

2gether Foundation Trust For Gloucestershire

**Information Management and Technology
Strategy 2008-2013**

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CONTENTS

1. Executive Summary.
2. Vision, **Key Drivers and External Constraints.**
3. Principles.
4. Background.
5. Current Position.
6. Strategic Aims

APPENDICIES

- Appendix 1 Operational Programme 2008-09.
- Appendix 2 Deployment Resource Requirements/
Responsibilities.
- Appendix 3 Existing Systems and planned developments

1. Executive Summary

1.1 The IM&T Strategy for the next 5 years will build on the IM&T developments delivered by the Trust since 2002. Whilst the vision and principles underpinning the original Strategy still hold good the immediate work programmes for 2008-2010 now need to focus on preparing for the migration from our existing clinical systems and the implementation of the national mental health system as well as securing maximum management efficiencies from our corporate and office systems. This will involve,

- Continued development of our IT infrastructure with a particular emphasis on improving capacity and resilience (COIN) and exploring the potential to support remote and mobile working.
- Merging our existing Patient Administration Systems to enable the eventual transition to the national system.
- More active use of electronic care plans and document management software on our core Clinical Manager system.
- Aligning our Service, Estates and IT strategies.
- Strengthening our Information Governance arrangements.
- Developing web based operational reporting to support strategic service units and performance management.
- Developing web based information distribution to service users, carers, members and the general public.
- Implementing Role Based Access processes for system users.
- Developing the use of our corporate and office systems to enable the implementation of lean working practices
- Implementing the Electronic Staff Record Benefits Realisation plan
- Workforce development and training to ensure our services and staff have the capability and capacity to effectively utilise electronic systems.

1.2 The Strategy will be delivered by an annual Operational Programme the first of which for 2008/09 is contained as Appendix 1 to this paper. Each annual programme will contain sections on:

- Infrastructure
- Systems
- Information Governance
- Data Processing and Management
- Information Provision
- Workforce Development

All individual projects will report progress on a regular basis to the appropriate Trust Committee and will be delivered through structured project management processes. Prioritisation processes will also be embedded in each strategic service unit which will feed proposals for discussion at the Operational Management meeting.

2. Vision, Key Drivers and External Constraints

2.1 This strategy highlights a direction of travel for the Trust for the next five years with a development plan that takes into account the national programme for IT, the pace of change in the local health and social care community and key influences and drivers that will impact upon the Trust during the period. The strategy forms the next steps in a programme that is likely to take a decade to fully deliver the changes envisaged in the vision outlined below.

The strategy is underpinned by a vision that seeks to;

Support the development of an information literate organization and culture within which staff, users and carers are confident and able to harness the potential benefits of information and communications technology to continuously improve the quality of care.

2.2 At the core of this vision is the aim to progress to a position where timely, accurate and relevant information is available wherever and whenever required. This will support and enable the most effective care to be delivered **as well as minimising risks to patients and staff and** helping to ensure that decisions regarding future service development and resource allocation are always based on sound and appropriate information.

2.3 **The IM&T Strategy will be driven by and reflect the operational and information requirements arising from planned service and business developments. It envisages the consolidation of clinical and activity data on a single web based system that will support mobile working as well as significant enhancements of the corporate data warehouse to integrate activity, cost and staffing data.**

2.4 **It also plans for the eventual deployment of emerging communications and web based technologies to deliver information and reporting direct to front line teams and operational managers as well as providing links and bridges to partner organisations particularly other health care providers, commissioners and social services.**

2.5 **At the heart of the Strategy is the aim to ensure that all critical service user information, demographics, contact information, risk assessments, reviews, advance directives and recent service use is up to date and available to appropriate staff 24/7 wherever care is delivered. In addition to helping to improve information availability this will work directly to help manage and minimise clinical and information governance risks in the short term.**

2.6 **This will involve a significant investment to strengthen the wide area network (WAN) through the Community of Interest Network (COIN) implementation during 2008/09 and subsequent changes in working practices arising from service developments contained in the Trust**

Business Plan and opportunities arising from the Estates Strategy. Initially this will provide the technical platform to enable staff to access systems and information from any Trust site. Further developments are also planned to enable staff to access systems and information via mobile devices and virtual networks to reduce the need for individuals to return to bases or sites to update or retrieve records.

