Information Management and Technology Strategy

Version 2.0

<table>
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<tr>
<th>Purpose:</th>
<th>To advise and inform all Trust staff of the Trust's Information Management and Technology Strategy for 2013/2018.</th>
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<tr>
<td>For use by:</td>
<td>All Trust and Local Health System Staff.</td>
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<tr>
<td>This document is compliant with /supports compliance with:</td>
<td>1. Development of an organisational development strategy underpinned by strengthened business and governance processes including strong information systems 2. The Ipswich Hospital Integrated Business Plan 3. The power of Information 'Putting us in control of health and care we need. Department of Health Information Strategy 2012.</td>
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<td>In case of queries contact: Responsible Officer</td>
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<td>Directorate</td>
<td>Business Performance and Technology</td>
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<td>Department</td>
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<table>
<thead>
<tr>
<th>Version number</th>
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<tr>
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<td>01/10/2012</td>
<td>Internal review</td>
<td>Mike Meers</td>
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<td>1.1</td>
<td>10/02/2013</td>
<td>Alignment to Trust new objectives</td>
<td>Mike Meers</td>
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<td>1.2</td>
<td>13/2/2013</td>
<td>Interim Director of Finance &amp; Performance Feedback</td>
<td>Mike Meers</td>
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<td>1.3</td>
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<td>Mike Meers</td>
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SECTION 1 - INTRODUCTION

1.1 Policy Statement and Rationale

As a prerequisite for complying with standards of governance, this document sets out the Trust’s approach to the policies and procedures to be followed in relation to the delivery of Information Management and Technology strategic planning.

It also supports the National Information Strategy ‘The power of Information: Putting us in control of the health and care information we need. To realise the enormous potential benefits of information to improve our care and our health outcomes.

The overall objective of the Trust’s strategy therefore is to ensure that there is a Trust-wide approach to the development, management and implementation of Information Management and Technology that supports the Trust Integrated Business Plan and Organisational structure, which is communicated and available to all staff, patients, their families and carers and the public without compromising the need to support regional and national initiatives and guidance.

The strategy will be refreshed annually through the delivery of an annual plan to ensure it remains current and supports the Trust on-going clinical and business strategies and incorporates changes to service profile and development.

1.2 Key Principles

There are a number of core principles that underpin this strategy which are essential to ensure the continuing development of IM&T in the Trust:

1) Capability: to build IT and information skills and knowledge in the Hospital workforce so that all employees, and the patients they deliver care to, are able to benefit from a modern information support environment.
2) Clinician Involvement: to involve clinicians centrally in planning, specifying, leading and implementing information and IT improvement projects where these impact on clinical processes.
3) To continue to build on the existing success in deploying nationally procured solutions where available and by exploiting best of breed products developed jointly between the Trust and solution providers where required.
4) Right Information: to provide all users with reliable and resilient access to accurate and timely information to benefit the delivery of patient care.
5) Integration: to achieve an integrated information system environment based on a single master patient index to minimise the use of disparate solutions across a patient pathway.
6) Standardisation: achieve a high level of functional and technical standardisation using standards and systems from both existing suppliers or via the national programme that comply with national standards for connectivity and interoperability to support integration.
7) User Uptake: to promote increasing end user populations by providing innovative technology and mobile connectivity to ensure the use of information technology provided across divisions, clinical groups and support functions.
8) Data Quality: to ensure an underlying programme focused on the consistent real-time recording of high quality information is developed and maintained.
9) Information Governance: to develop a robust programme of work to support Information Governance, Business Continuity and Disaster Recovery.

1.3 Support for Trust Strategic Themes and Priorities

The Trust has developed a core set of medium term Strategic Themes and priorities which will support the Trust to seek DOH approval to apply for Foundation Trust (FT) status in 2014, achieve the necessary
improvements in clinical quality and safety, whilst delivering short-term financial targets. This strategy will support these as follows:

