



# Information Technology Strategy 2012-2015



**Dudley Group of  
Hospitals Foundation  
Trust**

**“Making life easier”**

## Forward

The deployment of technology on its own is unlikely to deliver all of the potential improvements in quality and productivity. Other factors that have a bearing on achieving these objectives are commented upon and recommendations made accordingly. For example, what changes will be required to existing working practices, what degree of computer literacy will be required from the Trust's users, what methods will be used to establish the benefits criteria and what monitoring processes are to be applied to ensure benefits achievement. It is important to look at all the factors that can affect success so that the risk of failure is minimised.

## Introduction

1.1 The Dudley Group NHS Foundation Trust (DGNHSFT) aims to provide the best possible service to all its stakeholders including: service users; carers; local communities; and partner health and social care providers. This aspiration is accurately captured in the overarching DGNHSFT vision, strategy and associated service delivery initiatives.

1.2 By attaining Foundation Trust status in October 2008 DGNHSFT has strengthened its ability to realise the Trust vision and specified aims. The advent of Foundation Trust status will necessitate delivering services within a new operating regime. The Trust will require a continual development of robust and sustainable framework of supporting strategies, plans and initiatives to ensure it addresses the new challenges and opportunities that will arise.

1.3 The perception of Information, Communication and Technology (ICT) and how it is used within organisations has significantly changed over the years. ICT has become a key 'enabler' to achieving business change and improvement rather than an end in itself. As such, it is imperative that an organisation has an ICT Strategy that accurately aligns with its overarching vision and aspirations.

1.4 The DGNHSFT ICT Strategy provides a framework for the provision, collection and management of information using appropriate technology and processes. The Strategy outlines a rolling programme that will be continually reviewed to address:

- The use of ICT as an enabler to assist the Trust work more efficiently / effectively.
- The local imperatives both within DGNHSFT and the health / social care economies.
- The many and dynamic national drivers for change and modernization.

1.5 Much has been achieved in DGNHSFT to date to deliver the existing ICT Strategy. Over the past two years the focus has been on consolidating the infrastructure and systems to support the single Trust. In addition, significant progress has been made in the use of the current Electronic Patient Record particularly in relation to improving the levels of data completeness / quality with clinician entry and ownership of system data, with particular reference to Accident and Emergency. These developments have been undertaken in the context of building the technical and systems foundation for all future developments.

1.6 The DGNHSFT ICT Strategy will coexist with the Telecoms Strategy (drafted in July 2012). The Telecoms Strategy proposes a programme of work that will deliver a new integrated telephony solution across the trust based on Internet Protocol (IP) technology standards rather than the traditional circuit switched technology. This enables integration of data, voice and video to improve communications and supports environmental

considerations. Whilst DGNHSFT has both a Telecoms Strategy and an ICT Strategy the proposals and work streams in each are entirely complimentary. The programme of work associated with delivering the Telecoms Strategy is managed by the DGNHSFT Director of IT and resourced separately to the ICT Strategy.

1.7 The content of the DGNHSFT ICT Strategy builds on previous editions, all of which were conceived in consultation with key stakeholders both within and outside the Trust. The content of the Strategy also reflects the outcome of many discussions and shared document reviews that have taken place over the past six months the most significant being the information strategy, as part of work related to the demise of the National Programme for IT. This sharing of current and future concerns, plans and aspirations has in many ways helped to both inform and assure the direction of travel detailed in the DGNHSFT ICT Strategy.

1.8 This edition of the ICT Strategy (July 2012) describes the Trust's strategic direction for ICT related developments over the period FY12 -15:

## 2 Drivers / Factors Influencing the ICT Strategy

2.1 There are many and varied drivers / factors influencing the services that the Trust provides to all its stakeholders. These are derived from a combination of national strategies and reports, as well as local imperatives / influences. In preparation for Foundation Trust status DGNHSFT has fully analyzed the influencing factors and their impact on, and opportunities for, the services provided by the Trust. These are fully described in a comprehensive five year DGNHSFT Integrated Business Plan.



2.2 The DGNHSFT Integrated Business Plan and associated annual plans explains how the Trust will achieve the development of its services informed by, and in partnership with, its staff and the people it serves. In pursuance of this the Trust has agreed an extensive list of key aims and objectives.

2.3 In preparing the ICT Strategy the Trust key aims and objectives have been explored in detail so as to identify the ICT enabling requirements. The core themes emerging from this analysis which will impact on the DGNHSFT ICT Strategy are categorised and described in the following sections.

2.4 Supporting Care Delivery The highest possible standards of information governance need to be applied at all times so as to ensure that the public can feel assured that their valuable information is safe and secure and is being used appropriately for their benefit.

- The overall purpose of using information and ICT is to ensure that service users receive the best possible care, and through providing the facility for making quality outcome data available, the continuing effectiveness of that care can be monitored / improved. An Electronic Patient Record (EPR) is paramount to achieving this aspiration.

- ICT needs to be integrated across the various parts of health and social care to enable a single or 'whole' system centered on the individual allowing: convenient access to high quality services; support for those in greatest need; and care in the most appropriate setting closer to home.
- The Operating Framework (20012/13) emphasizes: more choice and voice for service users; diverse providers and partnerships; financial incentives to ensure best value; and national standards / regulation. Specific priorities include: a maximum of 18 weeks wait to treatment; reducing health inequalities; promoting health and well being; and achieving financial balance. The Framework promotes ICT as an enabler to underpin reforms and deliver better, safer care.
- NPfIT delivery in West midlands has just been reviewed. There is now a changing emphasis from a 'one size fits all' Care Record Service (CRS) approach to a 'best of breed' CRS approach which mitigates many of the risks that DGNHSFT had anticipated with the original CRS proposal. Local DGNHSFT ICT Strategy will need to reflect the priorities, targets and approach of the National Programme for IT and the associated CRS component in particular.

2.5 Quality & Management Information: Information systems need to provide quality and management information so as to facilitate clinical and corporate: service planning / development; benchmarking; supervision; and performance management. The information needs to be service user focused and the data derived from care delivery wherever possible.

- Data quality in terms of timeliness, accuracy, completeness and coverage is more likely to be assured where those with primary knowledge actively participate in the use of information systems as part of delivering agreed care pathways. An elementary requirement will be for clinician-based data entry wherever possible.

2.6 Facilitating Improved Communication: Electronic directories of information about: local services and how to access them; mental health promotion; mental illness; and treatments, including self help features, need to be available and easily accessible.

- A fundamental Trust asset is the expertise and experience of its members (patients, carers, staff and public). Technology such as user forums, online discussion and so on must be used as core communication tools to more quickly access and harness this valuable resource.

