development of a eSAP module –** a module has been developed to support the Single Assessment Process across health and social care. The module is complete in Fusion and currently awaiting social care method and options to integrate with health as a shared assessment.

Developments expected in 2010-11 include :

- Frail Elderly Pathway
- Integration of GP data into Fusion Portal

Intelligence and Commissioning "CDR Intel"

An Intelligence Strategy **(Appendix 10)** has been developed to support the Commissioning and Planning Process. NHS Walsall is a data rich, intelligence poor organisation. To address this, we need to focus our development activity on the following five main areas.

Use Intelligence Effectively
NHS Walsall needs to be able to use Intelligence effectively in order to commission effectively. We need to demonstrate this capability against WCC competency 5 and we need to ensure that this is achieved within expected timescales.

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Access to Intelligence
Data, information and intelligence needs to be made available to commissioning staff in a way that does not compromise data security, confidentiality or integrity.

Intelligence Skills
NHS Walsall staff need to be equipped with the right skills and knowledge to be able to review, analyse and manipulate data and information in order to be able to undertake their roles and commission cost-effective and efficient services.

Governance
Other than existing national legislation, there are no internal policies or processes which govern how we access, use and share information. It will be important that any development of our Intelligence capability is supported through the development of appropriate governance arrangements to ensure that any system is used appropriately and to its maximum impact.

Capability Deficits
NHS Walsall has a number of identified capability deficits, either in terms of individual skills or systems that will enable it to commission at level 4 of competency 5. Addressing these deficits should help us address key objectives in our strategic plan which concern integration and partnership working, the QIPP agenda and the emphasis on prevention

Summary
There may be a need for bespoke (additional) systems eg business intelligence software. It is difficult to state, at this point, whether this will significantly contribute to our analytical capacity. What we do know is that we could use, govern and manage our data more effectively than we do currently with a minimum of investment. We know we have some gaps to fill, in terms of our capability and there may be some investment that is required, but in some areas investment has already been made, and the challenge concerns getting better use from those products/services. In other areas, it may simply be about being smarter with how we process, connect-up and present the data. Consequently, the initial challenge concerns establishing a system that manages data, information and intelligence better. We must review our known capability gaps, and in the process of reorganising our current systems, understand where the new capabilities will fit into the system and how they can be developed with the minimum of investment.

This has been aims to :

1. Establish a Virtual Intelligence Unit
2. Develop an Intelligence Portal
3. Workforce Development
4. Developing New Capability

NHS Walsall has operated a Local Delivery Plan incentive scheme and associated Practice reporting service for several years. This service involved the extraction of data from General Practice Clinical Systems and the production of summary reports noting the position of each Practice against a set of performance measures. The process is time consuming and relies on PCT personnel and the active co-operation of individuals across 63 Practices. In early 2006, NHS Walsall recognised the need for a service to export data from GP Practice Clinical System, host the patient data and report on that data. One of the initial driving forces was the provision of reporting on target areas such as CHD NSF Annual review, Diabetes NSF Annual review, Local Delivery Plan Reporting which required aggregate data from each Practice to be collated each quarter.

The provision of this reporting method rested entirely with the tPCT and by way of background the tPCT recognised that there were certain areas of concern when monitoring these reporting requirements. These areas of concern rested in identifying certain 'data recording gaps' which existed and also spoke about the very challenging area that practices had to encounter when gathering the data requirements. The normal process for collecting these data requirements always proved a difficult experience every quarter with responsibility resting with the Walsall tPCT Primary Care Informatics team. Once the extraction process has been completed the data is then analysed and aggregated ready to submit to the SHA.

The PCT recognised the importance of identifying these 'data recording gaps' and the need to ensure a robust mechanism for capturing the process of data quality to support not only these reports but to also consider and acknowledge the potential reporting functionality and additional benefits that could be performed in the future. This has resulted in the procurement and deployment of the CDR Intel system. Modules that have been developed to support the WCC requirements are below :

Local Delivery Plan	Wellbeing Promotion and Prevention Dashboard (includes Obesity, Smoking, Exercise, Diet, Alcohol)
Diabetes NSF	Population Risk Stratification Module
CHD NSF	LTC - Renal NSF Dashboard (CKD)
Vaccination and Immunisation Dashboard	Enhanced Services to include GSF (elements of palliative care)
CVD Prevention Dashboard	Data Quality Dashboard
Flu & Pneumococcal Module	LTC - Mental Health NSF Dashboard

The contract has been renegotiated to full in line with organisational priorities is an innovated and ground breaking development.

Benefits

This approach:

- Completely modernised data extraction and analysis of GP held clinical data
- It facilitates industrial scale proactive primary prevention of LTC's
- Will reduce future health care costs
- Gives fast real time data on patients who are most at risk of LTC's
- Enables risk stratification of patient populations
- Supports strategies to reduce inequalities in health adding life to years and years to life
- Its owned by all GP Practices
- Demonstrable evidence that it is making a difference to peoples lives
- System evidences that we are meeting WCC competences – number of dashboards re LTC already operational and others planned
- Supports personalised care
- Powerful arguments to support transferability
- Compliments Connecting for Health
- Full data security and confidentiality assured

These are the solid and fundamental building blocks that Walsall can build in making better informed decisions in respect to it's patient population. It is essential that the GP information is built into the Clinical Portal from a clinician perspective. From a commissioning and

business intelligence to integrate Secondary Use Service (SUS), mental health, community health and social information to identify commissioning and health needs of Walsall.

5. Interim Solutions & 'The Clinical 5'

In the *Informatics Planning for 2009/10* document (Gateway: 10988) published in Dec 2008 by the DoH, it highlights what is now commonly known as 'The Clinical 5'. These 5 issues have been identified following the national consultation process which followed the Health Informatics Review in the summer 2008; all 5 are areas where the Connecting for Health Programme due predominantly to the National Care Records Service not progressing as quickly as required.

Clinical stakeholders identified minimum functionality they considered would be necessary to "make a system acceptable", particularly in secondary care. As a consequence, Trusts will be able to adopt interim solutions in the short term and so see benefits earlier.

The "Clinical 5" had already been identified in *Walsall Hospitals NHS Trust ICT Strategy 2007-10" Innovating Together* and very significant progress in all areas has been made in developing interim solutions. Walsall will continue to build on the success of the Local Clinical Portal "Fusion".

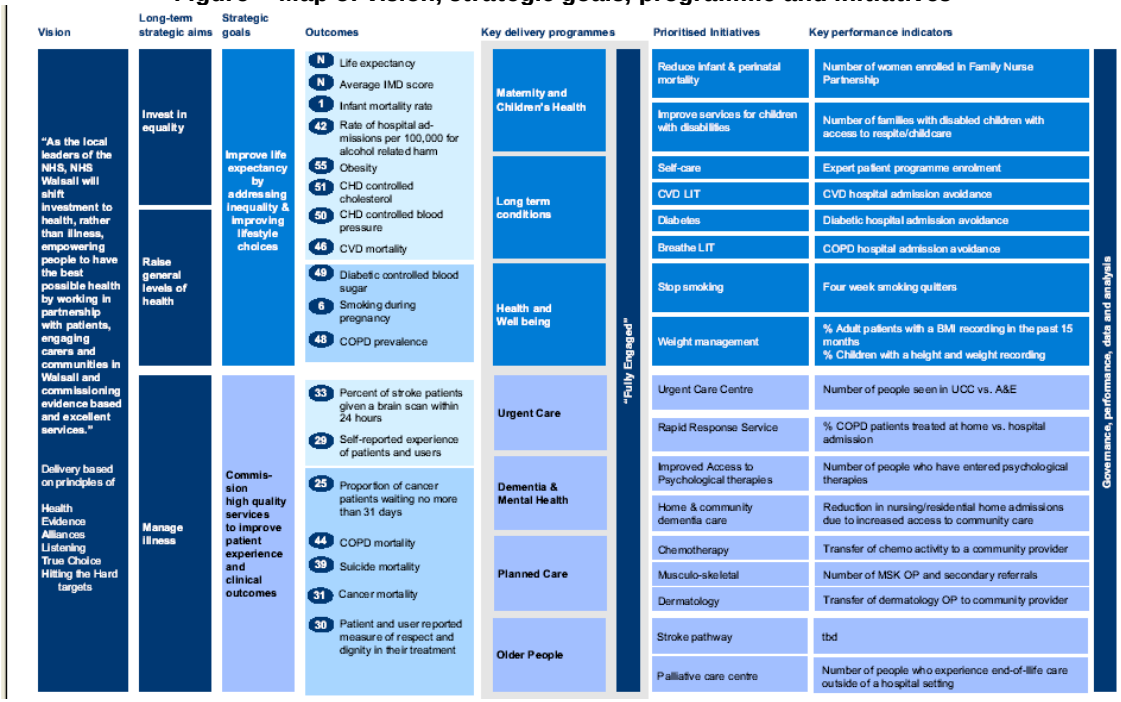
"Clinical 5" Description	Local Response/Action
Patient Administration Systems - with integration to other systems and sophisticated reporting	• The Acute Trust currently has a spine compliant PAS (McKesson STAR PMS) for Choose and Book and 18 weeks. Extended contract with CfH until 2014 with development days. • Strategically, the PAS Master Patient Index(MPI) acts as Master MPI for the majority of departmental systems via the use of HL7 interfaces where supported. Proposals for new systems must support links to PAS - STAR PMS acts as a master MPI to provide a single point of management for the core MPI. Ideally, these links should also support 18 weeks monitoring • Fully integrated with Clinical Information Portal "FUSION" • The Trust information departments already have an internally developed reporting tool application for complex reporting. • Business Intelligence tool being sourced for 2009-10 as part of the overall EDRM programme
Order Communications	• FUSION has provided Results Reporting across the patch (both primary, community and secondary care) for 18

- incl. pathology / radiology and tests ordered from primary care	months. • Building on this success, currently piloting with our messaging partner (Anglia) on pilot with a hand full of GPs with full roll-out in 2010-11. • Rollout of OCS across acute setting is planned to commence 2010/2011 • Planned that OCS will be supported from within Fusion to provide a common entry point across the LHE
Letters with Coding - discharge summaries, clinic and Accident and Emergency letters	• Electronic Discharge Summaries and A&E letters are available through FUSION to primary care and GPs immediately after discharge now. • A Local project through the EDRM programme structure will make clinic letters available in the same way as EDS. • Project underway to integrate letters and correspondence into GP systems as part of the CONNECT ALL approach. Business Case and Invest to Save case is currently being developed in light of the changes in the Lorenzo functionality to post letters and correspondence into GP systems will not be available. Therefore interim solution being sourced for total integration of any document from Secondary to Primary Care.
Scheduling - for beds, tests, theatres etc;	• The Acute Trust currently has functionality to perform scheduling. It is well recognised that all of the functionality within the systems is not utilised and change programme in place to remedy this through the trust's Service Transformation Programme. • Real-time data entry is imperative to the success and operational this needs to be addressed. • The acute trust has recently invested in a Therapies system to improve scheduling into Allied Health Professional(AHP) services and is looking to link this system to an LHE wide Integrated Community Equipment Service(ICES) system planned for 2010/11. • The trust has investing in a project called "VISION" to improve capacity and scheduling within the organisation to help with efficiency and patient experience.
E-prescribing - incl. TTO medicines;	• The trust has procured and heavily invested in a new Pharmacy System "ASCRIBE" . The trust is currently evaluating it's position with e-prescribing in light of the continual Lorenzo delays.

6. Local Service Priorities – PCT Priorities (NHS Walsall & Walsall Community Health)

During 2008, NHS Walsall went through the process of producing a new strategy where it details it's intentions to invest in excess of 2 billion pounds over the next 5 years to improve the health status of the people of Walsall. Following this process through the World Class Commissioning approach, a number of PCT priority initiatives were identified. These are shown in the figure below:

Figure – Map of vision, strategic goals, programme and initiatives



Source : Walsall JSNA, 2008; Walsall 5 year strategic plan; Walsall Local Health Economy; client interviews and workshops

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Walsall Informatics staff were involved in the process as a key stakeholder in identifying these initiatives, therefore, the informatics implications were captured in each of the local priorities.

The Key Informatics Projects and Common Themes to fall–out of this process and form part of this plan are the following:

PCT Priority	Outcome/Informatics Impact
Maternal and Children's Health	
Reduce Infant Perinatal Mortality Improve services for children with disabilities	Currently Walsall has no Maternity System to systemically collect information. Outline Specification has been written for the procurement of a new Maternity System. This is due to go out to tender in Quarter 1 2010. There is uncertainty about Maternity and associated functionality in Lorenzo Regional Care – therefore an interim solution is being sourced to support this and other Maternity and Children's Health initiatives Local Project – LHE – Maternity System Project **(NEW)**
Health and Well Being	
Stop smoking Weight management	Obesity and Smoking are major health problems in Walsall. It has been identified that new screening programmes are required for identifying eligible people and record/monitor outcomes for on-going management. Walsall intends to build on the work with CDR Intel to identify patients and develop an information strategy to support the outcome information that is required. Local Project – LHE - CDR Intel **(LHE-05)** Local Project – LHE - Business Intelligence **(LHE-EDRM-1)**
Long Term Conditions	
Develop selfcare / expert patient programmes	Informatics have been a fundamental part of Tele-health pilot projects and other avenues are being explored to incorporate the information and data from these systems into our Clinical Information Portal "Fusion" to build on this holistic patient–centric record with relevant alerts to clinicians and practitioners who are part of their healthcare. **(FUSION)** Intends to continue with the CDR Intel Development Project in respect to this initiatives. This includes risk stratification, dashboards and outcome measurements.**(CDRIntel)**

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PCT Priority	Outcome/Informatics Impact
Hospital admission avoidance Diabetes, CVD, Breathe Local LIT	Local Project – LHE – CDR Intel **(LHE-05)** CfH Project – LRC R1 – Understand how this functionality can fit in after implementation of Care Management at PCT.
Urgent Care	
Urgent care centre	Currently a number of existing systems provide information that make-up or will form the new Urgent Care Centre. These are principally the following : McKesson STAR PAS for A&E. Fusion for Clinical Information Access. ADASTRA the supplier for Out of Hours GP Service "Clinical Solutions" for Nursing elements. Walsall has the framework and inter-operability in its infrastructure to provide a solution for Urgent Care Centre when a service model is established. Opportunities to exploit Summary Care Record (SCR) when available. ADASTRA – Walsall Out of Hours system is an accredited supplier with SCR. **(CfH-SCR)**
Dementia and Mental Health	
Access to Psychological therapies Home and community dementia care	With the creation of the new Dudley and Walsall Mental Health Partnership Trust there is currently a redesign of dementia care pathway being undertaken by a project team. There are numerous options available to the new Mental Health Trust. But this will not be known until the Informatics Review is complete, strategic direction is established and informatics service provider is selected.
Planned Care	
Chemotherapy Musculo-skeletal Dermatology	Overall aim of all 3 programmes is to provide "*care closer to home"*, thereby improving access, choice and patient experience. Additionally activity to the acute trust. A strategy is required in the development of this service to ensure that the information required by these services can be collected and integrated in a seamless way. It is imperative that the LHE-wide projects such as Mobile Access to Information **(WHT-05)** and Disconnected

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PCT Priority	Outcome/Informatics Impact
	Access to Systems **(LRC R4)** are available.
Older People	
Palliative Care Centre	Construction to start in May 2009 at Goscote Hospital, operations due mid 2010. It is currently in the Outline Implementation Plan that SystmOne TPP Palliative Care will be deployed in line with this development.
Stroke pathway	A pathway has been in use using Fusion for a number of years in relating to Stroke Pathway. This is currently under review in respect to this initiative. **(FUSION)**
Frail Elderly	A pathway is being developed along with the Virtual Ward concept using mobile devices.

As part of the challenging World Class Commissioning and recommendations in the Health Informatics Review, high quality information is of absolute paramount importance in respect commissioning and identifying the health needs of the local population. During 2009/10, NHS Walsall in line with the local Electronic Document and Record Management Programme **(LHE-EDRM-5)** will link with the Intelligence Strategy **(Appendix 10)** and looking for solutions in the Business Intelligence arena.

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Walsall Community Health (APrO)

Walsall Community Health operates as an 'Arm Length' provider (APrO) of the PCT. Advanced discussions have been taken place with the commissioners to agree their strategic development plans and subsequent discussions with the Informatics Directorate to identify the key IT enablers for their transformational change programme aligning these with the Transforming Community Service agenda. The following are seen as key drivers:

NHS Walsall Community Health Informatics Development Plan 2010- 2011		
Strategic Developments		
Reference	**Organisational Aims 2010 - 2011**	**Informatics Programme**
OIP 1	We aim to meet foundation organisation standards	▪ LORENZO deployment **(CfH-NEW)** ▪ Ensure appropriate separation of mental health data is achieved (PAS and Data Warehouse).**(CfH-Splits)** ▪ Develop Safeguard system functionality to maximize risk awareness / management **(WCH-10/01)** ▪ Meet IG standards and develop processes and procedures to attain the expected IG levels
OIP 2	Develop a robust financial and business plan that reflects the organisation's strategy and manage and achieve financial targets	▪ Business Intelligence development and health economy electronic file management implementation ▪ Undertake alignment exercise across corporate systems ▪ Roll out service line economics (SLE) for prioritised services ▪ Implement care pathway financial modeling ▪ Implement external data for benchmarking (PIP, SUS, HES) and develop business intelligence
OIP 3	Achieve agreed clinical outcomes	▪ IPM Stage 4 developments, SNOMED, RTT

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		functionality**. (WCH-IPM-4)** ▪ eSAP – deployment **(LHE-eSAP)** ▪ eCAF – deployment **(LHE-eCAF)** ▪ FUSION expansion / utilization plan **(FUSION)** ▪ Undertake option appraisal in relation to mobile technology solutions
OIP 4	Develop a strong brand identity	▪ Ensure patient information reflects WCH corporate priorities
OIP 5	Ensure all services will be optimised in terms of effectiveness and public need through innovation and service improvement	▪ IPM Stage 4 developments - SNOMED functionality**. (WCH-IPM-4)** ▪ ▪ Undertake option appraisal in relation to mobile technology solutions ▪ Develop Business Intelligence forum to ensure WCH utilizes all available information to inform effective / appropriate service provision **(LHE-EDRM-5)** ▪ Review Single Point of Access schemes and identify appropriate solution (s) ▪ Implement Smoking Cessation Information System ▪ Align services to utilize iPM
OIP 6	Undertake effective engagement with PPI to ensure high levels of satisfaction and service innovation	▪ eSAP **(LHE-eSAP)** ▪ Develop Business Intelligence forum to ensure WCH utilizes all available information to inform effective / appropriate service provision**(LHE-EDRM-5)** ▪
OIP 7	Embed and integrate lifestyle management across all our Services	▪ IPM Stage 4 developments – SNOMED **(WCH-IPM-4)** ▪ Develop Business Intelligence forum to ensure

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		WCH utilizes all available information to inform effective / appropriate service provision and to case find potential lifestyle service users**(LHE-EDRM-05)**
OIP 8	Undertake effective engagement with staff to ensure motivated and appropriately skilled workforce	▪ Expand utilisation of ESR to ensure workforce data is utilised to full effect **(ESR-01)** ▪ UIM and ESR integration **(ESR-02)**
OIP 9	Meet Single Equality Scheme standards across the organisation	▪ Business Intelligence development and health economy electronic file management implementation **(LHE-EDRM-05)**
Service Specific Developments		
Reference	Service Area	**Informatics Programme**
SIP 1	Adult Community Nursing	▪ Risk Stratification tool – embed and expand reporting, align to wider health economy case finding tool **(WCH-06)**
SIP 2	Children's Community Nursing	▪ Risk Stratification tool – develop and deploy **(WCH-07)**
SIP 3	Looked After Children	▪ Option appraise shared e-records across health and social care economy **(FUSION)**
SIP 4	Health Promotion	▪ Integrate stand alone systems where possible
Business Enablers Underpinning All Elements of the Informatics Programme		
Reference	Business Enabler	**Informatics Programme**
BIP 1	Ensure consistent use of IPM	▪ Roll out operational manual / guidance
BIP 2	Ensure appropriate IM&T skills in house	▪ Training needs analysis for specialist staff ▪ IM& T training plan
BIP 3	Data Quality	▪ Ensure all corporate systems have a DQ action plan ▪ Roll out DQ guidance / risk analysis protocol

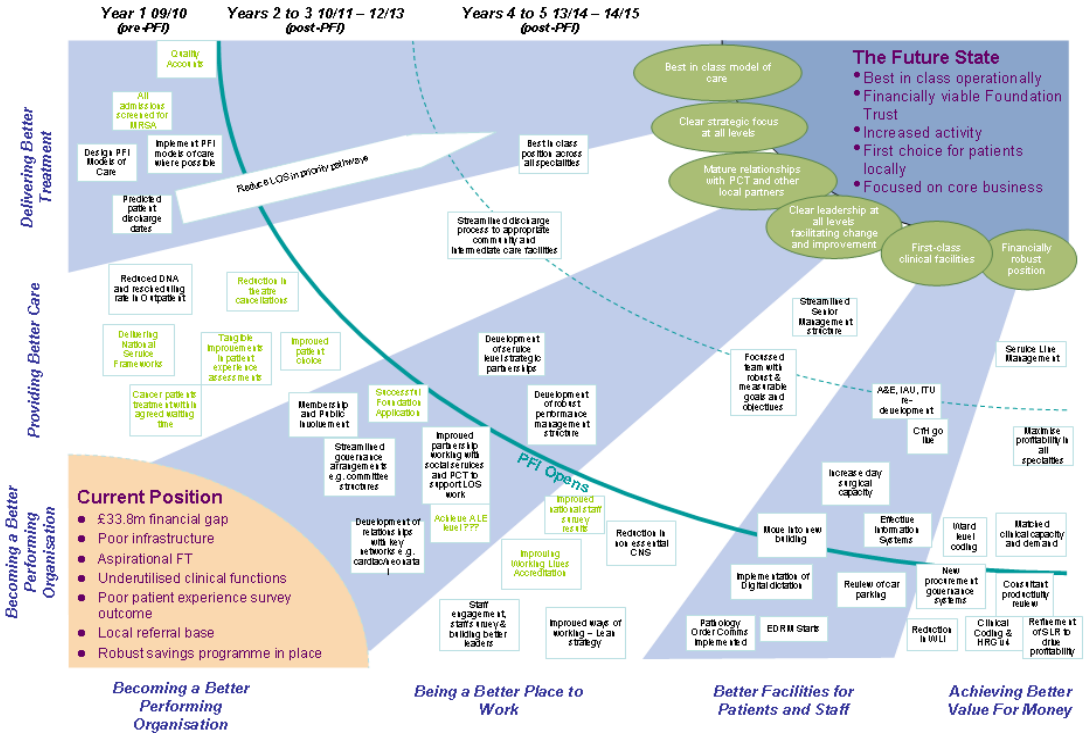
- Recording data in a more meaningful manner for both clinical, planning and contracting purposes
  - Migration to LRC Care Management with Care Plans and Clinical Documentation.
  - Sexual Health System **(WCH-01)**
  - Implementation of Business Intelligence – BlueFish Explorer **(WCH-04)**
  - Performance and Governance Toolkit **(WCH-05)**
  - Mobile Access to Information through Devices – Digital Pens

- Access to services (18weeks, clinical referrals online, integration with primary care)
  - Increased functionality with current information system (e.g i.PM)
  - Choose and Book Implementation **(WCH-NEW)**

7. Local Service Priorities – Acute Service Priorities

The Walsall Hospitals NHS Trust has two major challenges over the next 18 months; (a) Open a new Hospital under a PFI scheme (b) achieving Foundation Status.

