Update for Performance Committee – March 2011

1. Introduction

This paper aims to provide the Performance Committee with a summary of the IM&T activities and key issues for the directorate.

2. General

It continues to be challenging to deliver an extremely ambitious programme of initiatives and high quality operational services with continued vacancies. The new Information Analyst to support the Transformation Programme, funded by the London SHA, joined the Trust in February on a one year fixed term contract. Interviews to recruit a fixed term project manager to cover two maternity leave absences are scheduled to take place in March. The offer to fill the permanent Senior Information Analyst position has been turned down due to more competitive offer from the existing employer. Two vacancies therefore still outstanding, these are Senior Information Analyst and IT Technician.

The NHS Quality Innovation Productivity and Performance (QIPP) back office efficiency work-stream effort has begun to analyse the range of IM&T services provided and gather available NHS specific and wider industry benchmarking data to ascertain value for money.

Work has also begun on the next stage of defining the IT requirements for the redevelopment programme. This includes defining in more detail all the IM&T requirements including costs. This is a major exercise and it may be necessary to seek external support to complete this work.

Progress has been made to evaluate the options for a scanning solution and enterprise document management system for the paper case-notes. Four products have been shortlisted and suppliers’ day and reference visits have also been organised. The analysis of the number of case notes and their characteristics in terms of age, type of patient, the status of the patient etc. has been completed.

With the help of the CEO of Aspire, Talk Talk have agreed to extend the provision of free broadband WiFi service for patients to the two wards currently paid for by the Trust.

The IM&T Committee approved the proposals to remove password expiry and session timeouts from clinical systems to facilitate clinical work. It was also agreed that all RNOH emails should have an email disclaimer on them. The current practise to lock C drives on PCs in the Trust would also be discontinued as this was causing issues with certain applications. However the Committee agreed that all staff should be reminded again that any personal data saved on C drive will be deleted by IT without notice and that saving personal identifiable data on C drives was against the Information Governance policy.

The proposal to appoint WiFi SPARK to provide paid WiFi access for patients, guests and visitors was approved. It was agreed that staff would be given free access to WiFi for work related reasons but would have to pay for personal use.
3. Information Governance

External audit of our toolkit assessment is underway. The audit will provide assurance for the Care Quality Commission in the validity of our toolkit submission across each of the 45 toolkit requirements.

As part of the planning for this audit, the overall workload of the IG Toolkit has been reviewed locally and key deliverables prioritised. The resulting action plan identifies Information Flow Mapping as the key deliverable, which will facilitate a large proportion of the remaining work. The deadline for departments to complete their Information Flow Mapping has now passed, and submissions are being validated by the IG Team. A small number of areas have not yet submitted.

The locally developed IG Training package (basic IG training) has been ratified by the National IG Team, meaning that all staff trained under this scheme are considered to have completed the necessary basic level of training. Currently the percentage of Trust employees who have completed IG Training stands at around 30%. Staff are now being encouraged to undertake the IG E-learning module, to maximise training the Trust's IG training capacity.

A specialist training package for Information Asset Administrators and Information Asset Owners has been developed and is currently being rolled out across the IAA/IAO structure of the organisation. The majority of this initial training exercise will be completed by 10th March. The IAA/IAO structure is the mechanism through which Information Assets and Information Risk will be managed throughout the Trust.

4. Information Management

All external data submission deadlines have been met.

A reporting specification has been agreed with the Transformation Team that will supply the four transformation theme project groups with information to support monitoring of their agreed deliverables. The reporting specification should provide a more streamlined service to the groups and also the Strategic Transformation Committee, ensuring that their decision making processes are supplied with relevant, regular intelligence and allowing information resources to be focused on analysis of exceptions and outlying areas of performance.

The annual contracting and planning work is underway and the Information Management Team have contributed to this through several important pieces of work, including a thorough review and response to the “Schedule 5” information reporting contract schedule from North Central London, and also an analysis of the potential financial impact of newly proposed schemes to manage “Procedures of Low Clinical Effectiveness”, also known as Prior Approval Schemes. It has been identified that removal of the revenue that we have received for the procedures in this list would cost the Trust around £2.3 million per year based on figures for the last 2 years.

Planning has also taken place for migration of information requesting processes to Footprints, the service desk application. It is anticipated that this will provide a more robust platform for effective management of these requests.

