



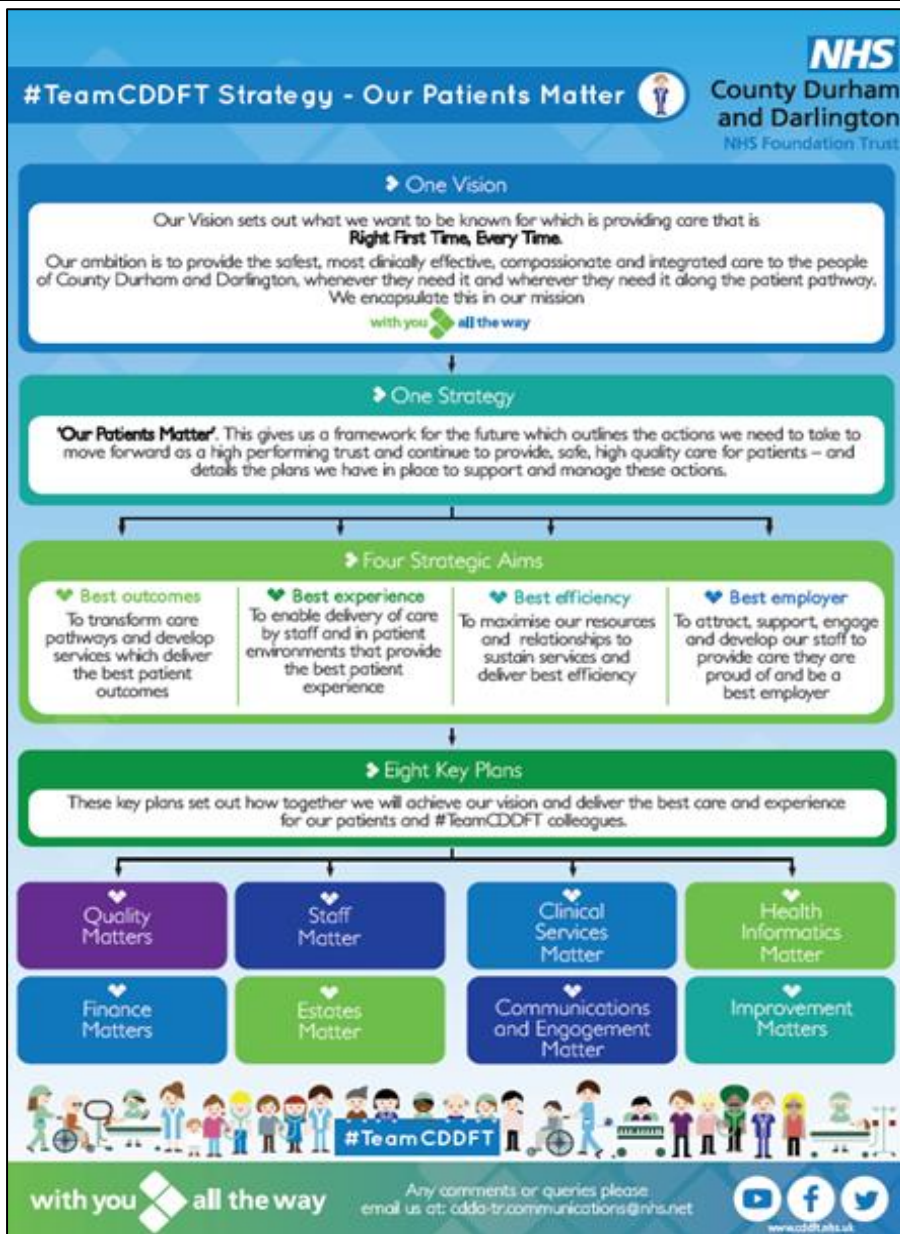
BUSINESS PLAN (v1.0)

Corporate Nursing: Health Informatics

Relevance of Tactical Level Business Plan

The following business plan states how the Corporate Nursing Directorate will translate the strategic plans of CDDFT into the day to day delivery plans and proposals; enabling delivery of high quality, patient focused, safe care whilst providing performance assurance

COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST STRATEGIC DIRECTION





Corporate Nursing: Health Informatics - Achievements

- **Our Health Informatics Programme**

The active schemes within the Trust are aligned to the 'best of breed' approach which has been undertaken by the Trust up to this point. The strategic aim of this approach was to remove as much paper from the system as possible through the transition to digitised processes; investing significantly in existing systems and purchasing best-fit niche systems.

The best of breed approach implemented to date has successfully delivered against its objectives and individual schemes benefits. However, the introduction of multiple niche systems has introduced greater levels of information silos and challenges regarding interoperability.

- **Our Digital Maturity**

As a healthcare provider, County Durham and Darlington NHS Foundation Trust is recognised as being digitally mature. However, it is recognised across the Trust that there is room for change and improvement, driven by a range of drivers at a National, Local and Health Informatics specific level.

- **Our Vision for Health Informatics**

The Health Informatics vision for CDDFT is ***to be an exemplar in the use of technology, systems and supporting processes within the UK Healthcare environment.***

The strategic aims of this vision are:

- To provide colleagues with a single source of information, for both clinical records and performance information, for them to fulfil their role effectively;
- To provide access to that information securely and quickly at the point of care;
- To allow other service delivery partners to interact with, and share, information within a patient's journey;
- To enable care professionals, patients and carers access to a single record for all care purposes.