2.7 Corporate / Business Support: ICT solutions need to be implemented to enable individuals to work smarter, thereby improving efficiency and effectiveness. The appropriate use of these solutions will help organisations to manage and reduce corporate and clinical risk.

- ICT has a key role to play in supporting the dynamic business model of a Foundation Trust existing in a competitive market place. This includes the provision of systems that can: monitor clinical and financial performance; analyse local environment / markets in terms of current / future demands; and benchmarking against competitors, as well as flexibility to respond to divested and emerging service requirements.

2.8 Enabling Architecture / Infrastructure: A robust and sustainable infrastructure of networks, PCs and portable devices, as well as data standards and definitions to enable consistent data to be exchanged between information systems, is crucial to the success of the programme. All staff needs to have access to this enabling technology. This will also ensure that Business continuity is at the forefront of all developments.

- The ICT support arrangements for the Trust need to be customer focused and of a high caliber. This may need to include the ability to expand to accommodate the existing 24 hour service delivery model of care as well as any emerging ventures (single or with new partners) outside the immediate business model of practice. Using a shared services approach to ICT will improve efficiency/efficacy of support services.
- Significant developments and changes are proposed for Trust over the coming years. Expanding patient facilities, greater emphasis on delivering care around integrated care pathways basis, as well as flexible-working initiatives will need to be supported by secure and resilient ICT infrastructure.
- The safety and security of Trust staff working in geographically dispersed locations is of vital importance. ICT solutions must assist with ensuring risks to all staff are minimised wherever possible.
- Business continuity underpins all of the infrastructure developments and will be designed into any project/ development across the ICT infrastructure.

## 2.9 Enabling Processes:

- All DGNHSFT staff needs to be aware of the critical importance that electronic information plays in today's NHS and their associated responsibilities. For example: facilitating clinical decision making (decision support and provision of evidence based information at the point of care); evidencing the quality of practice (to the Healthcare Commission, the Commission for Social Care Inspection and Practice Based Commissioners); and evidencing the level of activity, waiting times and health outcomes for commissioners to secure payment for the level of service delivered (Payment by Results).
- Organizational development in the form of education and training of health practitioners and support staff in the use of information and its supporting technologies will assist the culture change required to maximise the benefits offered by ICT solutions. This will include all element of information System Security and confidentiality.
- The Transformational Government initiative proposes ICT as an essential enabler for business change / improvement. The QIPP programme outlines the needs to deliver improved quality at a reduced cost. ICT is seen as a key enabler to this in the initial phasesphase the trust will concentrate on delivering working systems viewed from a single point of entry based on a robust technical infrastructure outlined in the work programme.
- There are constant demands on staff time to complete a full suite of learning and development activities. A move towards more e-Learning initiatives and support will be of paramount importance to assist staff in their training needs

## 2.10 Summary:

2.10.1 From the many strands and origins of the national and local factors influencing the services of the Trust there is reassuringly an emergent (and convergent) direction of travel for the DGNHSFT ICT Strategy to address.

2.10.2 In pursuance of this the DGNHSFT ICT Strategy has adopted the overarching aim

summarised below as a foundation on which to build its ICT programme over the coming years.-

Overarching Aim: Health professionals working in primary, secondary, social and other care settings, together with the public, service users and their carers, will have timely and appropriate access to the information they need.

**Objective 1**

To deliver an electronic records environment which becomes the preferred mechanism for accessing clinical information?

**Objective 2**

To achieve workflow and process efficiencies through greater and more enlightened use of IT;

**Objective 3**

To use IT to achieve faster and more targeted communication of information;

**Objective 4**

Delivering better, higher quality safer care through supplying information to support care processes and sharing information across organizational boundaries, including social, independent and voluntary sectors;

**Objective 5**

Empowering staff by giving the means to assess of quality and effectiveness of care through better research planning and management;

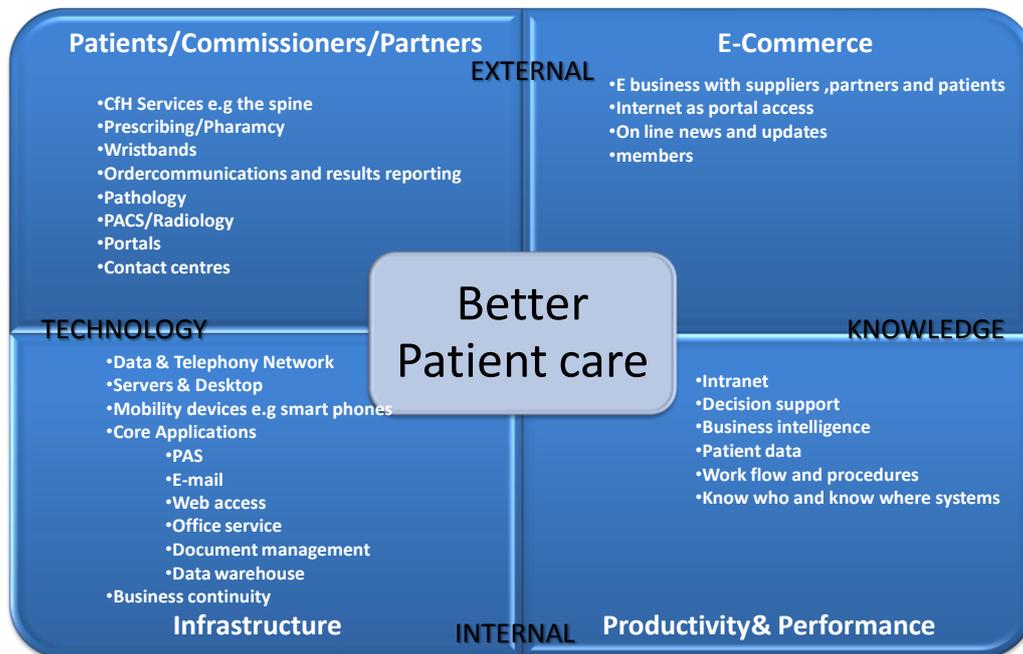
**Objective 6**

Empowering patients, service users, carers and the public by providing better information on services, online access to records, and involvement in decision making.