<table>
<thead>
<tr>
<th>IM&amp;T Strategy Linkages</th>
<th>1. Be In The Top 10% Hospitals For Providing an Excellent Patient Experience, Harm Free and with Positive Clinical Outcomes</th>
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<tbody>
<tr>
<td>The Trust will ensure it invests in its information provision to ensure the Trust can measure and report on its performance on key quality metrics using nationally available benchmarking to ensure that we can identify areas where improvement is required.</td>
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<td>It will provide operational and clinical staff with training to use both externally and internally provided tools such as the National Quality Dashboard, Mede Analytics and Dr Foster’s to understand Trust performance.</td>
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<tr>
<th>2. Be the first choice provider of local healthcare services</th>
<th>IM&amp;T will “expose the art of the possible” – horizon gazing, and suggesting when new technologies may be appropriate to bring benefit.</th>
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<td>For example, we will do things differently by</td>
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<td>• Increased use of online tools</td>
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<td>• Shared online workspaces</td>
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<tr>
<td>• Increase use of social networking tools/ telecare</td>
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<td>for working with patients</td>
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<td>The current range of technology options to work flexibly is limited and restrictive. We will increase the portfolio of technology to increase the number of options and provide more opportunity to use your own equipment away from the Trust site.</td>
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<td>We will ensure accessibility and equality are always considered at the point technology decisions are made.</td>
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<td>We also recognise that increasingly there is an expectation that employees and patients will bring their own or other organisations’ technology and expect to be able to use it. We will develop solutions that are secure to enable this seamless interaction.</td>
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<tr>
<th>3. Continue to develop local specialist Centres of Clinical Excellence, (e.g. Oncology / Radiotherapy and Cardiac Services) and continue to foster innovation and change in all service delivery to ensure clinical excellence.</th>
<th>Information in paper form is difficult to manage, search and share, and severely restricts flexible working opportunities. Electronic documents enable organisations to work differently, share information in new ways, collaborate more effectively and ultimately save money.</th>
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<tr>
<td>We will help to drive out paper by</td>
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<td>• Extending the provision of both scanned and structured information content with the Evolve Electronic Records Management System and Lorenzo Regional Care</td>
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<td>• Using workflow to enable automatic document and information flow between staff.</td>
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<td>• Providing powerful and flexible search facilities to find information quickly across the core strategic and best of breed departmental systems.</td>
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• Break down technological barriers to drive collaboration by providing access to information across organisational boundaries and to facilitate patient access and input into the record of care.

The Trusts divisions increasingly demanding the very best advice and guidance from ICT, in the future this will become an increasingly important part of the service.

Therefore we are committing to invest further in the development of the staff in the ICT service, not only in the important technical skills that need to be kept up to date, but in the wider set of competencies that are required to perform a technical leadership role, able to represent the Trust on a local, regional and national stage in respect of technological innovation and services delivery.

Suppliers and partners have a wealth of experience and expertise to offer as many have been working flexibly and collaborating for years. We will encourage suppliers to regularly present new opportunities for consideration, sharing responsibility for driving our organisations forward.

4. Develop innovative integrated care, so that patients only visit the hospital when necessary, e.g. Patients suffering long term conditions

The accelerating pace of technological change offers unprecedented opportunities for patients and carers to interact with health and care services in ways that are convenient, cost-effective and reliable.

The Trust will seek to take advantage of this transformation by looking to provide more online access to services and information enabling patients and carers to contribute to and receive information about the services we provide.

5. Be in the top 20% of hospitals assessed against Net Promoter, Friends and Family Indicator

The Trust will build upon the availability and access for patients to both find out about services we provide and feedback their views via patient and carer surveys by:

- Developing and modernising the Trust website with user input
- Use of social media for patient interaction
- Publishing survey responses and action plans are on the public website
- Offering opportunities for patient feedback across multiple platforms
- Promoting ‘Digital First’ by offering patients new ways to book appointments online, receive patient correspondence electronically
- Provide wireless access on Trust premises where appropriate

6. Achieve a year on year surplus to reinvest in improving services

This strategy needs to provide flexibility to deliver both long term core strategic platforms such as PACS, Patient Administration System, Emergency Care and Electronic Prescribing whilst supporting the
1.4 Background Information

The Trust IM&T development and investment since 2007 has predominately been concentrated around the maintenance of the core clinical systems including the Patient Administration System (2007), implementation of PACS (2007), Theatres (2005) and Radiology (2005), Pharmacy (2009) and Endoscopy (2009) Information Systems and the development of the core network infrastructure and hardware (2000 – 2007) to provide a strong basis upon which to develop future IM&T developments.