The 'Transformation Map' summarises the journey for Walsall Hospitals NHS Trust over the next 5 years



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Service Transformation

Walsall Hospitals NHS Trust has developed a 5 year Service Transformation Strategy into order to meet the six Strategic Imperatives. The Service Transformation Programme consists of 17 workstream/programme of work. Informatics is a key enabler and a number of projects have been incorporated into this for the successful delivery of the Service Transformation. This is illustrated below, the highlighted reference in brackets relate to the initial Informatics Projects in **Appendix 2 – Walsall Delivery Programme** :

Workstream	Service Transformation Programme	Initial Informatics Impact/Project Enablers
1 (E)	• Establish & Mobilize Service Transformation Programme	
2 (D)	• Deliver Income Strategy	Business Intelligence **(WHT-01, LHE-EDRM-1)** Improve the use of existing system PAS & Theatres **(WHT-06)**
3 (E)	• Develop and Implement Effective Capacity Plans	VISION Project **(WHT-03)** Business Intelligence **(WHT-01, LHE-EDRM-1)**
4 (E)	• Deliver Effective Service Line Management	Improve the use of existing system PAS & Theatres **(WHT-06)**
5 (E)	• Develop and Deliver Workforce Plan	Electronic Staff Record implementation VISION Project **(WHT-03)**
6 (E)	• Finalise and Deliver LEAN Deployment Strategy	
7 (D)	• Improve Outpatient Department	Improve the use of existing system PAS & Theatres **(WHT-06)**
8 (E)	• Implement Leadership Development Plan	
9 (E)	• Develop and Deliver Communications Plan	Develop new Intranet/internet site **(WHT-09)**
10 (E)	• Develop Corporate Marketing Strategy	Develop new Intranet/internet site **(WHT-09)**
11 (D)	• Improve Use of Theatres	Improve the use of existing systems PAS & Theatres **(WHT-06)**
12 (D)	• Deliver Phase 1 of service Strategy	Procure and Implement new Therapies System **(WHT-10)** Clinical Information **(WHT-04)** eSAP **(LHE-01)** Digital Dictation **(LHE-EDRM-4)**
13 (D)	• Develop Phase 2 of Service Strategy	Informatics involved in Planning Process
14 (E)	• Hospital Redevelopment	Mobile Access to Information **(WHT-05)**
15 (D)	• Estate Strategy	Mobile Access to Information **(WHT-05)**
16 (D)	• Improve Coding	Improve the use of existing system PAS & Theatres **(WHT-06)**
17 (D)	• Review and Improve Corporate Services	Business Intelligence **(WHT-01, LHE-EDRM-2)**

(E) – Essential (D) – Desirable

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IT Enabling Projects	Service Transformation Impact	Informatics Project Manager
Medicode- Upgrade to Windows based coding	WS 16 – CODING; WS 4 - SERVICE LEVEL REPORTING	Bob Lee
Nurse Care record system ("Star System" replacement)	WS 19 - LENGTH OF STAY Vital Pack hand held systems	TBC
Over-arching EDRM System	EDRM-01	John Hopcroft
Culture Change Paper light	WS 9 - STAFF ENGAGEMENT; WS 22 - ADMIN REVIEW	Mariam Ismail
Digital Dictation	WS 22 - ADMIN REVIEW ;WS 26 - ELECTIVE PATHWAY ; WS 20 - CLINICAL DEMAND ; WS 19 - LENGTH OF STAY	Claire Black/Mariam Ismail
Fusion	WS 2 - MARKETING ;WS 26 - ELECTIVE PATHWAY WS 16 - CODING	Karen Chinn
Order Communications	WS 21b - PATHOLOGY Also impacts on WS 26 - ELECTIVE PATHWAY &WS 19 - LENGTH OF STAY	Claire Black
ESR	WS 22 - ADMIN REVIEW	TBC
Replacement PAS	All WS	Frank Botfield
Vision Theatres	WS 26 - ELECTIVE PATHWAY	TBC
Therapies	WS 19 - LENGTH OF STAY	Bob Lee
Blood Fating	WS 21b - PATHOLOGY	Robert Lee
New Maternity System	CNST Recording; WS 19 - LENGTH OF STAY	
Theatres Resq-OR	WS 26 - ELECTIVE PATHWAY	Robert Lee
eSAP	WS 19 - LENGTH OF STAY	John Hopcroft
Endoscopy	WS 26 - ELECTIVE PATHWAY WS 19 - LENGTH OF STAY	Karen Chinn
Business Portals	Potentially all WS	Keith Wilson
PRISM	WS 2 - MARKETING,WS21/26/19	Claire Black
Inter-active boards		
Medical Photography	WS 26 - ELECTIVE PATHWAY/WS 19 - LENGTH OF STAY	Karen Chinn
Neo-natal database	WS 26 - ELECTIVE PATHWAY	Mariam Ismail

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Informatics Strategy

Below is an outline updated overview of Walsall Hospitals NHS Trust Key ICT programme of work to be delivered in 2010/11 linking to the Trust's Business Plan. All programmes have been evaluated against a scoring criteria against the Six Strategic Imperatives. This have been agreed through the Trust's Information Executive Group and signed off by the Trust Board. The top five priority 1 programmes in the main been delivered by 2009/10.

	ICT Programme of Work		6	5	4	3	2	1	
Priority	**Rank**	**Title (Comments and Progress)**	Building and Occupying a New Hospital	Managing as a Business	Delivering safe, high quality care	One Team with a common purpose	Being Customer Responsive	Designing efficient services	**TOTAL**
1	1=	*WHT-01* - Business Intelligence **(2009/10 Priority – part of EDRM-5 Programme**) Currently use internally developed Reporting System called CHILI. Pilot completed using MEDIFINANCE. Outline Business Specification complete and ready for tender.	6	45	36	9	6	9	111
1	1=	*WHT-02* - Discharge Summaries **(Full Release 1 delivered in 2009)** Functionality Delivered in June 2009 with full Electronic Discharge Summaries available to Primary Care/GPs. Project now mainstreamed. Release 2 expected 2009/10 with enhancements.	0	45	36	3	18	9	111
1	3	*WHT-03* - Bed/Capacity Management **(VISION) (2009/10 Priority to support WS,2,3,5)** VISION is designed to improve clinical decision times and reduce care delays to improve patient flow, increase quality of patient care, patient safety and patient satisfaction. VISION is an enterprise tracking board(LCD TVs) that uses visual controls to keep everyone involved in the care process on the same page.	0	45	36	9	6	9	105
1	4	*WHT-04* - Access to Clinical Information **(Transferred to EDRM-4 Programme)** Fusion Development programme enhancement to Walsall Electronic Patient Record Programme including Digital Dictation, Order Communications & Coding)	18	15	36	3	18	9	99
1	5	*WHT-05* -Mobile Access to Information **(Stage 1 – 2009/10, Stage 2 -2010/11, ERDM-1)**	6	15	36	0	18	9	84

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	ICT Programme of Work		6	5	4	3	2	1	
Priority	**Rank**	**Title (Comments and Progress)**	Building and Occupying a New Hospital	Managing as a Business	Delivering safe, high quality care	One Team with a common purpose	Being Customer Responsive	Designing efficient services	**TOTAL**
		Improve infrastructure, provide Wireless Access across hospitals. Develop strategy for Mobile Devices.							
2	6	Case note Tracking **(RF-ID Now in place – await LRC2 for further functionality)**	18	5	36	0	6	9	74
2	7	Patient Pathways **(Fusion as interim solution for Priority LHE Pathways i.e Stroke)**	6	15	36	0	6	9	72
2	8	e-Patient Communications **(Patient Experience)** Review in Patient Experience solutions underway in support of Patient Experience Strategy.	0	15	0	0	18	3	36
2	9	Voice Communications	0	0	12	0	6	3	21
		TOTAL	54	200	300	24	108	72	

Key & Weighting

9 Full
3 Some
1 Weak
0 None

Other Areas for Priority - Maternity

It has been widely acknowledged the need for a Maternity system, as Walsall Hospitals NHS Trust do not currently have an electronic system or systemic way of collecting this type of information. Through the Local Delivery Plan process with the PCT, a bid has been made for the procurement of a new Maternity system. This is linked to the NHS Walsall top priority to *"Reduce Infant Perinatal Mortality".* The project will commence in 20010/11 following an extensive tender period.

Order Communications – An electronic Order Communications System to support Imaging and Pathology requesting in the Hospital and also GP/community practices settings across the WHE. The proposed system will allow users to electronically make referrals. These will link automatically to the Trusts existing IT system in Pathology and Imaging and remove the need for manual data entry and reduce error rates. The business case has been approved and expected to be delivered across the LHE in 2010/12. Delivering the following benefits :

- Release of A&C staff in Pathology and Imaging from various processing stages
- Reduced need for use of flat bed scanning, cost saving from licenses
- Reduction in inputting errors created by illegibility of handwriting
- 24/7 real time requesting and receipt of requests
- Access via referrers clinical log on
- Pre population of requests with patient demographics
- On line clinical guidance for referrers
- Reduction in wastage of blood tubes
- No duplication of referrals
- Reduction of inappropriate requests
- Clinical information available before the patient arrives due to structured questioning at point of ordering
- Detailed management reporting system
- Direct interfacing between referrer and departmental clinical systems
- Secure referral system with access control

Connecting for Health

There are no Connecting for Health project planned in 20010/11 for Walsall Hospitals NHS Trust. The trust has recently had the PAS system contract extended 2014 but is watching the developments in relation to Lorenzo Regional Care before committing to move in this direction.

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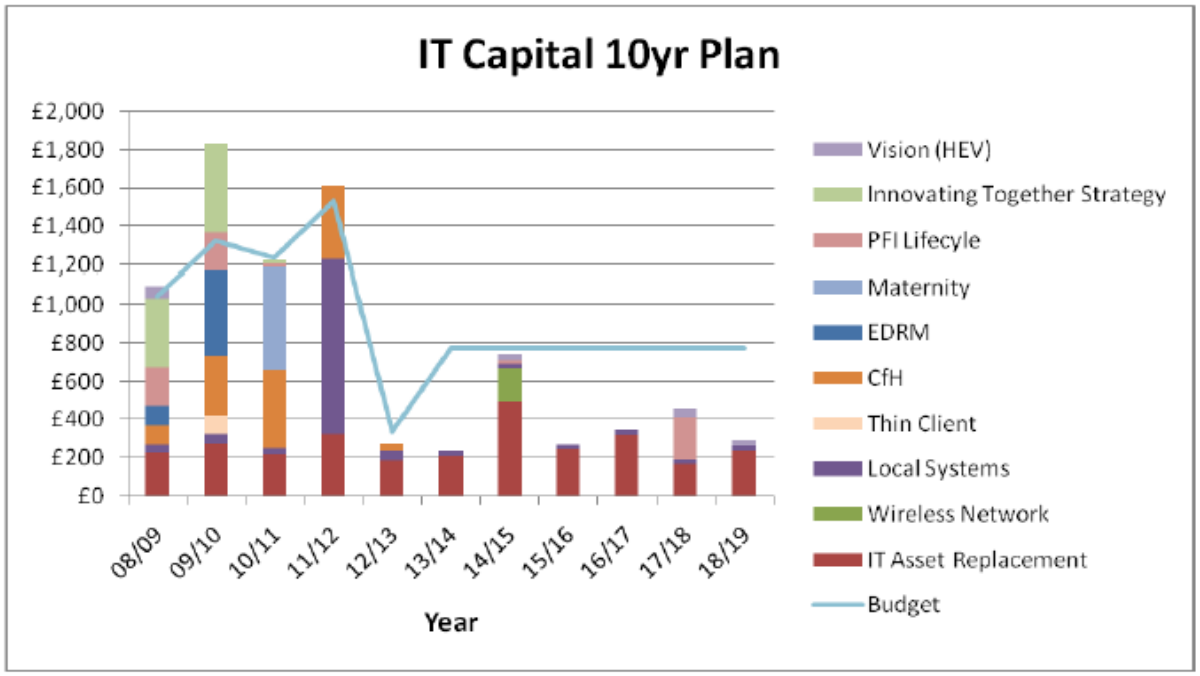
Capital Programme

All projects are subject to Business Case approval for strategic fit, benefits, costs and resourcing. During 2008/09, Informatics produced a capital plan for the next 10 years in respect to ICT Priorities and Connecting for Health programme. This also outlines the possible risk if funding is not fore coming. See **Appendix 8**. The table below highlights the 10 years plan and shortfall in 2009/10 and 2011/12.



8. SHA Strategic Alignment Tool (SAT)

For the purposes of planning, the West Midlands SHA have prepared a Strategic Alignment Tool. As part of the World Class Commissioning process, the PCT has been asked to review its informatics plan to ensure it is correctly aligned with the priorities outlined in the Strategic Plan and that it fits with Workforce, Estates and activity plans.

Purpose of the Strategic Alignment Tool

The SAT tool serves three primary purposes:

- To allow those planning and implementing Service Redesign to understand the new functionalities being introduced by WMPfIT.
- To ensure that WMPfIT informs the design of new solutions based on the NHS's priorities
- To enable SROs to assure that their Informatics Plans meet the needs of the local NHS, have realistic timescales, and are properly resourced.

Context

Following Lord Darzi's Next Stage Review (NSR), the NHS is setting out its strategic objectives at National, Regional and Local levels. Connecting for Health (CfH, a DH Agency) has procured a wide range of technological solutions through the National Programme for IT (NPfIT).

As part of the Strategic Health Authority, the West Midlands Programme for IT (WMPfIT) is working with other parts of the SHA, and with CfH, DH and Local Health Communities (LHCs) to ensure that these solutions are deployed to the benefit of patients and the NHS.

Functionality, not Technology

Connecting for Health has often had a misconception that it is a technical programme, when its focus is really the introduction of new ways for clinicians to commission and deliver care. Those involved in service transformation don't need to know how any of the technical products work. They do, however need to understand what the new systems do, so that they make use of them to make their work more efficient, safe and effective. In recent years we have seen the procurement of billions of pounds worth of world class informatics solutions. Meanwhile local service redesign is all too often based on out of date technology (including paper-based), only to later find that a tailored solution was sitting unused.

The SAT is available in **Appendix 1**. This tool has been invaluable in the planning process mapping functionality in national products against local priorities. All stakeholders have been involved in the process and the SAT indicated the following top 10 functionality requirements:

Functionality	Release/When
Contract Management & Commissioning	LRC Release 4
Integrated Care Pathways	LRC Release 4
Care Plans	LRC Release 2-4
Patient I.D. including PDS	LRC Release 2
Mobility	LRC Release 4
Healthspace	TBC
eSpace	TBC
Summary Care Record	Due 2010/11
Clinical Documentation – Care Management Required	Available in Walsall – LRC Release 2
Legitimate Relationships Service	LRC Release 2

An interesting development and common theme on the findings after using the tool was that the functionality required that would benefit initiatives is needed now or very soon in the future. There is some of this functionality available now and good use is being made of this. Good examples are Choose & Book and N3 Network but, the real benefits reside in the functionality from Clinical Elements such as Care Pathways and Summary Care Record. This is why Walsall will continue to use it's main strategic interim solutions such as Fusion and CDR Intel which able to continue to fill the gaps until Lorenzo functionality is proven and realised. WHE is looking into other options

in respect to functionality as the renegotiated contract doesn't contain some of the important functionality that is required to support new models of care. i.e. Care Pathways

9. Walsall and the "Health Informatics Review Checklist"

NHS Operating Framework for 2009/10 outlines the need for local informatics planning, with board level ownership and support to deliver information enabled service transformation. This section outlines where Walsall sits in relation to *Information Planning for 2009/10* and associated targets and requirements. This is in the context of the *NHS Next Stage Review report: High Quality Care for All* and drive towards World Class commissioning standards.

Within the Informatics Planning for 2009/10 document, there is a series of National Informatics Expectations following the *Health Informatics Review.* These have been grouped into three components:

A. Making available routine and high quality 'Patient Focused Information'
B. 'Underpinning Service Transformation'
C. Improving the quality and safety of patient care through better 'Data Quality and Information Governance'

And further component in

D. Clinical 5 – minimum expectations in terms of Clinical functionality. Please see **Section 5**.

The table below gives an indication on Walsall's current position, forecast in the subsequent three year period, progress and action to date. Overall, Walsall is in a very good position in all areas at time of writing with plans in place to these address areas of concern.

The only area in which there is currently a RED status is that of e-Prescribing where there is currently an action plan to mitigate this because of the continued delays in the Lorenzo release Programme

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	Initiative	2008-09	2009-10	2010-11	2011-12	Progress/Action/Comments
A	**Patient Focussed Information**					
A1	Summary Care Record	**A**	**A**	**G**	**G**	• Project in process. Project Board and Structure underway including SHA and CfH reps. Initial 8 practices in pilot. • Public Information Programme well underway and expected to be complete by Summer 2010. • Communication with stakeholders on background capacity including LMC. • Project resourced in line with initial guidance • Plan to start implement in late 2009-10 dependant on a robust proven solution • Risks include : GP Supplier Accreditation and GP Data Accreditation.
A2	Electronic Prescription Service	**G**	**G**	**G**	**G**	• Project in place for sometime. • Awaiting GP system functionality updates to continue further from Release 2. • Registration Authority Agents and Processes in place for GPs and Pharmacists • 24/7 Helpdesk Support available • 63/63 Practices (100%) Technical Go-live • 56/63 Practices (88%) Business Go-live

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	Initiative	2008-09	2009-10	2010-11	2011-12	Progress/Action/Comments
A3	NHS Choices	A	A	G	G	• Each trust is responsible for information in its respective organisation for NHS Choices. • The Informatics department has strong links to support trusts within this area. o ensuring all indicators of clinical care are validated by a clinical lead; o promoting awareness of the NHS Choices web site. o publishing of Patient reported Outcome Measures (PROMS); o publishing periodic responses on what they have done in response to patient feedback. • Commissioners - Have in place mechanism for gathering, validating and maintaining information on all local health and social care services; • the plan is to build on current framework and procure business intelligence and other associated tools to support the organisations in line with *Health Informatics Review* and *Darzi :Next Stage Review Report.*
A4	GP2GP	A	G	G	G	• GP2GP enables the safe and timely transfer of GP electronic health records. • 2008/09 = 34/63 (54%) practices • Full project in place but delayed to GP system supplier accreditation issues. This will be remedied in 2009-10.

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	Initiative	2008-09	2009-10	2010-11	2011-12	Progress/Action/Comments
A5	GP System of Choice	A	G	G	G	• GPSoC Strategy and Plan in place. Dependant on GP System Supplier ability to provide functionality and solutions to support strategy in a timely manner. • PCT- Practice Service Level Agreement to be ratified by LMC in April 2009. • 3 new Practices in 2009/10 through Equitable Access to Practices programme • Upgrade and continued maintenance programme in place with the General Practice IT infrastructure specification • Progress to date through level to achieve resilient hosted solutions to GPs : o **Choose and Book** (Level 1) – 62/63 (98%) o **EPS** (Level 2) – 56/63 () o **GP2GP** (Level 3) – 34/63 (54%) o **Hosted Solutions** (Level 4) – 0/63 (0%)
B	**Underpinning Service Transformation**					
B1	Enabling Local Service Transformation	A	G	G	G	• Due to the very nature of having a Local Health Economy Informatics department has resulted in very strong Service Transformation links. • The informatics plan has been for a number of years covered the Local Health Economy with specific trust organisation service transformational programme. • National & Local Priorities assessed which informatics deployment produces the maximum benefits using the SHA Strategic Alignment Tool and local assessment tools.