5. Clinical Coding

New service lines for McKinsey report

The Coding department provided one of the key processes to enable the production of the McKinsey report, splitting the inpatient activity of existing clinical teams into
“complex” and “routine”. This was to enable the modelling of changes that could be made to the profile of RNOH activity in an effort to reduce the current risks of low and variable income under Payment by Results. This was carried out at short notice to very tight deadlines.

**Designing new local procedure codes and mapping to HRGs and old codes**

The new RNOH local procedure codes for use on the Inpatient Waiting List are complete. The new codes are better aligned with current clinical activity than the old ones and are easier to use as part of the electronic ‘To Come In’ (TCI) process. They will therefore provide information that is useful for case-mix management and admission planning.

An extensive process of mapping the new local codes to the old codes, to HRGs, national clinical codes, lengths of stay and expected income has been undertaken so that the new codes are useful without having to wait for a large amount of data to build up over time. The Information team has provided a great deal of support for this process.

The Operation management team continues to work with IM&T, Finance and Commissioning to design tools useful for managing Trust workload.

**Spinal Cord Injuries cost data collection**

The RNOH has submitted the final version of the 09/10 costed data for the Spinal Cord Commissioning new packages project. It was necessary and important to collect and analyse additional data manually as it will be used to fundamentally redesign the SCI care packages in use at RNOH and the other SCI centres in England, from April 2012.

**Preparing for the next financial year**

The information team have tested the final grouper for 11/12 to check the impact on income. Approximately one quarter of all RNOH inpatient activity will group into different HRGs from 1st April 2011. Although most of the changes are minor with no impact on income, where the changes are significant it is vital that they are clearly understood when applied to clinical information before translation into clinical codes.

Introduction of “Procedures of limited clinical effectiveness” will mean that the PCTs will not pay for some procedures unless the Trust can provide evidence of clinical need and effective outcome. Some of the effects can be mitigated by using more detailed clinical information for the coding process in certain areas. An example is Interventional Radiology, where day cases will have to be coded using case-notes and with more clinician input to ensure the Trust does not lose income.

**6. Systems Update**

This section covers progress, upgrades and issues related to systems that are already operational. Highlight reports on new projects are provided in Appendix A.

**6.1 PAS System (iCS)**

The PAS Team has led a review of standard operating procedures for end-to-end booking and co-ordination of TCIs (To Come In dates) and theatre slots. This review had been prompted by concerns that iCS functionality was insufficient to meet operational needs in these areas. The result of the review was identification of an optimal procedure and also of any risks associated with deviation from the
procedure. The proposed procedure has been documented and circulated to operational leads for implementation.

6.2 Intranet (RNOHWeb)

The development to provide electronic diaries for consultants for their theatre bookings has been completed. The new developments this month include sites for the Productive Wards project, for the new facilities management firm, ISS and a site for the library services. It is also now possible for staff to submit their nominations for Staff Achievement Awards via RNOH web.

The help desk system has been integrated with the intranet to enable users to log and track the progress of their calls via RNOH web.

6.3 London Sarcoma Service System (LSS)

Direct VPN link has now been set up at UCLH and is working well. The target date for UCLH usage is Mid May 2011.

6.4 PACS

PACS - Equipment refresh.

BT has not provided dates for the equipment refresh for the core equipment provide through the Connecting for Health Programme. The Trust will have to fund the replacement of all remaining additional equipment before PACS can be upgraded to the next software version due to be released in late 2012.

PACS - Image retrieval

The Trust is still experiencing problems when retrieving images off site long term archive (MIA). There are two issues:

1. Failure of images to retrieve
2. Slow performance of the system resulting in very long wait for images to be available to view

BT has not been able to identify the reason for the retrieval failures and therefore have agreed to increase our local storage to provide capacity for at least 13 months of images on site. This will reduce the need to retrieve images during outpatient clinics therefore reducing delays. It is anticipated that this work will be completed by the end of March. BT are however asking the Trust to fund at least half the cost, which we are disputing.

It will not be possible for SECTRA, the PACS software provider, to move data back from MIA to our local store. This would have enabled us to immediately realise the benefit from this increase in capacity. We are investigating the possibility of employing staff to perform this task and ask BT to reimburse the costs. This work will be completed out of hours to reduce the impact on clinical activity.