The current Health Informatics Strategy was approved by the Trust Board in April 2016. And work is currently active across the organisation to support the effective delivery of the strategy.

It remains our strategic goal across the Trust to deliver an integrated care record system, with the capability of connecting all accredited clinical stakeholders with the right clinical information. The approach that the Trust must undertake to achieve this goal is now significantly different to the previous, 'best of breed' approach. Work is currently underway to secure a strategic EPR solution via procurement. At the Trust Board on 30 January 2019, the Directors agreed to proceed with Option 2 (Joint Phased EPR Implementation) subject to funding and NHS Improvement approval to proceed; the Health Informatics Strategy and Delivery Plan priorities and objectives will be reviewed and revised upon the Trust Board decision.

- **Strategic Benefits**

An EPR will be the enabler for many of the benefits associated with the delivery of our strategy, building on those already achieved from existing investments, key benefit areas include support for various quality, safety and efficiency gains.

The implementation of the HI strategy within the Trust will enable the following strategic benefit objectives:

- Enhanced patient pathway support and improved management of end-to-end patient journey.
- Comprehensive digital record, supplemented by local /national guidelines /protocols, Clinical Decision Support (CDS) and pathway support that will reduce net care risks.
- Comprehensive digital record, supplemented by local /national guidelines /protocols, CDS and pathway support will reduce unnecessary diagnostic tests (either repeat tests avoided or tests not clinically required).



Corporate Nursing: Health Informatics - Achievements

- Comprehensive digital record will improve information availability for audit and research and reduce data duplication and data collation effort.
- Comprehensive digital record will improve information availability for care and reduce operational data duplication.
- Comprehensive digital record incorporating a Health Information Exchange (HIE) will improve integrated working between Acute and Community based staff.
- Patient /carer access to their own clinical record through the use of a patient experience portal will improve understanding of options, improve care plan compliance, support early escalation of concerns /queries to "virtual health team", reducing lengths of stay, crises and avoidable hospitalisation.
- Improved information quality.
- Enhanced communications via patient-centred record leading to more 'joined up' care.

The HIE and the patient portal are constitutional parts of the Great North Care Record (GNCR).

It should be noted that all benefits outlined in the strategy are potential and cannot be achieved without full implementation of the strategy, and full business change support and commitment from the Trust.

- **Cyber Security**

In April 2016, a government document stated that the cyber threat is not abating, with the 2015 National Security Strategy re-affirming the initial assessment of cyber as a Tier One risk to UK interests.

Developed from the UK government strategy 2010-16 were the principles 'the 10 steps to cyber security'. Health Informatics has used these steps as a basis for gap analysis and self-assessment. In 2015 a risk assessment was carried out and reported through the Informatics Strategy Sub Committee (ISSC). This assessment identified several areas of high risk. These areas of high risk were confirmed by a recent PWC audit.

The Health Informatics Strategy was approved by the Trust Board in April 2016 and subsequently, delivery plans were submitted to Executive Directors in October 2016. These plans recognise the importance of addressing the risks associated with Cyber Security. The Cyber Security Delivery Plan aims to mitigate as far as possible the risk of the Trust Board's key objectives being met as well as the overall delivery of the Health Informatics Strategy.

Following approval in 2016, the CDDFT Cyber Security Delivery Plan has since been implemented with success; the following actions have been undertaken to mitigate potential threats:

- Physical Security - The Trust hosts 2 datacentres, 8 telephone switch rooms and countless data switch rooms. Physical security and access control to these locations is equally as important as access to clinical systems. The existing security system has been replaced to provide more advance access control and reporting, full CCTV and correlation with the next generation of security incident and event management tools.
- Upgrade of our security platform McAfee Intel Security.
- Increased User Education – increased Cyber Security awareness has now been built in to the Core Essential Training programme for all trust staff with the development of supporting videos to target training in this area.
- An external assessment of existing vulnerabilities using an accredited external cyber security company has been undertaken.
- Penetration testing, replicating external threats, has been undertaken to identify areas of potential weakness.

During 2018/19 the Trust bid and was successful in participating in NHS Digital Pilot Programmes which has supported Board level Cyber Security training and several detailed technical assessments. This has



Corporate Nursing: Health Informatics - Achievements

allowed for the refinement of the Cyber Security Delivery Plan during 2019/20 alongside a business case required to describe the continuing investment as identified when the Trust Board approved the delivery plan.

- **Data Security and Protection**

CDDFT submitted 93% Green satisfactory for v14.1 IG Toolkit 17/18. The new NHS Digital Data Security and Protection Toolkit for 18/19 is now being completed.

The Trust achieved 95.08% Information Governance Training compliance on 19th March 2018, the new toolkit has the same compliance target requirement.