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	Initiative	2008-09	2009-10	2010-11	2011-12	Progress/Action/Comments
						• Director of Informatics and/or Informatics Senior management sit on Trust Boards to ensure that Informatics support is identified at the earliest possible stage of changes in service development. • Project and Organisational Readiness Criteria assess capacity and capability for each deployment. Walsall is now using the recently released 'LHC IM&T Self-Assessment (LISA) tool • A local and well resourced Business Change Team is established. Business change management forms a specific stage within any informatics deployment. • Benefits and benefits realisation will be built upon in 2009/10. Associated benefits realisation planning will be developed to enhance metric development and subsequent analysis.
B2	Governance, Capability & Capacity	A	G	G	G	• Local Health Economy Board is well established with PCT CEO as SRO. o Senior Representatives from all health organisations in Walsall. o Clinical, Finance and Governance areas represented. o Also partner agencies including Strategic Health Authority, Local Authority, Education & Ambulance Service. • Organisational Informatics Programme Boards. o Acute Trust o NHS Walsall o Walsall Community Health

Walsall Local Health Economy Informatics Plan 2010-11 to 2012-13

	Initiative	2008-09	2009-10	2010-11	2011-12	Progress/Action/Comments
						o Primary Care o Mental Health (under review due to new trust) • SLAs between Informatics Service and Trusts • Special interest groups exist (Information Governance, Primary Care, Clinical) to inform the programme Boards on policy, approach and stakeholder engagement. • Projects linked to relevant organisation(s) and reported through LHE iBRAG Programme reporting. • Plans reflect service capacity and capability. • Full clinical champions, business change & training support functions in place. • Lorenzo capacity has been addressed using the guidance from Deployment Lorenzo Regional Care documentation. This will need to be regularly reviewed in line with local priorities and possible Lorenzo Release slippages.
B3	Benefits & Costs	A	G	G	G	• Walsall has an agreed benefits approach and framework. This needs to be further developed and build on across the patch and organisational in terms of benefits realisation. There is an action plan in place. • Business Case approach in Walsall is very rigorous with benefits and costs forming a large component of this to assess the efficiency and cost-saving opportunities. • Informatics will continue to support the local health economy in its drive for efficiency and may result in delaying

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	Initiative	2008-09	2009-10	2010-11	2011-12	Progress/Action/Comments
						some deployment to met the financial responsibilities. This is particular challenge in Walsall with PFI and Foundation Status programmes in place. •Work is underway to find better metrics tools for benefits
B4	Technical Infrastructure	A	G	G	G	• Progress through National Infrastructure Maturity Model (NIMM) continues. • Technical readiness is part of all deployments in Walsall. • Technical sub-group is established with representatives from Local Authority, Education and other partner organisations exists to discuss infrastructure across Walsall. • Enterprise-wide agreements are used within Walsall in platforms such as Microsoft and McAfee Safe boot. • Pilots have been completed on mobile working to support community staff continues but is subject to robust and appropriate technical solutions from external suppliers being available.
C	**Data Quality and Information Governance**					
C1	Information Governance	A	G	G	G	• Walsall has moved to manage Information Governance on a trust basis with an over-arching strategy, shared learning and training programme. IG Lead sits on the Walsall LHE Informatics Board. •Trusts are addressing the capacity issues resulting in the increased focus on Information Governance • The requirements now form part of the Trust(s) induction and mandatory training sessions

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	Initiative	2008-09	2009-10	2010-11	2011-12	Progress/Action/Comments
						• Walsall continues to meet and maintain national targets in respect to Information Governance. • Processes for cross-organisational information sharing protocols exist and well-established (e.g. Mental Health between Health and Social Care staff to access information system). This is due to be built on with the implementation of ContactPoint
C2	NHS Number & Patient Demographics	A	G	G	G	• Walsall has an excellent track record of using NHS Number in both primary and secondary care settings. • Actions plans are in place with the guidance set out in *Dataset Change Notice AN0803 and Safer Practice Notice no NPSA/2008/SPN001* with Walsall on course for full implementation in 2010-11 • Walsall Hospitals NHS Trust and Walsall PCT maintain level and exceed national target level in excess of 95% with supporting data quality teams and process to continue to support this. • This work is essential to the successful implementation and integration into Lorenzo. This start with the implementation and migrating to Lorenzo Care Management Release 2 at the PCT in 2009/10.
C3	Pseudonymisation of Patient Data	G	G	G	G	• A cross-organisational group had been set-up during 2008-09 to address the growing concerns in respect to this subject with organisational action plans. • The requirements now form part of the Trust(s) induction and mandatory training sessions. Policies and communications

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	Initiative	2008-09	2009-10	2010-11	2011-12	Progress/Action/Comments
						have been updated and carried out respectively. • Trust(s) policy will be published by Apr 09 • Trust(s) plans will set out corrective action necessary to existing systems to ensure compliance and the IG Toolkit will be used to assess progress.
D	**Clinical '5'**					
D1	PAS with integration and Sophisticated Reporting	**A**	**G**	**G**	**G**	• The Acute Trust currently has a spine compliant PAS (McKesson STAR PMS) for Choose and Book and 18 weeks. Extended contract with CfH until 2014 with development days. • Strategically, the PAS Master Patient Index(MPI) acts as Master MPI for the majority of departmental systems via the use of HL7 interfaces where supported. Proposals for new systems must support links to PAS - STAR PMS acts as a master MPI to provide a single point of management for the core MPI. Ideally, these links should also support 18 weeks monitoring • Fully integrated with Clinical Information Portal "FUSION" • The Trust information departments already have an internally developed reporting tool CHILI for complex reporting. • Business Intelligence tool being sourced for 2009-10 as part of the overall EDRM programme
D2	Order Communications & Diagnostics Reporting	**A**	**G**	**G**	**G**	• FUSION has provided Results Reporting across the patch (both primary, community and secondary care) for 18 months. • Building on this success, currently piloting with our

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	Initiative	2008-09	2009-10	2010-11	2011-12	Progress/Action/Comments
						messaging partner (Anglia) on pilot with a hand full of GPs with full roll-out in 2010-11. • Rollout of OCS across acute setting is planned to commence 2010/2011 • Planned that OCS will be supported from within Fusion to provide a common entry point across the LHE
D3	Letters with Coding	A	G	G	G	• Electronic Discharge Summaries and A&E letters are available through FUSION to primary care and GPs immediately after discharge. • Local project through the EDRM project is to make clinic letters available in the same way. • Lorenzo functionality not available. Therefore interim solution being sourced for total integration of any document from Secondary to Primary Care.
D4	Scheduling (for beds, test and theatres)	A	G	G	G	• The Acute Trust currently has functionality to perform scheduling. It is well recognised that all of the functionality within the systems is not utilised and change programme in place to remedy this through the trust's Service Transformation Programme. • Real-time data entry is imperative to the success and operationally this needs to be addressed. • The acute trust has recently invested in a Therapies system to improve scheduling into Allied Health Professional(AHP) services and is looking to link this system to an LHE wide Integrated Community Equipment Service(ICES) system planned for 2010/11.

Walsall Local Health Economy Informatics Plan 2010-11 to 2012-13

	Initiative	2008-09	2009-10	2010-11	2011-12	Progress/Action/Comments
						• The trust is investing in a project called "VISION" to improve capacity and scheduling within the organisation to help with efficiency and patient experience.
D5	E-Prescribing (inc. TTO)	R	A	G	G	• The trust has invested in a new Pharmacy System "ASCRIBE" . The trust is currently evaluating it's position with e-prescribing in light of the Lorenzo delays.

In respect to the Informatics Guidance and Checklist enclosed is Walsall Position to the guidance and requirements for 2010/11.

NHS WALSALL
CHECKLIST RESPONS

Walsall Local Health Economy Informatics Plan 2010-11 to 2012-13

	2010-2011 Operating Framework - Informatics Guidance & National Expectations					
Ref	**Topic**	**Text from Informatics guidance (Areas referenced in Operating Plan: Update template highlighted)**	**PCT Comment**	**Issues / Risks**		
		CONNECT ALL				
1	**Digital Capabilities**	PCTs should ensure that local community operating plans for 2010/11 demonstrate how digital capabilities, for clinical and citizens' benefit, are being actively developed to support improved patient experience.	NHS Walsall recognise that the effective use of information, communications and technology is a key component of delivering the overall vision. This is essential in: • Supporting clinical decision-making, • Measuring quality and performance, • Informing effective service planning, • Delivering efficient and cost effective business support processes. There is a challenging relationship between the needs of the service to deliver national programme elements while maintaining effective operational services to health economy. It is evident that, without looking at the principle of integrated service improvement across the economy and involving all of the constituent organisations within Walsall we will struggle to achieve: • financial balance. • demonstrable benefits to patient care. • the desired outcomes associated with High Impact Change targets. Walsall has continually monitored the Connecting for Health and Local Service Provider solutions and offerings			

			having deployed many including PACS and i.PM in the Community Settings along with national deployments of Choose and Book, Electronic Prescription Service, GP2GP amongst others. Walsall has also had a long standing and successful local health economy wide electronic patient record implementation in Fusion which currently has over 2500 users and continuing to grow. Fusion provides clinicians with access to information from all care settings in a central portal and has been implemented in line with the Darzi principles as an interim solution ahead of Lorenzo Regional Care and other central/regional solutions, Walsall has always had the vision and principle of integrate/ connect all to it's Informatics Strategy. This means that solutions are interfaced or integrated directly with our central Master Patient Index that transcends all organisations in Walsall. This is being extended to Social Care in identifying our patients or clients through one central MPI. To meet local demand and satisfy national initiatives this approach has and will continue to be adapted until national or LSP solutions are fit for purposes/or available. Walsall has already deployed or about to deploy in this method the following : • Care Pathways (Fusion) • PACS (across all health settings) • Electronic Single Assessment Process (eSAP) • Maternity (due 2010) • Electronic Document & Records Management (EDRM) • Electronic Discharge Summaries (EDS) • Order Communications • ePrescribing (Ascribe) • VISION (Bed/Ward Management extending to Virtual Ward)			

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Ref	Topic	Text from Informatics guidance (Areas referenced in Operating Plan: Update template highlighted)	PCT Comment	Issues / Risks		
2	**Improving Patient Experience**	Developing and publicising means for patients to obtain access to information to help in choosing and managing their care, including NHS Choices and tools to help clinicians and managers to use feedback, including real-time patient feedback, to improve quality and measure service user satisfaction.	Walsall supports the empowerment of patients and public to assess the health services on offer in Walsall. It has developed a MyWalsall Parliament in build on public engagement with our services and there are currently over 600 members. In addition there are a number of patient experience initiatives that collect information on experiences. In terms of staff, they are encouraged to develop innovative means of delivering health based information to patients and acting upon feedback to improve service delivery. The supporting technologies include: • Health Centre and Hospital Information & Advice Kiosks • Elephant Kiosks - Dr Foster Patient Experience Tracker • Walsall committed to engagement and progressing with the West Midlands Digital Services Project. • During 2010, a development of the new Internet site technologies covering all organisations and partners is being developed encompassing new technologies e.g. social networking and YouTube.			

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Ref	Topic	Text from Informatics guidance (Areas referenced in Operating Plan: Update template highlighted)	PCT Comment	Issues / Risks		
3	**EPS Release 2**	PCTs, as commissioners, should agree a timeline with their SHA to meet the EPS Stages of Implementation published on the NHS Connecting for Health (NHS CFH) website (see Annex 3).The timeline must include:> Completion of the Foundation Stage of the EPS implementation approach to prepare the PCT for the enablement of EPS; and> Planned dates for PCTs to ask to be listed in the Primary Medical Services (Electronic Prescription Service Authorisation) Directions 2008 as amended ('the EPS Authorisations Direction 2008'), before authorising their GP practices to an EPS Release 2 compliant system. SHAs and PCTs need to follow the published process (See Annex 3).	EPS R1 status:• General Practices: - 60/67 (90%) are Business Go Live (BGL). - Remaining practices awaiting GP system supplier resolutions • Pharmacies: - 56/65 (86%) pharmacies are BGL. **EPS R2 status:** • Project Board in place •Draft PID in progress • Submitted Wave 3 - 20th August 2010	• Significant risk within this area is the continued delay in the release of fully functional products from system suppliers. There is low level of confidence in this project because of these delays. Also concerns of 'Not Fit for Purpose" which need to be managed. Benefits are significant but interest is waning.		
4	**Summary Care Record (SCR)**	PCTs, as commissioners, should: > Agree a timeline with their SHA for the creation of SCRs at all SCR-compliant GP practices in the financial year 2010/11. > Subject to the business case being approved, should agree an implementation plan for the care settings that will realise the benefits of access to SCRs, including timeframe and approach to undertaking a Public Information Programme.	**Summary Care Record:** • Project Board in place with strong organisational commitment • PID complete and project in delivery. Resources in place. • Public Information Programme central funding arrangement complete. (2 waves - 8 pilot practices followed by remaining 59 practices) • 8 GP practice pilot in progress. • Remaining schedule for GP enablment created (over 12 months - aligning to GP system accreditation and GP data quality). • 75% coverage agreed before roll-out to other services for use (i.e. A&E, community matrons)	• Significant risk within this area is the potential delay in the release of EMIS PCS functionality which accounts for 50% of practices in Walsall. Lack of clarity around EMIS roadmap for PCS. Pressure put on EMIS to make PCS compliant. Walsall will not roll-out to users until 75% coverage is achieved.		

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Ref	Topic	Text from Informatics guidance (Areas referenced in Operating Plan: Update template highlighted)	PCT Comment	Issues / Risks		
5	**'Clinical 5'**	Risk-assessed plans for how and when each of the Clinical 5 (see Annex 4) will be used by all clinicians in the respective providers in each LHC, whether systems procurement is via Local Service Provider (LSP), Additional Service Capability and Capacity (ASCC) or local.				
5.1		Clinical 5' - PAS with sophsiticated reporting	• Full Spine compliant Acute PAS for Choose and Book. Legacy PAS in need of replacement due to "End of Life" issues. • Integration with key systems including A&E, pathology, radiology, PACS, cancer services and theatres already exist and maternity during 2010. • The Trust information departments already have a reporting tool (Business Intelligence) to provide sophisticated reports supporting PAS (In-house CHILI system). This is deployed to all Senior Managers and Clinicans. An OBS has been developed to implement a new business intelligence system in 2010.	Walsall Hospitals NHS Trust has relatively old legacy PAS that was due to be replaced by LRC. Significant delays in the development of LRC leaves the trust in a dangerous position and it looking to the open market to replace this functionality with the privisio of being used across Walsall Local Economy		
5.2		Clinical 5' - Order Comms (incl Primary Care)	• Walsall is currently piloting a full order communications system (Sunquest) that will provide functionality to order and review tests from standard services such as pathology and radiology but also from any order and response based service. This will include primary care.• Reporting: - Currently available 24/7 to over 2500 users via Fusion across all care settings (Acute, Primary Care, Community, Mental Health and Voluntary) - Also securely available to other organisations outside Walsall.• Requesting - Business Case approved - Project Board in place. - Pilot rollout scheduled Aug 10 - Full rollout Dec10-April 11			

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Ref	Topic	Text from Informatics guidance (Areas referenced in Operating Plan: Update template highlighted)	PCT Comment	Issues / Risks		
5.3		Clinical 5' - Letters with coding	• Electronic Discharge Summaries and A&E letters are available through FUSION to primary care and GPs immediately after discharge. • Local project through the EDRM project is to make clinic letters available in the same way. Completion due 2010. • Lorenzo functionality not fully available locally until Release 3 and 4. Therefore interim solution being sourced for total integration of any document from Secondary to Primary Care.			
5.4		Clinical 5' - Scheduling (for beds, tests, theatres etc.)	• A&E Whiteboard in operation within dept and intregrated in Fusion to manage 4 hour waits and patients through A&E . • The acute trust has recently invested in a Therapies system to improve scheduling into Allied Health Professional(AHP) services and is looking to link this system to an LHE wide Integrated Community Equipment Service(ICES) system planned for 2010. • The trust has invested and successfully implemented in a project called “VISION” (McKesson HEV) to improve capacity and scheduling within the organisation to help with efficiency and patient experience. Real-time data entry isses have been addressed due to the success of the project. This has had significant benefits in reducing the length of stay, improving patient experience and streamlinig organisational workflow/capacitiy issues.			

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Ref	Topic	Text from Informatics guidance (Areas referenced in Operating Plan: Update template highlighted)	PCT Comment	Issues / Risks		
5.5		Clinical 5' - e-prescribing	The trust has invested in a new Pharmacy System "ASCRIBE" . The trust is currently evaluating it's position with e-prescribing in light of the Lorenzo Regional Care delays.The trust is currently looking at the marketplace.	- Lack of local funding available. Options being reviewed.		
6	**Expenditure and Benefits**	SHAs should ensure that there is transparency of projected revenue and capital expenditure for local costs for all national applications and services, with annual figures for 2010–15 for all NHS providers in each LHC, demonstrating sources of funding and any gaps.SHAs and LHCs will be required to provide complete and accurate information about local expenditure, deployment progress and benefits realised in respect of the implementation of national applications and systems, including data for inclusion in national reporting on informatics investments.	• All informatics and developments are subject to business cases through organisation or cross-organisational governances structures.• It is expected that there will be no further investment into Informatics Services (at the time of writing).• Where Invest to Save projects are agreed, these will be equally subject to business case case analysis and ongoing benefits realisation management. • Informatics shared service is managed by LHE Board with organisations contributing to the overall costs of the service.	• The expectation is for no additional investment into Informatics Services in the short to medium term and for Informatics Services to support new ways of working and reduction in cost of technology.		

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Ref	Topic	Text from Informatics guidance (Areas referenced in Operating Plan: Update template highlighted)	PCT Comment	Issues / Risks		
7	**Developing Maturity of Technical Infrastructure**	The NHS should seek to underpin implementation of all informatics programmes with a robust and effective local technical infrastructure. Technical infrastructures should use appropriate current technologies and have robust plans for their development and maturation to match the needs of local, regional and national programmes and to underpin and enable the achievement of other national expectations such as information governance and pseudonymisation. In particular, the NHS should ensure that it has plans, programmes, capability and capacity for the following areas.				
7.1	**NIMM**	- increase the maturity of infrastructure management in Trusts, including more efficient use of technology with lower environmental impact. NHS organisations should publish their current position on the NIMM and determine the priority elements of infrastructure for analysis using the NIMM, aiming to achieve at least Level 3 and ideally Level 4 of the NIMM across the priority elements of its technical infrastructure within the next 12 months;	Assessments against early guidance on NIMM first took place in Sep 07. Discussions continue with the NHS technology office in relation to the maturity of the NIMM model and the production of national KPI's to enable a consistent approach to assessing the NIMM maturity level. Walsall has gained access to e-cals that only available to level 4+ organisations. A self-assessment on the NIMM model would produce a level of standardisation across the majority of the NIMM model with sections that are optimised and sections that are controlled. However, this has to be balanced with the view that an assessment based on another trusts criteria could produce a higher maturity level. Walsall will continue to monitor the progress of the NIMM Model and upon release of national KPI's a local assessment will be made.	• Work on mobile working to support community staff continues but Walsall is subject to the need for: - robust offline and 'lite' versions of software from suppliers. - continued development of 3G coverage and performance from mobile network suppliers.		

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Ref	Topic	Text from Informatics guidance (Areas referenced in Operating Plan: Update template highlighted)	PCT Comment	Issues / Risks		
7.2	**Networking**	- establish Local Area Network (LAN) and Wide Area Network (WAN) infrastructures (including, where appropriate, local Wi-Fi services) which are robust enough to support critical clinical applications;	A comprehensive strategy for both clinical and patient based connectivity exists. This includes areas already covered in Walsall:• LHE N3'ised COIN.• Wi-Fi services at each NHS Walsall site, Manor Hospital and 98% of all GP practices.• A Radio Frequency Identification (RFID) capable network is to be deployed on the Manor site			
7.3	**Software licence management.**	- ensure that its legal obligations and reputation for integrity are maintained by implementing and operating robust software licence management.	It is the intention during 10/11 to ensure that Software Asset Management continues to achieve NIMM L4 with the introduction of System Center Configuration Manager (SCCM) & System Centre Operations Manager (SCOM).			
8	**Conforming with approved national information standards**	The NHS and social care services should meet their responsibility to adhere to ISB approved information standards by meeting both the implementation and full conformance dates set out in the official notification for each standard. This notification is currently called a DSCN (Data Set Change Notice), which is being renamed in 2010 as an Information Standards Notice (ISN) to more accurately describe its content.	Conformance with DSCNs (Data Set Change Notice) is embedded in all contracts and a component of information governance (e.g. NHS Number).			

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Ref	Topic	Text from Informatics guidance (Areas referenced in Operating Plan: Update template highlighted)	PCT Comment	Issues / Risks		
9	**Sustaining Robust Information Governance (IG)**	All NHS organisations need to continue to demonstrate compliance with the key IG standards through achievement of at least Level 2 performance in terms of the NHS IG Toolkit and plans should be in place to progress beyond this minimum where it has been achieved.	• Action plans for IG Toolkit compliance have been agreed by the individual IG Steering Groups of the constitute organisations. • Walsall IG Steering Group coordinates joint responses and actions, particularly in respect of the IT Security elements, which are centrally delivered via Informatics Service • The Trusts are currently working through the training plans for SIRO, IAO and IAA specific training using the online NHS IG Training Tool. • The SIROs & chair the IG Steering Groups and ensure that risks are identified and managed in a systematic manner and ensure that data loss and confidentiality breaches are appropriately reported in the annual reports. • The SIROs agree the annual audit plans. • Walsall continues to achieve targets			
9.1		- Action plans for achieving the minimum of Level 2 performance against all remaining requirements should already be in place but must be implemented by 31 March 2011.				
9.2		- All staff should receive annual basic IG training appropriate to their role through the online NHS IG Training Tool.				
9.3		- NHS accounting officers must continue to report on the management of information risks in statements on internal controls and to include details of data loss and confidentiality breach incidents in annual reports.				
9.4		-An IG audit utilising the centrally provided audit methodology should be included within the work plans of each organisation's auditors.				

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Ref	Topic	Text from Informatics guidance (Areas referenced in Operating Plan: Update template highlighted)	PCT Comment	Issues / Risks		
10	**NHS Employment Check Standards**	NHS organisations should develop Action Plans to utilise the tools that will be available in 2010/11 – the User Identify Manager (UIM) and Electronic Staff Record (ESR) Interface – to support compliance with the NHS Employment Check Standards and achieve the associated productivity gains	NHS Walsall is an early adopter. Project board in place. PID circulated (Dec 09) for comments and awaiting feedback. PID signed off expected Feb 10. 6-9 month project anticipated. Informatics to continue to support and enabling projects for deployments of ESR, RA and e-rostering.			
11	**Improving Data Quality**	As the Logical Record Architecture (LRA) develops it is expected to emerge as an NHS Information Standard for use by commercial care system suppliers in their products. In 2010/11 NHS organisations should make themselves aware of the LRA programme and make plans for longer-term adoption within their own and commercial systems portfolios	Conformance with DSCNs (Data Set Change Notice) is embedded in all contracts and a component of information governance (e.g. NHS Number).			
12	**Pseudonymisation**	All NHS Commissioners and providers of NHS commissioned care should:	• Plan in place and submitted at Local Health Economy in achieving the March 2011 target. • Every organisation will have a record of those staff who require access to anonymised or pseudonymised data, together with the reasons for their access. These staff will be given access to the CFH IG training tool with the option for more local in-house IG awareness training if required. • New 'Safe Haven' procedures are being implemented in line with guidance with restrictions on access for only authorised staff to work with patient identifiable data. • Version 7.3 of the IG Toolkit will be used to monitor compliance – in particular Requirements 206, 208, 303 & 305 • Trust plans will set out corrective action necessary to existing systems to ensure compliance within the interests of clinical safety and functionality and the IG Toolkit will be			
12.1		- complete implementation of pseudonymisation by March 2011 in line with plans submitted in October 2009;				
12.2		- ensure that relevant staff are aware of and trained to be able to use anonymised or pseudonymised data;				
12.3		- ensure appropriate changes are made to processes, systems and security mechanisms in order to facilitate the use of de-identified data in place of patient identifiable data;				

			used to assess progress. • Information and data quality departments are responsible for ensuring compliance with NHS policy on pseudonymisation when not used for direct patient care.			
Ref	**Topic**	**Text from Informatics guidance (Areas referenced in Operating Plan: Update template highlighted)**	**PCT Comment**	**Issues / Risks**		
12.4		- use the latest IG Toolkit to assist in implementation and assessment of compliance with policy and legal requirements;				
12.5		- NHS Commissioners should ensure that organisations from which care is commissioned comply.				
13	**Improving clinical safety**	All organisations should operate the patient safety management system for information systems development and operation, as defined in the standards:	• Patient safety and relevant legislation is identified within governance, testing and Approval to Proceed (AtP) structures of both system upgrades and new deployment projects.			
13.1		- Application of Safety Risk Management to the Manufacture of Health Software (DSCN 14/2009);				
13.2		- Application of Patient Safety Risk Management to the Deployment and Use of Health Software (DSCN 18/2009).				
14	**Widespread Use of the NHS number**	PCTs should ensure that their 2010/11 operating plans demonstrate how local communities will achieve consistent and comprehensive use of the NHS number in all systems and communications of patient data, including patient wristbands. This is in accordance with the National Patient Safety Agency safer practice notices and ISB standards.	• A well-matured and specific NHS Number Programme exists in Walsall overseen by Walsall LHE IT Boards, but managed within individual organisations. • The projects are assessed against a number of key criteria as well as against system, business process and communication specific criteria as set out in the DSCNs.			

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Ref	Topic	Text from Informatics guidance (Areas referenced in Operating Plan: Update template highlighted)	PCT Comment	Issues / Risks		
		SUPPORT NEW MODELS OF CARE				
15	**Support New Models of Care**					
15.1	**Innovative use of new and emerging technology**	PCTs should ensure that local community operating plans for 2010/11 show explicitly how informatics will be used to underpin delivery of key service developments and improved commissioning processes.				
15.2	**Process redesign using existing technology**	Technology is recognised as one of the key enablers to improving efficiency and quality. Service development and planning need to be based on good quality information and reliable evidence if they are to yield significant quality and productivity gains. Much useful and comparative information and analysis already exists, from national resources provided by NHS Evidence and NHS IC, and these key national resources should be systematically exploited to inform and support local improvement action. In 2010/11 we expect NHS organisations to significantly increase their use of these national resources in benchmarking, comparison and analysis and thereby inform and shape key improvement activities, and monitor their effective implementation.	• Walsall IT Business Change and organisations service transformation and Lean Team assess opportunities for developing new models of care and use of technology to support those business changes. This forms part of any informatics project with a Benefits-led approach. • Map of Mecidine knowledge and understanding is applied in Walsall and in the process of embedding this to develop new models and ways of working. Plans in place to integrate Map of Medicine into Fusion.			