PACS – IEP (Image Exchange with other Trusts)

The use of IEP continues to increase as more Trusts are connected. The number of CDs produced has reduced from 480 per month in September to 200 in February, continuing to deliver significant efficiency gains and savings.
All requests for image imports and exports are now being made using ICE (Electronic Requesting System). This will replace the present paper based system and will enable the Trust to make most efficient use of available digital sharing solutions which allows faster and more secure transfer of patients’ radiological images and reports as well as reducing postage and courier costs.

7. ICT

The Service desk continues to be very active, completing over 2,200 user requests during January and February (an extra 400 over the previous 2 months). The team has done a fantastic job to reduce the total amount of open tickets to 42 at the end of February compared to 112 at the end of December.

Following on from CiH’s decision to cancel the all Enterprise Wide Agreements, the Trust has now received our allocation of the Microsoft licences. The total value of the allocation is £693,615 this represents a shortfall amounting to £102,192 which the Trust will have to fund. A meeting has been arranged with our Microsoft Account manager to see if we can reduce the cost by gaining extra discounts.

In addition to this, ICT have been working on the following projects.

- **PC Management Application (Zenworks)** – ICT have continued to roll out PCs throughout the Trust. Zenworks has been used to calculate the shortfall between the licences allocated to the Trust by CiH and the total amount needed for compliance. This ensures that we are not over/under purchasing extra licences.

- **New Service Desk System (Footprints)** – The self service module has now been integrated into the intranet, to provide direct access via an IM&T support button. Self Service will also enable staff to track the progress of their issues and requests.

- **Remote Access System** – the new Appgate RAS system is still being trialled to ensure that we can provide a secure and cost effective method of remotely accessing the Trust’s systems.

- **Process Improvements** – Following on the success of the Change Management process, ICT have now implemented a Problem Management process. This process ensures that we identify issues that are happening repeatedly and ensures that we focus on the root cause of a problem rather than just fixing individual issues in isolation.

- **Service Improvements** – ICT identified that the Clinicians’ PCs in outpatients at both Stanmore and Bolsover Street needed replacing and a plan was put in place to replace them. So far the Bolsover Street PCs have already been replaced and the Stanmore PCs are scheduled to be replaced on the weekend of March 12th.

- **Service Performance** – The service desk statistics are summarised below.

<table>
<thead>
<tr>
<th></th>
<th>November</th>
<th>December</th>
<th>Currently Open</th>
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<tbody>
<tr>
<td></td>
<td>Received</td>
<td>Closed</td>
<td>Received</td>
</tr>
<tr>
<td>Service Requests</td>
<td>644</td>
<td>638</td>
<td>642</td>
</tr>
<tr>
<td>Incidents</td>
<td>504</td>
<td>493</td>
<td>395</td>
</tr>
<tr>
<td>Total</td>
<td>1148</td>
<td>1131</td>
<td>1037</td>
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APPENDIX A – Major Projects Highlight Reports

Project: C-Scribe/C-Store Project  Project Manager: Bela Haria

Summary of Accomplishments

Digital Dictaphone Roll Out
- We are continuing the support to roll out of digital dictaphones especially given the recent changeover of registrars.
- We are receiving on average 1-2 support calls a day each lasting about 30 minutes.

C-Scribe and C-Store Rollout
- Psychology (3 users) and FARS (3 users) roll outs are now complete. No major issues have been raised by the users
- We are still receiving about 4 support calls a day from users
- PNI go live was scheduled for February, however it has been put on hold at the request of the Clinical Lead
- Focus is now on the Foot and Ankle Unit (12 units). Migration of historic documents to C-Store has been completed (6,000 documents)

Upcoming Activities
- Roll out of C-scribe and C-store to the following units
  - Foot and Ankle
  - Anaesthesia
  - Pain Management Services

Key Issues and Risks

<table>
<thead>
<tr>
<th>Key Issues and Risks</th>
<th>Mitigating Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. There is an open question around funding of scanners and whether it should come out of the individual units or capital budget. This has delayed the roll out of the C-scribe referral functionality</td>
<td>Awaiting decision from Executive Team</td>
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</table>
| 2. C-scribe/C-store do not support the use and storage of rolling documents, which are used widely within the Trust. This was a showstopper issue for PNI and may prevent us rolling out to other units which are heavily reliant on rolling documents (e.g. Paediatrics, SDU/SSU) | We are working on some interim fixes to improve user experience, notably (delivery date to be confirmed):
  1. Enabling users to customise their own search settings
  2. Ensuring files appear in reverse chronological order in C-store
  3. Providing the Advanced search on the first page.

