

IM&T Strategy 2013-16

Appendix A – Strategic Drivers

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1. IM&T Strategy Strategic Drivers

1.1. *Foundation Trust Status*

- 1.2. AWP is in the final stages of making an application for 'Foundation Trust' status. Such an application requires the Trust to provide Monitor with substantial quantities of information, which will describe in some detail the objectives and development plans that the Trust intend to pursue in operating as a successful Foundation Trust. Objectives and plans related to the information management processes and the information technology deployment will form an important part of the application detail. Certain specific IM&T requirements need to be met to enable a Foundation Trust application to be approved. Those stated formally are:
- To demonstrate that the IT systems covering financial reporting and procedures are fit for purpose;
 - To demonstrate governance of IM&T within the Foundation Trust committee structure
 - To demonstrate compliance with the requirements of the Information Governance Toolkit, particularly with regard to the Information Governance Assurance Statement
 - To provide a summary of key risks for IT that may impact the Trust plans. Assessing likelihood, describing mitigation actions and detailing potential financial and non-financial impact, including describing the worse case scenario.
 - To provide an overview of IT systems including readiness for national initiatives such as the National Programme for Information Technology (NPfIT), Choose & Book, etc
- 1.3. Once FT status is granted, the Trust will have greater autonomy and financial flexibility in how it meets national and local requirements, guided by the views of local people, service users, partners and other stakeholders. It will be required to demonstrate on an ongoing basis, robust management and governance arrangements.
- 1.4. As more trusts achieve Foundation status and provide more competition in the healthcare market, there is an increased likelihood of the Trust's services changing at relatively short notice as new services are developed or acquired and existing services divested which will require very flexible IM&T services.
- 1.5. IM&T has a key role to play in enabling the Trust to
- manage, monitor and understand its own clinical and financial performance

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- analyse the local environment and markets, both in terms of current and future demands
- benchmark itself against competitor organisations.

1.6. Policy Environment

1.7. There are a range of national policy and strategic drivers which require strategic IT developments and / or robust IT support to ensure effective implementation and delivery.

1.8. Government Strategy

1.9. The latest information strategy from the Department of Health was published in May 2012. It sets a ten-year framework for transforming information for the NHS, public health and social care and sets out the following ambitions:

- Information used to drive integrated care across the entire health and social care sector, both within and between organisations
- Information regarded as a health and care service in its own right for us all – with appropriate support in using information available for those who need it, so that information benefits everyone and helps reduce inequalities
- A change in culture and mindset, in which our health and care professionals, organisations and systems recognise that information in our own care records is fundamentally about us – so that it becomes normal for us to access our own records easily
- Information recorded once, at our first contact with professional staff, and shared securely between those providing our care – supported by consistent use of information standards that enable data to flow (interoperability) between systems whilst keeping our confidential information safe and secure
- Our electronic care records become a key source of the health and care information used to improve our care, improve services and to inform research, etc. – reducing bureaucratic data collections and enabling us to measure quality.
- A culture of transparency, where access to high-quality, evidence-based information about services and the quality of care held by Government and

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health and care services is openly and easily available to us all

- An information-led culture where all health and care professionals – and local bodies whose policies influence our health, such as local councils – take responsibility for recording, sharing and using information to improve our care.
- The widespread use of modern technology to make health and care services more convenient, accessible and efficient
- An information system built on innovative and integrated solutions and local decision-making, within a framework of national standards that ensure information can move freely, safely, and securely around the system.

- 1.10. The most significant IT driver for the strategy is the closure of the National Programme for IT (NPfIT) which delivered the national clinical systems, including RiO and integrated IT infrastructure. It was decided that best value for taxpayers would be delivered by retaining the national infrastructure and applications whilst devolving leadership of IT development to NHS organisations on the principle of connected systems and interoperability with a plural system of suppliers.
- 1.11. The introduction of Clinical Commissioning Groups (CCG) will result in commissioning decisions and budgets being devolved to local GPs and clinicians. CCGs will require a strong focus on understanding service users' needs, where these can best be addressed and reasons for referrals into secondary care, the effectiveness of those referrals and the associated costs. The implementation of local commissioning is expected to drive up demand for timely and accurate healthcare activity and outcome data.
- 1.12. The introduction of Payment by Results (PbR) for mental health will ensure that funds follow the choices made by patients and hence that Trusts are paid for the activity they undertake.
- 1.13. NHS England now sets the direction for NHS information technology and informatics so that commissioners, providers and suppliers can make informed investment decisions, identifying, amongst the alternative approaches, those that deliver the highest quality care for patients. Frontline clinicians leading this agenda will ensure that systems are designed around optimal clinical workflows, enabling health and care professionals to do their jobs more effectively.
- 1.14. The NHS England, will continue to secure national infrastructure and is responsible for realising the digital information needs of the NHS and stimulates the development of new innovative information technology and