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Ref	Topic	Text from Informatics guidance (Areas referenced in Operating Plan: Update template highlighted)	PCT Comment	Issues / Risks		
15.3	**Use of Indicators for Quality Improvement (Quality Accounts)**	The Indicators for Quality Improvement (IQI) are a resource to support local quality improvement work. They are provided in the form of an online, searchable library of standardised indicators and indicator data which should be used by clinical teams to help benchmark their care against others. We envisage NHS organisations using these indicators routinely in their Quality Accounts, Commissioning for Quality Improvement frameworks, Quality Observatory outputs and analyses, and other local care quality improvement initiatives.	• As part of the EDRM programme and strong links with the organisations service transformation and World Class Commissioning requirements, business intelligence is a critical success factor in QUIPP agenda. NHS Walsall are nearing the completion of a Intelligence Strategy and Walsall Hospitals NHS Trust are about to procure a system and service to improve the use of information and intelligence across the patch. Also build on the developments that CBSA have developed in this field.			
15.4	**Assisted care pilots**	PCTs should ensure that operating plans reflect accelerated **learning from Whole Systems Demonstrators** and other pilots so as **to increase adoption of tele-health and tele-care** in ways which significantly improve quality of life and service efficiency.	• Telehealth strategy in place with developments of integrating in clinical portal "FUSION" underway. • LHE and partnership focussed. Various telehealth and telecare products in operation and being evaluated. More formal options to be considered for the Frail Elderly Project underway.			
15.5	**Learning from the National Pandemic Flu Service**	The experience of widespread beneficial use of highly cost-effective online algorithm-driven services will be assessed for appropriate opportunities for significant deployment in other areas.	The recent swine flu agenda outbreak has established that: • Walsall Informatics Services is both flexible and agile (non incident specific), responding well to requests for technology to be deloyed in (potentially non NHS owned) management and distribution centres at short notice. • The supplier of the national pandemic algorithm software is currently working with Walsall to establish a range of other algorithm based electronic checklists.			

Walsall Local Health Economy Informatics Plan 2010-11 to 2012-13

Ref	Topic	Text from Informatics guidance (Areas referenced in Operating Plan: Update template highlighted)	PCT Comment	Issues / Risks		
15.6	**Mobile working for community staff**	It is expected that significant progress will be made in all LHCs investing in, and beneficial exploitation of, mobile technology to improve quality and productivity.	• Mobile Working is available at all PCT sites and 3G is extensively used in Walsall. Bandwidth, coverage and speed is a significant issue in its use and discussions with the suppliers continue in order to deliver the true benefits of mobile working.• Development in progress for a Lite Version of FUSION. There is a lack of availability to applications supported by LSP. This is not available until very late in the release programme.	• Bandwidth and Performance issues with £G is a significant issue in the use of mobile technologies and discussions with the network supplier(s) continue as to when network coverage will be both extended and fortified.• Lack of availability of CSCA solutions to deliver true benefits of Mobile Working.		
		IMPACT TRANSACTION COSTS				
16	**Technical innovation delivering efficiency and productivity**	PCTs should ensure that local community operating plans for 2010/11 set out clearly how the utilisation of informatics, including innovative digital capabilities, will deliver increased efficiency, productivity and reductions in the total cost of ownership of technology.	Walsall will continue to assess the solutions and products from Connecting for Heath and CSCA. However, Walsall has instigated a long terms Electronic Document and Records Management Strategy to meet local imperatives and requirements. This approach allows flexible solutions facilitating business change processes to commence early and opening discussions as to how future central / regional products may support local requirements. Local deployments and initiatives under the"EDRM" programme include: • Electronic Document Management (EDM). • Mobile Technologies and Devices (Digital Pens) • Culture Change (changing human behaviour) • Business Portals/Intelligence (including Workflow)			

			• Radio Frequency Identification (RFID) tagging			
Ref	**Topic**	**Text from Informatics guidance (Areas referenced in Operating Plan: Update template highlighted)**	**PCT Comment**	**Issues / Risks**		
17	**Robust Benefits Management from Existing Investment**	All NHS organisations are expected to continue to adopt a systematic and robust approach to the management of benefits, which reflects recommended good practice. This will include:	• Walsall Informatics Service has a long tradition of implementing successful projects across the LHE. It has an established PMO approach with Programme Managers, Project Managers, Business Change Facilitators and PMO support functions that covers all informatics projects across the local health economy. Informatics continues to work with all partner organisations and has strong links with the Service Transformation Programmes with the organisations to ensure that informatics remains a key enabler for all service redesigns and to identify opportunities.• There is a very structured approach to Programme and Project Management including benefits management and a methodology used for tracking the delivery and realisation of benefits for managing a Benefits Realisation Programme (BRP).• Walsall Informatics is currently procuring a solution to streamline the programme & project management and benefits management functions to enable better, faster communication and improved collaboration for all stakeholders. An added benefit of formalising this will enable QIPP agenda to manage the			
17.1		- identification and planning of anticipated benefits and associated costs aligned with strategic objectives and service outcomes, consistent with relevant guidance provided by the Office of Government Commerce;				
17.2		- identification of specific metrics within the high-level benefits plan;				
17.3		- embedding in the project life cycle the systematic measurement of quantifiable cash releasing, quantifiable non-cash releasing and qualitative benefits that demonstrate successful business change; and adopting tools and learning from the guidance, models and case studies that are currently available from the Benefits of Informatics Zone;				

17.4		- identification of benefit owners and accountability for the realisation of these benefits; and	benefits more tangibly.• All projects and investments subject to business cases are under scrutiny of the Planning and Investment Committee (PIC) to ensure that benefits realised and deliverables are met.			
17.5		- undertaking thorough post-implementation and benefits reviews to ensure effective monitoring and performance management of the realisation of benefits expected from these investments.				
Ref	**Topic**	**Text from Informatics guidance (Areas referenced in Operating Plan: Update template highlighted)**	**PCT Comment**	**Issues / Risks**		
18	**Deriving More Benefits from Existing Systems**	**Particular focus in 2010/11 operating plans** should be given to demonstrating a commitment to realising the available benefits and potential for process redesign of existing technology and systems such as:				
18.1		- **Choose and Book** – timelines for achieving utilisation of Choose and Book for all referrals;	• Walsall Hospitals NHS Trust: - Choose and Book is used for first attendances for all the consultant-led medical and surgical specialties. • Walsall PCT: - Plans in 2010 to implement CaB services with Community using i.PM. - Project Manager and board in place to increase the usage of Choose and Book in Walsall • Dudley & Walsall Mental Health Partnership Trust: - Have no immediate plans to consider it for their services.			

18.2		**- PACS** – more innovative use of PACS, not just in acute radiology;	PACS services is available to any other our 2500 users through the Clinical Portal "FUSION". This has been extended into the community for Podiatry amongst others.			
18.3		**- Map of Medicine** – evidence of best practice used to streamline processes;	• Walsall is reviewing the use of Map of Medicine through the current Commissioning Plan process and envisages embedding this in the process for designing or redesigning future services. This is particular important as we are developing a new Frail Elderly Pathway.			
Ref	**Topic**	**Text from Informatics guidance (Areas referenced in Operating Plan: Update template highlighted)**	**PCT Comment**	**Issues / Risks**		
18.4		- **SUS/NHS** evidence to support more effective investment – to implement QIPP it is particularly important to link data across organisational boundaries and along care pathways. The Secondary Uses Service (SUS) now routinely provides a near real-time set of data relating to defined populations, regardless of where they are treated, and this is a key source of information to support for example, Joint Strategic Needs Assessment data sets. NHS organisations are encouraged to work closely with Public Health Observatories, the NHS IC and others to make more effective use of these information sources to support service improvements through World Class Commissioning (WCC).	• As part of Walsall's Intelligence Strategy which forms part of the World Class Commissioning Strategy, this is very much an integral part. This strategy is current in consultation with all major stakeholders and due to be signed off in March 2010. SUS, Dr. Foster and services offered by the CBSA is used as the primary data source for NHS Walsall's data warehouse, which provides the core information resource for production of reports and data analysis for all directorates. • The data warehouse allows analysis of trends and pathways across all specialties and provider organisations, which is particularly important in supporting demand and capacity management and in developing robust plans for more effective investment. • The Public Health directorate and other Information Services teams from all organisations work closely together to ensure consistency of source data used for supporting all areas of commissioning and strategic needs assessment. • Public Health Observatory tables and tools are routinely used to ensure consistency of Public Health data and staff from Information Services are undertaking training in Public Health Intelligence which is provided by the Public Health Observatory.			

			• NHS Comparators, a tool provided by the NHS IC, provides the basis for benchmarking activity. This is used routinely by Practice Based Commissioning Data Analysts to support referral analysis at both Practice and PbC Cluster level..			
Ref	**Topic**	**Text from Informatics guidance (Areas referenced in Operating Plan: Update template highlighted)**	**PCT Comment**	**Issues / Risks**		
19	**Reduce Cost of Technology**	The NHS should ensure that it has plans to:				

19.1	**Adoption of NHSmail and VOIP telephony**	Demonstrate alignment with the principles of Quality, Innovation, Productivity and Prevention (QIPP) by promoting the adoption of centrally provided and managed capabilities such as NHSmail and N3 VOIP telephony. Any proposed additional expenditure on locally hosted email services must be supported by a business case which compares the cost, security and functionality of the proposed service with that offered by NHSmail. The case should detail the full lifetime total cost of ownership of the proposed service (expressed as the cost per head), security rating and accreditation status, and service offering (expressed as guaranteed performance and availability service window and detailed service level agreements). Full details of the NHSmail service offering are available for comparison purposes.	• Walsall has used NHSmail for safely securing information transfer between it's partners and will continue with this policy unless NHSmail is unable to be integrated. • Walsall has invested in a N3 COIN to serve the whole LHE and is currently reviewing the use of VIOP and other technologies such as Video Conferencing. • Walsall Informatics Service currently provide a Call Conferencing facilities to the LHE.	- At present, NHSmail is unable to be used to integrate into some clinical and business applications as convention Microsoft Exchange. This restricts progress until NHSmail has the same or similar levels of integration.		
19.2	**Enterprise wide agreements (EWA)**	Deploy appropriate and supported operating system and application platform environments through the effective utilisation of NHS enterprise wide agreements (EWA). NHS organisations should only undertake local purchase where there is no suitable product or service available through the EWA.	• Enterprise-wide Agreements have always been taken advantage due to their very nature and this is a policy that Walsall will continue adopt. - The Microsoft Server APA - McAfee (Safeboot and other encryption services - In 2010 reviewing the EMC arrangements			
Ref	**Topic**	**Text from Informatics guidance (Areas referenced in Operating Plan: Update template highlighted)**	**PCT Comment**	**Issues / Risks**		

Walsall Local Health Economy Informatics Plan 2010-11 to 2012-13

19.3	**Cost effective delivery of health informatics services**	LHCs should review the most effective and efficient models for delivery of informatics and technology services to local communities to reduce the total cost of ownership of technology. These models should include the shared health informatics services (HIS) approach to back office technology services. Benchmarking and accreditation of these services will be proactively promoted.	• Walsall Informatics Service is committed to showing Value for Money and benchmarking against the market. The • Walsall Informatics has existing since 2002 which covers all organisations within the LHE and continues to be seen as the most effective way of delivering Informatics across the patch; this is supported by the LHE Board. This shared services are currently being reviewed to ensure the best way of sharing resources. • Other reducing the cost of technology projects are underway. These includes move to Citrix for desktops, virtualisation, centralised printing arrangements and greater use of collaboration through technologies such as SharePoint.			
		INTEGRATED PLANNING AND PERFORMANCE				
20	**Informatics as an Integral Part of Operating Plans**	In 2010/11 local communities, led by their PCTs, should include informatics planning as an integrated element of their mainstream plans, not as a separate document.	• Informatics planning has had an history of integration into all operational plans. Informatics is seen by all organisations as a key enabler and is embedded in the Service Transformation and World Class Commissioning Plans • The approach in Walsall is that informatics underpins but does not lead the planning process.			
21	**Informatics Leadership, Development & Capability**	**NHS local organisations, individually and collectively as LHCs, should:**				
Ref	**Topic**	**Text from Informatics guidance (Areas referenced in Operating Plan: Update template highlighted)**	**PCT Comment**	**Issues / Risks**		

21.1	**LISA**	- assess their capability to deliver local health informatics programmes, using the LHC Informatics Strategic Assessment (LISA) Tool or an alternative appropriate evidence-based tool, and put in place timely arrangements to address risks;	• LISA has been and continued to be used as part of the Project Management Approach to assess ongoing capability.			
21.2	**LHC Governance**	- ensure that governance of their change and informatics programmes is integrated, with functioning programme boards and strong senior responsible owners (SROs), supported by sound transformation skills and programme and project management disciplines;	• Walsall has a long established and robust governance structure in place to champion, scrutinise and oversee the Informatics Programme. The host organisation for Walsall Informatics Service is NHS Walsall on a pay and rations basis for Informatics developments, but also based on prioritised need to ensure the desired capabilities and subsequent benefits are realised. • The Walsall Programme governance structure consists: - Multi-organisational LHE IT Board chaired by PCT CEO; - Organisational Information Executive Groups; - SLAs in place with organisations; - Sub-group exist (Information Governance, Adults, Childrens, Primary Care) to inform the programme Boards on policy, approach and stakeholder engagement. - Projects linked to relevant organisation(s). • To ensure that full buy in is maintained throughout the life of specific projects that cross organisational boundaries. This is included so that resources and engagement from each Trust are maintained throughout the life of the project, but also so that those Trusts that remain committed to the Programme are protected from potential removal of resources by other Trusts.			
Ref	**Topic**	**Text from Informatics guidance (Areas referenced in Operating Plan: Update template highlighted)**	**PCT Comment**	**Issues / Risks**		

21.3		- identify internal and external learning and sharing opportunities within an overarching knowledge management approach, focusing on where informatics can make a contribution to local QIPP initiatives;	Informatics forms part of any LEAN, service re-design, etc. The Business Change department are involved and member of the Service Transformation Programme within each organisation. This is to maximise the benefits of any developments in the use of IT.			
21.4		- have in place workforce and people development plans that cover both the specialist informatics staff and informatics development requirements of clinical and managerial leaders and frontline staff. These should be fully integrated into the NHS organisations and LHCs' development and talent management plans;	• Walsall Informatics Services has close working relationships with ETD Leads in the Trusts and within the SHA. This enables informatics based training to be systematically planned and delivered. • IT training across NHS Walsall is provided with the Informatics directorate which also links into the organisations wider ETD agenda. The IT Training Dept partners suppliers to ensure that high quality training materials are available and delivered on clinical systems training as well as additional IT literacy skills including Microsoft for both 'standard' and specialist needs across clinical, management and specialist informatics needs. • Associated skill development (e.g. Project Management) is also supported from both a specialist (MSP, PRINCE2, MoR, ITIL) and internal (localised project management courses) In addition, Informatics staff are supported in attending appropriate CfH events to enhance their knowledge and learning.			
21.5		- review pre- and post-registration educational programmes for clinicians for appropriate informatics content.	• IT Training supports the pre and post educational programmes in Walsall, providing Training Needs Analysis for all new employees to the organisation and subsequent IT training courses have been designed to enhance clinician and admin staff IT skills.			
Ref	**Topic**	**Text from Informatics guidance (Areas referenced in Operating Plan: Update template highlighted)**	**PCT Comment**	**Issues / Risks**		

21.6		- centrally, the preferred route for policy and development support in this area is co-production with NHS partners and the DH Workforce Directorate. NHS organisations will be able to access specialist support from the DH Informatics Directorate in the form of guidance, tools and, where appropriate, facilitation.	• Walsall uses all nationally produced guidance and toolkits where available and introduces policies and procedures to embed them into the organisation and links into the Governance dept to monitors against these via audit and the IG assessments.			
24	**Systematic Assurance & Monitoring**	PCTs should make it clear, via their commissioning processes, that systematic monitoring and reporting of the cost and benefit of informatics activities and investment across local health communities will be required. PCT-led local community operating plans for 2010/11, including key informatics elements, will be monitored centrally in conjunction with SHAs.	• Walsall has a long established and robust governance structure is in place to champion, scrutinise and oversee the Informatics Programme. The host organisation for Walsall Informatics Service is NHS Walsall on a pay and rations basis for Informatics developments, but also based on prioritised need to ensure the desired capabilities and subsequent benefits are realised. Informatics is seen as a key enabler and embedded in the Commissioning and Planning Cycle to understand how informatics can help in the delivery of new services. • The Walsall Programme governance structure consists: - Multi-organisational LHE IT Board chaired by PCT CEO; - Organisational Information Executive Groups; - SLAs in place with organisations; - Sub-group exist (Information Governance, Adults, Childrens, Primary Care) to inform the programme Boards on policy, approach and stakeholder engagement. - Projects linked to relevant organisation(s). • To ensure that full buy in is maintained throughout the life of specific projects that cross organisational boundaries. This is included so that resources and engagement from each Trust are maintained throughout the life of the project, but also so that those Trusts that remain committed to the Programme are protected from potential removal of resources by other Trusts.			

10. National Care Records Service (NCRS) and Lorenzo

'Vision'

NCRS is analogous to a patient's Electronic Health Record (EHR) and this will provide the patient centric "cradle to grave" electronic health records that will be required to support CfH strategies. The service will be dependent upon the delivery, by our local service provider (LSP) of IT systems and bundles of functionality to support the deliver of NCRS.

CfH has defined a plan for the delivery of the functionality in conjunction with our LSP – the Outline Implementation Plan (OIP.) We will be expected to implement the required IT systems in line with this plan. Currently, projects to deliver existing systems through 2009-10 have been defined, but as systems are implemented there will be concomitant release of bundles of software to provide the required functionality.

Where the ultimate goal for 2014 is that NHS will have a fully enabled the safe and seamless delivery of patient cares across organisational boundaries. This requires each NHS organisation to plan for sustained ICT investment that achieves a common set of functions and national integration standards.

Walsall & Lorenzo

Walsall will continue to review itself against this new model as further detail and guidance on the criteria for each release from Connecting for Health.

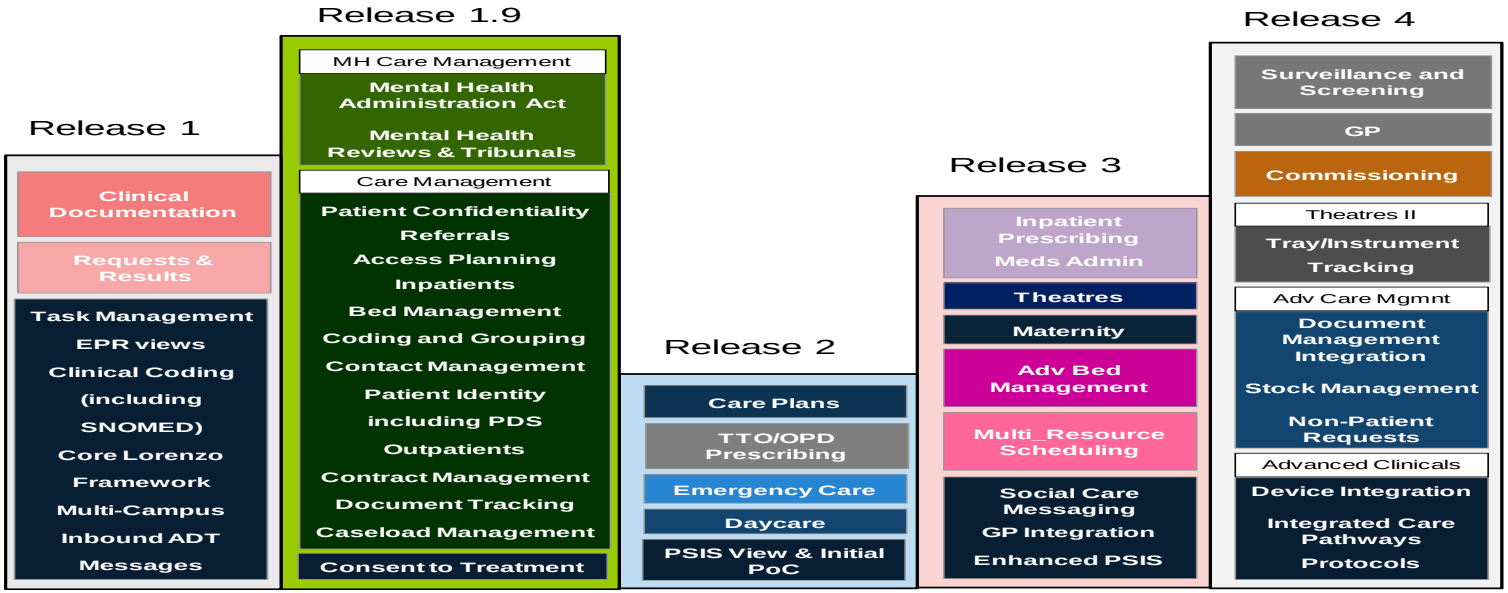
Walsall will continue to use systems locally until functionality within CSC offerings become available. This will ensure that systems required locally by clinicians are not delayed unduly, desired functionality is not compromised and service transformation is experienced and effected ahead of national system availability, ensuring that clinicians are involved in the service transformation processes.

The functionality will be deployed across the Local Health Economy (e.g. Care Pathways and Orders/Results), this will make efficient use of resources available and maximise benefits to the clinicians.

Lorenzo Release Plan

The diagram below describes Lorenzo Regional Care and it's release programme.

Walsall Local Health Economy Informatics Plan 2010-11 to 2012-13



Walsall have submitted an OIP in line with Service Transformation Plans and resourcing as outlined in the *Deploying Lorenzo Regional Care.* The deployment of LRC is planned to take us through 2013-14 and will consists of over 35 projects. The outline plan can be found in **Appendix 4**. There are major dependencies between deployments. For example, 'Care Management' in Release 2 "commonly known as 'Patient Administration System'" must be taken in Walsall before any available in Release 1 can be used. This is contract is being renegotiated at time of writing. Walsall is considering it's plan in respect to the new contract and gain a greater understanding of the functionality available in the new contract.

Deployments Planned in 2009/10

Walsall Local Health Economy Informatics Plan 2010-11 to 2012-13

NHS Walsall planned in 2009/10 the replacement of the currently deployed i.PM PAS to Lorenzo. Due to delays in deployment of Lorenzo this project has yet to start. It is not expected to start until assurances of Fit For Purpose tests are transparent from Bury PCT and Morecombe Bay Foundation Trust. At the time of writing, it is yet to be decided on the direction of travel with Lorenzo, but a decision will be made in the coming months. A replacement is needed as i.PM will not support the functionality needed for the Transforming Community Services initiative. The proposal is to move the current 1000+ user base to the new Lorenzo product set and integrated ways of working:

Replacement of the core PAS with the following administrative modules:

- Care Management
- Mental Health Care Management **(to be decided)**
- Day Care Management
- Emergency Care Management

Followed by in 2010/11 by the following clinical functionality deployment :

- Clinical Documentation
- Care Plans

No CfH deployments are planned for Walsall Hospitals NHS Trust in 2010/11.