The Trust has maintained strong support for the National Programme for Information Technology with PAS, Order Communications, Results Reporting, Theatres, Radiology and PACS deployments all delivered jointly with the LSP, SHA and Connecting for Health. However recent changes to national
strategy and contractual changes with Local Service Providers will require the Trust to seek a
replacement core Patient Administration System, Order Communications, Emergency Care solution by
2014. Given the significant financial challenge and need to ensure a stable core suite of information
systems whilst delivering its core commissioning requirements the Trust will present a business to the
board to upgrade its current Lorenzo iPM solution to Lorenzo Regional Care over an 18 month
timeframe delivering an April 2014 ‘Go-Live’. The Trust has the opportunity to develop an investment
case for Department of Health funding support towards this deployment which will significantly reduce
the level of investment required by the Trust.

The Trust also in the second year of five year strategic partnership with Kainos to expand and deliver
functionality for the provision of its Evolve clinical portal for electronic health records management. This
solution has been a key to the reduction in growth of paper based medical records but its flexibility and
clinical specification internally has enable us to meet the needs of key commissioner contractual
requirements and quality improvements such as discharge communication.

Key to the development of information to support the secondary user service and the payment by
results process is the Trusts existing Data warehouse and commissioning applications. These are fed
by nightly updates from the Trust LSP PAS. A key part of the future strategic development must be to
upgrade and enhance the front end portal of the existing data warehouse through Medeanalytics to
provide a Trust wide preferred reporting solution to provide a much richer dataset and front end library
of reports and scorecards fed from the core PAS, Clinical, Quality, Workforce and Financial Systems.

In addition the Trust has a core set of Business Information Systems to support the operational running
of the Hospital covering General Ledger, Debtors, E-Procurement, Asset Management. The Trust is
currently reviewing its financial systems and processes to ensure future delivery of these core functions
in the most efficient and effective way.

The Trust network infrastructure is based on Cisco Switch Technology. A three-tiered, switched-to-the-
desktop design is used. These three tiers consist of a Core, Mid-Tier and Edge-Tier. To ensure the
highest reliability, as well as a low cost vehicle for future upgrades, chassis-based components are
used in the Core and Mid-Tier. The Core, or main backbone, provides for very high speed connectivity
between other core devices. The network infrastructure was initially installed in the year 2000 but is
constantly under expansion through site development and over the past two years has seen
enhancements such as wireless provision in key business areas.

The Trust desktop infrastructure is standardised to comply with the national solutions warranted
environment specification and operates on a Windows XP desktop covering over 2800 devices
including 1850 PCs, 600 printers and 350 laptops. The Trust will however during 2013 commence roll-
out of the Windows 7 operating system to ensure continued support for its desktop applications
alongside its PC technology refresh.

The Trust is in the early phases of exploiting new mobile technology such as iPhone and iPAD
technology to provide a faster more usable environment for key application access driven by form
capture and the need for mobility. This strategy will see this technology exploited further and to enable
increased access for clinical and non-clinical staff to the Medical Record both on and off site.

SECTION 2 - RESPONSIBILITIES

2.1 The Trust IM&T Strategy will be implemented under the management of the Trust
Executive Team, Investment Scrutiny Committee and the Information Governance Group.

2.2 The Chief Information Officer will be responsible for ensuring this strategy is reviewed and
updated on an bi-annual basis alongside an annual IM&T Plan in accordance with national,
regional and local directives
2.3 The executive responsibility for IM&T rests with the Director of Finance and Performance

SECTION 3 – IM&T STRATEGY

3.1 Commitment to Lorenzo Regional Care

The Trust was one of the pioneer organisations implementing NPfIT borne from the need to replace its legacy Patient Administration system.

Work on NPfIT in the Trust started in 2005 with the recruitment of a core team of specialists whose role was to implement the core systems and supporting infrastructure. They successfully implemented a number of dependent projects before the replacement PAS went live in 2007. This core team have continued to implement maintenance releases and additional clinical systems within the National Programme to further increase standardisation, data quality and the capture of additional information to support an integrated patient record and facilitate business planning.

The Trust has commenced engagement with CSC to implement the Lorenzo Regional care solution which will be delivered through a major 12 month deployment to replace its existing legacy iPM PAS and Order Communication solution. The scope of the project for Go-Live in February 2014 is to deliver a like-for-like replacement of core PAS functionality while moving the Trust onto the strategic platform, although enhancing Emergency Care, Bed Management, Clinical Notation, Access Planning & Clinical Coding.

