

Board of Directors (Public)

Item 3.2

Subject: Digital Systems – Position Paper
Date of meeting: 26th July 2016
Prepared by: Dave Murphy/Head of Digital Systems
Presented by: Dr Mark Jackson – Director of Informatics & Research / Chief Information Officer

BAF Ref	Impact on BAF
1, 2.2, 3.1	None

1. Executive Summary

This paper summarises recent activity undertaken since the Director of Research & Informatics assumed executive responsibility for all Information Management & Technology functions. Key changes are:

- Merger of Information Technology and Clinical Systems teams
- Allocation of Chief Clinical Information Officer responsibilities to the Divisions
- Creation of new Associate Chief Nursing Officer responsibilities within the Divisions
- Improved governance

2. Introduction

The purpose of this document is to update the Board of Directors on progress in developing the Digital Services function as well give an overview of key priorities and challenges faced over the next twelve months.

3. Progress

The Trust has invested greatly in making itself fit to deliver digitally enabled healthcare. However, benefits realisation following this investment needs to improve. The following changes have been introduced to address issues with:

1. Engagement – the organisational model we have deployed thus far has failed to deliver the levels of engagement we need to realise on-going benefits from our digital systems
2. Optimisation – the Trust does not have a clear plan for developing the EPR and other digital systems to support staff to become increasingly safe, effective or efficient
3. Adoption – a long history of not getting what staff need from EPR optimisation (principally) and other digital systems has led to entrenched

levels of poor adoption

4. Benefits Realisation – this has rarely been formally captured but is felt to be extremely limited.

The above issues have prompted significant changes to team structures:

Non-Clinical Roles

Information Technology has been merged with Clinical Systems and the team rebranded as “Digital Systems”. Within 12 months, Digital Systems will merge with Informatics, creating a single integrated “Digital Healthcare” team. This team will be led by one person with sole accountability for all things digital.

Clinical Roles

The Medical Director has agreed to maintain the role of Chief Clinical Information Officer. We have successfully appointed three Associate Chief Clinical Information Officers – one per Division. This structure has been replicated in Nursing and Allied Health Professionals, with the Director of Nursing & Quality taking on the role of Chief Nursing Information Officer and the three Heads of Nursing agreeing to act in the role of Associate Chief Nursing Information Officers. This change should improve engagement with staff appreciably.

Planning

Significant effort is now being channelled into the development of an agreed and transparent work plan, driven by a need to service both internal and external priorities.

Governance

The IM&T Programme Board and Clinical Systems Strategy Group will be merged to form the Digital Healthcare Committee (DHC). Governance arrangements around all digital systems activity will be overseen / approved by this group. The primary focus of this integrated group will be to improve engagement, optimisation (planning), adoption and benefits realisation – all key issues raised in the ATOS report, together with ensuring full engagement with the external digital maturity agenda.

The inaugural meeting will be held on 1st August 2016. The DHC will report to The Operational Board to give the work plan the gravitas it deserves. The DHC will manage a number of sub groups including: Cyber Security Group, EPR Development Group, Web Focus Group as well as task & finish groups as required.

Work is nearing completion to combine the local risk registers for IT and EPR into a single Digital Systems risk register. All risks scores are now reviewed on a weekly basis by the management team.

The full paper describing the changes recently approved by the Executive Team is attached as an appendix.

4. Future Strategy

At present, there are many unknowns that significantly influence the future direction of travel for strategic development of digital healthcare at LHCH:

Relationship with Informatics Merseyside (IM) – service standards have deteriorated since IM changed their operating model. This has caused us to question whether they remain the best partner to assist the Trust in delivering its digitally enabled healthcare ambitions. Early discussions are being held with other Trusts regarding future collaboration, spurred on by broader discussions emerging from the Cheshire & Merseyside Sustainability and Transformation Plan (STP).

The Local Digital Roadmap (LDR) – this has been developed as a key enabler of the STP. One of the strategic ambitions of the LDR is to get as many providers as possible on to the same EPR platform. Intersystems is the current favoured product. This product needs to be considered carefully as we run up to renewal of contracts with Allscripts due in December 2017.

LHCH ambitions to become the network leader for cardiology. Tracking patients as they move up and down the entirety of the treatment and prevention pathway will pose significant interoperability challenges.

Improving digital maturity in concert with the rest of our local health community. Digital maturity is now the subject of an annual national and local assessment exercise, with the objective of building capability for a paperless NHS by 2020. Keeping digital systems up to date and building future capability requires on-going investment, and is the subject of an additional Board paper at this meeting.

LHCH is now an active participant in all digitally related initiatives and will be seeking to work collaboratively to realise the benefits associated with a health-economy wide approach to digitally enabled healthcare.

5. Summary

Overall good progress has been made over the last two months. Engagement and buy in from front line services is essential to the successful delivery of the digital agenda; this is our next priority.

6. Recommendations

The Board of Directors is asked to note the contents of this report and acknowledge progress to date.