11. The Roadmap and Priorities for 2010/11

Roll-over Projects

In Walsall, there are a number of projects that roll-over from 20009/10 to 2010/11. All detailed project plan and documentation is available in line with governance procedures and polices.

Connecting for Health Projects

- Summary Care Record
- i.PM Splits (Between NHS Walsall and Dudley-Walsall Mental Partnership Trust)
- GP2GP
- Demographics based Services
- Electronic Prescription Service

LHE Projects

- eSAP (Stage 1 – delivered in Q2 to Health and Social Care staff electronically through the Fusion).
- Order Communications
- Continued development with Fusion (3 releases of Functionality per year) supported by Clinical Development Group
- Continued development of CDR Intel for reporting and Business Intelligence.
- ContactPoint
- Sexual Health Services Integration

NHS Walsall (PCT) Projects

- Electronic Prescription Service

Walsall Community Health

BlueFish Explorer (Management Information/Business Intelligence)

Walsall Hospitals NHS Trust

- VISION (Capacity/Workflow/Bed Management)
- New Therapies System
- New Maternity System
- Business Intelligence (awaiting report from CIMTECH on Business Intelligence Review)
- Improve use of existing systems including PAS and Theatres
- Medical Photography Project

Major NEW Deployments for 2010/11

Summary Care Record

The *Summary Care Record* is one of the two elements of the NHS Care Records Service which will give authorised care staff faster, easier access to reliable information about patients. The SCR will contain limited but important information on such items as current medications, adverse reactions and allergies. Registered patients will be able to view their Summary Care Record through a secure website called *HealthSpace*.

SCR is currently in an early adopter phase, with six PCTs participating in the GP elements. Full national rollout over several years, will follow once the early adopter phase has been evaluated. It has been envisaged that this may be a SHA wide implementation. Walsall will review the local impact when the early adopter phases have been evaluated.

Local registration processes will be put into place once more guidance is given from the centre. Walsall anticipated to build this into its current and robust RA policies and procedures.

A Public Information Programme is underway to inform patients of the Summary Care Record and Healthspace to allow them to make informed decisions on the options open to them. All the above is very much dependant on the findings from the Early Adopter evaluation.

Summary Care Record and the Approach in Walsall

Ultimately it is proposed to include all practices in Walsall but initially around 8 have been selected as a pilot. They have been chosen from practices that have achieved the minimum standard of data accreditation and use a clinical system compliant with SCR. Following this as other GP practices become data accredited and have a clinical system capable of producing a SCR, they can be included in the deployment.

Once records are uploaded, A&E and OOH services will be encouraged to use the SCR. Healthspace will be deployed upon the successful deployment of SCR at all practices.

The project is currently in the planning stage. A Project Board and project resources have been identified. Meeting dates are being confirmed at time of writing. The project has a large communication and change management activities that need to be carried out long before the actual implementation of SCR and Healthspace.

Tentative dates are set for Summer 2010 for pilot stage with fully roll-out in late 2010-11.
The achievement of the objective will be critical to the delivery of the following benefits anticipated from the project:

- To enable clinicians in primary and secondary care to deliver speedier diagnosis and treatment for patients (e.g. when they arrive in A&E) resulting in greater clinical effectiveness and increased patient safety.
- To increase patient safety by preventing the risk of duplication of prescribing and avoiding adverse drug interactions
- To facilitate improvements in the care of patients suffering from long term conditions. For example, if the patient resumes care with a community service after a lapse of three months or more then the community nurse will be able to determine that there have been changes in medication during the intervening period.
- To maintain continuity of care and reduce the number of admissions into secondary care of patients suffering from long term conditions. This will be facilitated by more up-to-date information about medications, allergies, adverse reactions, diagnoses etc. and the details will be available to the Out of Hours service and to the CRIS team enabling faster, safer decision making. The PCT currently spends in the region of £5M p.a. on patients admitted into hospital for conditions that do not require a hospital stay.
- To help cope with temporary residents by providing access from within a GP practice to the Summary Care Record of a temporary resident (e.g. a student) whose GP records would not otherwise be available

- To improve data quality in GP Practices because all participating GP practices will be required to undertake thorough data quality auditing and accreditation processes. This will enable clinicians to be better informed about the patient's condition and this will in turn give patients greater confidence in the care they are receiving.
- To reduce risk to clinicians visiting patients where mental health conditions are known to exist. The Summary Care Record will alert clinicians to any such risks.
- To reduce risks to clinicians visiting patients with infections such as MRSA and Hepatitis
- To support more effective management of care delivery resources, providing opportunities for service re-design.
- The Summary Care Record has the potential to enable greater choice for the patient through the utilisation of the "Patient Preferences" area of the record.
- The Summary Care Record will obviate the need for GP Practices to send routine alerts to the Out Of Hours Service about the current condition of patients suffering from long term conditions and who are approaching the end of life.
- To enable patients to exercise greater control over the accuracy of their records as once the Summary Record has been created patients will be able to review their records via HealthSpace which will increase their confidence in their treatment and care. HealthSpace is also expected to encourage patients to take greater interest in their health and treatment.

Lorenzo Regional Care - Care Management in the PCT (From i.PM to Lorenzo)

In 2009/10 the replacement of the currently deployed i.PM PAS to Lorenzo will commence for the PCT. At the time of writing, it is yet to be decided on the direction of travel with Lorenzo as the contract is being renegotiated and the impact of Transforming Community Services. The proposal is to move the current 1000+ user base to the new Lorenzo product set and integrated ways of working. This project requires a high-level of resources due to functional changes affecting every one of the 1000 users, 30+ services and over 50 local sites.

Replacement of the core PAS with the following administrative modules by March 2010 :

- Care Management
- Mental Health Care Management
- Day Care Management
- Emergency Care Management

This enables the following functionality :

- Referrals
- Access Planning
- Bed Management
- Coding
- Contact Management
- Caseload Management
- Document Tracking
- MH Administration Act, Reviews & Tribunals
- Outpatients
- Daycare

Followed by in 2010/11 by the following clinical functionality deployment :

- Clinical Documentation
- Care Plans

Electronic Document and Record Management (EDRM)

Walsall Health economy acknowledges the need for an overarching Electronic and Record Management Programme. During 2008-09, Informatics undertook a research project to determine the scope, benefits, market review and define a programme of work. The findings are found in **Section 12**.

VISION - Walsall Hospitals NHS Trust

'VISION' is designed to improve clinical decision times and reduce care delays to improve patient flow, increase quality of patient care, patient safety and patient satisfaction. VISION is an enterprise tracking board that uses visual controls to keep everyone involved in the care process on the same page. This technology provides supports the trust in achieving its service transformation programme.

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Benefits

- Provides a system to support real time overview of bed status that can be monitored locally or centrally.
- Data is available to everyone within a clinical care pathway, at a glance, and clearly indicates where patients are within the pathway.
- Using easily accessible monitors means that data can be assimilate from a central point instead of having to log onto a number of systems.
- Blocks to moving patients through the pathway can be identified more easily and remedial actions taken. e.g. chasing Pathology results. Currently, clinicians have to keep logging into Fusion to ascertain if results are available. This applies to Imaging as well.
- Real-time, visible updates enable staff to respond more quickly.
- Patient care delays are also reduced as there is greater accountability with an exposed process that is viewable by colleagues.
- The application helps to improve decision time by “pushing” information rather than the current system of interrogating systems and having to “pull” information.
- Having an organisational overview supports capacity management from a single point of management - you can see all the units at one time and can identify blocks.
- Real time, at a glance statistical updates can be focused on efficiency metrics and can highlight hot-spots at a much earlier stage.
- Allows improved throughput through A&E by providing accurate real time bed availability and potential availability.
- Faster bed turnaround times by highlighting those patients ready for discharge.
- VISION will support faster bed-turns by identifying those beds waiting for cleaning and alerts staff of the need to commence the cleaning process to allow the bed to be re-occupied.
- The existing PAS can record parameters such as Admission, Discharge and Transfer date and time but often this is entered retrospectively if at all – the introduction of HEV and the visibility of that data would act as a change agent to encourage the collection of real-time data.
- Having access to admission and discharge information within a central repository supports lean processing by providing metrics to evaluate the success or failure of process changes.
- Lack of visible and accurate data leads to poor quality data being collected.
- Hidden beds can be common place but the high visibility associated with the application helps to identify previously hidden beds.
- Improved information on the discharge process could facilitate the move towards more morning discharges - important when departments such as Pathology and Pharmacy are fully staffed and are better able to react quicker to orders and enquiries

GPSoC Components

General Practice will continue to be supported along its GPSoC roadmap. Practices will be encouraged to move up the GPSoC levels within their supplier (EMIS or i.SOFT) taking advantage of the functionality provided by the national projects (CaB, Electronic Prescription Service, GP2GP) and finally hosted services when the functionality is deemed robust. Functionality will be explored that provides links to Trusts, for example possible document management systems and Anglia order communications.

12. Electronic Document and Records Management (EDRM)

The Current State

Document and record management across the LHE encompasses patient medical records and many further types of supporting business and administrative records and documents, such as those used within the finance, human resources and supplies areas. In each case the constituent information is kept in the form of both traditional paper records and, increasingly, computer records.
Although there have been many successes – for example the widespread use of high quality computerised GP systems and the migration from hard copy to digital PACS images in Walsall Hospitals - the LHE is some way off realising the paperless vision. This is well illustrated by reference to the situation in Walsall Hospitals, in that:

- There is a continuing reliance on hard copy paper case notes for patient records.
- There is a shortage of storage space for hard copy records. (new PFI hospital build design originally assumed that the hospital would be paperless, with little provision made for hard copy records storage).
- Working practices and behaviours amongst many staff are not always in keeping with the principles of effective document and record management

Further, barriers currently exist to dealing with these problems, such as:

- Even where computerised records are available, in most areas there is a shortage of the appropriate technology to access them – for example, to allow the electronic display of papers in meeting rooms.
- There is a lack of clarity regarding information governance issues, such as the admissibility of electronic records as the legal document in some areas.
- Insufficiently developed information standards and sharing protocols frequently limit the ability to share information across organisational – and even departmental – boundaries

Definitions

For the purposes of this programme of works the following definitions of a document and a record are:

1. A **document** is an evolving item of information, which is not fixed, can be changed, and is owned and managed by individuals

2. A **record** can take the form of a piece of information in any format, including documents, images, items of evidence, telephone calls, faxes, emails and tape recorded conversations. It is a statement of fact, is fixed, cannot be altered, has some sort of retention period attached to it, and is managed on behalf of the organisation.

Document Management helps individuals to manage the lifecycle of electronic documents from creation, through review, and storage to destruction or declaration as a record.

Records Management is a policy driven system for the management and control of records from the point of declaration through the review process to disposition or transfer to a permanent archive.

Strategic Alignment

In developing the way forward the following factors have been taken into account:

- Resulting solutions must align with the overall local ICT strategy 'Innovating Together', with NHS Walsall : World Class Commissioning Strategy, and Walsall community business strategies (including the PCT's new strategy and Walsall Hospital's strategy 'Building Better Health') and with existing relevant projects and programmes including local deployment of national NPfIT solutions.

- In order to maximise the value of investments and enhance information sharing and consistency, any solutions will ideally have applicability across the entire health community.

The EDRM Programme

Based on these principles, a programme of work designed to meet the objectives is proposed comprising five major, related, projects – namely. This programmes have been realigned with the Service Transformation Programmes in **Section 5** :

- EDRM-1: Overarching EDRM Solution & Use Of Mobile Technology
- EDRM-2: Behaviour and Cultural Change
- EDRM-3: Clinical Records – Including Governance and Off Site Storage/Retrieval
- EDRM-4: Digital Dictation & Clinical Letters
- EDRM-5: Business And Business Intelligence Portal

The "Five" Key EDRM Projects

EDRM-1 – Overarching EDRM solution & use of mobile technology

This project would involve exploring opportunities to use IT and other technologies in order to help deliver the vision.
The high level scope of this project within the next 12 -18 months incorporate the following:

- To act as the overarching centre point of procurement for the other four EDRM project boards
- To agree each EDRM Groups scopes
- To accept solutions for the proposed projects, with regard to technical, strategic and financial fit. Will provide advice and guidance where necessary
- To produce industry and technology standards for all boards to adhere to

Potential future aspects of this project need to be determined but should include the following:

- Explore the case for investing in an Electronic Document and Records Management System (EDRMS) across the health community, and especially as a way of dealing with the immediate problems faced by Walsall Hospitals regarding limited storage for hard copy patient case notes but with the potential for much wider applicability, including clinical records within the PCT (e.g. mental health, district nursing, health visiting) and within business support functions such as finance and HR.

- Expanding the availability of electronic information display devices, such as wall-mounted screens in meeting rooms.
- Piloting the use of document and workflow management solutions as a way of introducing greater controls over access to and updating of records.
- Ensuring that there are effective linkages between different types of record, for example by standardising on a single common patient identifier.

EDRM-2 Behavioural and culture change

This is the most important and potentially the most difficult of the strands. It involves working with staff across the health community in challenging and adapting behaviours and working practices, so as to engender a strong 'information culture'. The high level scope of this project within the next 12 -18 months incorporate the following:

- To research and implement a measurement tool to assess the current organisational culture in relation to IT. This will identify the baseline and gaps
- To research and implement organisational development tools that will address the gaps and so put the trust in a position where any change or developments as a consequence of EDRM can be smoothly implemented.
- To implement any focused EDRM project where culture and behavioural change has been the main blocker in the past, or is seen to be the main blocker in the future.

Again, potential projects in the longer term need to be determined but could include the following:

- Reduce unnecessary reliance on hard copy records. One example would be to identify any areas where records held on computer are also printed off unnecessarily and even stored in parallel duplicate filing systems. A related aspect could involve helping users of IT systems to organise their information better on their PCs so that there is less of a need to print it off.

- Deliver improvements in version control of both computerised and hard copy document. This could include reducing instances of staff keeping their own copies of documents and instead making use of common mater versions of documents that helps ensure proper version control.

- Introduce a training programme designed to raise awareness of individual responsibilities for records management, in conjunction with the clinical governance function that already runs audits and training for clinical notes

- Ensure that case note tracking functionality is used correctly and consistently – including through all staff groups tracking records as they move between departments as well as by medical records staff tracking them out of/in to medical records departments.

- Investigate whether departments hold on to records for longer than is necessary and, if so, establishing whether there a need for better training and enforcement of proper procedures. This could link with the 'lean thinking' technique that is currently being used in a variety of setting locally.

- Review and enforce adherence to local health records retention and disposal policies - including by introducing thinning and culling practices.

EDRM-3 : Clinical Records - Including Governance and off site storage and retrieval

The high level scope of this project within the next 12 -18 months incorporate the following:

- Provision of A&E summaries to GPs within 24 hours

- To improve the timeliness of out-patient clinical summaries to GPs in line with the contractual commitments. Tie in with Clinical Records Group

The production of a Clinical Information Strategy for the trust which would include:

- Reviewing and enhancing the existing document and records governance organisational structure to provide the required guidelines and controls over the work covered by this scoping study.

- Clarifying the position regarding aspects such as rules and regulations for the storage of scanned records, the admissibility of electronic records as definitive legal documents etc. communicating it to staff as required.

EDRM-4: Digital dictation & clinical correspondence

The high level scope of this project within the next 12 -18 months incorporate the following:

- To trial digital dictation systems in 2 specialties as feasibility studies
- To choose favoured system to roll out to remainder of clinical specialties
- To evaluate extension of digital dictation to include voice recognition technology
- The scope of users for clinical letters for the trials will be all clinicians. After successful trials and subsequent tendering processes the successful provider will be used in a roll out to all specialties including, specialist nurses. This project will link closely to the Clinical Records Group.

These will develop a wide range of possibilities to overcome the challenges of eliminating typing backlogs and rationalising document turnaround times throughout the organisation. To enable all clinical letters to be produced in a format that allows integration into both GP clinical systems and over-arching EDRM system

EDRM-5 : Business and Business Intelligence portal

The high level scope of this project within the next 12 -18 months incorporate the following:

- Research and suggest suitable Data Warehousing and Business Intelligence tools
- Research and suggest suitable Financial Management Intelligence Tool
- Research and suggest suitable business document management tool

13. Programme Governance

Background

Walsall Informatics aims to ensure that any informatics project or deployment undertaken within Walsall Local Health Economy through its governance arrangements is formally assessed against criteria to ensure strategic fit. This approach will reduce duplication, overcome silo approach and effectively use resources.

The Government mandates the use of the Office of Government Commerce (OGC) for public sector programmes and projects as well as the management of risk. For this, it has a series of products and processes; MSP (Managing Successful Programmes), PRINCE2 (PRojects IN Controlled Environments version 2) and MoR (Management of Risk) which aim to provide structure to those involved with managing periods of significant change and impact. Walsall has adopted this approach for a number of years and continues with this framework to success deliver programmes and projects.

The host organisation for Walsall Informatics Service is NHS Walsall on a pay and rations basis. As described in Section 1, the Organisational Landscape has changed significantly in the last year. SLA's are in development with the new Mental Health Trust and at the time of writing the Mental Health Trust are forming future direction in terms of informatics and ICT. Walsall Informatics continues to support the new trust in this process.

The Governance Structure

The Director of Informatics reports directly to the Chief Executive Officers (CEOs) of both NHS Walsall and Acute Trust and agrees local/national priorities through the LHE ICT Programme Board. The Director of Informatics also has a seat on each of the trusts management boards.

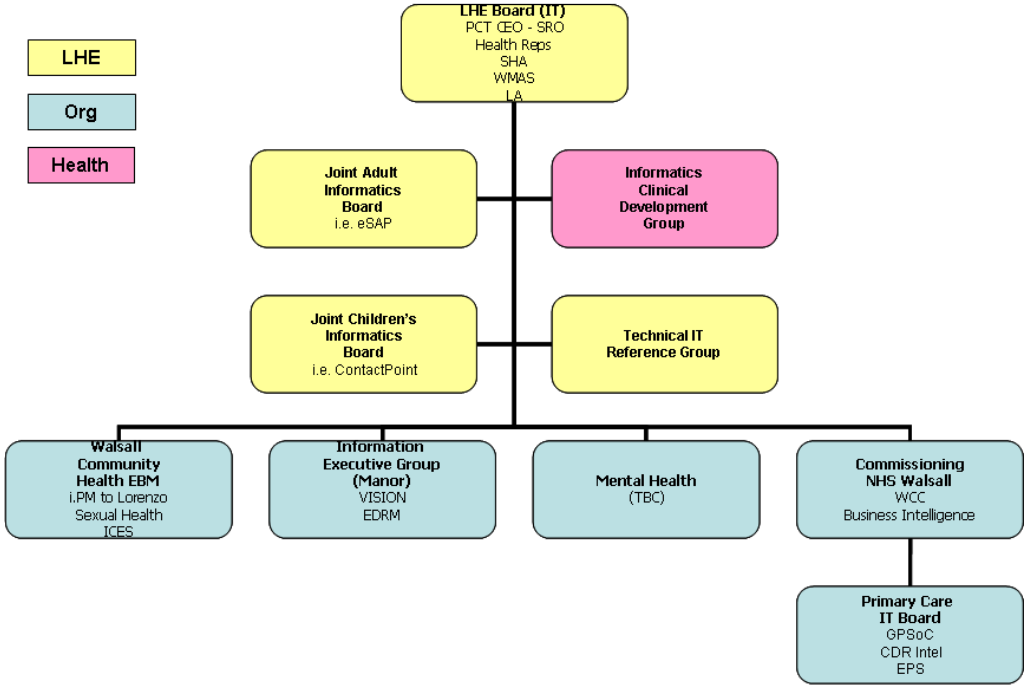
The diagram below shows the governance arrangements and illustrates the close working arrangements with the Local Authority through the Joint Information Strategy Board that is chaired by the Walsall Teaching PCT CEO. This aligns with recent recommendations and guidance from the National Audit Office, Department of Health and SHA.

Walsall Local Health Economy Informatics Plan 2010-11 to 2012-13

The structure below is not exhaustive as when projects begin, appropriate project boards will be set-up in relation to best fit strategically with the LHE, but will report to the appropriate Trust Connecting for Health Programme Board.

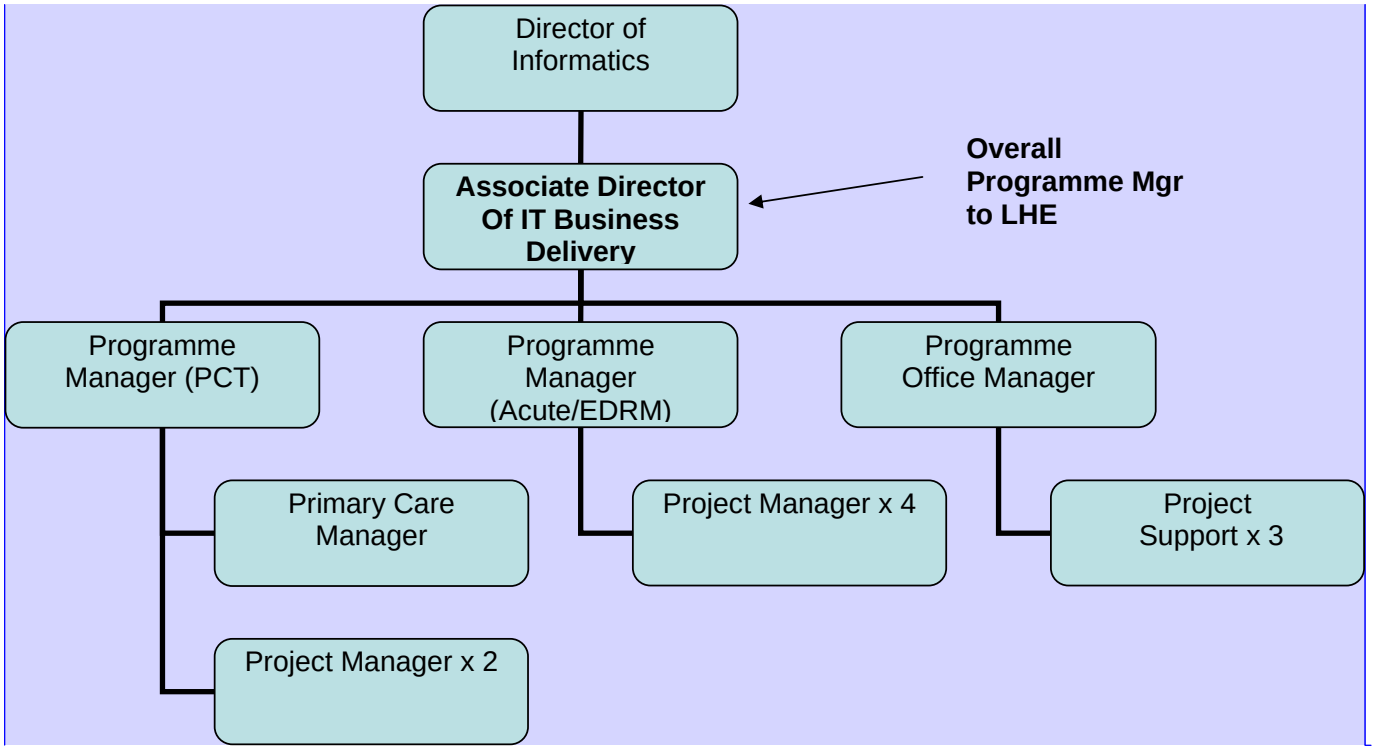
Projects are linked to the relevant organisation(s).