In order to support the Trust Transformation agenda we will work with CSC to deploy a tactical Bed Management and Outpatient Management functionality enhancement during 2012/13.

3.2 Electronic Document Records Management System (EDRMS)

The legacy of traditional ways of managing patient records is a vast amount of paper-based information that has to be managed. This has to be stored, retrieved, updated and stored again and the efficiency of this process is instrumental in ensuring effective patient care, clinical safety and payment by results.

To address this problem, the Trust has embarked on a project to scan sets of historical case notes and present them through an intranet based system. This will free up space and result in patient records that are highly available as and when required. Workflow within the application will facilitate the early production of discharge information with scope to automatically facilitate other business critical functions. The first phase of the project encompassed the scanning of over 50,000 sets of historic and on-demand scanning of case notes for elective patients and clinic attendances.

At the end of this phase a new brief and business case is being developed for 2013 and beyond to leverage further benefits from the EDRMS system. This will include the review of on-demand scanning and medical records provision through an external partner. This would significantly reduce the flow of paper casenotes within the Trust will releasing significant areas of the Trust Estate to be utilised alternatively as drive by the Trust Estate Strategy.

EDRMS will develop throughout the life of this five year strategy with full integration to Lorenzo Regional Care in 2014/15. This will target a vision where all structured and unstructured clinical information is held electronically and accessible wherever it is required within the campus of heath road or within wider trust or community facilities by staff with legitimate relationships to access the information contained.

The EDMRS system has to date focused on the management of clinical records but has the potential to host a corporate records management structure which could provide further opportunities to support the Trust in transforming its day to day non clinical functions.

3.3 Core Departmental Systems

In 2012/13 the Trust undertook a technology refresh and upgrade to its Pharmacy solutions which should mitigate further investment on the core application until 2014/2015. However at this point the Radiology solution will have been in operation for in excess of ten years and any replacement or significant upgrade will be considered following a review of the Trust’s strategy to upgrade or replace its PACS solution in 2015/16.
However the Trust should look to explore further in 2013/14 the availability to introduce primary care messaging for requests and results for Radiology alongside the proposals with the Pathology partnership to extend the messaging in pathology to include requesting as well as results as part of the move to provide hub services. This should alongside the continued development of e-discharge significantly improve many of the information exchanges between both Acute and Primary Care organisations. It would also mirror the developments be implemented within other acute Trusts within the region and ensure the Trust offers equivalent value added services as patient choice is promoted further within general practice.

Lorenzo Regional Care will present opportunities for the Trust in 2015/2016 to ensure further value for money through the convergence of additional core departmental systems in theatres and maternity into the core Lorenzo product.

The IM&T department will continue to work with departments during the annual planning round to ensure developments are incorporated as required into the annual IM&T plan and strategy review points.

### 3.4 Financial Systems

The current Trust financial system is made up of disparate systems that do not easily transfer data to each other and are time-consuming to maintain, and lack the system functionality and capabilities that more modern financial systems can provide. Users across the Trust are unable to receive information in the format and timescales that they require it, thus hampering awareness of financial information across the Trust. Much time is spent by finance staff on processing information rather than interpreting it.

More modern integrated systems available on the market today will provide the information retrieval, processing and reporting capabilities that the Trust needs. They have the potential to release staff from time-consuming processing activities through increased automation and more efficient business processes, thus providing annual cost savings to the Trust as well as much greater quality and timeliness of information. They will have the ability to communicate information efficiently across the Trust, enabling better decision-making and planning in Directorates, and corporately to respond in a timely and accurate manner to the information and reporting needs of a Foundation Trust.

The Trust is currently evaluating its financial processes and systems to explore the availability of solutions from its existing partners to meet our requirements with implementation due to complete in 2013. It is imperative that the planning of any replacement or development of the Trusts existing financial application suite is carefully considered within the timeframes our foundation trust application process.

In addition to the core financial systems the Trust will also develop its financial and activity reporting solutions to ensure timely robust service level income and expenditure can be developed to assist the Trust in its performance management of its new service line management structure.

### 3.5 Information Provision

It is vital that the Trust continues to improve its information provision and performance monitoring to ensure that we deliver high quality care for our patients and have the information available to develop our services. The Trust will ensure we provide appropriate training to staff to enable their interpretation on Key Performance Indicators published through both national and local information tool sets.