The Trust have implemented the General Data Protection Regulations (GDPR) with a project team and project board monitoring progress and compliance. There are action plans in place for any highlighted areas of risk and mitigating action plans through to December 2018 being monitored by the Data Security and Protection Committee.



| Corporate Nursing: Health Informatics | | |
|--|--------------------|------------------------------------|
| Strengths | RAG* Assessment | Associated Objectives / Key Change |
| CDDFT has a Health Informatics Strategy which has been agreed at Board Level and is currently being implemented. | | |
| Good coverage of IT systems across clinical and corporate settings. | | |
| Through the implementation of the previous HI Programme, Clinicians now need to access IT to perform their roles, increasing user awareness of IT opportunities and facilitating future business change. | | |
| Good level of engagement across the trust. | | |
| Agreed organisational vision. | | |
| Skilled, qualified specialists in various aspects of Health Informatics able to adapt to achieve results. | | |
| Engagement with commissioning bodies to develop cross community services. | | |
| Ability to integrate with third parties to provide multi-disciplinary services across local healthcare communities. | | |
| Good track record for obtaining external funding to support strategic schemes (for example ePMA). | | |
| Good relationships with NHS organisational colleagues. | | |
| National recognition for proactive project development. | | |
| Acute and community integrated provider of technical care solutions. | | |
| High level of Digital Maturity. | | |
| Approved organisational Health Informatics Strategy. | | |
| Appointed CCIO in place. | | |



| Weaknesses | RAG* Assessment | Associated Objectives / Key Change |
|--|--------------------|--|
| Information silos. | | <ul style="list-style-type: none"> The Health Informatics Strategy and ongoing procurement and full business case seeks to address this. |
| Lack of ability to flex to challenges, and new policies to enable patient care process within the HI environment due to limitations with our existing cure systems. | | <ul style="list-style-type: none"> Key current systems have or are reaching end of life with the functionality limiting development. The strategy and full business case for EPR seeks to address this. |
| Disparity of systems across Trusts in the local area. | | <ul style="list-style-type: none"> Reduction in the number of disparate systems is articulated in strategy and EPR business case. |
| Management of multiple current and legacy systems. | | |
| Vulnerability to phishing. | | <ul style="list-style-type: none"> This aspect has been improved with the implementation of the Cyber Security business case and additional technology. |
| Conflicting projects across the Trust, having to manage these. | | |
| Expectations high within the Trust, managing these within priority limits. | | |
| Competition from neighbouring trusts who are implementing advanced technology with service bids. | | |
| [Redacted under S43(2) of the FOIA – disclosure would be likely to prejudice commercial interests, as it would reveal internal opinions with respect to relationships with a third party with whom the Trust holds a contract] | | <ul style="list-style-type: none"> [Redacted under S43(2) of the FOIA – disclosure would be likely to prejudice commercial interests, as it would reveal internal opinions with respect to relationships with a third party with whom the Trust holds a contract] |
| Financial position to develop technical solutions etc. | | |
| Trust position on risk regarding finance and HI Strategy. | | |
| Lack of engagement from Care Groups and Corporate areas. | | |
| Health Informatics resources – some areas currently running with vacancies. | | <ul style="list-style-type: none"> A staffing proposal has been made to Executive Directors to make some minor structure changes and fill existing vacancies. |
| IT/ change fatigue across the organisation. | | |



| Corporate Nursing: Health Informatics | | |
|---|--------------------|--|
| Significant issues identified regarding base level of IT competence across the organisation. | | <ul style="list-style-type: none"> IT competence is measured in detail annually by the cipfa benchmarking process |
| Opportunities | RAG* Assessment | Associated Objectives / Key Change |
| Health System Led Investment in Provider Digitisation. | | |
| National 2020 directive for Electronic Health Records. | | |
| Trust EPR programme, integrated services and engagement. | | |
| Re-establish relationships through the Care Group management review. | | |
| Develop new services across the region, e.g. integrated services (new contract). | | <ul style="list-style-type: none"> Integrated working with commissioners and regional trusts have strengthened this area with community contract and EPR collaborative working. |
| Link with Great North Care Record project regarding data analysis and service redesign. | | <ul style="list-style-type: none"> Work is on-going in this area with regional templates developed by CDDFT for the data analysis which has been cascaded across the region. Development of legally compliant documentation to assist the development of tools within this area have been developed with data security and protection aspects approved. |
| Experience of working with other agencies to develop sharing agreements for effective patient care. | | <ul style="list-style-type: none"> Increased working with private and third sector organisations with discussions and agreements for assurance for compliance with new legislation through the development of contracts and reduction in sharing agreement and implementing processing agreements. |
| Joint working with other NHS organisations to develop technical services. | | <ul style="list-style-type: none"> The Trust is working closely across the ICS area with other organisations to ensure technical approaches are consistent. The Trust is working closely with South Tees Hospitals NHS Foundation Trust in the joint procurement and deployment of a business case for a new EPR and in areas of optimising efficiency. |
| Competitive tenders for services across the region. | | |
| Developing centres of excellence with effective technology. | | |