Long term we are working with Medical records and looking into various solutions for a much more sophisticated and user friendly document management system.

Project: Corporate Document Library (Phase 2)  Project Manager: Jackie Stephen

Summary of Accomplishments
- Reviewed new workflows and tested recent developments
- Made further recommendations to enhance the workflow which we appreciate will cause the project to slip but we believe it is important that the process is appropriate and robust

Upcoming Activities
- Project on hold as we are sourcing a new supplier who has an application already built to do the job. We will proceed depending on whether we go with the supplier or not.

Key Issues and Risks

<table>
<thead>
<tr>
<th>Key Issues and Risks</th>
<th>Mitigating Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. That the developments cannot be delivered as required</td>
<td>Close liaison with the developers to ensure effective communication and understanding of requirements</td>
</tr>
</tbody>
</table>
**Project: RNOH Insight**  
*Project Manager: Bela Haria*

**Summary of Accomplishments**

*Data Warehouse*
- The team continues to focus on the validation of Imaging data from the RIS Feed.

*Insight Reporting*
- Team focus has been on creating the Preoperative Duration and Theatre Utilisation KPI reports and 18 week performance reports.
- Additional licenses have now been procured to accommodate our growing user base.

**Upcoming Activities**
- Complete data validation of the Imaging data from the RIS feed.
- Team to focus on Design Review of Insight Reports to ensure improved “look and feel” as well as user friendliness of reports.
- Team to focus on the strategic agenda of Project RNOH Insight Phase 2 - project governance structure, ownership, management, future reports including benchmarking data, expansion of current user base and communications.

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<thead>
<tr>
<th>Key Issues and Risks</th>
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<tbody>
<tr>
<td>None</td>
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**Project: PAS Discharge Summaries**  
*Project Manager: Colin Waller*

**Summary of Accomplishments**
- Meeting held with the new Clinical Lead for the project and obtained sign off.
- Pilot has continued on Duke of Gloucester Ward.
- Gained sign off from Clinical Leads – Mr Carrington and Dr Cowan are outstanding. Mr Singh raised some queries which need addressing before his sign off.
- All Junior Doctors trained except the Paediatric Unit and two of the Joint Reconstruction Unit.
- All Pharmacy staff trained except one who has been on leave.
- Ward staff trained with the exception of The Coleman Unit, Margaret Harte and Spinal Cord Injuries.
- All additional PCs rolled out.

**Upcoming Activities**
- Completed the training of all remaining staff.
- Complete the sign off from remaining clinical leads.
- Provide any support for the staff.

<table>
<thead>
<tr>
<th>Key Issues and Risks</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1. NHS Mail integration</td>
<td>This development needs to be changed to meet the new solution requirements</td>
</tr>
<tr>
<td>2. Non availability of NHS Mail addresses for GP Surgeries</td>
<td>A list is being collated for upload but this covers only 25% of all GPs</td>
</tr>
<tr>
<td>3. Lack of PC equipment on the Wards has been identified as a possible issue</td>
<td>PCs now rolled out</td>
</tr>
<tr>
<td>4. Lack of engagement by SHOs</td>
<td>This has been resolved and further engagement with the clinical leads has taken place</td>
</tr>
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</table>

**Project: Electronic Requesting for TCIs**  
*Project Manager: Gill Coghlan*

**Summary of Accomplishments**

*Training*
- All Schedulers have been trained.
- Nursing staff at Bolsover Street and Stanmore have been trained.
- Shoulder Unit – All consultant training has been completed.
- Foot and Ankle consultants - All consultant training has been completed.
- Joint Reconstruction - Mr Skinner and his registrars have been trained.
- Paediatrics unit - Mr Calder and Mr Nejad have been trained.
• Urology- All Urology Consultants have been trained
• Pain- Dr Berman training is completed.
• Spinal Surgery- Mr Molloy’s training is completed.
• Sarcoma- Prof Briggs and registers training is completed.