The Trust will incorporate the use of the data and metrics published within the National Quality Dashboard and Workforce Assurance Tool alongside industry best of breed benchmarking tools such as Dr Foster’s within its operational and board level reporting.

Key performance metrics will be aligned to ensure they link back to both the Trust Business and Clinical Strategy objectives outlined in the Trust Integrated Business Plan. Where data is provided through the locally sourced business intelligence system Mede Analytics the reporting will enable dynamic drilldown to individual patient level or transactional data where available to support the transparency of reporting and support the understanding of users on the impact of performance.

Mede Analytics currently supports data feeds from Inpatients, Outpatients, Emergency, Referrals, Theatre Utilisation, Maternity and Pharmacy. To ensure we can support the delivery of operational and strategic
objectives this will be extended to enable additional data reporting from key systems supporting workforce management, expenditure control, quality management, radiology, pathology, endoscopy and cardiology.

3.6 Data Quality

Improving data quality is critical to the success of this strategy, patient safety and financial reporting. In terms of this strategy, data quality will apply equally to both paper based and electronic records of all types.

Data Quality will be addressed in a number of ways:

1) Accountability: It is important that the Trust develops a culture of accurate, complete and timely recording of data entry. To support this Trust will report Key Performance Indicators relating to the timeliness and accuracy of recording.

2) Health Records: A key core to this strategy is to improve the condition and quality of Health Records used within the Trust. Core to this strategy is the continued exploitation of new trust electronic document records management system for health records in 2013/14.

3) Training: The Trust must ensure all users of key hospital systems are trained before they gain access and that training and competency in the use of Trusts systems is maintained. The Trust will through Data Quality reporting identify users where inappropriate data entry has occurred and provide additional support.

4) NHS Number: The Trust will ensure the continued uptake in the use of the NHS Number as a means of positive identification including its consistent user on all patient related records and documentation.

5) Technology: The Trust will continue to ensure its iPM Pas and Lorenzo Regional Care when implemented will be the single master patient index implementing full Personal Demographic Tracing for all activity. This will measure as a key performance indicator within IM&T.

3.7 Infrastructure

The provision of suitable infrastructure is key to the success and usability of Information Systems both within and externally to the Trust.

The Trust already has wireless technology zones across the South Zone, Garrett Anderson, Woolverstove Wing, and Postgraduate Centre, Main meeting rooms, and the courtyard restaurant. This will be extended by 2013 to incorporate the tower block and outpatients before finalising the wireless zone to include corridor connectivity.

These are accessible to all staff with wireless laptops to access all trust systems and the internet. Over the development cycle of Evolve mobile, Lorenzo and other clinical applications wireless remote mobile access is becoming an increasing demand. The Trust will therefore further invest in the provision of mobile end user devices for accessing these systems beyond the traditional desktop PC. Priority will be given to clinical staff access and applications to ensure they have access to the information when and where they need it to deliver safe clinical care.

However it is becoming equally important to provide our patients, carers and visitors with access to information before, during and after their care with trust. In order to facilitate this the Trust will seek an external partner or partners to provide public Wi-Fi access across the Trust.

3.8 Green IT and Sustainability

IM&T contributes to Trust carbon footprint as a major energy user and reducing its energy consumption can bring savings. However, investment in ICT can help The Trust significantly reduce its carbon footprint by consolidation of equipment, sharing of systems & infrastructure, providing tools to work flexibly and enabling services to be delivered in new and innovative ways.
The Trust has already made significant investment in a single virtualisation and storage area network, significantly reducing the number of physical servers, the power we use and computer management overhead. We have invested in software which will be implemented shortly to allow our desktop computers to go to sleep after a short period of inactivity and our managed printer programme will dramatically reduce the number of printers in use across the Trust. In addition, the system will encourage users to print less often, and in black and white when they do need to print. We will continue our Technology refresh programme which will refresh with new ‘greener’ computers that use less energy and are more efficient on a three year rolling programme.

The Trust will in 2013/14 build upon the investment and valuable clinical input that has developed its Evolve Clinical Portal and Electronic Records Document Management System by working with an external partner to provide a scan on demand service for its Medical Records function. This will significantly reduce the estate used storage and reduce the paper used in the construction of the traditional medical record.