| Corporate Nursing: Health Informatics | | |
|--|-----------------|---|
| Mobile working deployment – ability to improve patients care MDT etc. | | |
| Looking to future regarding NHS services as a healthcare provider, knowledge of international aspects of healthcare to aid decision making for Trusts HI strategy. | | |
| Collaborative procurement of EPR with other local Trust. | | |
| Achievement of greater digital maturity score through the completion of eObs and ePMA rollouts. | | |
| Threats | RAG* Assessment | Associated Objectives / Key Change |
| Level of organisational change: current and planned. | | |
| Changes in leadership of care groups. | | |
| Trust Staff – increased data security incidents. | | <ul style="list-style-type: none"> The Trust are seeing an increase in this area due to Trust staff not validating information prior to processing it and incidents are happening however, the management of these incidents is improved due to awareness of new legislation and consequences. |
| Trust Staff –cyber security awareness increased phishing/ cyber-attacks. | | <ul style="list-style-type: none"> Easy to understand awareness videos of data security and protection have been developed and implemented. This is an on-going area of work which, through various methods understanding is improving. |
| CQC ratings. | | |
| New monitoring body – changing standards/ targets. | | |
| Cyber security – proactive monitoring, user awareness. | | <ul style="list-style-type: none"> This is an area where work is being developed at present to monitor the understanding and awareness of staff from completing the core essential training. |
| Cyber security attacks. | | |



| Corporate Nursing: Health Informatics | | |
|--|--|--|
| Data security – GDPR implementation and compliance, threat linked to data security incidents, increased fines for data breaches. | | <ul style="list-style-type: none">The new data protection legislation has been implemented across the Trust with new templates in place for information asset registers / records of processing, improved data privacy impact assessments are being completed to ensure the trust assesses data by design and default. Increased awareness through monthly data security and protection committee ensures the Trust is aware of threats in this area and can escalate/ report appropriately. |
| Freedom of Information Action (FOIA) – press attention – trust reputation. | | <ul style="list-style-type: none">Monitoring of the compliance is completed through the Data Security and Protection Committee on a monthly basis. |



Corporate Nursing: Health Informatics – Forward Planning

Forward Planning

Financial Information based upon the whole of Director of Nursing as a directorate rather than Health Informatics as a department.

| Budgetary Information | | |
|-----------------------|-----------------|--|
| | <u>2019/20</u> | Comments; |
| Budget: | £10,306,144 | 2019/20 Budgetary information is current rollover 18/19 position and therefore excludes 2019/20 CIP but includes the legacy CIP which has been achieved non-recurringly in 2018/19. |
| Actual: | £11,218,006 | |
| Variance: | £911,862 | 2019/20 Actual Information is based upon current forecast of 2019/20 including pressure areas in in Health Informatics and Rostering for example. A large proportion of the variance is due to the Tissue Viability CIP Plans which will be achieved within 2019/20 to improve this position. |



Corporate Nursing: Health Informatics – Key Performance Areas

| | Current RAG | Improvement Trajectory 2019/20 | | | | Target 19/20 | Comments / Links to Business Plan |
|---|-------------|--------------------------------|----|----|----|--------------|-----------------------------------|
| | | Q1 | Q2 | Q3 | Q4 | | |
| Refine workforce plan and implement changes as required to enhance delivery and capacity associated with the HI Strategy. | Green | x | x | x | | | |
| Following Full Business Case for EPR develop procurement and implementation plans. | Green | x | | | | | |
| Following successful full business case planning for deployment. | Green | | x | x | x | | |
| Review opportunities to utilise technology to improve efficiency of working practices. | Green | x | x | | | | |
| Establish prioritised care group business plan requirements and support the identification of additional resources required to deliver. | Green | x | x | | | | |
| Continue to implement the Data Protection legislation requirements to ensure compliance. | Green | x | x | x | x | | |
| Undertake the annual DSP toolkit self-assessment & implement audit recommendations as required. This includes elements of the NHS Digital cyber essentials plus requirements. | Green | | x | x | x | | |

Corporate Nursing: Health Informatics – CQC Assessment

| | Safe | Effective | Caring | Responsive | Well-led |
|----------------|-----------|-----------|-------------|-------------|-------------|
| Overall | RI | RI | Good | Good | Good |

| | Key Changes | Start | Workforce & OD | Estates | HI | DSP | Procurement | Finance | Information | Nursing | Care Groups | Comments |
|-----|---|--------|----------------|---------|----|-----|-------------|---------|-------------|---------|-------------|---|
| 1. | Establish prioritised care group business plan requirements and support the identification of additional resources required to deliver. | Q1 | | | H | M | | | | | H | |
| 2. | Continue to implement the Data Protection legislation requirements to ensure compliance. | Q1 | H | H | H | H | | H | H | H | H | DSPC monthly monitoring and report assurance. |
| 3. | Undertake the annual DSP toolkit self-assessment; implement audit recommendations as required. | Q2 | M | M | M | M | | M | M | M | M | DSPC monthly monitoring and report assurance. |
| 4. | Data Centre Infrastructure Upgrade | Q1 | L | L | H | L | | L | L | L | L | 85% complete. |
| 5. | Community Services Mobilisation | Q1/ Q4 | M | M | H | M | | M | M | M | H | Ongoing as required through current contract mobilisation phases and realignment. |
| 6. | EPR Procurement | Q1 | H | H | H | H | | H | H | H | H | |
| 7. | Cyber Security Infrastructure Refresh | Q1 | L | L | H | L | | L | L | L | L | Due to start in 2019. |
| 8. | Virtual Desktop Infrastructure Refresh | Q1 | M | M | H | M | | M | M | M | M | Rolling programme. |
| 9. | Paging System Upgrade or Replacement | Q1 | L | L | H | L | | L | L | M | H | Replacement early 2019, replacing emergency bleeps only. |
| 10. | Device Replacement including legacy community devices | Q1 | M | M | M | M | | M | M | M | M | Rolling programme. |
| 11. | Microsoft Licensing | Q1 | L | L | H | L | | L | L | L | L | Based on findings from external Microsoft SAM Audit . |
| 12. | ECDM WinDip hardware and system upgrade | Q1 | | | H | L | | L | H | L | H | |
| 13. | Annual Device Replacement Programme | Q1 | | | M | | | | | | | |
| 14. | Automated Transfer of eBooking Documentation (ERS) into ECDM | Q1 | | | M | | | | | | M | |
| 15. | CAMIS PAS, Theatres and ED Contract Extension to coterminate with EPR business case outome | Q4 | | | L | | L | L | | | | |

