Kingston Hospital NHS
NHS Foundation Trust

Information Technology (IT) Strategy

Name of Meeting: Trust Board	**Item: 16**
Date of Meeting: 25th January 2017	**Enclosure: L**
Purpose of the Report / Paper: To seek approval from the Board for the IT Strategy	
FOR: Information ☐ **Assurance** ☐ **Discussion and input** ☐ **Decision/approval** ☒	
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Document Previously Considered By:	Information Management & Technology Steering Committee Executive Management Team
Recommendations: The Trust Board is asked to **approve** the IT strategy	

Information Technology Strategy 2017 – 2021
Executive summary

Introduction

The new IT Strategy describes a journey towards being 'paperless at the point of care' at Kingston NHS Foundation Trust, by 2020.

At the heart of the Trust's five year strategy is making best use of the Care Records Service (CRS) and using this to continue the development of an Electronic Patient Record (EPR).

Underpinning the delivery of our strategy is a 'cyber-secure', robust IT infrastructure service that enables the organisation to both keep the day-to-day operations running and support future technology developments.

South West London Drivers

The South West London Sustainability and Transformation plan, will require us to work collaboratively, at scale, to deliver both clinical benefits and financial savings across the healthcare system. 'The success of this plan is built on all services, across all areas of mental and physical health and social care, working together in an unprecedented way'.

A Local Digital Roadmap (LDR) has been developed for SWL which describes how we will use digital technology to support the STP over the next five years.

Key Delivery

Our focus in 2017/18 is to deliver a number of key infrastructure improvements and upgrades, continue our e-Prescribing deployment; and work across SWL to make GP and acute data available. We will define our programme for the delivery of Electronic Document Management.

For the remaining years, we will continue to support the day-to-day operations of the Trust and build our infrastructure security alongside the development of our IT service delivery model. Vital signs devices will be deployed to support patient safety. The sharing of information across SWL and also pan-London will support patient flow and enable clinicians to be truly IT mobile. There will be free Wi-Fi for patients and staff.

Governance

We will have a governance structure that supports both KHFT requirements and also SWL, and we will prioritise our plan and delivery through an annual business planning process.

Finance

This strategy requires indicative capital investment of £22.3m over 5 years. This is set against an overall capital allocation for the Trust of £42m.

Introduction

1. The new IT Strategy describes a journey towards being 'paperless at the point of care' at Kingston NHS Foundation Trust, by 2020. At the end of the strategy we will see a healthcare economy in SWL that uses information to inform decision making and a secure, robust infrastructure that support the needs of the organisation. We will deliver this by nurturing and developing skilled and engaged IT staff who truly support the medical, nursing and allied health professional teams who care for our patients at Kingston. Our patients are at the heart of everything we do.

Kingston Hospital IM&T Strategy

2. This describes the Trust's vision for IM&T:

> *"IM&T will enable the delivery of excellent care by providing easy access to systems and data to staff and patients wherever and whenever it is needed to support the patient journey."*

3. At the heart of the Trust's five year strategy is making best use of the Care Records Service (CRS) and using this to continue the development of an Electronic Patient Record (EPR). An EPR effectively means all patient data, digitally stored, accessible immediately from anywhere on site. This means, inter alia, Information is more likely to be legible, accurate, safe, secure, and available when required.

4. We have made good strides over the last three years to reduce the amount of paper that is generated across the Trust, and we will focus our efforts on moving towards being 'paperless at the point of care by 2020'. A major component of the Trust's EPR will be the provision of an Electronic Document Management (EDM) system. An EDM system enables large volumes of records to be stored centrally and to be made available across the Organisation.

5. Underpinning the delivery of our strategy is a 'cyber-secure', robust IT infrastructure service that enables the organisation to both keep the day-to-day operations running and support future technology developments.

6. The South West London Sustainability and Transformation plan, will require us to work collaboratively, at scale, to deliver both clinical benefits and financial savings across the healthcare system. 'The success of this plan is built on all services, across all areas of mental and physical health and social care, working together in an unprecedented way' (South West London Five Year Forward Plan). The financial case for change articulates a widening gap such that the financial deficit amounts to circa £140m per annum, and is unsustainable.

> *'Technology is a critical enabler of many of the recommendations that are being made within our Five Year Forward Plan'*

National and South West London Drivers

7. The NHS *Five Year Forward View* (2014) which sets a clear direction of more integrated care between NHS organisations, and with Social Care; and enabling patients to become more engaged in managing their own care;

8. The Independent Cancer Taskforce report *Achieving World-Class Cancer Outcome: A Strategy for England 2015-2020* which described the need for effective prevention, prompt and accurate diagnosis, informed choice and convenient care, and patient access to information;

9. The national maternity review *Better Births – Improving Outcomes of Maternity Services in England* (2016) which concluded that women should be in control of their care in partnership with healthcare professionals, with more personalised care, choice and continuity of care, underpinned by accessible electronic records; and

10. Lord Carter's report, *Operational Productivity and Performance in English NHS Acute hospitals: Unwarranted Variations* (2016) which set a 10-15% real terms cost reduction target through removal of unwarranted variation and greater back-office collaboration and consolidation.