WALSALL LOCAL HEALTH ECONOMY INFORMATICS GOVERNANCE STRUCTURE



Walsall Local Health Economy Informatics Plan 2010-11 to 2012-13

Walsall Informatics Service has an established Programme Office in support of the Informatics Plan and associated projects using best practice. The structure is below :



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14. Benefits Realisation

Background

The national Connecting for Health (CfH) Programme is a key enabler of change and will help to support the Service Transformation Programmes across Walsall Health Economy. It is a requirement of the CFH programme to ensure that adequate thought has been given to radical redesign of clinical processes and how Information Technology (IT) can enable and support the realisation of benefits, as well as the investment required to deliver such a programme of work.

This section describes the scope of Benefits Realisation Activities for the implementation and deployment of all of informatics projects across the local health economy, and the overarching principles outlined in this section will aim to form a framework that will seek to join up the deployment approach to change and benefits and is intended for key stakeholders within the Walsall HE.

The realisation of the benefits associated with all deployments depends upon the adoption, buy-in and uptake of the new processes and new culture by the Trusts. Business Change activities have been developed to achieve these objectives via work streams focussing upon communications, gap-analysis and development of a future state model, and benefits planning.

Building on this work, this document sets out the approach to identifying, prioritising and developing benefits to maximise benefits realisation and to enable clear measures and targets to be developed and achieved.

Scope

The scope of this strategy is concerned with change management and benefits realisation, with the latter being a methodology that is evolving. The document should be reviewed to ensure that the model remains fit for purpose. Any new emerging methods will be reviewed and assessed as to whether they should be implemented by the appropriate Organisation, Project and Business Change stakeholders.

Walsall Local Health Economy Informatics Plan 2010-11 to 2012-13

Approach

It is envisaged that Walsall HE will adopt the methodology promoted by CFH for Benefits Management and once this has been scoped it will be presented for ratification to the respective Programme Board.

Potentially advances in IT can challenge the traditional way of thinking in terms of how it can support changes to clinical practice and service delivery. It is, therefore, important that the Change Management process and Benefits Realisation planning of the local CFH programme is driven and aligned to other Service Improvement initiatives so that any of our end user's, staff and patients recognise that the CFH programme is an integral part of service improvement and an enabler of change that can facilitate the delivery of real benefits.

Indicative timescales of a clinical solution that fully enables an electronic patient health record is 2012 but as new functionality in the software is released for use over time this should provide opportunities to explore more innovative ways of working in the future and it is then that we should begin to get much richer and more defined benefits.
This necessitates a planning approach to change management and benefits realisation to reflect what is required for this phase and then in subsequent phases of the CFH Programme this strategy may need to be reviewed.

A benefits-led approach is key to a successful deployment and it is through a combination of the local business change activities and stakeholder ownership that benefits will be identified, prioritised, monitored, reviewed and reported. The use of the Benefits Tracker will support and facilitate this process.

The model adopted to measure the required metrics has been difficult to date and will require an owner to baseline information during the project and perform a final outcome report after project closure.

It is intended that the complete Benefits Tracker will be made available to all service areas, and the senior management team following any project closure and responsibility to monitor progress against this will be contained within individual service areas.

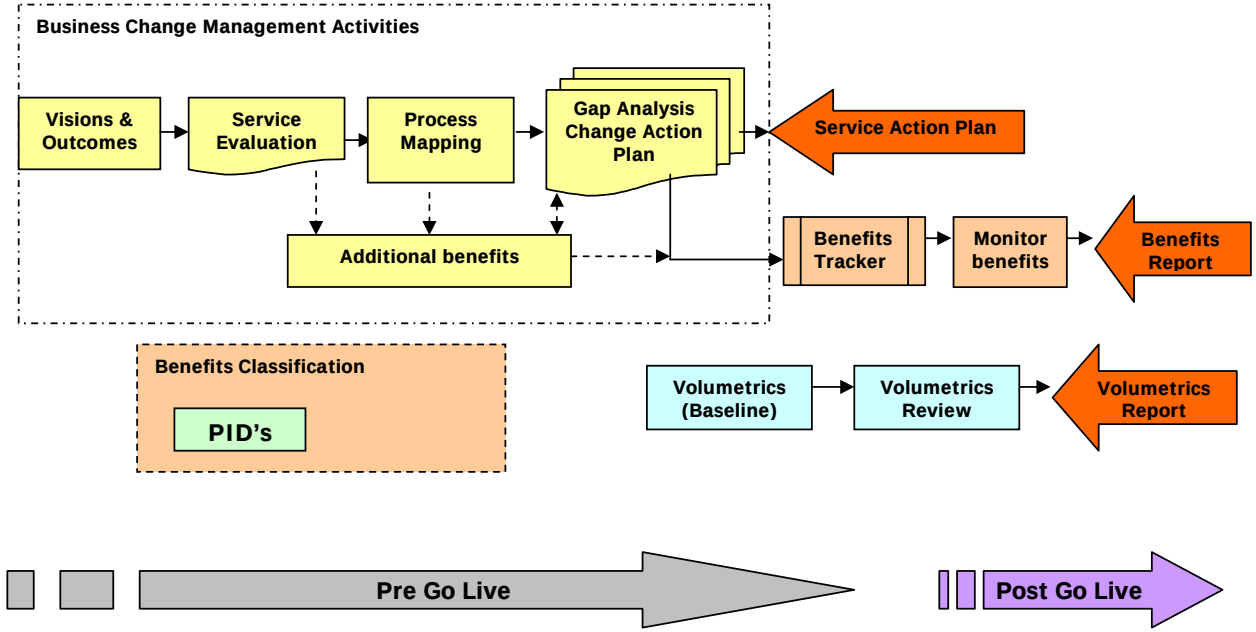
Walsall Local Health Economy Informatics Plan 2010-11 to 2012-13

Benefits Identification

The Business Change team will support services to identify potential benefits of using a new IT system by facilitating series of Visions and Outcomes workshops with key stakeholders as part of project initiation and review them against the Organisations' Annual Plans and local priorities.

The standard documentation that captures Process, Change, Issues and Benefits is the Gap Analysis Business Change Action Plan which is part of the Service Implementation Workbook created by the Change Management Team.

Diagram to illustrate Benefits Identification Process through BCM approach



Benefits Realisation Planning

The benefits tracker has been established containing each identified benefit, tracked through defining the following parameters:

- Mapping to a PID reference
- A description of benefit to be achieved
- The “owners” responsible for the achievement of the benefits
- Possible methods of measuring the benefit
- Measurement approach
- Baseline (if applicable and available)
- The target date for reporting
- Service areas where the identified benefit is applicable

Benefit Reviews

Reviews would ensure that the benefits are achievable in the current business context and are adjustable or modifiable to reflect patients and stakeholder expectations and take account of any emerging new technologies.

It is suggested that these be reviewed each month and reports be forwarded to the respective Project Boards over the first quarter post Go Live. Thereafter, Benefits will be mainstreamed and continue to be monitored by the respective Service Areas.

15. Information Governance & Security

Introduction

Information is a vital asset, both in terms of the clinical management of individual patients and the efficient management of services and resources. It plays a key part in clinical governance, service planning and performance management.

It is therefore of paramount importance to ensure that information is efficiently managed, and that appropriate policies, procedures and management accountability provide a robust governance framework for information management.

Walsall has moved to manage Information Governance on a trust basis with an over-arching strategy, shared learning and training programme. Director of Governance sits on the Walsall LHE Informatics Board and chairs the Information Governance Steering Group.

During the last year, Walsall has carried out a large amount of work to protect patient, system and employee information. This year added focus on preventing the loss of data. This has had a considerable amount of media attention and damaged public confidence. Walsall has address these concerned and put together an action plan in light of the recommendation from the DoH, but also going forward measures are in place on both cultural and technological areas.

Key Actions and Progress

- There are robust systems in place to complete the annual IG Toolkit
- Trusts are addressing the capacity issues resulting in the increased focus on Information Governance and any subsequent actions as a result of the assessment
- The requirements now form part of the Trust(s) induction and mandatory training sessions
- Walsall continues to meet and maintain national targets in respect to Information Governance.

- Processes for cross-organisational information sharing protocols exist and well-established (e.g. Mental Health between Health and Social Care staff to access information system). This is due to be built on with the implementation of ContactPoint.

16. Technical Infrastructure

Achievements and Progress this year

The technical Infrastructure in 2009/10 is now accepted as being much more stable and resilient for most if not all of the Walsall NHS Estate. This is widely attributed to the new environments created by the previous year's deployment of the new N3 COIN (Community of Interest Network) and associated technology.

The N3 COIN replaced the existing Wide Area Network and replaced this with a network that has a resilient connection to each NHS site in Walsall. Additional benefits are the ability to ensure patient administration systems have a higher priority on the network the outcome of this is during high network utilization system, for example iPM are still available for clinicians and operating in a real time basis with no lag. Secondly, the Health Economy now has a high speed backbone which will enable high network usage applications to be used at GP Surgeries or Community settings for example PACS.

In addition, a project was undertaken to install a wireless network into the Health Economy, this is now completed and as a result all planned sites are wireless enabled. This has added benefits in enabling roaming by clinicians with laptops and providing the ability for our partners to utilise the network in a secure manner access systems within the Social Services, local housing group & Education.

Also, a virtualisation project has been initiated which aims to consolidate the current server infrastructure further and as a result provide higher server availability.

Several other key projects have been developed and are now underway, which will further consolidate and integrate the various network based and desk top technologies planned for the future.

Many IT support staff and managers have completed the industry accepted ITILv3 (Information Technology Infrastructure Library) service framework training and certification. This best practice approach to IT support and service delivery will further build on the good practice upheld by the support unit, and provide a uniform approach of engagement with NHS staff using IT in all aspects of health care across the borough.

Walsall Local Health Economy Informatics Plan 2010-11 to 2012-13

Current Position

Progression through the National Infrastructure Maturity Model (NIMM) continues together with the Information Governance (IG) toolkit both being key agendas for the NHS informatics work load.

Workforce Mobility

This project will enable staff needing to access information on the move by logging in securely to the various PMS systems across the health economy. Informatics received the request to pilot the Mobility working project and will prove the benefits of using mobile technology out in the health community and to see if the technology is cost effective and sufficiently robust to deliver alternative access to existing network based information systems.

Data Storage and Data centre

Work continues with the server rationalisation and an upgrade to the underlying security directory allowing integration of the EDRM solutions and provide a “single sign on” facility where products allow.

Process and procedure

Accepted and agreed ITIL processes of Incident Management, Problem Management and Change Management have been embedded into the support processes.

Wireless

A fully tested and secure Wireless access network is now in place across the health Economy with seamless integration between Acute and Community locations throughout the Borough.

Acute Network

A brand new Industry standards based high speed and fully resilient Local Area network (LAN) has now been completed and in the final test phase for hand over to the Trust (April 2010) . This new network has been designed and built from ‘ground up’ principles and will

allow for the deployment of many new network based technologies required on site in the future, such as Voice over IP telephony, entry type RFID tracking for equipment location, instant messaging etc.

SCOM and SCCM

Deployment of additional service and operation 'tools' which will provide greater efficiencies in management of IT assets across the economy

Citrix desk top

A pilot project has been commissioned to investigate the use of alternative desk top environments with the workspace which, if proven successful will allow for improved levels of security, accessibility for staff and other benefits such as lower power consumption (green agenda standards) , long term reduced cost of ownership and ease of deployment.

Plans for 10/11 and beyond

Platform and Process

The Information Planning 2010-11 Guidance Assessment requires each Local Health Community to assess itself against the National Infrastructure Maturity Model (NIMM), and plan for the improvement of the infrastructure where required.

To ensure a stable infrastructure is in place and the appropriate support is available for all users within the Health Economy plans will be created to ensure the trust reaches the recommended entry NIMM level for a stable environment which is "Level 3 – Standardisation", in addition, staff working specifically within IT support have received ITIL v3 training where appropriate. .

Virtualisation

Virtualisation is seen a as key component in achieving future "green" targets therefore the Health Economy is to embark on a project migrating over 90% of the Server Estate onto a virtualised platform. Additionally, technology is now being installed which will allow virtualised servers to be migrated in real time to another server if the host server is experiencing a huge demand. Furthermore it will be possible to make a backup image of the entire server and hold this backup off-site utilising the N3 Network installed during 08/09.

This process is expected to take 2 years and as an outcome utilising the new resilient N3 Network it is envisaged in an emergency situation, Information services i.e. Email, File Service, local Patient Admin will be made available in a vastly reduce timeframe, reducing the outage period significantly.

Adoption of NHSmail and VOIP telephony gateways linking Trust fixed telephony to national NHS number plans allowing 'Toll Free' calling whilst 'on net'.

Walsall has used NHSmail for safely securing information transfer between it's partners and will continue with this policy unless NHSmail is unable to be integrated. Walsall has invested in a N3 COIN to serve the whole LHE and is currently reviewing the use of VOIP and other technologies such as Video Conferencing. Walsall Informatics Service currently provide a Call Conferencing facilities to the LHE.

Enterprise-wide agreements

Enterprise-wide Agreements have always been taken advantage due to their very nature and this is a policy that Walsall will continue adopt.

- The Microsoft Server APA
- McAfee (Safeboot and other encryption services
- In 2010 reviewing the EMC arrangements

Further Mobile Working

During 08/09 a mobile "proof of concept" pilot was completed to asses the potential to use 3G Mobile Technology in the patient homes which would provide clinicians with real time access to Patient systems, providing information where they want it and more importantly when they want it. During 09/10 and into 10/11 this is to be enhanced and discussions are to take place with providers to asses the business needs for mobile working and how the patient journey can be enriched with the use of Mobile Working.

The Acute Hospital has a wireless network installed in all clinical areas, with the upcoming installation of the 'Vision' application which will bring a change in culture to input data in real time, more intuitive and freely available methods of data entry are required. Application dependant devices will be sought which allow the user to input in real time at the bed head and will include a equipments ranging from electronic pens through to PDA's, Computers on wheels, Tablet PC's and laptops.

Office Communication Server (OCS)

This project will aim to engage existing desktop technologies and mobile access to provide a universal approach to all forms of communication be it written or spoken word and should provide a real time interface for staff to 'see' who is available to contact and immediately correspond and 'interact' using the many Microsoft applications which will allow collaboration and sharing of files etc real time across the network. This opportunity should see many derived operational benefits to staff and partner agencies and also if successful reduce time wasted in tracking people for response and also reduce time and energy lost travelling /in meetings etc.

VCX Voice telephony systems upgrade and Implementation

This project will deliver further enhancement to existing fixed telephone technology and in addition (Q3/Q4) replace all existing centrex served sites across the borough.
It will also bring such benefits as integration with OCS and fast deployment abilities for disaster recovery scenario and flexible access for staff working at varying locations throughout the Trust.

New Palliative Care Centre - Goscote

This brand new Greenfield site will be provided with state of the art fixed and mobile technologies and full integration with the existing economy.

Refurbished Goscote Centre (formally Nurses Home)

This new centre will also link into the above new centre and share all the available technology whilst connecting directly into the Walsall wide network and its newly completed data centres.

Single Sign-on

Where possible, all new applications procured throughout Walsall HE we will seek to make use of the current security login directory, Windows Active Directory.

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With the numerous legacy systems in place that users are required to log into to enter patient data, a solution will be sourced and implemented that will ease the burden of maintaining numerous passwords and logins. Confidentiality and Security are paramount and it is vital any product installed maintains this and where possible improves.

Benefits
The anticipated benefits from the Infrastructure developments include:

Simplifying identity and access management
Keeping identity information synchronised and constant across a wide range of directories, databases, and proprietary identity systems. It provides a single place for ICT and users to manage the entire life cycle of user credentials.

Giving ICT greater control
Enabling directory synchronisation, visibility over identity cleanup and control over reconciliation processes and suggests a robust policy based management solution.

Offers a flexible system
Delivering a platform that can be customised as needed by ICT and the service.

Information protection
Robust data protection and security thus reducing risk of breach of confidential information

Strong authentication
Increasing efficiency and helping to reduce cost through proficient management of IDs, passwords, and investment in an Active Directory.

Protection of Information and Downtime reduction
Reducing the downtime for users is paramount if real time data input is to be achieved therefore virtualisation will reduce outage times in the event of hardware failure. Utilising the N3 network data can be quickly and securely be transferred to any of the core nodes on the network

17. Data, Standards and Quality

Background

Data quality and standards have been the cornerstone of the success in Walsall in delivery of high quality information and information systems to users. Without strong discipline audit and review procedures, the success of Clinical Portal – Fusion with a LHE wide master patient index would have not been realised.

Patient Demographics and the NHS Number

The NHS should improve patient safety by making effective use of the Personal Demographics Service (PDS) and enabling consistent use of the NHS Number to reduce the number of data quality issues due to mis-associated records.

Guidance was final guidance was issued in early 2009 for the NNHS Number Programme. Walsall for both General Practice and Secondary Care has completed a self-assessment in respect to the standards set out in this document and there we no particular areas for concerns.

Plan for the complete adoption of the NHS Number as the mandated unique patient identifier in all relevant administrative and clinical systems;

- ensure that the NHS Number is used in all patient communications;
- raise demographics data quality standards by implementing processes to use the PDS National Back Office when resolving demographic data quality issues.

Walsall Hospitals NHS Trust Plans

The Trust with the NHS number usage currently stands at 97.1% against the 95% national target. The Master Patient Index contains over 350,000 patient records.

The Application Support Team manages the trust's Master Patient Index, which is part of the Informatics Service. These processes will continue to improve on the data quality aspects of the MPI and configuration of the system.
These function enable the trust to know their patients therefore enhance patient safety and support the business through Payment by Results to name a few.

During 2008/09, Walsall Hospitals NHS Trust successfully migrated fromNational Strategic Tracing Service (NSTS) to NHS Care Record Service (NCRS) Clinical Spine Application.

Continued enhancement of administrative functionality within the McKesson STAR system is deemed a critical foundation to exploiting future clinical functionality in the system. Elimination of duplicate electronic records is already a well-established function.

All data migration and cleansing activities are covered within the deployment costs of each project. The Informatics Service has got a proven track record in achieving data migration activities in deploying CfH solution within Walsall. (i.e. Community/Mental Health PAS and Acute PACS). Clinical Coding Function is managed by the trust and is responsible for the data quality aspects to structured coding like OPCS, SNOMED, ICD10.

NHS Walsall Plans

NHS Walsall (Walsall tPCT) moved to CfH solution (PDS dependant) in November 2006 and as part of the implementation, all data quality procedures and processed were reviewed to align with National Guidance to fall into line. The Application Support Manager of the PCT is responsible for the implementation of the activities.

General Practice

Overview

Walsall Local Health Economy Informatics Plan 2010-11 to 2012-13

The purpose of the Primary Care Informatics team is to improve the health informatics skills of clinicians, practice and PCT staff, to enable them to achieve high standards of data quality in their electronic patient records, which in turn will support both clinicians and patients during the consultation.
NHS Walsall is aware that individual practices will decide how they wish to implement electronic record keeping locally, but need to be satisfied that practices are ready to safely maintain records. Within NHS Walsall we have developed a document for General Practice called the 'Path to Paperless'. It provides a simple, yet comprehensive, framework within which GP Practices can move from paper-based records to electronic patient records. It summarises some of the advantages, benefits and barriers of going paperless. It also includes definitive checklists and guidance to enable a GP practice on the path to paperless and ensures that the practice continues to operate within the stringent guidelines laid down by the General Medical Council.

Path to Paperless

As mentioned in the Good Practice Guidelines practices must not discard their paper records in favour of using their electronic records until they have received approval from NHS Walsall. This will ensure that practice is capable of safely maintaining and keeping electronic records and that the appropriate working practices and safeguards are in place. All PCT's are required to develop a paper light accreditation process, NHS Walsall accreditation process has been approved by Local Medical Committee. NHS Walsall considers a paper-light practice to be a practice which:

- The practice holds a complete patient record, for all patients, wholly on their clinical system.
- The practice has policies and procedures in place to ensure the maintenance of that record
- The practice carries out regular audits to verify the quality of the record
- The practice computer system is fit for purpose
- The computer system security measures and audit functions are enabled
- The practice will not seek to disable the security and audit functions

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Walsall Teaching PCT has developed a Path to Paperless Guide to support practices in achieving accreditation. The detail regarding what will be assessed to ascertain that a practice has achieved the criteria is provided in the Accreditation Checklist within this guidance. The checklist provides the definitions, rationale, and supporting information. Practices can use this checklist to identify any areas which they may need to develop or review and evidence how they have achieved and will continue to maintain each of the criteria. Once a practice considers they are ready and wish to apply for accreditation they need to apply in writing to Walsall teaching PC; all partners are required to sign the application which can be found in this guide.

Once the application has been received by the PCT a Primary Care Facilitator will visit the practice and carry out a small number of data quality audits and assess other accreditation criteria. The accreditation visit will gather the information required by the Accreditation Board, to help them assess whether the practice has appropriate procedures in place to operate paper-light.
The type of areas which will be assessed during the visit are detailed below; please note this is not an exhaustive list.

Accreditation Visit

Check that practice keeps complete patient records, for all patients, wholly on their clinical system
Check that the practice has paper-light polices and protocols exist for all relevant functions to ensure the security and maintenance of those patient records
Check that all policies, procedures and protocols are available and easily accessible to all members of staff
Assess a selection of polices (determined by the Accreditation panel prior to the visit) and check whether they work
Interview sample of practice staff to ensure they are aware of the and operate to the appropriate procedures and protocols
Check that all governance procedures are in place
Carry out a small data quality audit: this will include disease registers
Evidence that the practice carries out regular audits to verify the quality of those patient records

Each practice operates in different ways, as such it is not possible to define a set of polices and procedures which will meet the needs of all practices. During the accreditation process, policies and procedures will be checked to see how they work within that practice. The Primary Care Facilitator should be able to pick up a policy/procedure and be able to work through it by them self. Each policy should provide clear guidance on not only the main pathway but all the exceptions as well. These results will be provided to the Primary Care Approval Panel who will discuss the application and determine whether to approve it or reject it. If accepted and approved if will remain provisional until a 'contract' letter detailing the terms and conditions of the accreditation has been signed by the practice's senior partner.

The PCT will send the letter to the practice, and it must be returned to the PCT within one month of the provisional approval being granted. The PCT will acknowledge receipt of the contract and at this point the practice is considered to be paper-light accredited. However should the application be rejected, recommendations will be made on the areas requiring further work; the practice can reapply for accreditation once these areas have been addressed.

The reaccreditation process will follow the same format as the initial accreditation process. Prior to reaccreditation, practices will be encouraged to assess all of their procedures and processes to ensure that all are up to date and are still relevant.