| | Key Changes | Start | Workforce & OD | Estates | HI | DSP | Procurement | Finance | Information | Nursing | Care Groups | Comments |
|-----|---|-------|----------------|---------|----|-----|-------------|---------|-------------|---------|-------------|---|
| 16. | Cardiology (Prism/Solus) Contract Extension/System Replacement | Q1 | | | L | | L | | | | L | |
| 17. | Data Centre Networking | Q1 | L | L | H | L | | L | L | L | L | |
| 18. | iCM Acute EPR Contract Extension (depending on outcome of EPR Procurement) | Q1 | | | L | | L | | | | | |
| 19. | Integration Engine Contract Extension (Ensemble) | Q4 | | | L | | L | | | | | |
| 20. | Maternity System Replacement/Contract Extension (depending on outcome of EPR Procurement) | Q4 | | | L | | L | | | | | |
| 21. | Nervecentre System Contract Extension (depending on outcome of EPR Procurement) | Q2 | | | L | | L | | | | | |
| 22. | Ophthalmology System Replacement/ Contract Extension | Q4 | | | L | | L | | | | | |
| 23. | Pathology (LIMS) System Procurement (19/20) | Q1 | | | M | | | | | | M | Linked to the regional diagnostics initiative |
| 24. | SCCI2075 Compliance - Notification, Discharge and Withdrawal | Q1 | | | L | | | | | | L | |
| 25. | Transfer of Care - IP & ED Discharge Letters | Q1 | | | M | | | | | | H | |

Please state H = High / M = Medium or L = Low need for Corporate/ Care Group Support against each key change;



Corporate Nursing: Health Informatics – Shared Objectives

ALL objectives will ensure that the patient and family remain the primary focus of service delivery balanced against workforce and financial challenges;

1. Supporting the delivery of “Staff Matter”

Specific Aim – To continue to develop and embed a comprehensive workforce plan in line with the Staff Matter ambitions across all services;

Measurable – Reduction in agency spend, staff turnover rates, staff survey responses, staff satisfaction;

Achievable Outcome – Minimum 95% compliance across all staff groups for CET/ Appraisals; In addition to the quantitative measures emphasis will also be given to:

- Establishing “Team” objectives that translate to individuals contribution;
- Trust Values and Behaviours;
- Culture;
- Effective two-way Communications and Engagement;

Realistic Action – Staff Matter action plan developed, reviewed regularly through internal management arrangements / refreshed where necessary;

Timebound – Improvements in key metrics expected from Q2 onwards

2. Supporting the delivery of “Quality Matters”

Specific Aim – Ensuring all identified CQC actions, RCA actions, Clinical Audit compliance and quality ambitions are achieved and sustained;

Measurable – Minimum “Good” rating for all services by CQC; 100% Compliance with clinical audits;

Achievable Outcome – Demonstrable learning from RCA activity e.g. LOCCSIPs;

Realistic Action – Quality Matters action planning developed, reviewed regularly through internal management arrangements / refreshed where necessary; Mock CQC inspections to commence

Time bound – Improvements in key quality measures throughout the year in line with integrated performance report

3. Support the delivery of the “Health Informatics Matter”

Specific Aim – To ensure sufficient and active clinical input is provided to all key Health Informatics projects in order to ensure suitability of technical solutions;

Measurable – Recognised and visible contribution from clinical workforce to all key HI projects;

Achievable Outcome – Fully functioning, suitable and sustainable technical solutions in line with HI Strategy priorities;

Realistic Action – Assignment, discussion, encouragement across all clinical forums seeking HI champions / contributors;

Time bound – In line with HI Strategic plans

4. Sustaining and enhancing quality service provision

Specific Aim – To deliver general operational performance in line with defined expectations and requirements within the integrated performance framework;

Measurable – Compliance with integrated performance scorecard measures / metrics and agreed targets;

Achievable Outcome – maintained / enhanced performance and quality outcomes;

Realistic Action – Performance review mechanism embedded throughout Care Group business; Performance review approach actively supported with associated responses / action planning arrangements where identified;

Time bound – In line with Performance Review arrangements



Corporate Nursing: Health Informatics – Shared Objectives

5. Delivering financial balance

Specific Aim – To ensure financial sustainability of services through effective financial management in line with associated budgets, run rates, cost improvement targets income;

Measurable – Financial planning and monitoring in line with agreed targets for all aspects of income, cost, CIP;