Both clinical and non-clinical staff are all seeking to work much more flexibly, and there is a common need to reduce the amount of costly office space in use. We will develop further the range of collaboration, mobile, smart and home working technology to enable staff to work in new ways. This may include working at home, on site with patients, out in the community or in healthcare partner offices and public buildings. In the office, more hot-desking with reduced dependency on fixed desks will become the norm, and the use of audio, video and web conferencing will increase.

3.9 Voice and Data Convergence

The Ipswich Hospital currently has two diverse networks within the Trust one which supports voice managed through the Estates and Facilities department and a second managed by IM&T which provides the data infrastructure with a limited deployment of VOIP telephony.

Voice-over-IP (VoIP), which effectively means running both voice and data over one network has now become industry standard in both small and large organisations both within the public and private sectors. As the pressure on NHS finances becomes increased in 2013/2014 and 2014/15 the Trust will explore opportunities for value for money service provision and benefits linked with the potential convergence with aspects of its voice and data infrastructures.

The Trust will develop a unified communications proposal to support the replacement of the current mixed suite of communication devices on site including bleep, mobile and landline technology.

3.10 Service Delivery Management

One of the primary functions of the Trust IT Services is to promote communication and develop information technology solutions to support NHS staff, patients, and the general public. The aim is to modernise and increase efficiency in the NHS, locally and nationally.

As an organisation, the Ipswich Trust IT Department has a clear vision

“Delivering the best Information Services to enable excellent patient care”

In order to achieve this vision it must:

- Provide better access to information, enabling end users to resolve issues for themselves
- Develop standardisation of processes in order to streamline services
- Improve efficient in the time spent by Trust staff on computers, enabling more time for patient care
- Ensure there is ownership, responsibility and accountably for all incidents logged
- Increase the percentage of calls resolved at point of contact
- Improve performance and measurability
- Comply with the demands of Governance
- Understand the business drivers across the organisation
- Centralise service provision across departments
- Benchmark its services and improve or seek external partners to reduce cost of delivery

The principle purpose of Service Management is to ensure that IT services are aligned to the business needs and goals of its customers. NHS organisations are not only users of IT, but they are also dependent
upon it. If IT processes are not implemented and managed efficiently and effectively, organisations risk suffering degradation in service with a resultant knock-on effect on patient care.

From discussions with customer organisations and the Local Service Providers, it is clear that there are a number of drivers for implementing a Service Management Strategy, within the IM&T strategy development the key drivers are:

- Deployment of Core National solutions
  - Support change within the customer organisations
- Enabling customer business strategies
  - Support the business and facilitate business change
  - Provide value for money
- Implementation of Technical Infrastructure Strategy
  - Compliance with BS20000
  - Continued development, and implementation of standard processes in line with IT Infrastructure Library framework
  - Alignment of the Trust infrastructure with NIMM
- Driving cost efficiencies within the Trust
  - Ensuring each division operates at maximum efficiency when utilising IT Services
  - Centralise service provision across departments

SECTION 4 – DISSEMINATION AND TRAINING

The delivery of high quality patient care relies on appropriately trained, skilled and motivated staff in all disciplines and professions in all parts of the organisation. The Information Technology Training Strategy (ITTS) supports the Trust’s vision to improve the health of the population we serve by being the preferred provider of secondary and tertiary healthcare services. It reflects NHS priorities for staff development, as set out in the NHS plan, the Human Resource Performance Framework, Improving Working Lives, Making a Difference, the National Framework to support local workforce strategy development and the East of England Health Sector Skills agreement which describes the issues facing the region’s health sector over the next ten years.

4.1 Purpose
The purpose of the ITTS is to define the core objectives and goals to support the Trust’s strategic objectives and vision, and support the application for Foundation Trust status.

4.2 Scope
The ITTS will support all employees to ensure that they have the ‘right skills, in the right place and at right time’. The delivery of Lorenzo training and support activities will take precedence over other training requirements for non-core applications.