2.10.3 The sections that follow detail how this overarching aim is translated into an ICT vision, ICT objectives, an operational programme of work and the associated enabling processes

## 3 Strategy Vision, Aims & Work Streams

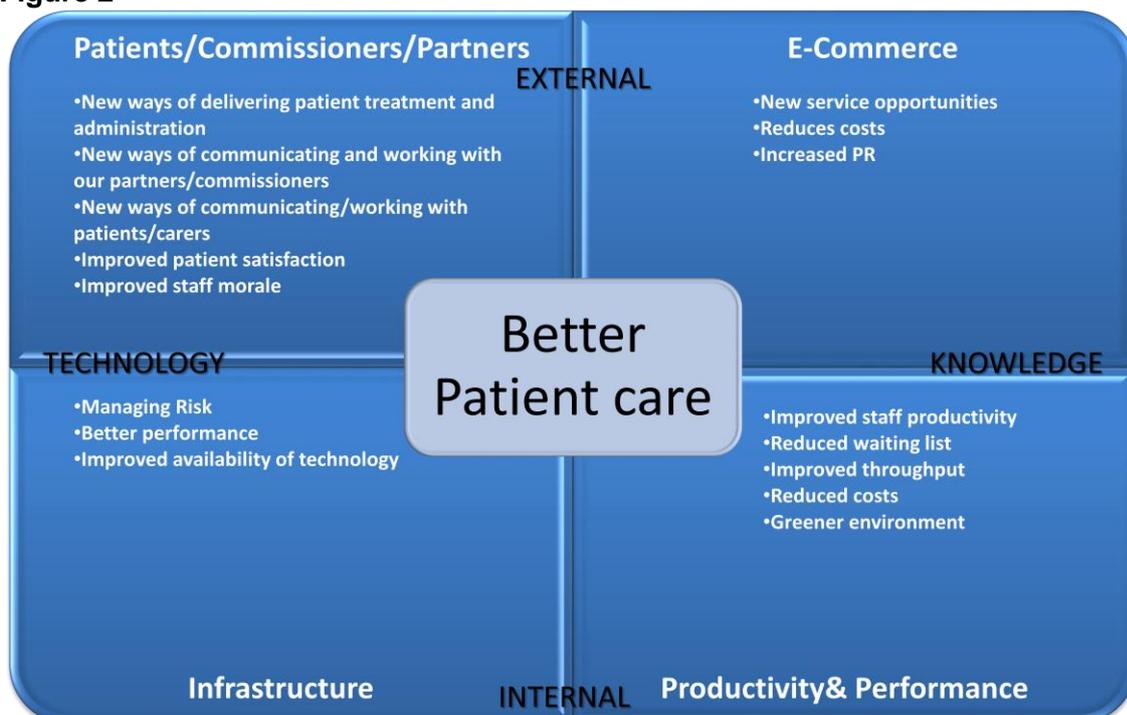
3.1 This section of the ICT Strategy translates the emerging Trust ICT requirements into a set of ICT specific vision statements, ICT objectives and an outline operational programme of work to be achieved between 2013 and 2015.



3.2 DGNHSFT ICT Strategy Vision:

The essence of the strategy is again depicted in two grids which overlay each other: the first showing the technology aspects (see Figure 1 above); the second depicts the areas of the Trust where the technology has a potential impact (see Figure 2 below).

Figure 2



3.3 Our strategic vision for IT is based on the introduction of a completely automated and widely integrated set of information systems, which fulfil our clinical, administrative and financial requirements. These systems go beyond the boundaries of conventional IT definitions, to include telecommunication facilities and of course medical devices, which both capture and initialise information.

3.4 Inevitably, we will be aiming towards a paperless (or more pragmatically paper light) environment. This is not for any inherent value, but this is a likely conveyance of capturing data electronically at source and utilising many times, and because of the process streamlining which it can deliver.

3.5 It is the goal of our IT Strategy to deliver clear and measurable benefits. These fall into the categories

- Supporting Care delivery including Patient Safety;
- Enabling Architecture/infrastructure to ensure business continuity;
- Quality and Management Information including patient satisfaction;
- Facilitating improved communication;
- Enabling Processes including empowerment of staff to exploit ICT.
- Corporate business support to optimize revenue and Competitive Advantage.

#### **This is based on the following key principles**

**i. ICT is a key enabler to the modernisation of healthcare services.** Using technology to provide new and innovative ways of working which support clinical and non-clinical staff but which are focused on improving patient care, maintaining safe services and by using technology to move investment to the delivery of front-line health care.

**ii. ICT must enable the Trust to be adaptable, flexible and agile.** ICT enables the Trust to be responsive to change across the organisation and within all tiers of the workforce. ICT must support the totality of the organisation and not just favored pockets.

**iii. ICT is too embedded within the overall change management strategy.** ICT is not an end in itself. ICT investment must be delivered through the service transformation engine within the Trust: The Making it Happen Team. ICT investment needs to be channeled to where it will have the most impact and make the most difference.

**iv. ICT investment must solve real business problems.** The effectiveness of ICT investment must focus on “what business problems were solved?” Each investment must be aligned to the delivery of a business requirement, which is understood and where results are tangible and real. As part of deployment benefits and business change will be tracked

3.6 Over the next three years there will be six categories of work associated with the ICT Strategy. The vision for each of these Strategy categories is as follows:



### 3.7 DGNHSFT ICT Strategy Aims & Objectives:

***The ICT Strategy will focus on delivering a work programme so that the following categorised key aims and associated objectives can be achieved:***

#### Supporting Care Delivery

##### Aim

##### Objectives

1. Expand the use of clinical information systems within Information Governance guidelines addressing service user consent, confidentiality and security.

a) 100% of clinical and associated support staff will use the secure Electronic Patient Record as the core clinical record by 2014.

b) 'Real world' user participation in Electronic Patient Record implementation and developments will be used at all times as appropriate.

c) Clinical correspondence will be developed as a corporate solution in EMR by 2012.

d) Electronic Discharge Summaries (EDS) will be developed in EMR by 2012

e) Develop Nursing and clinical handover documents by 2013.

f) Develop Telehealth/telecare solutions by 2014

g) Develop CQUIN solution in EMR by 2013.

h) Develop Stroke and other care pathways in EMR by 2014.

i) Achieve HIMMS level 7 by 2016.

2. Wherever possible support integration models of working (health to health and health to social care).

a) The Trust will always consider / participate in joint work focused on securing integration solutions.

b) Within valid Business Case and associated Project parameters the Electronic Patient Record will be integrated with partner solutions.

3. Ensure developments of electronic health record and associated clinical

a) Implement Electronic Prescribing by 2013.

systems support critical aspects of patient safety

b) Develop medical record digitization by 2014.

4. ensure quality of patient information is improved and linked to patient information prescription programme

a) Develop personalized patient information on line by 2014.

## Facilitating Improved Communications

### Aim

### Objectives

1. Provide electronic information to and receive electronic information from service users, carers and local communities about Trust services.

a) Develop patient portal to enable viewing of letters, appointments and e-consultations by 2014.

b) To provided copies of clinical letter for patients electronically by 2014.

c) Within valid Business Case and associated Project parameters the web site will be developed on an ongoing basis to reflect emerging requirements as specified by 'real world' users.