Achievable Outcome – Financial balance and service sustainability;

Realistic Action – Accurate forecasting, planning, monitoring, challenge and appropriate actionable responses to deviations off plan;

Time bound – In line with financial monitoring reporting frequencies, Financial Sustainability Programme reporting, Finance Committee reporting, internal management control and reporting arrangements

6 To openly and collaboratively work between and across Care Groups to enhance service effectiveness and efficiency

Specific Aim – To actively support and engage with cross cutting initiatives that seek to deliver improvements in quality, efficiency, workforce and service effectiveness seeking to remove hurdles and border barriers to change;

Measurable – Appropriate resource allocation to cross cutting projects as and when required to support design and delivery;

Achievable Outcome – Visible progress on cross cutting initiatives;

Realistic Action – As defined within cross cutting initiative action plans;

Timebound – In line with approved cross cutting initiative action plans and project plans;

7 To ensure full compliance with regulatory, statutory and associated inspection requirements

Specific Aim – To actively monitor, manage, prepare and complete all necessary regulatory, statutory and associated inspection requirements to ensure full and comprehensive adherence;

Measurable – 100% compliance with all planned regulatory, statutory and inspection requirements throughout 2018/19 and associated remedial / improvement actions;

Achievable Outcome – Service Specific;;

Realistic Action – As defined for the relevant inspection

Timebound – In line with the relevant inspection, standard or plan

Corporate Nursing: Health Informatics – Key Objectives

1 EPR Programme

Specific Aim – Improve healthcare services to our patients in alignment with the Trust's strategic aims; to provide best outcomes, best experience, best efficiency and best workforce

Measurable – 1) deliver a standardised solution within the Integrated Care System; 2) provide clinicians with access to a single version of the truth to support and improve patient care (as per the EPR Benefits Plan); 3) remove inherent risks, e.g. increasing failure of systems, relating to the current end of life systems and release time to care and deliver appropriate efficiencies (as per the EPR Benefits Plan; and 4) progress and improve the organisation's digital maturity and to stay in line with the top performing Foundation Trusts in England

Achievable Outcome – Complete the implementation of an EPR and establish the ongoing optimisation phase to deliver medium-long term benefits, identify new benefits during the operational phase and ensure that the EPR is used to its full potential over the life of the contract (ie. 10 years)

Realistic Action – Improve healthcare services to our patients in alignment with the Trust's strategic aims; to provide best outcomes, best experience, best efficiency and best workforce

Timebound – by 2022/23



Corporate Nursing: Health Informatics – Key Objectives

- 2 Cyber Security Infrastructure Refresh**

Specific Aim – The cyber security technologies are refreshed as they approach end of life
Measurable – The latest version of the software is installed and available to end users
Achievable Outcome – McAfee platform is upgraded without loss of coverage or performance degradation to end users
Realistic Action – Phased roll out of upgraded technologies
Timebound – Before the end of the existing licence and support
- 3 Virtual Desktop Infrastructure Refresh**

Specific Aim – Replace devices which are end of life with virtual desktops
Measurable – Users are supplied with new devices
Achievable Outcome – As many devices as possible are upgraded within the limitations of certain applications
Realistic Action – Replacement of standard devices in shared areas, without specialist software
Timebound – Rolling programme, but prioritising slow machines which are affecting delivery of services
- 4 Paging System Upgrade or Replacement**

Specific Aim – Replace or refresh existing paging system which is approaching end of life
Measurable – Paging system is refreshed and fully operational within budget
Achievable Outcome – Emergency paging available to all essential users without organisation disruption
Realistic Action – Non emergency paging is moved to newer technologies
Timebound – The work is completed in a timely manner to reduce risk of running an unsupported critical system.
- 5 Device Replacement including legacy community devices**

Specific Aim – Replace devices which are end of life with latest models.
Measurable – Users are supplied with updated hardware
Achievable Outcome – As many devices as possible are upgraded with the financial resources available
Realistic Action – Re allocate devices where necessary to ensure the equipment is in the most appropriate place
Timebound – Rolling programme, but prioritising slow machines which are affecting delivery of services
- 6 Microsoft Licensing**

Specific Aim – Licence the Trust to the latest supported versions
Measurable – Trust is compliant with latest licence models from Microsoft
Achievable Outcome – The licences are in place and no remaining risk
Realistic Action – Demonstratable compliance
Timebound – There are penalties if we run unlicensed software. There is a grace period while we look to consolidate and validate our Microsoft estate.
- 7 ECDM WinDip hardware and system upgrade**

Specific Aim – Upgrade the WinDip (ECDM) system to the latest CITO version
Measurable – System upgraded to the latest version on time and to budget
Achievable Outcome – The system is upgraded with minimal organisational disruption
Realistic Action – The hardware and software are fit for purpose
Timebound – The work is completed in a timely manner so as to utilise storage without the need for



Corporate Nursing: Health Informatics – Key Objectives

additional cost

HI Strategy Delivery Plan (SDP) Priorities 19/20:

The SDP is currently being updated; the priorities will be added on its approval.