Sign off
• Prof Briggs has signed off E-TCI and local procedure codes for the Sarcoma Unit

Upcoming Activities
• To see remaining clinical leads for E-TCI and local procedure code sign off
• To complete consultant and registrar training

<table>
<thead>
<tr>
<th>Key Issues and Risks</th>
<th>Mitigating Actions</th>
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</thead>
<tbody>
<tr>
<td>1. Availability of Clinical leads to agree E-TCI and local procedure codes</td>
<td>Contacting clinician’s secretaries to arrange suitable time and date to meet remaining clinical leads.</td>
</tr>
<tr>
<td>2. Availability of Consultants and registrars to complete training</td>
<td>Train registers at start of clinic sessions</td>
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</table>

Project: Electronic Requesting for Orthotics  Project Manager: Gill Coghlan

Summary of Accomplishments
• Orthotics department are agreed that all Outpatient referrals to now be made using ICE

Upcoming Activities
• Complete testing of Test ICE to eOrthotics interface

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<tr>
<th>Key Issues and Risks</th>
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<tbody>
<tr>
<td>1. Planned roll out on 7th March cancelled</td>
<td>Trust decisions to delay go live as consideration is being made to waiting for the link between ICE and eOrthotics</td>
</tr>
</tbody>
</table>

Project: Electronic Requesting for Therapies  Project Manager: Gill Coghlan

Summary of Accomplishments
• Pilot testing has commenced with 2 consultants.

Upcoming Activities
• Awaiting the ICE to eTherapies interface before extend the use of therapy E requesting to other consultants
• Complete ICE to eTherapies test interface
• Complete testing of eTherapies application by therapy staff

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<thead>
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<tbody>
<tr>
<td>1. Delay in the testing of eTherapies application</td>
<td>Therapy Project lead contacted to progress eTherapies testing</td>
</tr>
<tr>
<td>2. Availability of clinic notes to therapy staff</td>
<td>Therapy department will be given access to clinic notes and/or letters on K drive to prevent delays in processing requests. This process will be simplified when C-Store is available</td>
</tr>
</tbody>
</table>

Project: Footprints Implementation  Project Manager: Charles Szabo

Summary of Accomplishments
• Self Service How to Guide polished
• Self Service Link in Share Point is implemented and in last stages of testing
• Researched Clinical Coding and found process involves Information Department
• Reviewed and adjusted email wording
• Looked into escalation issues but no resolution yet
• Integrated with ZenWorks

Upcoming Activities
• Finish Testing Self Service Link on Share Point with various browsers
• Continue developing ZenWorks link and Configuration Management Database (CMDB) capability
- Define Configuration management Database (CMDB) reporting requirements
- Work with Information Department and Clinical Coding to define requirements
- User Guide for Systems Managers
- Resolve issue with escalation when returning from another workspace
- Further Research into Implement HR

### Key Issues and Risks

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<tr>
<td>1.</td>
<td>Training of Resources</td>
<td>Complete for those directly involved. Handover in required for others in IT. User guide in preparation for those external to IT</td>
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<td>2.</td>
<td>Implementation of HR has been delayed</td>
<td>Meeting with HR representatives to plan the integration of the process between the two departments</td>
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### Project: ZenWorks Installation

**Project Manager:** Charles Szabo

**Summary of Accomplishments**

- Rolled out some 30 new workstations.
- Continued to use ZenWorks for imaging new systems and distribution of software updates
- Integrated installed PCs data with Footprints

**Upcoming Activities**

- PC Rollout Continuing.
- Enter Software License Purchase Information into Asset Management

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### Project: Server Virtualisation

**Project Manager:** Charles Szabo

**Summary of Accomplishments**

- Reviewed Volume Shadow Copy.

**Upcoming Activities**

- Continue to migrate users and security settings to new storage.
- Continue migration from physical servers to virtual servers.
- Continue to work with application vendors to migrate from physical servers.
- Continue decommissioning and disposal of physical servers
- Retest Volume Shadow Copy with larger sample.

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**Project:** eTherapies  
**Project Manager:** Louise Napier  
**Clinical Safety Officer:** Heather McDowell

**Summary of Accomplishments**
- This is the latest view of the plan for this system but severe resource constraints within the Therapies Department have prevented any progress on this project

**Upcoming Activities**
- None due to resource constraints

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<thead>
<tr>
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<tbody>
<tr>
<td>1. Availability of Project Management time</td>
<td>A vacancy request form has been submitted for the recruitment of a project manager</td>
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<tr>
<td>2. Lack of Therapists and their time to review and test the system</td>
<td>Endeavour to fill current vacancies to ensure the service and the system implementation is not impacted</td>
</tr>
<tr>
<td>3. Resource Constraint within the Therapies Department to test the application</td>
<td>Will be reviewed with the Head of Therapies and the Divisional General Manager</td>
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