4.3 Approach
A blended learning approach will be adopted by using traditional learning methods, individual coaching, self directed learning and e-learning solutions. This will create an enhanced learning experience which will be:

- Flexible
- Innovative
- Effective
- Responsive
- Valued
- Cost effective

The approach to be taken at any one time will vary according to individuals’ needs, the complexity of the subject matter and the point in the project life cycle.
4.4 **Principles supporting the delivery of the ITTS goals**

1. Any training activity will support service goals
2. Any training activity must be delivered against a plan with clear objectives which must be flexible enough to account for unforeseen developments
3. Provide value for money
4. All change initiatives must include a training plan
5. Training needs analysis will be undertaken as required

4.5 **Responsibility for delivering the ITTS**

1. The IM&T Management Board is responsible for agreeing and ensuring that resources are available to deliver the strategy, they are also responsible for ensuring that expenditure is evaluated to ensure an adequate return on investment.
2. The IM&T Management Board will be responsible for developing the strategy and agreeing the annual plan, it will also monitor progress against the plan.
3. Directors and General Managers will support the strategy by ensuring that staff attend their training and identify training requirements during personal development reviews.

4.6 **Communication and Engagement**

The effective communication and engagement of key stakeholders is seen as critical to success and a variety of communication and engagement strategies are employed, including:

- Open events
- Posters
- Broadcasts
- Intranet information
- Road shows
- Emails

Regular training bulletins and newsletters are produced to reflect changes in procedures and provide notice of forthcoming developments.

4.7 **Quality Assurance**

All educational and training events are reviewed using an in-house evaluation process in the form of peer review. These reviews are recorded and where appropriate corrective action taken to ensure that every event is fit for purpose. The production of documentation in the form of training materials is also covered.

It is anticipated that the ITTS will explore an independent and regulated system of evaluation leading to validation and accreditation by a recognised body. A balanced score card is under development and will reflect any changes above.

4.8 **Change Management**

The IT Training team works closely with the Programme Delivery team, Information team and contacts throughout the Trust. This ensures training reflects the latest guidelines, business processes and standards to minimise data errors at source and maximise the benefits of using information systems.

4.9 **Resource Profile**

The current IT training team skill-mix will be reviewed and scaled up and down flexibly in order to support the implementation, post go-live support and ongoing use and development solutions delivered through this strategy.

**SECTION 5 – CONTROL OF DOCUMENTS INCLUDING ARCHIVING ARRANGEMENTS**

5.1 Once ratified by the Trust Board, this strategy will be forwarded to the Information Governance Department for a document index number to be assigned. All Trust documents will be recorded onto a master index. It is the responsibility of the Information Governance Department to ensure that these indexes are kept up to date. A copy of the master index will be available to all Trust staff upon request.

5.2 This strategy will be made available on the trust’s intranet.
5.3 The Chief Information Officer is responsible for ensuring that this procedure adheres to the Trust’s Record Management Policy, including retention and archiving arrangements.

SECTION 6 – SHARING DOCUMENTATION WITH THIRD PARTIES

6.1 As part of the Trust’s networking arrangements and sharing best practice, the Trust supports the practice of sharing documents with other organisations. However, no document or part thereof so shared must be used by any third party for its own commercial gain.

6.2 Release of any strategy, policy, procedure, guideline or other such material must be agreed with the Lead Director or Deputy/Associate Director (for Trust-wide issues) or Directorate/Departmental Management Team (for Directorate or Departmental specific issues). Any requests to share this document must be directed in the first instance to the Chief Information Officer. If it is thought that the document may attract Intellectual Property rights, the advice of the Trust’s Intellectual Property Lead should be sought.

6.3 When the document is forwarded to another organisation, the Trust must give its express (ie written) permission for the document to be used by the requesting organisation which may only reproduce it internally within their own organisation for their own requirements. The requesting organisation may not forward it onto any other party. Ownership/copyright is acknowledged at the beginning of the document by including the phrase:

"Reproduced with the kind permission of the Information Management & Technology department, The Ipswich Hospital NHS Trust."

SECTION 7 – MONITORING COMPLIANCE AND EFFECTIVENESS

7.1 This strategy will be monitored by the Trust Board, Information Governance Group and Trust Divisional Boards and the Suffolk Wide IM&T Management Board through the receipt of project and programme highlight reports.

SECTION 8 - REVIEW OF STRATEGY

8.1 This strategy will be reviewed bi-annually following ratification by the Trust Board.

SECTION 9 – IMPLEMENTATION

The implementation of this strategy will guided through the development of an annual IM&T Plan at both a local Trust level and a combined local health system annual plan. This will be managed within the Trust by the Information Strategy Group under the chairperson of the Director of Finance & Performance.