Commissioning data Sets and Secondary User Service

Walsall HE are continuing to work on implementing Commissioning and 18 week data Sets to the relevant CDS standards and guidance. Trusts have successfully migrated from CDSv5 to CDSv6 during 2008/09. NHS Walsall continues to work with SHA-wide Commissioning Business Support Agency (CBSA) and linking to other projects such as Secondary User Service in achieving this.

18. Resource Management

The Informatics shared service provides a core of the resources needed to deliver the Walsall Local Health Economy Informatics agenda. However, other Informatics functions relating to Information Services, Performance Management and Clinical Coding are provided by the respective Trusts. (**Appendix 9 Informatics Service Catalogue**)

Resource Management is an area of particular concern in the current financial climate, there are associated pressures such as Foundation Trust Status which may hinder projects and deployments due to the potential reduction in funding, or changing priorities. This will be particularly challenging when Lorenzo is to be deployed.

Current and Future Workforce

There has been a review of current workforce and the outcome has been to align the new priorities and requirements both locally and nationally to support the implementation of Connecting for Health Programme.

Each area has been reviewed and a restructure and is currently being actively pursued to deliver the challenging Informatics agenda.

The areas that have been identified for particular strengthening are as follows:

- **Programme and Project Management** – significantly increase due to the number of change programmes and deployments over the next three years. Progress has been made with the establishment of a Programme Office and structure.
- **Application Support** – data quality aspects in terms of record linkage through NHS number, deployment of new/existing functionality and testing roles for the continuity development of Connecting for Health and local applications.
- **Deployment and Testing Team** – a new team is being set-up in the Development Team to perform Health Economy-wide testing and deployment of new functionality and releases of CfH applications. This team will also oversee the Data Migration elements to deployments where third party suppliers will be used as Data Migration Specialists. This approach has already been successful in the deployment of CfH applications of i.PM PAS in the Community and the PACS at the Acute Trust within Walsall LHE.

- **Change Managers** – building on the existing Clinical Informatics Specialists, the successful and well-established clinical lead/champions programme and embedding them into the programme and respective projects.
- **Benefits Management** – Walsall will continue to focus its attention on deploying systems that are believed to deliver the most tangible benefits to both the Business of the organisation and to clinicians. Whilst Benefits Realisation is a component of Change Management the challenge is to ensure local ownership within services to monitoring benefits.
- **IT Support** – more staff continue to gain access to a range of systems to support their daily work. To ensure staff are supported in accessing those systems in a secure, timely and flexible manner requires additional desktop or mobile resources.

These additional posts are shown in **Appendix 4 - Workforce Plan and Portfolio Plan** and the **Financial Section**

Sustainable Informatics Programme

There is a need for both technical and organisational capacity. These draw a number of important principles as follows:

- Each project will have a rigorous Organisational Readiness Assessment carried out and Walsall is committed to using the LHC IM&T Self Assessment Tool in planning of Programmes and Project respectively.
- There is an identifiable **"Champion"** - either a person or group who want to see the project succeed.
- Required resources can be gained as work proceeds, however the commitment must exist to draw upon that resource when it is required. In previous and existing projects staff have been seconded for the duration of the project to assist with the important and vital change management requirements.
- The capacity need not be within the initial organisation - it is possible to buy-in expertise when necessary, to hire specific skilled staff or to train existing staff.
- To ensure that full buy in is maintained throughout the life of specific project, a Memorandum of Understanding is included in each Project Brief. This is included so that resources and engagement from each Trust(s) or organisation are maintained throughout the life of the project.

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Informatics Development

- Operational Informatics support services (desktop, helpdesk, networking, application support) will continue to evolve to meet the increasing demand for flexible, mobile and fast access to applications. Informatics Services will take advantage of new technologies to deliver those services, however, increased resources will be required if the scale of change is to be matched by the service provided by Informatics.

- Project based activities (programme/project management, application development, business change, training) will continue to support service based transformation through the use of technology, from the development of the service mandate, through the period of deployment of the system, to the handover to the service and the setting up of operational support. The scale of deployments over the next 18 months will also require increased resources as detailed in the **Workforce Plan**.

19. Risks and Issues

Management of Risk (MoR) incorporates all those activities required to identify and control the exposure to risks, which may have an impact on the achievement of the programme and / or projects objectives. This is a government standard and follow the Office of Government Commerce (OGC) processes mandated for the public sector. These are managed on two levels – programme and project, but can be escalated at Corporate Risks.

MoR incorporates the two distinct phases of risk analysis - the gathering of information about exposure to risk; and risk management - the processes to monitor and control the potential impact of risk.

The informatics plan and planning progress is driven by NHS Walsall's Commissioning Planning Process. Walsall sees informatics as a key enabler and underpins the strategic development of the organisations that reside in Walsall.

- NHS Walsall (Commissioner)
- Walsall Hospitals NHS Trust (Provider)
- Walsall Community Health (Arms Length Provider to NHS Walsall)
- Dudley and Walsall Mental Health Partnership NHS Trust (Provider)

Informatics has been working with all partner organisations in development of their associated plans. Many of which are joint due to the very nature and context of pathways and Walsall's potential move to a local health economy provider model.

The key risks and issues facing NHS Walsall and delivering the challenging Informatics agenda broadly fit into three 'risk' categories:

- Continued delays in Lorenzo Regional Care and other National initiatives. i.e. Interim to long-term agenda
- Delivering Informatics developments in the current financial climate and uncertainty.
- Maintaining stakeholder confidence and reputation management in delivering the Informatics.

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Major strategic risks and mitigation activities are summarised below.

Risk Title & Description	Impact of Risk	Mitigation Actions
Strategic Planning		
1. ICT Plan precedes LDP Production and submission of ICT plan before the majority of LDP work is undertaken. This is a function of the DoH, Cluster / CSCA contractual timetable.	AMBER - Poor alignment of ICT plan with LDP. ICT activities are not prioritised on key service areas. Service priorities not achieved as effectively or as efficiently as desired.	This is a rolling over of the local ICT plan – key service drivers require a continued review. The Local Plan will be reviewed when LDP Priorities and Funding has been finalised and aligned to local business plans. The Director of Informatics meets with PCT and Acute CEO to ensure local and organisational alignment.
2. Lack of Improvement of Clinical processes Clinical processes to ensure the most effective and efficient care are not transformed as a result of support by Informatics or as a precursor to deploying a system in support of the service.	AMBER - Potentially ineffective and inefficient clinical practices remain despite new system deployed. Benefits not delivered	Finances have been identified that change management resources are identified for each deployment (i.e. backfilling and championing) as well as an established and growing Clinical Informatics Team.
3. Delay and Lack of Confidence in Lorenzo and other Connecting for Health Deployments Current delays and issues relating to the Release of Lorenzo and Early Adopter releases have not been widely used within organisations.	RED - Local LHE cannot confidently plan and align delivery with national and local priorities	Continually look to potential interim solutions where appropriate and affordable but put financial pressure locally on trusts. Create a plan to manage Reputation Management.

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Risk Title & Description	Impact of Risk	Mitigation Actions
4. Poor local understanding of CSCA and CfH contract Poor understanding of CSCA contract at SHA and LHE levels in terms of functionality and contract levels. Difficult to understand the impact and functionality changes through releases of products prevents CSCA being held to account for contracted services and quality. The OIP and associated documentation does not necessarily reflect system functional availability and changes are not easily digestible at a local level.	**AMBER** - Local NHS cannot act as an intelligent customer	Clarity about NME, SHA and local roles and adequate training for responsible officers. Wider distribution of ICT plan from organisational ICT Programme Boards. Inclusion of ICT summaries in service LDPs.
Financial		
1. Local funding Although programme of work across the LHE is agreed, the funding is to be agreed on a project by project basis using the business case process. The financial climate is still very uncertain and will lead to re-prioritisation of developments Foundation Status and Opening new PFI hospital causing local cost pressures. Reduced development allocation from NHS Walsall	**RED**- Inability to deploy systems to desired plan in support of local service needs and Cluster contractual arrangements, if funds are not forthcoming. Make LSP solutions unaffordable because of delayed and interim solutions become the longer term.	De-scope plan or provide additional local funding through other channels.

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Risk Title & Description	Impact of Risk	Mitigation Actions
Lorenzo Product Delivery		
1. CSCA product delivery Lack of documentation for planning purposes in readily available Lack of material from Early Adopters for planning and lessons learnt purposes	**AMBER** - Delays to implementation and benefit delivery. Poor clinical uptake	Descoping - use of best affordable local systems where functionality either lacking or unavailable in time-scales required by service through Fusion or CDR Intel.
Capacity, Capability & Resourcing		
1. PCT / Trust reconfiguration Trust reconfigurations will inevitably lead to considerable upheaval of staff involved current programme and project activities. There are numerous re-configurations; Foundation Status for Walsall Hospitals NHS Trust Mental Health Partnership with Walsall and Dudley Re-configuration of PCT Provider Arm APRO Functions Local Health Economy Trust	**RED** - Reduction in available service side resources leads to delays in actions required from service components of the programme and project.	Contingency Planning to be incorporated in each project.
2. Insufficient implementation management capacity Inadequate capacity on either or both the NHS/ LSP sides to manage the implementation.	**AMBER** - Delayed implementation. Inadequate configuration of system to clinical need.	Previous deployments(i.e. Community PAS and Acute PACS) provide useful lessons learnt information to enable better pre-project planning. Significant funding has been allocated to increase the programme, project and deployment teams to deploy and deliver the programme.

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Risk Title & Description	Impact of Risk	Mitigation Actions
3. Local champions and clinician buy-in Inability to establish local champions and general clinician buy-in.	AMBER - Clinicians stall the rollout. This may result in the alienation of senior individuals who would otherwise naturally become key programme sponsors/ champions. Half hearted implementation leads to poor uptake with consequential damage to the reputation of the programme. Subsequent delays/ problems during early implementation make it difficult to establish clinical champions of the new systems.	Effective stakeholder analysis and engagement Better communications to enable senior staff to appreciate model being used. Earlier involvement of clinical staff on planning phases of programme / project(s). Resources to cover backfill for clinical staff, these are funded through the deployment costs of each project. Established clinical representation on all levels from LHE, organisational ICT Programme Boards through to local clinical reference groups and project boards.

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Appendix 1 – Strategic Alignment Tool

NHS Strategic Priorities and the West Midlands Programme for IT (WMPfIT)

NHS West Midlands Programme for IT

Explanation:
At the intersection of an NHS Priority with a WMPfIT functionality, the relevance is scored:
- 0 (irrelevant)
- 1 (potentially useful)
- 2 (Likely to be useful)
- 3 (Extremely useful)
- 4 (Required - a key enabler)

Grey text indicates background functionality which supports other functions but is not apparent to users.

Rows 36 to 80 cover more detailed elements of Lord Darzi's Next Stage Review. 'UNHIDE' to view.

	Already Available													Imminent					
														Release 1					
	Choose and Book	PACS	Electronic Prescriptions Service	Map of Medicine	Secondary Uses Service	GP2GP	N3 Broadband Network	NHSMail	Electronic Staff Record	NHS Choices	healthspace	eSpace	Summary Care Record	Requests and Results	Clinical Documentation	Legitimate Relationships Service	Task Management	Multi-Campus	EPR Views
Investing for Health - 7 Challenges																			
Widening Inequalities	2	0	1	0	3	0	3	1	1	2	2	2	4	0	4	4	2	4	3
Variability in Quality & Safety	3	3	3	4	3	3	3	1	2	1	2	2	3	4	3	3	3	4	2
Difficult to Navigate	4	0	0	0	0	2	0	0	0	4	3	0	2	2	3	3	0	2	2
Low Public Confidence	3	1	1	0	0	1	4	2	0	3	4	0	3	3	3	4	0	3	3
Too little prevention	0	0	0	1	2	2	4	0	0	4	3	1	3	2	2	0	1	3	3
Low return on investment	0	1	2	3	1	0	0	0	0	0	1	3	1	1	1	0	3	1	1
Cost pressures & Opportunity costs	0	0	2	3	2	0	0	0	0	0	3	3	1	3	3	0	3	1	1
World Class Commissioning																			
Locally lead the NHS	0	0	0	0	0	0	0	1	3	4	2	0	0	0	0	0	0	0	0
Work with community partners	0	2	2	0	0	1	3	3	0	3	2	0	3	3	3	3	0	3	3
Engage with public and patients	0	0	0	0	0	0	0	0	0	4	4	4	0	0	0	0	0	0	0
Collaborate with clinicians	0	0	0	3	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0
Manage knowledge and assess needs	1	3	3	3	3	3	3	2	2	3	3	3	3	3	3	1	3	3	3
Prioritise investment	1	0	1	1	3	0	0	0	2	0	0	1	1	0	0	0	1	1	1
Stimulate the market	3	0	0	1	0	0	0	0	2	2	0	1	0	0	0	0	1	0	0
Promote improvement and innovation	0	1	0	3	0	0	0	0	0	2	1	3	1	0	0	2	3	1	1
Secure procurement skills	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Manage the local health system	2	1	1	2	3	1	4	2	3	1	2	2	2	2	2	1	2	2	2
Make sound financial investments	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Local Priorities																			
Reduce Infant Perinatal Mortality	0	3	0	3	1	1	1	0	1	1	1	3	3	3	3	4	3	3	3
Improve services for children with disabilities	1	1	0	3	1	1	1	0	1	1	1	3	3	3	3	4	3	3	3
Develop selfcare / expert patient programmes	0	0	2	3	1	1	1	0	1	1	3	3	3	3	3	3	3	3	3
Hospital admission avoidance	0	0	2	3	2	1	1	0	1	1	3	3	3	3	3	3	3	3	3
Stop smoking	1	0	0	3	1	1	1	0	1	1	3	3	3	3	3	3	3	3	3
Weight management	1	0	0	3	1	1	1	0	1	1	3	3	3	3	3	3	3	3	3
Urgent care centre	0	2	1	3	2	1	1	0	1	1	3	3	3	3	3	4	3	3	3
Access to Psychological therapies	1	0	0	2	1	1	1	0	1	1	3	2	3	3	3	4	2	3	3
Home and community dementia care	0	0	0	3	1	1	1	0	1	1	3	3	3	3	3	4	3	3	3
Chemotherapy	0	0	0	3	2	1	1	0	1	1	3	3	3	3	3	3	3	3	3
Musculo-skeletal	1	3	1	3	2	1	1	0	1	1	3	3	3	3	3	3	3	3	3
Dermatology	0	0	0	3	2	1	1	0	1	1	3	3	3	3	3	3	3	3	3
Palliative Care Centre	0	0	2	3	2	1	1	1	1	1	3	3	3	3	3	3	3	3	3
Stroke pathway	0	3	3	3	1	1	1	0	1	1	3	3	3	3	3	3	3	3	3
Relevance of WMPfIT Product Functionality	24	24	27	65	40	27	38	13	29	47	70	69	69	65	69	68	63	70	67

	Imminent									Medium to Long Term															
	Lorenzo Regional Care																								
	Release 2									Release 3						Release 4									
	Emergency Care	MH Administration Act	Care Plans	Contract Management	TTO/OPD Prescribing	Access Planning	Patient I.D. including PDS	Document Tracking	Caseload Management	Inpatient Prescribing	Medication Administration	Theatres	Multi-Resource Scheduling	Maternity	Advanced Bed Management	GP Lorenzo	Commissioning	Integrated Care Pathways	Screening	Mobility	Interactive Charting	Stock Management	Device Integration	Trail Management	Relative Priority to WMPfIT
Investing for Health - 7 Challenges																									
Widening Inequalities	1	3	4	3	1	2	4	2	1	1	1	0	2	4	2	3	3	4	3	2	0	0	2	0	77
Variability in Quality & Safety	4	3	3	3	3	3	3	3	2	3	3	3	3	4	3	2	3	3	3	2	4	3	2	3	101
Difficult to Navigate	4	3	3	0	0	1	2	0	1	0	0	0	0	4	1	2	0	3	3	3	2	0	3	0	56
Low Public Confidence	3	3	3	2	1	2	3	3	2	1	1	1	0	3	2	3	2	3	4	2	3	1	2	1	79
Too little prevention	2	0	1	0	0	0	3	1	1	0	0	0	1	4	0	3	0	1	4	1	2	0	1	0	47
Low return on investment	1	0	3	3	2	3	1	1	4	2	2	3	3	3	3	1	3	3	3	3	1	3	3	3	69
Cost pressures & Opportunity costs	1	0	3	3	2	3	1	1	4	2	2	3	3	2	3	1	3	3	3	3	3	3	3	3	76
World Class Commissioning																									
Locally lead the NHS	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	16
Work with community partners	3	3	3	1	2	0	3	1	1	2	2	0	0	4	0	3	1	3	1	4	3	0	4	0	70
Engage with public and patients	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	12
Collaborate with clinicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	2	0	3	0	11
Manage knowledge and assess needs	3	3	3	4	3	3	3	2	3	3	3	3	3	4	3	3	4	3	3	3	3	3	3	3	106
Prioritise investment	0	0	1	3	1	1	1	0	3	1	1	1	1	1	1	1	3	1	1	1	0	1	1	1	33
Stimulate the market	0	0	0	3	0	0	0	0	0	0	0	0	1	0	0	0	3	0	0	1	0	0	1	0	15
Promote improvement and innovation	1	0	2	3	0	2	1	1	2	0	0	2	3	3	2	1	3	2	1	3	0	2	3	2	53
Secure procurement skills	0	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	4	0	0	0	0	0	0	0	8
Manage the local health system	3	0	3	4	1	2	2	2	2	1	1	1	2	3	2	2	4	3	1	0	2	1	0	1	66
Make sound financial investments	0	0	0	4	0	2	0	0	0	0	0	0	0	0	2	0	4	0	0	0	0	0	0	0	12
Local Priorities																									
Reduce Infant Perinatal Mortality	1	0	4	4	0	1	4	1	1	0	0	1	3	4	1	3	4	4	4	4	3	1	4	1	81
Improve services for children with disabilities	1	0	4	4	0	0	4	1	1	0	0	0	3	3	0	3	4	4	0	4	3	0	4	0	71
Develop selfcare / expert patient programmes	1	0	4	4	2	1	4	1	1	2	2	0	3	0	1	3	4	4	2	4	3	0	4	0	79
Hospital admission avoidance	4	0	4	4	2	0	4	1	4	2	2	0	3	0	0	3	4	4	3	4	3	0	4	0	84
Stop smoking	1	0	4	4	0	1	4	1	4	0	0	0	3	4	1	3	4	4	4	2	3	0	2	0	78
Weight management	1	0	4	4	0	1	4	1	4	0	0	1	3	4	1	3	4	4	4	2	3	1	2	1	81
Urgent care centre	4	0	4	4	1	1	4	1	1	1	1	0	3	0	1	3	4	4	0	2	3	0	2	0	74
Access to Psychological therapies	2	4	4	4	0	1	4	1	3	0	0	0	2	1	1	3	4	4	1	4	3	0	4	0	78
Home and community dementia care	1	4	4	4	0	1	4	1	3	0	0	0	3	0	1	3	4	4	1	4	3	0	4	0	79
Chemotherapy	1	0	4	4	0	1	4	1	2	0	0	0	3	0	1	3	4	4	2	4	3	0	4	0	74
Musculo-skeletal	3	0	4	4	1	1	4	1	2	1	1	1	3	0	1	3	4	4	1	4	3	1	4	1	81
Dermatology	1	0	4	4	0	1	4	1	2	0	0	1	3	0	1	3	4	4	0	4	3	1	4	1	75
Palliative Care Centre	4	0	4	4	2	1	4	1	3	2	2	0	3	0	1	3	4	4	0	2	3	0	2	0	79
Stroke pathway	3	0	4	4	3	1	4	1	4	3	3	0	3	0	1	3	4	4	1	4	3	0	4	0	86
Relevance of WMPfIT Product Functionality	54	26	88	99	27	36	83	31	61	27	27	21	63	55	36	67	99	91	53	76	67	21	79	21	

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Appendix 2 – Walsall Delivery Programme (iBRAG and Timeline)

LEVEL	PROJECT SUMMARY - iBRAG PO-PROSUM001 ORG CODE	PROJECT / AREA NAME	Initiator	Prog/Project Manager /Informatics Rep	Programme Manager / Senior Lead	Sponsor	Project Plans Predicted Stage 0	Predicted Project Start Date	Predicted Project End Date	Predicted Project Closure	Previous Months Status	Current Month Status	Last Updated	Activity
Prj	MANOR	VISION PHASE 2	MANOR	Gordon Hamm	Bob Lee	Brigid Stacey	01/09/2009	01/04/2009	TBC	TBC	B	G	26/03/2010	Go-live complete. New icon cards distributed to wards. Suggestion put to the Vision board to close the project. Draft project closure document to be circulated as appropriate. Decision to close to be made at 14th April meeting.
Prj	MANOR	Theatres	MANOR	Bob Lee	Bob Lee	Steve Darkes	TBC	TBC	TBC	TBC	/	On Hold	28/07/2009	New deployment on hold. Division working on enhancing RESQ-OR
Prj	MANOR	Server Rationalisation	MANOR		Mark Taylor	Steve Darkes	TBC	TBC	TBC	TBC	B	G	07.10.09	on going on track, ex testing under way Proforma Received
Prj	MANOR	Medicode	MANOR	Bob Lee	Bob Lee	Steve Darkes	01/04/2008	01/07/2008	31/03/2010	30/06/2010	A	A	03/02/2010	Testing for HRG4 next week Awating final testing information from Sue Bailey HRG 4 upgrded ed on Medicode and OPCS 4.5 ready to test but awaiting succesful testing of text based system
Prj	MANOR	Clinical Records (EDRM) - Digital Paper A&E (trial)	IT	John Hopcroft	John Hopcroft	Steve Darkes	17/03/2009	09/04/2009	28/05/2010	03/09/2010	A	A	08/03/2010	Meticulus meeting with developers to iron out final problems ?commence trial mid April
Prj	MANOR	Clinical Records (EDRM) - Clinical Records Workstream Project	IT	John Hopcroft	John Hopcroft	Steve Darkes	09/04/2009	03/08/2009	Ongoing	Ongoing	R	On Hold	08/03/2010	Sub Group will not meet until funding and future is determined by CMG
Prj	MANOR	Clinical Records (EDRM) - Nursing Documentation Workstream Project	IT	John Hopcroft	John Hopcroft	Steve Darkes	09/04/2009	03/08/2009	Ongoing	Ongoing	G	G	08/03/2010	CAT being specced. Awaiting proforma for NCPT. Vital Pac demo this week
Prj	MANOR	Medical Photography	MANOR	Karen Chinn	Bob Lee	Phil Walmsley	01/02/2007	01/12/2008	01/03/2010	26/04/2010	A	G	30/03/2010	Basic install completed, interface to be built. Configuration to be completed.
Prj	MANOR	Maternity	MANOR	Gordon Hamm	Bob Lee	Steve Darkes	01/09/2009	TBC	TBC	TBC	/	A	26/03/2010	OJUE an expression of interest. IEG for funding OBS and PQQ complete, the latter having been sent out.
Prj	MANOR	Lorenzo Regional Care Release 2 (Replacement PAS)	MANOR	New PM		Steve Darkes	TBC	TBC	TBC	TBC	B	B	01/08/2009	Now expected to start in late 2010

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LEVEL	PROJECT SUMMARY - iBRAG PO-PROSUM001 ORG CODE	PROJECT / AREA NAME	Initiator	Prog/Project Manager /Informatics Rep	Programme Manager / Senior Lead	Sponsor	Project Plans Predicted Stage 0	Predicted Project Start Date	Predicted Project End Date	Predicted Project Closure	Previous Months Status	Current Month Status	Last Updated	Activity
Prj	MANOR	Lorenzo Regional Care Release 3	MANOR	New PM		Steve Darkes	TBC	TBC	TBC	TBC	B	B	01/08/2009	Now expected to start in late 2010
Prj	MANOR	Folding Space - Pathology	MANOR	Bob Lee	Bob Lee	Steve Darkes	01/07/2008	03/01/2009	31/08/2009	03/10/2009	A	A	03.02.10	Awaiting sign off System can now hand multiple pages - in testing. May be additional licenses to progress this in other areas Final testing still to be completed. Original go live date slipped.
Prj	MANOR	Blood Fating (BTS)	MANOR	Bob Lee	Bob Lee	Brigid Stacey	01/08/2008	01/01/2009	23/08/2009	01/10/2009	G	G	03.02.10	Awaitng sign off. 09.03.10 MHRA visit Project now live and working well Fina l data extarc t completed but transformation s taking loner than expected du to number ofrecord . Hopeful to get extract to Clin=ys by end of Oct ober
Prj	MANOR	AHP System - Therapies	MANOR	Gordon Hamm	Bob Lee	Robert Hodgkiss	01/01/2008	01/01/2009	30/10/2009	30/04/2010	A	A	26/03/2010	CIMS Interface delivered, with UAT underway. Dietetics UAT scrips complete, but remainder due to be complete before Easter. Go-live confirmed as 17th May. All outstanding items are logged with CIMS. New release due early April, (no exact date yet available from CIMS)
Prj	GP	Summary Care Record	CfH	Paul Gnosil	Bob Lee	Steve Darkes	15/09/2008	02/11/2009	31/12/2010	31/03/2011	G	G	30/03/2010	Final wave of letters sent on 26th March. First uploads due 18th June. Arranged clinical system training with pilot practices for the start of June. Current opt out rates 0.3% (380 patients).
Prj	GP	GP2GP	CfH	Paul Gnosil	Bob Lee	Steve Darkes	08/11/2007	01/02/2008	Ongoing		A	A	30/03/2010	Waiting for system supplier software for iSOFT and Emis PCS
Prj	GP	EPS	CfH	Paul Gnosil	Bob Lee	Steve Darkes	07/04/2008	17/08/2008	Ongoing		A	A	30/03/2010	Advised by CfH that Synergy practices can now be rolled out for R1. Pharmacies may become R2 compliant in the new financial year. Process are now in place for the migration of pharmacy smart cards to RA01 T&Cs. Deadline to achieve wave 2 SoS directions for Jan 2011 is July 28th. Waiting for GP system suppliers to become R2 compliant.