2. Provide access for clinicians (including those in professional training) and support staff to information systems and the evidence base.

a) 100% of staff will have a network account. For new starters this will be in place within two weeks of their start date.

b) Will maintain a ratio of greater than one PC / Laptop device for every two members of staff employed. All will be less than four years old.

c) By 2014 will have completed the implementation of a single data/voice network infrastructure including wireless networking to all health sites.

d) Secure remote access to the Trust network will continue to be maintained as a solution for those staff requiring this facility.

e) By 2013 Browser-based access to core applications (including the Electronic Patient Record) and files will be available securely from non-Trust sites via the Internet.

f) Implement digital dictation and or voice recognition digi-pen data capture across all clinical areas.

## Quality and Management Information

### Aim

1. Make timely, accurate and comprehensive information available to assess the performance of the organisation (internally & externally) and facilitate good decision making based on reliable data for Service line management and service delivery.

### Objectives

a) Data warehouse from which all core service user reporting will eventually be derived; this will support service line management and key quality indicators.

b) On an ongoing basis clinical and managerial decision makers will routinely use the available tools / associated information to inform decisions.

c) At all times the agreed internal and external statutory reporting requirements and deadlines will be achieved.

d) Measures of comprehensiveness, timeliness and accuracy of information in the Electronic Patient Record will form the basis of an ongoing quality improvement reporting programme.

## Corporate/Business Support

### Aim

1. Ensure that information systems are reviewed / implemented as required so as to streamline new and established business processes wherever possible.

### Objectives

a) 'Real world' user participation during implementation and developments of ICT systems will be used at all times as appropriate. A key focus of clinical led developments will be paramount

b) At all times the focus of implementations and developments will be on delivering capability from which benefits can be identified and derived.

2. Ensure business efficiencies are

a) Implement document Management across the trust where benefits of doing so are

achieved in “back Office” environments.

identified.

b) Implement digital dictation in administrative areas if deemed of business benefit.

## Enabling Architecture/Infrastructure

### Aim

### Objectives

1. Ensure that the information system infrastructure is modern, fast, robust, resilient and capable of supporting the Strategy.

a) The infrastructure will be continuously monitored, expanded and updated (including mobile support) to ensure it remains ‘fit for purpose’ at all times. Supporting Business Continuity.

b) The support arrangements for the network infrastructure will ensure it is available for use for 99.95% of the time per annum.

c) Mobile devices will be deployed so clinical access can be achieved at the right place and time.

d) Patient entertainment will be deployed by 2014, which will also enable clinical access.

2. Homogenise and improve the ICT support functions to offer staff a single point of access and a consistent service level of support.

a) By 2012 we will have a new ICT Helpdesk that will provide a one-stop facility to manage the resolution of all ICT issues. This will be available 24 hours per day, 365 days per year.

b) By 2012 all ICT related support service level agreements / contracts will be renewed to reflect ongoing and emerging requirements.

c) Agreed service level response times will be published internally and closely monitored for adherence at all times. Deviations will be addressed as appropriate.

## Enabling Processes

Aim	Objectives
1. A proactive management approach to ensure that resources and finances are in place to implement and maintain the ICT programme.	a) A valid business case / justification will always be in place for all new ICT system implementations and developments.  b) All work forming part of the ICT Programme will be delivered using the principles of Managing Successful Programmes and the Prince2 project management framework and where appropriate linked to the transformation agenda.
2. Ensure that there is an appropriately ICT trained workforce.	a) develop an Education, training and Development (ETD) IM&T strategy  b) 100% of staff will always be offered core, and where appropriate, system specific ICT skills training. All training will use e-learning as the preferred approach.  c) Training models used will be tailored to the staff members personal development needs and linked to ways of working (not just use of system).  d) Particular emphasis on Information System security will be adopted across the trust.
3. Ensure that there are sound Information Governance (IG) standards and processes in place.	a) The Trust will ensure that the requirements of the Information Governance Toolkit are met in full.  b) A full programme of training and awareness will be maintained for all staff in relation to Information Governance requirements.

### 3.8 DGNHSFT ICT Strategy Outline Work Streams (2012 - 2015):

3.8.1 In order to realise the Strategy vision, aims and objectives a full programme of work will be required. The indicative programme of work for 2012/13 – 2014/15 includes:

Project	12/13	13/14	14/15	Indicative funding	Indicative savings pa £000
<b>Supporting Care Delivery</b>					
Upgrade Soarian to enable version 3.4				*	75
Health records digitisation				750	400
Community migrated to oasis/Soarian				200	100
Discharge letters with coding				*	50
Clinical correspondence				*	100
Theatre roll out				*	250
Hand over notes and clinical documentation				150	250
Order Communications				*	100
Electronic Prescribing				*	250
Clinical workflow development (VTE, MRSA)				*	250
Digital dictation /voice recognition				100	50
Telehealth telecare solutions				100	150
Patient information				25	50
<b>Facilitating Improved Communications</b>					
New internet site				30	50
New intranet site				30	50
GP portal				100	50
Home working				200	250
Patient Portal				100	250
<b>Quality and Management Information</b>					
Quality Dashboard				100	
Data quality improvement programme				100	100
<b>Corporate/Business Support</b>					
Video/web conferencing				100	100
New telephony system				400	100
Corporate document management/				100	75
Patient costing system				100	50
<b>Enabling Architecture</b>					
Single sign on				50	100
Improved Storage Area Network				500	
Wireless infrastructure				500	
Upgrading of network				1500	
Improvements in operations support tools				150	50
Improved Desktop Provision				1500	75
Mobile devices				750	75
Systems interfacing				150	150
Business Continuity and Disaster				500	

Recovery					
Enabling Process					
IM&T ETD strategy					
Updated policies and procedure					
Delivery framework for ETD					
Delivering the framework for IG					
Information System Security					

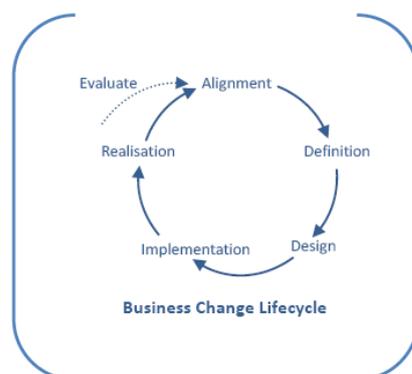
## 4 Enabling the Strategy

4.1 For the ICT Strategy and its associated programme of work to succeed there are many complementary enabling entities required. These entities are summarised in the side panel and described in more detail in the sections that follow.