11. The SWL STP identifies key challenges for services and five strategic themes to address them. These are;

    i.   Prevention and early intervention

    ii.   Delivering the right care in the best place

    iii.   Building capacity and capability to deliver

    iv.   Organising acute hospital services

    v.   Productivity

12. A Local Digital Roadmap (LDR) has been developed for SWL which describes how we will use digital technology to support the STP over the next five years. We plan to maximise our investment in systems across SWL by implementing a tactical solution to enable clinicians to see data from different care settings. We also want to progress, at speed, a common, over-arching information sharing agreement across SWL.

13. Moving to a future strategic solution and population health platform will be a significant cost for SWL. Funding will be sought from national funding earmarked for the 'paperless NHS' initiative.

Cyber Security

14. The emergence of Cyber security threats, has presented new challenges to both detect and prevent viruses and malware which emanate from the Internet and present a serious risk to the Trusts operational systems.

15. We will develop an IT Cyber Security Policy that defines relevant standards, governance and procedures as well as Security Incident Management tools and processes. We will take advantage of the security and health sector tools, best practice and guidance where appropriate.

16. We recognise that the need to use Social Media and internet based services is growing, and that we must provide a more open network to support these business requirements, however there will always be a tension between being more open and being secure, and we must maintain a good balance between these two competing forces; there will be times when we have to make difficult decisions in respect to this.

Overview

17. Our focus in 2017/18 is;

    i.   To Implement out-patient prescribing and clinical documentation, and develop a plan for Paediatric prescribing. Once these projects have been completed we will have delivered the full set of prescribing across the Trust.

    ii.   To continue the optimisation programme for our CRS. We must leverage the investment in our EPR to support clinical workflow and maximise the use of the system.

    iii.   To develop our EDM programme to support our drive towards 'paperless at the point of care by 2020'.

    iv.   To upgrade our main computer room to ensure we have a secure, robust core infrastructure that supports the day-to-day operations of the Trust.

    v.   To replace half of the PC's in the Trust, and to move to the National NHS email system.

    vi.   To work collaboratively across SWL to make GP and acute data available across both settings. This will support urgent and emergency care settings in the first instance.

    vii.   The development of our champion user programme across the Trust. Evidence shows that a well-developed programme that nurtures expertise and embeds support deep within wards and departments helps to spread the knowledge within areas, supports the drive to a 'business as usual' state and can remove variations in the way we do things.

viii. To support the Information Management Team in specifying and delivering a new system for real-time reporting and operational management.

18. Our key focus for 2018 - 2021 is;

    i. We will continue to support the day-to-day operations of the Trust and build our infrastructure security and resilience.

    ii. We will continue to develop our CRS by upgrading existing modules (e.g. Maternity) and including new functionality for areas such as ECG integration.

    iii. We will a channel shift in our support model to provide an IT service that truly meets the needs of the organisation.

    iv. We will continue to deploy vital signs devices and integrate medical devices such as 'smart beds'.

    v. To support the information sharing required across both SWL and also pan-London to support patient flow and enable clinicians to be truly IT mobile.

    vi. To provide free Wi-Fi for patients and staff.

    vii. To support 'population health' analytics to better predict future models of need, at a SWL scale.

    viii. To make data available for patients, to be consumed in an "app" of their choosing.

Governance and Delivery

19. As we move towards a Kingston, SWL, London and National delivery model, a strong over-arching governance model needs to be in place to ensure that Programmes are defined, delivery is monitored and benefits are realised. The IT Department has a good track record of programme delivery. The KFT specific elements will be overseen by the Information Management and Technology Steering Committee (IM&TSC) which reports in to the Executive Management Committee. The SWL delivery is via the LDR delivery board reporting in to the Transformation Group and onwards to the Programme Board. The IM&T Director at KHFT is also covering the Chief Information Officer position for SWL.

IM&T Business Plan

20. The IM&T business plan sets out the key elements required to support delivery of the IM&T strategy. Produced annually, following a supply/demand prioritisation exercise, this summarises the projects the Trust aims to deliver, the benefits and their relative priority. Significant work has gone into developing the plan for 2017/18 and whilst demand continues to outstrip supply we are carefully balancing 'business as usual' needs versus 'development projects'.

Finance

21. The IT strategy describes a journey for KHFT of being 'paperless by 2020'. It is recognised that financial ask for IT infrastructure and developments could be almost unlimited and the NHS is in the midst of tight funding controls and significant cost improvement programmes.

22. This strategy requires indicative capital investment of £22.3m over 5 years. This is set against an overall capital allocation for the Trust of £42m over the same period, and that total also needs to encompass both estates and medical equipment requirements.

Recommendation

The Board is asked to **approve** the IT strategy.