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LEVEL	PROJECT SUMMARY - iBRAG PO-PROSUM001 ORG CODE	PROJECT / AREA NAME	Initiator	Prog/Project Manager /Informatics Rep	Programme Manager / Senior Lead	Sponsor	Project Plans Predicted Stage 0	Predicted Project Start Date	Predicted Project End Date	Predicted Project Closure	Previous Months Status	Current Month Status	Last Updated	Activity
Prj	GP	Emis Web	IT	Paul Gnosil	Bob Lee	Steve Darkes	02/04/2008	09/06/2008	Ongoing		A	A	30/03/2010	User engagement. Project Phased approach. 8 practices streaming data into Web R1. Emis will supply a migration plan and costs for all Walsall practices
Prj	GP	Ednam House Surgery Closure & merger	PCT	Paul Gnosil	Bob Lee	Phil Griffin	28/02/2009	28/02/2009	Ongoing		On Hold	On Hold	30/03/2010	Practice moved on 28/3/09 Investigating other ways to merge data. Current favorite is to wait for Emis Web
	LHE	Over-arching EDRM Solution (EDRM) - Cimtech	IT	John Hopcroft	John Hopcroft	Steve Darkes	05/09/2008	12/01/2009	Ongoing	Ongoing	G	G	08/03/2010	Cimtech interviews completed, report in process of being drafted
Prj	LHE	Concerto Upgrade	LHE	Karen Chinn	Mark Taylor	Steve Darkes	10/12/2009	21/12/2009	31/03/2010	15/05/2010	B	G	30/03/2010	Orion are working to resolve outstanding items. Fail over testing to be arranged once final testing completed.
Prj	LHE	Orion Hardware Upgrade	LHE	Karen Chinn	Mark Taylor	Steve Darkes	TBC	TBC	TBC	TBC	B	I	30/03/2010	To be reviewed post Concerto upgrade
Prg	**LHE**	**Fusion**	**LHE**	**Karen Chinn**	**John Hopcroft**	Steve Darkes	**2004**	2004	**Ongoing**	**Ongoing**	G	G	30/03/2010	Fusion BRAG updated **(25 developments currently underway). March release Concerto Upgrade, Stroke, Blood Transfusion. May identified for full release**
Prg	LHE	Digital dictation - Pilot	IT	Claire Black	John Hopcroft	Steve Darkes	27/11/2008	20090930	Ongoing	Ongoing	G	G	29/03/2010	Still problem with ActiveX object - Ranj looking into this- PM been asked by Board to escalate this if no reassurance given that it will be sorted - 17/3/10 - certificate re-signed, alick testing Solution been put into Test environment - Benchmark benefits measurements being complied Go live April 12th
Prg	LHE	Digital dictation - Roll out	IT	Claire Black	John Hopcroft	Steve Darkes					On Hold	On Hold	29/03/2010	On hold awaiting WS22 deliberations 1st pit meeting with ws22 to be held 1 April
Prj	LHE	eSAP	PCT	John Hopcroft	John Hopcroft	Trish Skitt	01/09/2008	02/10/2008	Unknown	Unknown	G	R	08/03/2010	Awaiting decision from LA as to whether they are still part of eSAP. Health deciding whether to proceed without them

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Prg	LHE	Business Portals-Intelligence - Contempoary Consultantcy	IT	Keith Wilson	John Hopcroft	Steve Darkes	05/09/2008	TBC	Ongoing	Ongoing	A	A	22/03/2010	Feasibility Study ongoing, draft report due this week.
Prj	LHE	CAP - Programme Management Tool - include Sharepoint	IT	Keith Wilson	John Hopcroft	Steve Darkes	03/06/2009	12/05/2009	01/06/2010	01/08/2010	/	G	22/03/2010	Contract awarded to Program Framework, Software ordered. PM still to be decided…please take this off me!!!!!!!
Prj	LHE	Behaviour and Culture Change (EDRM) (Theatre Company Trial)	LHE	Mariam Ismail	John Hopcroft	Steve Darkes	05/09/2008	09/07/2009	Ongoing	Ongoing	G	G	22/03/2010	Trial evaluation report submitted to the board, members agreed that this is the best medium for culture change, report will be updated and sent to JH to take to EDRM programme board.
Prj	LHE	Behaviour and Culture Change (EDRM) (Theatre Company Rollout)	LHE	Mariam Ismail	John Hopcroft	Steve Darkes					On Hold	On Hold	03/02/2010	Awaiting board go ahead
Prj	LHE	Order Comms	LHE	Claire Black	Bob Lee	Robert Hodgkiss	25/02/2010	08/04/2010	Ongoing	31/12/2011	G	G	29/03/2010	Site visit arranged to Sherwood Forest took place 12/3 1st Board held on 25/2- next Board 08/04. 3 Plans being devised for each roll out. Informatics to produce documentation, Sharon Dicken to take flash reports to CTB. PIT kick off meeting 26/3 Meeting with BCF/training 29/3 - mapping and training approach agreed - Consent needed from Maggie Craddock Interfaces ordered Approach and time line agreed by Sponsor
Prj	LHE	ESR Smartcard Enablement	LHE	Keith Wilson	Frank Botfield	Tony Kettle/Sue Wakeman	01/05/2009	01/06/2009	05/04/2010	01/05/2010	G	G	22/03/2010	all users now live. Approx 50 cards left to issue. Final closedown meeting scheduled for next week. Final comms out this week.
Prj	PCT	Mobility (3G)	IT	Mark Taylor	Nigel Malone	Steve Darkes	TBC	TBC	TBC	TBC	G	G	07.10.09	Trial underway feedback due in 03/10

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Prj	PCT	iPM PAS Stage 3	CfH	Gordon Hamm	Bob Lee	Johanne Newens	23/06/2008	23/06/2008	01/10/2009	01/12/2009	A	A	26/03/2010	SNOMED codes for the End of Life/ Palliative Care service have been configured in iPM and Training has been completed for applicable staff. Following reporting requirements being achieved, a plan for rollout to other services is to be created. Report on outcome of this trial due end March.
Prj	PCT	LRC 2 - DWMH Data Split	PCT	Gordon Hamm	Bob Lee	Frank Botfield	01/06/2009	01/08/2009	31/03/2010	01/06/2010	G	G	26/03/2010	Project Brief completed by CSC now signed off. Draft PID to be produced for mid April. Board personnel agreed and need to set up PIT members. Agreed monthly meeting for both board and PIT meetings. PID/Project Plan meeting to take place 1st April and Careplus interface meeting involving McKesson to took place 23rd March, with business change team to review interface requirements.. SHA requested to review PID prior to sign-off.
Prj	WCH	LRC Release 2	APRO	Stuart Holtom	Bob Lee	Johanne Newens	01/02/2009	01/04/2009	01/09/2010	01/12/2010	G	On Hold	21/01/2010	Initial meeting held with CSC and SHA representatives. CSC project manager assigned to the project and meeting to be held 21/01/10 to discuss PiD creation. Initial Pid sign-off date 28th February.
Prj	WCH	ICES Relaunch	PCT	Gordon Hamm	Bob Lee	Trish Skitt	03/08/2009	15/09/2009	31/03/2010	15/01/2010	Closed	Closed	26/03/2010	Formally closed by IEG
Prj	WCH	BlueFish Explorer	APRO	Keith Wilson	John Hopcroft	Johanne Newens	01/11/2008	07/11/2008	31/12/2009	01/10/2010	G	A	22/03/2010	Major issue with Lilie while testing, resolution hopefully found. Training on going. Project still has multiple issues. All have been escalated to Tony Kettle. Escalated to John and Frank
Prj	WCH	Risk Stratification (Adults)	WCH	Karen Chinn	John Hopcroft	Trish Skitt	08/06/2009	07/07/2009	28/02/2010	10/04/2010	A	On Hold	30/03/2010	. Meeting with Louise McMahon to discuss an exit strategy on the 01/04/10.
Prj	LHE	Mobile Technology (EDRM)		John Hopcroft	John Hopcroft	Brigid Stacey	21/07/2009	15/10/2009	TBC	TBC	G	G	08/03/2010	Some PCs and laptops received in stores, in process of being imaged. Trolleys recd, awaiting locking devices and cross infection covers.

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Prj	WCH	LILIE Phase 2	APRO	Mariam Ismail	Bob Lee	Trish Skitt	08/09/2009	21/09/2009	30/11/2009	01/01/2010	B	G	22/03/2010	New project plan accepted by the board. Development work at sign off stage. Process mapping 90%completed. Train the trainer completed.
Prj	WCH	Risk Stratification (Children's)	WCH	Karen Chinn	John Hopcroft	Trish Skitt	TBC	TBC	TBC	TBC	B	On Hold	30/03/2010	On Hold - Meeting scheduled for the 27/04/10 with Suzanne Rimmer to discuss options. Service may decide to go with the national tool.
Prj	MANOR	Endoscopy	WHT	Karen Chinn	John Hopcroft	Phil Walmsley	06/06/2009	24/06/2009??	23/02/2010??	30/04/2010??	R	/	30/03/2010	Agreed at Finance committee, money identified, supplier identified as Endosoft. Product to be purchased.
Prj	MANOR	OPD Procedure Codes	WHT	Karen Chinn	John Hopcroft	Shahana Khan	25/02/2009	06/04/2009	22/01/2010	26/03/2010	A	Closed	30/03/2010	Operational handover complete, End close report ratified & distributed.
Prj	MANOR	OPD Non Face to Face (NF2F)	WHT	Karen Chinn	John Hopcroft	Shahana Khan	25/02/2009	TBC	TBC	TBC	On Hold	On Hold	19/03/2010	On hold - Awaiting financial information re tarriff for 2010/11 to enable final decision to be made re: priority
Prj	PCT	Mossley & All Saints Merger	PCT	Paul Gnosil	TBC	TBC	TBC	TBC	TBC	TBC	On Hold	On Hold	30/03/2010	Subject to final approval
Prj	LHE	Integrated Identity Management (IIM)	CfH	Claire Black	John Hopcroft	Tony Kettle	05/11/2009	21/01/2010	01/01/2011	TBC	G	G	29/03/2010	Risk over CfH putting implementation team on notice - ? support for Project - Discussion and decision on moving forward to be made by Board 18/2/10 - caveat to be put in PID stating board may change direction on technical solutions if support taken away (18/2) Caveat in PID - sign off for 18/3 interim HR/RA process for PCT new starter access to ESR/ESS via smartcard ratified by Board, began 8 March. Work currently being undertake on workgroups/PBAC Walsall PID to be put into SHA template then sign off next Board - 15/4

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Appendix 3 - Lorenzo Outline Implementation Plan (under review in light of new LRC contract)

LRC Functionality	Walsall Hospitals NHS Trust	Walsall Teaching PCT	LORENZO Regional Care Release	LHE Project ?
Requests & Results	Q1 1213	Q1 1213	1	Yes
Clinical Documentation	Q1 1213	Q3 1011	1	No
Care Management	Q3 1112	Q4 1011	1.9	No
TTO Prescribing	Q3 1213	Q3 1213	2	Yes
Care Plans	Q1 1213	Q1 1112	2	No
Emergency Care	Q3 1112	Q4 1011	1.9	No
Daycare Management	Q3 1112	Q4 1011	1.9	No
Mental Health Care Management		Q4 1011	2	No
Advanced Bed Management	Q2 1213	Q2 1112	3	No
Multi-Resource Scheduling	Q2 1213	Q3 1112	3	No
Inpatient Prescribing	Q3 1213	Q3 1213	3	Yes
Theatres I	Q3 1213		3	No
Maternity	Q2 1213		3	No
SAP	Q3 1213	Q3 1112	3	Yes
Advanced Care Management	Q1 1314	Q1 1213	4	No
Theatres II	Q1 1314		4	No
Commissioning		Q1 1213	4	No
Disconnected Mobile Working	Q1 1314	Q1 1213	4	Yes
Child Health		Q2 1213	4	No
Advanced Clinicals	Q2 1314	Q2 1213	4	Yes
Surveillance & Screening	Q2 1314	Q3 1213	4	Yes

Notes :

Project will be managed across the LHE where possible to achieve maximum benefits and utilise resources effectively.

This should only be used as a guide until details of the new contract are understood.

Currently under-review with dialogue with SHA.

New Dudley-Walsall Mental Health Partnership Trust not demonstrated in OIP process.

Care Management to be managed with Emergency, Daycare components.

Appendix 4 - Workforce Plan and Portfolio

WORKFORCE PROJECT MANAGER ALLOCATION FOR LRC

	NHS Walsall	Walsall Hospitals	Project Manager 2009/2010	2010/11	2011/12
Requests & Results	Yes	Yes	1	1	
Clinical Documentation	Yes	Yes	1	1	
Care Management inc. Emergency/Daycare/Mental Health	Yes	Yes	1	1	
TTO Prescribing	Yes	Yes		1	
Care Plans	Yes	Yes		1	1
Advanced Bed Management	Yes	Yes			0.2
Multi-Resource Scheduling	Yes	Yes		1	
Inpatient Prescribing	Yes	Yes		1	
Theatres I	Yes				0.8
Maternity	Yes				0.5
SAP	Yes	Yes			
Advanced Care Management	Yes	Yes		0.5	
Theatres II	Yes				
Commissioning		Yes		0.3	
Disconnected Mobile Working		Yes			1
Child Health		Yes			1
Advanced Clinicals	Yes	Yes			1
Surveillance & Screening	Yes	Yes			1
TOTAL REQUIRED			**3**	**7.8**	**6.5**
Permanent			5	5	5
Fixed Contract/Secondment			0	3.8	1.5

PROJECT MANAGERS

All Permanent Posts are fully funded in the baseline.

The additional contractor costs will be part of the business case for the relevant deployment.

This is budgeted within the deployment costs of each release.

Extra funding agreed for additional projects for LRC.

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Line	Area	Current WTE	Additional
	Director and Administrative	**6**	**0**
	Director, Associate Director and Admin	6	
	IT Services	**33.6**	**5**
	Senior Management	2	
	Middle Management	4.6	2
	IT Engineers Type I	**10**	**1**
	IT Engineers Type 2	**8**	**1**
	Logistics/Procurement	**5**	
	Network and 3rd Line	**4**	**1**
	Clinical Informatics	**9.6**	**0**
	Head of Clinical Informatics	1	
	Clinical Informatics Manager	1	
	Clinical Informatics Specialists	6	
	Clinical Champions	3	
	Primary Care Informatics Manager	1	
	Primary Care Informatics Specialists	1.6	
	Application Support	**10.81**	**4**
	Application Support Manager/Deployment Manager	1	3
	Application Support Officer Team Leader/Supervisor	2	1
	Application Support Officer *	7.81	
	Deployment, Testing	0	3
	Training	**11**	**1**
	IT Training Managers	2	
	PCT Trainers	4	1
	Acute Trainers	4	
	Administration	1	
	Information Governance	**3**	**0**
	Information Governance Manager	1	
	Information Governance Officer	2	
	System Development	**5**	**1**
	Head of Technical Development	1	
	System Developers	4	1
	Programme & Project Management	**6**	**6**
	Programme Managers	2	
	Project Managers	6	4

Line	Area	Current WTE
	Walsall Hospitals NHS Trust	**16**
	Information Management	2
	Information Analysis	5
	Clinical Coding	9
	Walsall Teaching Primary Care Trust	**13**
	Information Management	7
	Information Analysts	4
	Information Support inc Data Quality	2
TOTAL		**29**

Breakdown of Current Workforce and Additional requirements for Informatics Plan

Note : Information Departments are part of the trusts.

Appendix 5 – Walsall LHE ICT Programme Governance Structure including EDRM

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Appendix 6 - Financial Summary

NHS Walsall Development Investment Plan

NHS Walsall IM&T Development Plan 09·

Appendix 7 – Document References

Health informatics review report –

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_086073

Informatics planning 2009/10 :

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_091437

The NHS in England: The operating framework for 2009/10 :

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_091445

High quality care for all: NHS Next Stage Review final report (Darzi) :

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085825

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Appendix 8 – Finance Plan

NHS Walsall Development Investment Plan

NHS Walsall IM&T Development Plan 09·

Walsall Hospitals NHS Trust IT 10 year capital programme

IT Capital Plan 10 yr from 2008.pdf

Appendix 9 – IM&T Service Catalogue

Area	Description	Contact and Lead Organisation
Strategic Management	Strategic Planning/Management, Local Health Care Priorities, working with partners, business cases, Programme management, Options appraisal, Procurement, Resource Planning, Change Management, Organisational development, Process redesign, Benefits realisation, New Technology awareness, Infrastructure developments, e-commerce/e business, National targets.	**Director of Informatics - (Informatics Shared Service)** **Heads of Service**
Information/ Performance Management	Identifying information needs, obtaining information, evaluation of information to support business processes, interpretation in light of local needs, supporting local decision making, communication, performance indicators, highlighting data quality issues such as data collection	**Walsall tPCT –** Commissioner **Walsall WCH –** Provider **Dudley-Walsall Mental Health Partnership Trust -** Provider **Walsall Hospitals NHS Trust** – Director of Planning and Performance
Information Development	Working closely with information/performance management, this section develops new systems to support provision of information to end-users. It is divorced from operational delivery to enable development. Once a solution has been proven it is then taken on board by the information section as a delivery mechanism. Includes Intranet, Document Management and Data Warehousing.	**Service/Strategic Lead -** Associate Director of IT Business Delivery **(Informatics Shared Service)**
Programme and Project Management	IM&T programme management including Connecting for Health, risk management, organisation of resource in order to deliver key milestones, deliver highlight reports to executive members, assess and ensure effective use of resource across health community negating duplication, monitor deliver and achievement of national targets, escalate issues to relevant managers.	**Service Lead –** Associate Director of IT Business Delivery **(Informatics Shared Service)**

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Area	Description	Contact and Lead Organisation
Clinical Informatics Primary Care IM&T	The Business Change Management approach will, through engagement with key stakeholders ensure that all business change activities are undertaken throughout the lifecycle of any IT project. Key tasks will include Service Evaluation, Process Mapping, Gap Analysis, and identification of Benefits Realisation., and IT Communication Supports all Primary care development and IT Training Miquest, QOF,, PRIMIS, Summary Care Record and paper lite accreditation	**Service Lead –** Associate Director of IT Business Change **(Informatics Shared Service)**
Training	In addition to training on essential IT skills the team will work closely with all IT project managers to deliver specific training on all the organisations clinical systems and Corporate systems ie: • iPM • CarePlus (Child Health) • Fusion • Lillie • eSAP	**Service Lead –** Associate Director of IT Business Change **(Informatics Shared Service) on behalf of the PCT** **Walsall Hospitals NHS Trust –** Head of Learning and Development
Application Support	System exploitation and development, Data management and cleansing, Data Accreditation, Data Quality (coding, data standards), Software release implementation, Standard reports, system administration, user support, password control and authentication, user groups.	**Service Lead –** Associate Director of IT Business Delivery **(Informatics Shared Service)**
Information Governance	Legislation e.g. Data Protection Act 1998, Freedom of Information Act, Caldicott guardian support, Professional Practice, local policies and procedures, security , Standards, Controls Assurance and associated training programmes	**Service Lead –** Information Governance Manager **(Organisational)**
Technical Support & IT Infrastructure Development	Architecture review & development, resilience, technical standards, technical management, Systems implementation and operational support, new technology review, strategic support.	**Service Lead** – Associate Director of IT Services **(Informatics Shared Service)**
Network – data and voice	Network design & implementation, new technology Reviews, Unified messaging, data voice convergence, strategic support, electronic data interchange, voice systems	**Service Lead –** Associate Director of IT Services **(Informatics Shared Service)**

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Area	Description	Contact and Lead Organisation
Technical Support (Field)	Operational support of: - Helpdesk, desktop, phones, printers, scanners, software, network hubs and routers, communication issues telephone and voice services	**Service Lead –** Associate Director of IT Services **(Informatics Shared Service)**
Account Management	Business development, service level management and monitoring, procurement, logistics, escalation procedures, and inventory management.	**Service Lead –** Associate Director of IT Services **(Informatics Shared Service)**
System Development & Data Migration	This architecture review & development, technical advice, electronic record technical development, specification development, linking with users for application development, Integrated systems/interfaces, data migration	**Service Lead –** Associate Director of IT Business Delivery **(Informatics Shared Service)**

Appendix 10 – NHS Walsall Intelligence Strategy

INTELLIGENCE STRATEGY