### 4.2 Managing the Programme:

4.2.1 The Programme of work to realise the ICT Strategy will be managed on a day-to-day basis by the Director of IT applying the principles of Managing Successful Programmes (MSP). An Transformation Steering Group comprised of: link staff from each directorate; senior clinicians; and CCG will oversee the DGNHSFT ICT Programme. The ICT Steering Group will report to the Finance and Investment Committee on a quarterly basis and regularly update the Trust Board via the business planning processes. The Transformation Group will oversee the maintenance of a Programme Risk Log. Programme governance will be assured by the associated Information Governance function and also independent audit.

4.2.2 Utilising ICT successfully involves applying a process of business change and understanding the key roles and responsibilities necessary to implement this process successfully. The Director of ICT and Team members will endeavor to regularly engage 'real world' end users as appropriate for all ICT developments. This will occur within the context of ICT practice based on the business change lifecycle.



4.2.3 All projects forming part of the ICT Programme will follow the project management principles of Prince2. Where indicated business cases will be prepared and approved in

accordance with the Trust's standing orders.

4.2.4 The equipment and services required to deliver the Strategy will be initiated through the Procurement Department to ensure adherence to the procedures set out in the Trust's Procurement Policy and Standing Financial Instructions. This structured and uniform purchasing process combined with a strategic approach to procurement will help deliver best value for the Trust in all areas of its ICT related expenditure.

#### 4.3 Financing / Resourcing the Strategy:

4.3.1 Funding for the ICT Programme will be sought from various sources both internal and external to the Trust. The Trust will look for efficiencies that release resources to fund a portion of the marginal costs of the investments required for the ICT Programme. It is anticipated that by delivering the Strategy, streamlining of business functions will be achieved and hence, for example, administrative costs can be saved and clinical time released to assist with meeting capacity gaps.

4.3.2 The National IM&T Investment Survey (2007) indicates that over the past few years DGNHSFT has spent slightly less of its revenue and capital on ICT than the national average. To respond to the challenging ICT agenda additional new funding will be required to finance the ICT Programme and associated support arrangements.

The table below summarises the indicative budgets that will be required to deliver the ICT Programme for FY12/13 -14/5:

ICT budget	12/13	13/14	14/15
capital	500,000	750,000	1,000,000

#### 4.4 Stakeholder Communications:

4.4.1 The Transformational Steering Group will ensure that an active and ongoing process of communication is sustained with key stakeholders about the ICT Programme of work. These stakeholders are outlined in the table below with their key ICT Programme related interest and primary mode of communication to be used with the stakeholder:

Stakeholder	Key Interest	Communication Mode
Service Users, Carers and Local Communities	➤ ICT developments and investment must support care delivery ensuring that all personal service user data is safe and secure.	➤ Via the Communications Team.
Trust Staff and Staff-Side Representatives	➤ A fully operational ICT function that enables work to be delivered in an effective and efficient manner.	➤ ICT Newsletter. ➤ Personal Contact.

Trust Management		<ul style="list-style-type: none"> <li>➤ Personal Contact.</li> </ul>
	<ul style="list-style-type: none"> <li>➤ The use of ICT as an enabler to streamline established and new 'core business' processes.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Highlight Reports.</li> <li>➤ Project Specific Documentation.</li> </ul>
Foundation Trust Members	<ul style="list-style-type: none"> <li>➤ The efficient use of ICT investment and resources which ultimately support the care delivery process.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Via the Foundation Trust Team.</li> </ul>
Trust Board	<ul style="list-style-type: none"> <li>➤ The use of ICT as an enabler to deliver the Trust vision and core objectives for all its services.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Highlight Reports.</li> </ul>
Local authority and Local Health Partners (CCGs)	<ul style="list-style-type: none"> <li>➤ ICT supports the Integration of services wherever appropriate.</li> <li>➤ A partnership working and sharing approach to the delivery of ICT.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Highlight Reports.</li> <li>➤ Participation in Local ICT Forums and Initiatives.</li> </ul>
Strategic Health Authority and PCT Chief Executive	<ul style="list-style-type: none"> <li>➤ Local ownership of the national ICT agenda is embraced and coordinated within local health communities.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Participation in SPfIT and Local ICT Planning, Forums and Initiatives.</li> </ul>
Third Party Providers	<ul style="list-style-type: none"> <li>➤ Clear unambiguous requirements and contracts fully documenting expectations and responsibilities.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Project Specific Documentation.</li> </ul>
Audit and Performance	<ul style="list-style-type: none"> <li>➤ ICT services are delivered, on time, within budget and to the agreed quality expectations.</li> </ul>	<ul style="list-style-type: none"> <li>➤ ICT Programme and Project Specific Documentation.</li> </ul>

#### 4.5 Risks for Success:

4.5.1 There is the potential risk that any strategic document may inadvertently fail to address its stated aim. To ensure that the ICT Strategy is 'fit for purpose' the three key risks facing the establishment of the Strategy with mitigation actions are listed below:

Risk	Mitigation Action
<p>1. The Strategy May Not Be Sufficiently Comprehensive</p>	<ul style="list-style-type: none"> <li>➤ The Strategy has been constructed as part of the business planning process.</li> <li>➤ The ICT Steering Group and Trust Directorates has overseen the development of the Strategy.</li> </ul>
<p>2. The Strategy May Not Meet Local Requirements</p>	<ul style="list-style-type: none"> <li>➤ A critical driver for the Strategy is the aims and objectives in the Integrated Business Plan.</li> <li>➤ Consultation about Strategy content has taken place with key stakeholder both internal and external to the Trust.</li> </ul>
<p>3. The Strategy May Not Address National Drivers</p>	<ul style="list-style-type: none"> <li>➤ The Strategy author and various contributors are active members / participants in national NHS bodies.</li> <li>➤ The Strategy has been reviewed by informed independent sources.</li> </ul>
<p>4. Funding not available</p>	<ul style="list-style-type: none"> <li>➤ Linked to Business planning, and investment based on ROI and transformation requirements</li> </ul>

4.5.2 The transformation Programme Board will constantly monitor the challenges / risks facing the Trust in relation to its ICT agenda. Mitigation and treatment actions will be implemented as required as part of ongoing operational plans.

### HR Considerations

- Benefits Identification & Realisation Focus.
- Staff to Understand their Responsibilities.
- Policies, Appraisals and PDPs in Place.

4.6.1 Culturally society has changed over the years whereby most individuals now embrace the use of ICT as part of their daily routine. This cultural change has evolved based on the fact that people accept that ICT can provide them with 'real' benefits. Therefore, for the ICT Strategy to succeed it is paramount that all Trust staff feel that they are being provided with appropriate ICT solutions to assist them in their workplace. Once staff can see real benefits to using work-related ICT they are more likely to embrace it. Over the coming years greater emphasis will be placed on indentifying, realising and communicating benefits associated with ICT.