The Information Strategy Group will report to the Trust Executive.

SECTION 10 – OUTLINE INVESTMENT PROFILE

A year on year business plan will be produced which will outline the proposed Capital and Revenue investment on an annual basis this however will be subject to normal financial approval mechanisms through the Trust and Trust Board where required.

In order to deliver on the IM&T Strategy the Trust will need to explore a mix of initiatives to secure the required revenue and capital funding.
It is proposed that the Trust explores the following:

- Allocation of Trust Capital funds
- Opportunities to utilise available non-recurring transformation funding
- External scanning for appropriate funding streams to which potential bids could be made.
- Funding from the Department of Health for participating in early deployments of Lorenzo Regional Care solution.
Appendix A

THE IPSWICH HOSPITAL NHS TRUST
IM&T Management Board
TERMS OF REFERENCE

1 Purpose and Level of Accountability

To co-ordinate the development of information strategy and information technology deployments with the Trust, working with the Suffolk wide IM&T Management Board to ensure alignment with Suffolk wide initiatives.

The IM&T Management Board will provide half-yearly progress reports to the Divisional Governance Boards, Trust Executive and Trust Board.

2 Specific Responsibilities

To ensure maximum benefit for financial investment and to realise the greatest benefits within the Trust and across the health community

To develop and implement the annual Trust IM&T Plan to meet service needs.

To develop and implement the Trusts five year IM&T Strategy Document covering 2013/18.

To maximise the benefits for patients and staff from the use of information management technology and particularly national solution provided solutions.

To identify risks that cannot be managed locally and see that they are appropriately escalated.

To agree priorities for IM&T investment within the Trust in conjunction with existing governance arrangements, taking account of national, commissioner and other strategic priorities.

To develop funded and appropriately resourced implementation plans in line with the agreed strategy across Suffolk. A significant part of this must be an appropriate and realistic benefits accrual plan.

To ensure that the Trust response on IM&T planning and resources is in line with the operating framework.

To oversee the development of local business cases and associated strategy, co-ordinating them were possible and supporting their implementation, via both local and the county wide Suffolk IM&T Management Board.

To engage local stakeholders and develop local communication and engagement strategies.

To monitor progress against plans to ensure appropriate use of resource, and recommend corrective action where necessary.

To ensure that appropriate plans are in place to manage legacy systems.
To ensure that every opportunity is taken in the management and use of information to maximise patient safety.

To co-ordinate developments of data and information, sharing standards within Suffolk.

To develop a set of key performance indicators by which operational IM&T provision and Data Quality can be assessed and benchmarked for agreement by the Trust Board.

### 3 Level of Authority

The group will develop the Trust IM&T Strategy and act as steering board for the overall IM&T Programme of work. The IM&T Management Board will must ensure any Clinical or Business System development submitted to the Investment Scrutiny Committee for financial approval has been formally assessed to ensure IM&T strategy fit and compliance with Information Governance Security standards.

### 4 Membership and Quorum

The group membership will consist of the following:

- Director of Finance & Performance (Chair)
- Chief Information Officer (Deputy Chair)
- Operational Leads * 3 as nominated by Clinical divisions.
- Nominated Speciality Leads * 3 as nominated by Divisional Clinical Director
- Pharmacy Lead Nominated Representative
- Midwifery Lead
- Nursing Lead Nominated Representative
- AHP/HCS Nominated Representative
- Associate Director of Estates
- Business Planning and Development Manager
- Head of Information Management
- Head of Programme Delivery
- Head of Information Technology
- Trust Records Manager
- Deputy Director of Human Resources

All members must attend each meeting of nominate an appropriate deputy to attend and follow up on or report on actions previously agreed.

Agenda’s, minutes and action plans will be maintained on behalf of the group by the Business Service Co-ordinator from within the IT Directorate.

### 5 Arrangements for meetings and circulation of minutes

The group will meet bi-monthly.

Minutes will be produced and distributed to the group and following approval made available via the Trust Intranet.

### 6 Communication

A six monthly report will be submitted to the Trust Executive on progress.

### 7 Review Arrangements
The role of the group and terms of reference will be reviewed annually via the submission of an annual IM&T Strategy progress report submitted via the IM&T Management Board to the Trust Executive and Trust Board.