The Care Groups have identified that they will also require support from Health Informatics with the following initiatives:

| Ref | Key Changes | Start | End |
|--|--|-------|-----|
| Family Health | | | |
| KC1 | Explore opportunities in the integrated care model for Children’s Therapies. | Q1 | |
| KC2 | Gynaecology service review. | Q1 | |
| KC3 | Development of Marketing Strategy for both Maternity and Paediatric Services. | Q3 | |
| KC4 | Development of a model of service for paediatrics Neonates and Obstetrics as part of the Integrated Care System (ICS) for the South of the patch. | Q1 | |
| KC6 | Development of Paediatric Front of House Model in order to support the service transformation within Durham Emergency Department. | Q1 | |
| KC8 | Recruitment and retention of medical staffing across all Tiers. | Q1 | |
| KC9 | Estate rationalisation review across all sites. | Q1 | |
| KC11 | Capital Equipment Asset Register Review and Prioritisation. | Q1 | |
| KC16 | CTG System – Concerns exist around the ability for EPR to run CTG component based on issues that have occurred within other Trusts implementation of EPR. | Q1 | |
| KC17 | CSC Maternity – ECDM interface and upgrade. | Q1 | |
| KC18 | Information Transfer – Electronic Information Transfer for Child OT & PT. | Q1 | |
| KC19 | Twinkle interface with iCM. | Q3 | |
| KC20 | iPads for MCA and Community Staff. | Q1 | |
| Integrated Medical Specialities | | | |
| KC2 | To embed new social worker, NEAS transport coordinator and brokerage services within IMS. | Q1 | |
| KC3 | To embed key changes identified within staff survey analysis within the staff matters actions. | Q1 | |
| KC4 | Continuously review working practices and outcomes against the service specification and implement prompt action plans for any areas where performance is off track. | Q1 | |
| KC5 | Continue to improve service performance, in particular sepsis indicator, 15 min assessment at UHND and assessment by clinician within the hour. | Q1 | |
| KC6 | Embed the outcomes and change strategies identified within Project Margaret and #nextstephome. | Q1 | |
| KC7 | To improve ambulance handover performance at UHND and DMH. | Q1 | |
| KC10 | Non-invasive cardio/resp diagnostic expansion on UHND site into Cath Lab footprint. | Q1 | |
| KC12 | Achieve 95% 4 hrs standard and as a minimum STF % by implementing the 4 hour action plan. | Q1 | |
| KC13 | Continue to deliver multiple options for patients accessing | Q1 | |



| Corporate Nursing: Health Informatics – Key Objectives | | | |
|--|---|----|--|
| | Diabetes Education Programmes. | | |
| KC15 | Review day case activity across CDDFT with a view to standardising activity and developing pathways. | Q1 | |
| KC19 | Agree and implement a frailty strategy ensuring it is system wide. | Q1 | |
| KC20 | Reduce length of stay in community hospitals to bring in line with national best practice. | Q1 | |
| KC21 | Implement the Single Site Stroke unit. | Q1 | |
| KC22 | Set up an IMS Care Group Transformation Board to address the required quality and efficiency improvements to achieve the £6.9m historical CIP deficit accumulated year on year. | Q1 | |
| KC24 | Transfer the management of the IV/OPAT services to CSS | Q1 | |
| KO10 | To develop a single system for bed allocation across the Trust. | Q1 | |
| KO11 | Develop and embed in-patient pathways and bed configurations to ensure patients are nursed in the right time and right place by the right staff. | Q1 | |
| Clinical Specialist Services | | | |
| KC1 | Pathology Network Collaboration defined and delivering benefits including collaborative Managed Service Contract procurement. Medium support needed from Health Informatics. | Q1 | |
| KC2 | [Redacted under S43(2) of the FOIA – disclosure would be likely to prejudice commercial interests, as it would be likely to undermine the Trust’s negotiating position with a third party through early disclosure of the Trust’s internal plans to that third party. The Trust judges the public interest in preserving a fair platform for commercial negotiations to achieve best VFM for the taxpayer, to outweigh the general public interest in transparency] | Q1 | |
| KC4 | Outpatient Improvement Group workplan delivering efficiency and experience benefits. Potentially medium support needed from Health Informatics if regional does not commence. | Q1 | |
| KC5 | Pharmacy Outpatients Dispensing partnership with SCL in place (Outline Business Case Approved). Medium to high support needed from Health Informatics. | Q1 | |
| KC7 | Radiology Managed Equipment Service operational and embedded. Low support needed from Health Informatics. | Q1 | |
| KC8 | Pharmacy equipment replacement programme (Robot / Asceptic Unit / Fridges) defined (Business Case in preparation). Medium support needed from Health Informatics. | Q2 | |
| KC9 | Digital Pathology technology operational (Business Case in preparation). Medium support needed from Health Informatics. | Q1 | |
| KC10 | Radiology – CRIS (Radiology Information System) requires replacement (Business Case to be developed). High support needed from Health Informatics. | Q1 | |
| KC11 | Pathology – LIMS (Laboratory Information System) requires replacement (Business Case to be developed) and Electronic Ordering for Inpatient Wards required (Business Case to be developed). | Q1 | |