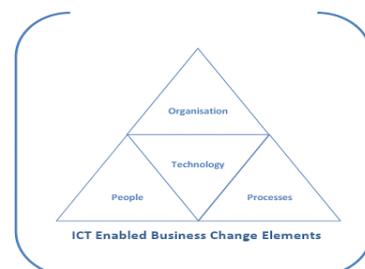
4.6.2 The introduction and use of ICT systems may necessitate a change in work patterns and roles. This fact must be acknowledged and addressed at all levels if the Trust is to gain from its investment in ICT. A workforce competent in: the use of ICT systems; information handling; information security; and data quality is essential. In pursuance of this all Trust staff whatever their position in the organisation need to understand their responsibilities. The Trust's human resource policies, appraisal procedures and personal development plans will assist with this by reflecting the responsibilities (training, security and confidentiality) required of users of the Trust's ICT systems.

4.6.3 Specific attention will be focused on providing appropriate ICT training and development. The approach used will necessarily involve base-lining current ICT skills via a comprehensive training needs analysis. An expansive and flexible approach to ICT training coordinated with the Trust's Learning and Development function will be introduced as this will ultimately provide all staff with more focused solutions to their ICT related training needs

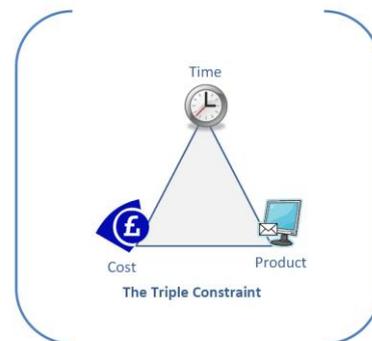
## 5 Conclusion

5. 1 A strategy should set the context for change and provide the raw material for planning, running and completing a programme of work. In effect a strategy sets the desired outcomes from which benefits can be realised.

5.2 Over the years the DGNHSFT ICT strategy has shifted from an output based model to one that strives to deliver ICT outcomes and capability. Over the coming years this approach to ICT will be enhanced further with equal consideration given to the wider aspects of ICT enabled business change. That is, the people, the processes and the organisation itself.



5.3 Delivery of the DGNHSFT ICT Strategy programme of work will have to be balanced within the 'triple constraint' of cost, time and product. The measures outlined in the preceding section above will address these constraints and help ensure that the programme will be a success.



5.4 Overall, the Trust ICT Strategy must impact beneficially on service users, local communities (including carers), partner agencies and Trust staff. The suggested outcomes / benefits to be realised from the DGNHSFT ICT Strategy are summarised in the table that follows:

Outcomes / Benefits for Service Users & Local Communities	Service Improvement	Efficiency Improvement	Cost Saving
<b>Improvements in the quality</b> of clinical care, risk assessment, management and outcomes.	✓	✓	
<b>Consistency</b> of information and communication to relevant specialist and other partners.	✓	✓	
<b>Improved communication</b> of care information for all those directly involved in care.	✓	✓	
Public / service user <b>Access</b> to information and <b>Feedback</b> facilities that empowers participation in their care and the management of the Trust.	✓	✓	
Increased confidence that their clinicians are well-informed and practicing with confidence.	✓	✓	
Improved access to service information and the knowledge base.	✓	✓	
Streamlined services which will for example avoid the need to be asked over and over again for the same basic information.	✓	✓	
Confidence that information is being handled appropriately in a safe and secure manner.	✓	✓	
Outcomes / Benefits for the Trust	Service Improvement	Efficiency Improvement	Cost Saving
Secure Accessibility to clinical information at the point of care delivery when it is required, and availability of <b>knowledge / evidence</b> to facilitate clinical and support decision making.	✓	✓	✓
Management decision making based on timely, accurate and complete information.	✓	✓	✓

Improvement in efficiency of staff, avoiding duplication/time wasting, and greater accuracy in national reporting/returns.	✓	✓	✓
Adoption of, and participation in, good practice developments as these are shared.	✓	✓	✓
Management and negation of clinical and corporate risk.	✓	✓	✓
Congruence with national expectations and ongoing sensitivity to national developments.	✓	✓	✓
Attainment of national targets: various national modernisation, national plan, NSF and ICT targets which will influence the Trust's overall performance rest on the successful implementation of this strategy.	✓	✓	✓

5.5 Although this ICT Strategy relates particularly to the ICT aspects of new developments, the context is primarily about how the holistic health service for the Trust must progress, taking in such requirements as: closer working with primary / social care providers; government health and social care policy; the impact of the national and Strategic Health Authority coordinated programme of ICT work; and the challenges and opportunities presented to a Foundation Trust.

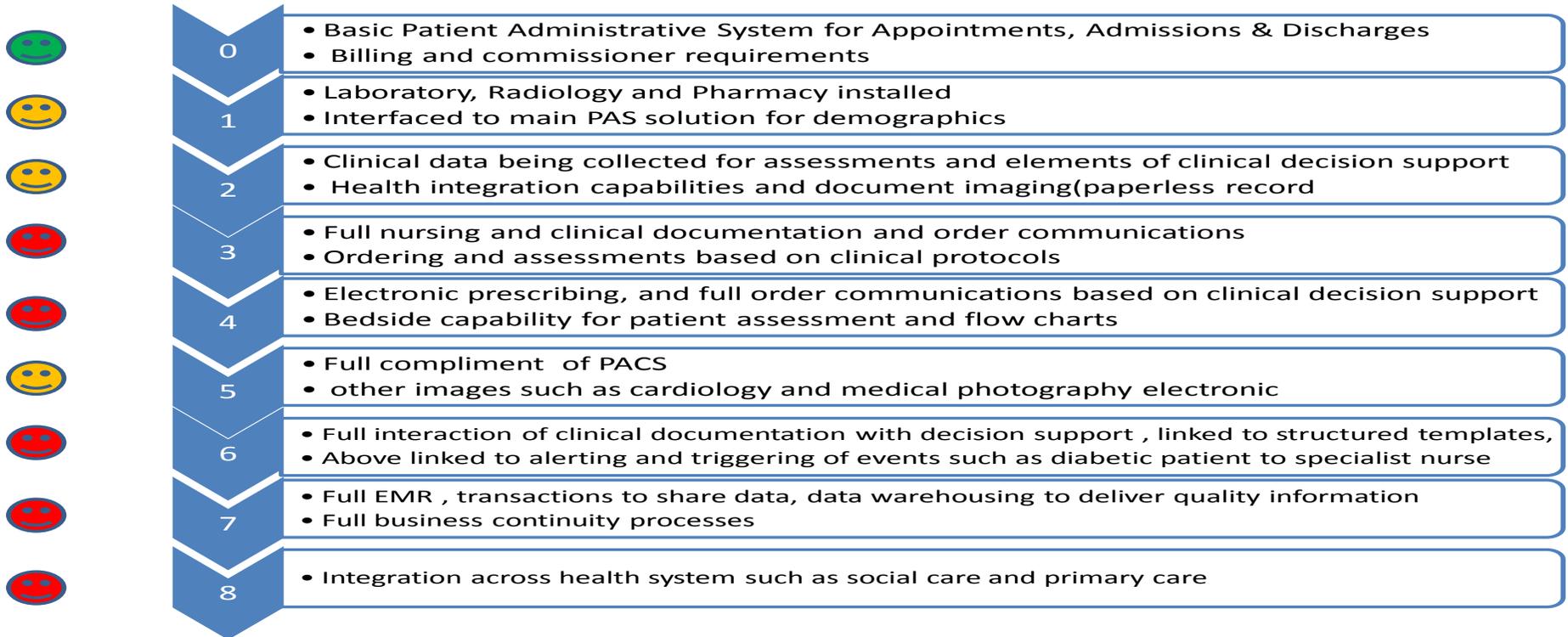
5.6 At every stage a key evaluative criterion for ICT provisions is how closely they provide the necessary support for developing policies and services. This will be continuously monitored as the components of the DGNHSFT ICT Strategy are delivered.