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information services to benefit clinicians, patients and the public. Their Key deliverables relevant to this strategy are:

- enabling and supporting people to access and interact with their individual health records online
- facilitating the widespread adoption of modern, safe standards of electronic record-keeping
- the re-launch of the Choose and Book service to make eReferrals available to patients and health professionals for all secondary care by 2015
- supporting hospitals to implement ePrescribing services for their patients
- ensuring that integrated digital care records (IDCRs) become universally available at the point of care for all clinical and care professionals
- encouraging and facilitating the widespread adoption of the Electronic Transfer of Prescriptions (EPS) programme
- commissioning nationally-provided underlying NHS IT infrastructure including the Spine (the national system which enables services to be shared across NHS care settings), N3 (the underpinning network) and NHSmail (the secure email service).

1.15. National Performance Assessments

1.16. The Care Quality Commission (CQC) is the independent regulator of all health and adult social care in England. They are responsible for registering providers of health care and social care to ensure they are meeting the essential standards of quality and safety. They continuously monitor compliance with essential standards as part of a new, more dynamic, responsive and robust system of regulation. Their assessors and inspectors frequently review all available information and intelligence about a provider and they seek information from patients and public representative groups, and from organisations such as other regulators and the National Patient Safety

1.17. These assessments provide a more integrated approach which is more stringent than that previously adopted and requires robust, consistent reporting across all areas of activity and performance.

1.18. Information Governance

1.19. “Information Governance” assures the confidentiality, availability, integrity and protection of information (service user, staff, financial, organisational, paper or electronic). NHS trusts are required to annually assess and improve their performance against “best practice” standards that make up the Information Governance Toolkit. Compliance against key standards are

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a requirement for accessing the N3 NHS network and NPfIT systems. The assessment is also used by the CQC to validate other declarations and therefore improvements against these standards are a high priority for the IM&T Strategy.

1.20. Climate Change Policy

- 1.21. Climate change policy has particular impact in relation to Information Technology from the reduction in waste caused by technology refresh, required by the Waste Electrical and Electronic Equipment (WEEE) regulations, to contributing to the reduction in the UK's CO2 emissions.
- 1.22. The SMART 2020 Report, published by GeSI and The Climate Group in 2007, shows that ICT could deliver approximately 7.8 GtCO2e of emissions savings in 2020, in all the sectors of the economy throughout the world. This represents 15% of emissions in 2020 based on a 'business as usual' estimation. In economic terms, the ICT-enabled energy efficiency translates into approximately €600 billion of cost savings.
- 1.23. They summarise these actions as the SMART transformation:
 - The challenge of climate change presents an opportunity for ICT to first standardise (**S**) how energy consumption and emissions information can be traced across different processes beyond the ICT sector's own products and services.
 - It can monitor (**M**) energy consumption and emissions across the economy in real time, providing the data needed to optimise for energy efficiency.
 - Network tools can be developed that allow accountability (**A**) for energy consumption and emissions alongside other key business priorities.
 - This information can be used to rethink (**R**) how we should live, learn, play and work in a low carbon economy, initially by optimising efficiency, but also by providing viable low cost alternatives to high carbon activities.
 - Although isolated efficiency gains do have an impact, ultimately it will be a platform – or a set of technologies and architectures – working coherently together, that will have the greatest impact. It is through this enabling platform that transformation (**T**) of the economy will occur, when standardisation, monitoring, accounting, optimisation and the business models that drive low carbon alternatives can be developed and diffused at scale across all sectors of the economy.

1.24. Operating Framework for 2013/14

- 1.25. The new guidance, called Everyone Counts: Planning for Patients 2013/14, is the first published by the commissioning board, under the reformed NHS

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system. It plays a similar role to the NHS Operating Framework, setting priorities and targets, and financial and planning rules.

1.26. Sir David Nicholson says in the document: “Focusing on outcomes to plan NHS services represents a significant opportunity to build on our achievements to date... At the same time, we must not fall into the trap of thinking that because we have improved access that the job is done - the rights and pledges in the NHS Constitution must be delivered for everyone who uses the services we commission.”

1.27. The key elements from an IM&T perspective are:

- Real time patient feedback for whole NHS by 2015 (including landmark targets)
- Routine NHS services should be available seven days a week
- Commissioning board pledges paperless referrals by 2015

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