| Corporate Nursing: Health Informatics – Key Objectives | | | |
|--|---|---------|-----------------------|
| | High support needed from Health Informatics. | | |
| KC12 | Pharmacy – Emis Pharmacy requires replacement at end of 2018/19 (Intrinsically linked to Robot procurement) Business Case to be developed). Medium support needed from Health Informatics. | Q1 | |
| KC15 | ICE (Integration with Family Care Group). Medium support needed from Health Informatics. | Q1 | |
| KC17 | CT Scanner install into ECC Build in UHND. Medium support needed from Health Informatics. | | |
| KC18 | EPR (RM Leading ‘impact of EPR’ group). High support needed from Health Informatics. | Q4 | |
| KC19 | Mortuary Working Group (including ME business case) Medium support needed from Health Informatics | | |
| KO1 | Due to existing failing Category 3 rooms and associated Health & Safety risks a re-build of the rooms has been approved by Board for completion. | | Q3 (for design works) |
| KO3 | Gain full Business Case approval for selected option and complete the building work necessary to open an onsite Outpatient Dispensary. | | Q3 |
| KO4 | [Redacted under S43(2) of the FOIA – disclosure would be likely to prejudice commercial interests, as it would be likely to undermine the Trust’s negotiating position with a third party through early disclosure of the Trust’s internal plans to that third party. The Trust judges the public interest in preserving a fair platform for commercial negotiations to achieve best VFM for the taxpayer, to outweigh the general public interest in transparency] | | Q2 |
| KO5 | Develop Pathology Networking: Continue to participate in NHSI regional collaboration, while developing local initiatives with South Tees / North Tees. | | Q2 |
| KO6 | Develop series of workstreams that enhance patient and customer experience, improve workforce development and support the reduction in the number of under utilised clinics. | | Q3 |
| KO10 | Business case completed to introduce Digital Pathology technology following award of DoH funding to Northern Cancer Alliance. | | Q2 |
| KO12 | Adhere to and maintain quality standards in line with Schedule 4. | Ongoing | |
| Community | | | |
| KC5 | All “Matters” action plans at Locality and Service Level. | Ongoing | |
| KC8 | Development programmes in place for Band 7 and Band 8a. | Q1 | |
| KO4 | Will be IT involvement - Malcolm to give the Community Services Transformation Plan - look at plan for when IT will be needed. | | |
| KO5 | To establish a single model for MSK services across DDES and North Durham CCGs. | | |
| KO6 | C3 and TAPs teams have the capacity to support the rollout of the Healthcall technology to all identified care homes. | | Q1 (next phase) |
| KO7 | Tender submission identified a single access point to Community Services; this objective is to review whether that is appropriate for C3 and AHP Therapy SPA integration. | | Q2 |



Corporate Nursing: Health Informatics – Key Objectives

| | | | |
|------|--|--|-----------------------------|
| KO9 | Potential IT impact - timescales could impact cost | | |
| KO13 | Currently some staff provided with (non-smart) phone and laptop incurring two SIM costs and other associated costs, while the Lone Worker system currently in operation does not provide real-time management tracking information; we will review the most effective equipment needs and procurement options. | | Q2 (review paper completed) |
| KO20 | To implement dedicated crisis response service alongside Durham County Council as part of the Intermediate Care Review, implement the new model developed Q3/Q4 2018/19. | | Q2 |
| KO21 | To ensure Care Group staff affected by the implementation of the new EPR are trained for the go-live with required capacity in place to support release of staff. | | Q4 |

Surgery

| | | | |
|------|--|--|--|
| KC1 | Regional reconfiguration of vascular service – planned transfer date of 1 st June 2019. Implementation plan in place. | | |
| KC2 | Potential changes to breast service re Radiology staffing issues. | | |
| KC4 | Increase the number of Intensive Care Consultants at both sites | | |
| KC5 | Recruitment of Theatre staff to reduce agency/bank spend | | |
| KC6 | Supporting the delivery of “Staff Matter” | | |
| KC7 | Theatre Productivity | | |
| KC8 | Completion of P5 STEM Project | | |
| KC9 | Implementation of PACU | | |
| KC10 | Separation of trauma and elective cases in Orthopaedics | | |
| KC12 | Community Dermatology Model/Pathway Redesign | | |

This list is subject to approval of the plans and subsequent prioritisation of the workload as at present there is insufficient resources within Health Informatics, even at full establishment, to support all the requests above; Each of these will require a full impact analysis at the stage of business case and full resources identified and included within each case.

It should be noted that this list is taken from the Care Group level priorities.

Further engagement is underway with Care Groups to determine their main priorities within the above list in order to plan for HI resources to support as much of the work as possible. Following the approval of care group plans, HI will work with the ADOs to prioritise and plan the HI support required for their prioritised projects.

Strategic alignment with the EPR Programme and HI Strategy Delivery Plan will be considered when supporting the care groups to develop any business cases they choose to prioritise.

Corporate Nursing: Health Informatics - Regulatory & External Accreditations

In addition to the general regulatory inspections of CQC and others, Health Informatics (and the trust as a whole) are subject to specific external assurance programmes in 2019/20:

- Data Protection Legislation
- DSP Toolkit 2018/19



Corporate Nursing: Health Informatics - Regulatory & External Accreditations

- Data Security Requirements

| Position | <i>Executive Director of Nursing</i> | <i>Associate Director of Health Informatics</i> |
|------------------|--------------------------------------|---|
| Name | | |
| Signature | | |
| Date | | |

DRAFT