5.7 Finally On completion of the 3 year plan set out in this Strategy, we can expect to see a transformation in the way IT systems support the Trust in its operations. We can expect:

- All principal transactions to be conducted using computer systems to capture, record and present information;
- Information to be available to patients, clinicians and managers wherever they are in the hospital or outside;
- A comprehensive suite of integrated application systems accessible from a single trust wide portal with single secure logon via smart cards/proximity cards;
- A secure, reliable and resilient infrastructure;
- Responsive and effective IT support.
- The start of the journey to hospital of the future in terms of IT supporting clinical processes and business requirements.

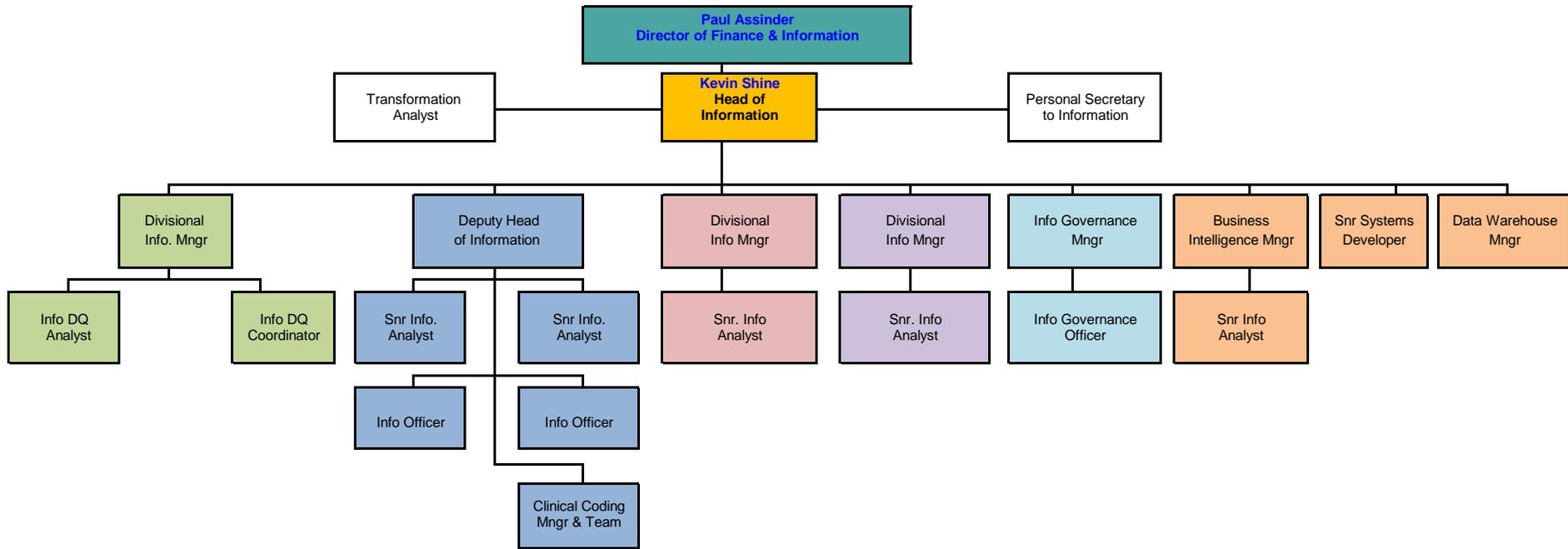
Where are we now

Future requirements

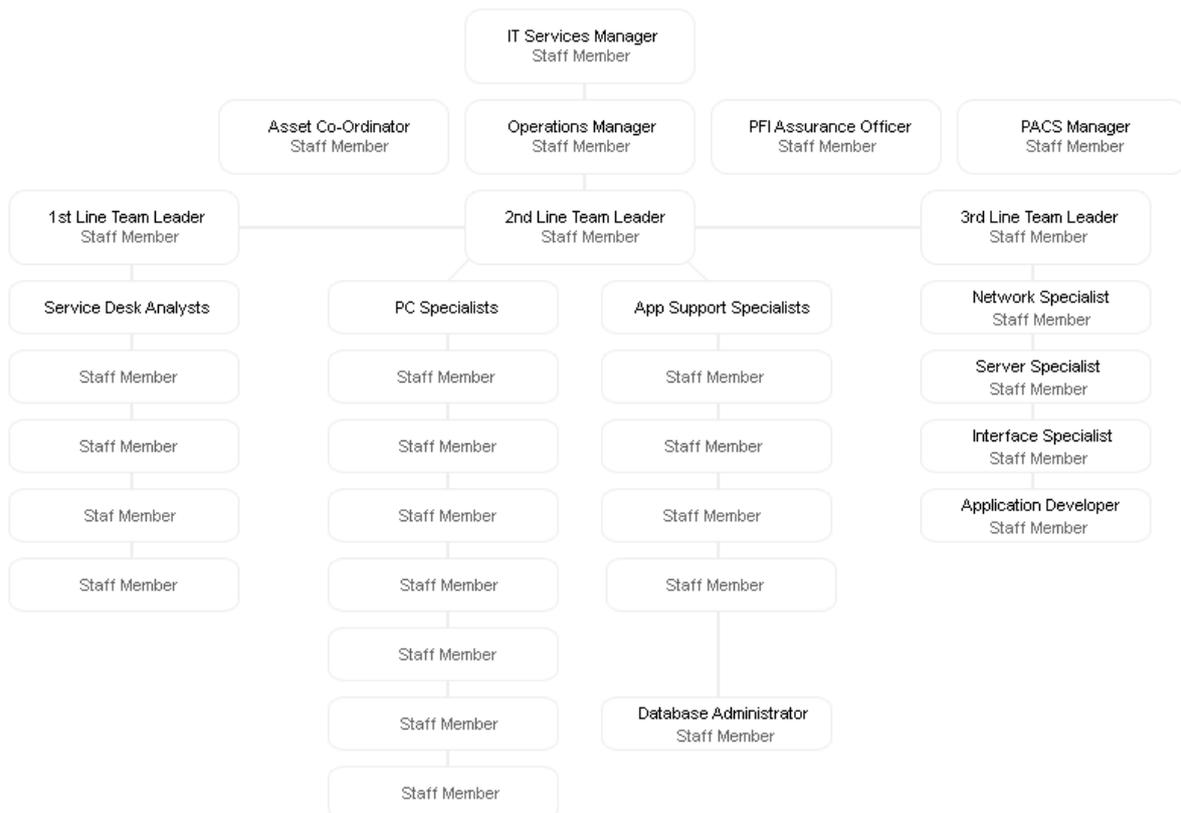




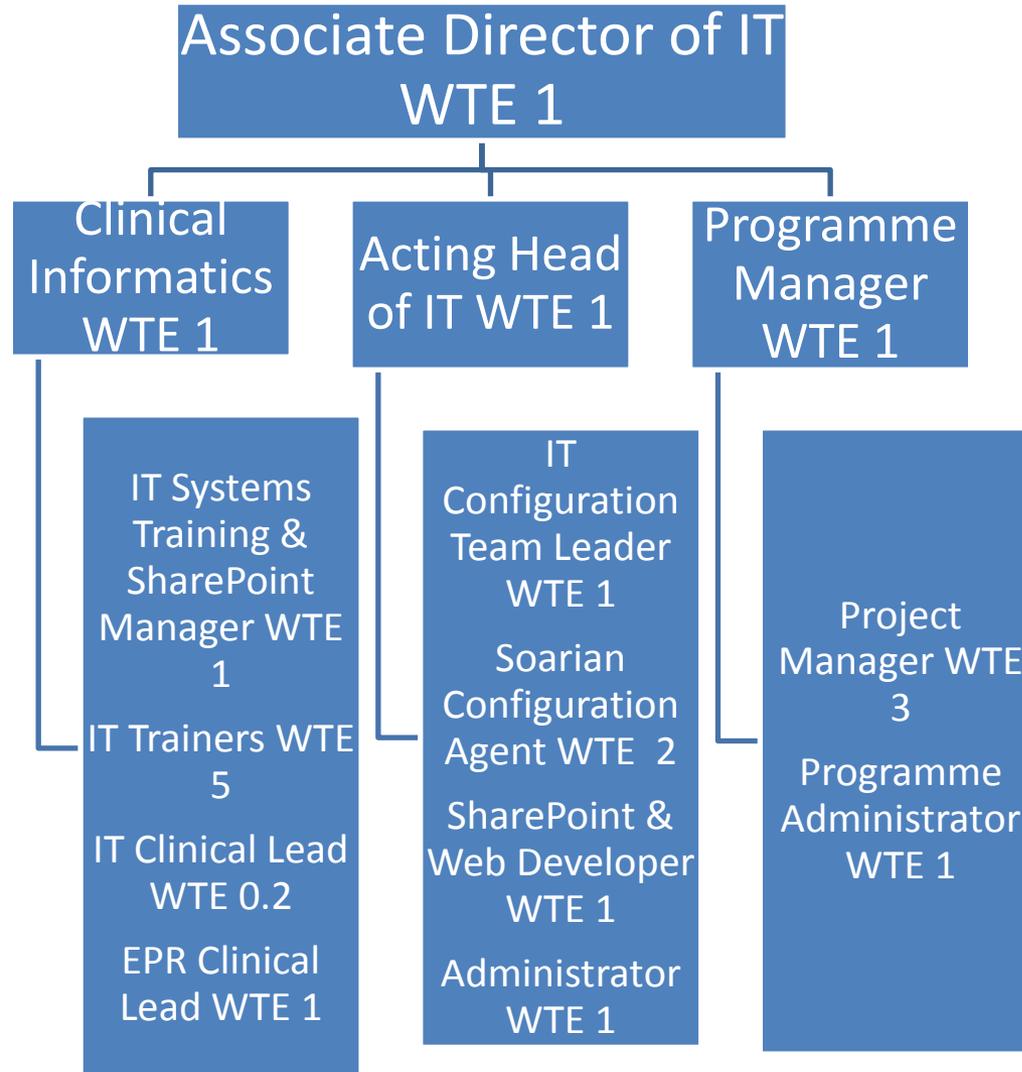
# Information Department Structure



# Siemens Healthcare IT



# Trust IT Departmental Structure



Trust Headquarters  
Russells Hall Hospital  
Dudley  
West Midlands  
DY1 2HQ

Date: 30/08/2013

**FREEDOM OF INFORMATION ACT 2000 - Ref: FOI/011581**

With reference to your FOI request that was received on 28/08/2013 in connection with 'Information'.

Your request for information has now been considered and the information requested is enclosed.

Further information about your rights is also available from the Information Commissioner at:

**Information Commissioner**

Wycliffe House  
Water Lane  
Wilmslow  
Cheshire SK9 5AF  
Tel: 0303 123 1113  
Fax: 01625 524510  
[www.ico.gov.uk](http://www.ico.gov.uk)

Yours sincerely

Information Governance Manager  
Room 34a, First Floor, Esk House, Russells Hall Hospital, Dudley, DY1 2HQ  
Email: [FOI@dgh.nhs.uk](mailto:FOI@dgh.nhs.uk)

**I would be most grateful if you could let me have the contact details of senior people/person in your IM&T Department (e.g. Head of information).**

**Mr Kevin Shine**

Head of Information  
2nd Floor, Trust Headquarters  
Russells Hall Hospital  
Dudley  
West Midlands DY1 2HQ

**Mr John Thornbury**

Associate Director of IT  
2nd Floor Clinical Offices  
Russells Hall Hospital  
Dudley  
West Midlands DY1 2HQ

**Could you also supply the organisational structure of your IM&T Department?**

Please find attached the organisational report for the Trust Information Department, Trust IT Department and the Trust's IT PFI partner Siemens

**Finally could you please send with that the latest version of your IM&T Plan, also known as the Informatics Plan.**

Please find attached the Trust's IT Strategy