- 2.7 Central to the success of this programme will be a shift in the current culture and attitude to corporate technology, electronic data and information collection and use within the Trust. This will only be achieved if our core systems are appropriate, accessible, robust and generally deliver clear clinical and operational benefits to front line staff.**
- 2.8 In order to deliver these improvements there will have to be a far greater utilisation of mobile and emerging technologies to assist clinicians and managers to update service user and staffing information and access information and reports in a timely manner**
- 2.9 This will be the foundation on which improvements in data quality and information provision will be achieved to help improve our services competitive advantage. The Strategy envisages a far greater use of web based technologies to enable front line teams and managers to create and access either routine or ad hoc reports as an integral part of their role.**
- 2.10 At the same time the development of key planning and performance information will involve far greater integration of activity, finance and staffing data within the corporate data warehouse to enable the Trust both to better predict future activity and cost trends and also to better understand the individual cost components of specific treatments and services in general. This will also involve the acquisition of new software to support business modelling and predictive analysis.**
- 2.11 The Strategy will also seek to utilise appropriate technologies to effectively gather and assess staff and service users view to inform the Workforce and Service Strategies of the Trust**
- 2.12 These developments will be key to enable the Trust to move forward to effectively identify and realise business opportunities as they appear and also plan for the implementation of payment by results for our core services. Whilst the actual nature of the Payment by Results model for mental health and learning disability services is not defined at the moment it is clear that the Trust needs to better align it's activity, finance and staffing data in order to better understand and measure the individual components of service unit costs.**
- 2.13 It is important to acknowledge that the delivery of the Strategy will not occur in a vacuum and that external constraints including those**

associated with the national Connecting for Health requirements will need to be managed carefully.

2.14 The Trust will also need to be mindful and supportive of the aspirations of key commissioners whilst at the same time being innovative in our deployment of technologies and systems to support business growth.

2.15 In practice the implementation of this strategy will

- Make best use of existing and emerging technologies to support the development of accessible, appropriate and quality care
- support practitioners in delivering and improving the care they provide to service users at any location.
- ensure that patient records are easily updated and accessible from wherever staff are working or delivering care.
- Taken together the 3 previous objectives will directly benefit clinicians in the delivery of care by make all relevant patient information available at any location where care is delivered.
- They will also work to reduce and eventually replace the current labour intensive multiple recording practices which will enable more time to devote to direct patient care and support.
- ensure that data is held and transmitted in safe and secure environments
- support evidenced based best practice.
- Develop the necessary skills required within the workforce to take full advantage of the benefits associated with electronic systems and communications tools.
- provide accurate and timely information to underpin the management, monitoring and planning of services.
- Provide more accessible information for service users, carers, members and the general public
- Make best use of corporate and office systems and technologies to secure management efficiencies
- Support the development of Payment by Results and Practice Based Commissioning for mental health and learning disability services

3. Principles

3.1 The strategy will be based on the following core principles;

- Information and clinical systems will be client focused.
- Information and corporate systems will be service and staff focused
- Information will be accurate, secure and confidential.
- Information will be owned and client data collected by health and social care professionals.
- **All systems and technologies deployed will be scalable and provide the foundation for futureproofing the organisation**
- Clinical systems will work to maximise the time clinicians can spend in clinical activity
- Clinical operational systems will be integrated and linked to a single core client index.
- All systems will be flexible and have the capability to support local configuration to meet new information and business needs.
- The technical infrastructure will be developed to facilitate alternative working processes to provide additional benefits to clients and staff.
- Management information will be derived from operational systems and stored and managed in a corporate data warehouse.
- Information requirements will be systematically reviewed on a regular basis.
- Web based technologies will be used to make data and information available to a wide body of staff, service users, carers, members and the general public.
- Joint projects with our Health Partners will be undertaken whenever this is in the Trust's interest.
- All individual projects must be underpinned by a costed Business Case and delivered through a structured project management process.

- 3.2 Taken together these principles will help ensure the strategy is grounded on an infrastructure and working practices that will release maximum benefits from investment.
- 3.3 The Strategy will be driven by the requirements of the local service strategies and emerging business opportunities. It will also need to reflect the requirements of the appropriate national service frameworks and policy priorities included in the annual Operating Frameworks. In particular it will address the requirements of current and emerging guidance such as:
- Payment by Results for mental health and learning disabilities services
 - Practice Based Commissioning.
 - National Service Framework for Mental Health
 - National Service Framework for Older People
 - National Service Framework for Children's Services
 - Valuing People
 - National Treatment Agency Strategy for Substance Misuse.
- 3.4 It is important to recognise at the outset that this strategy and its successful delivery will be as much about supporting cultural change in the use of information management and technology as it will be about investment in information management and technology itself.

4. Background

- 4.1 Since April 2002 the process by which NHS information and communications technology (ICT) will be developed **and deployed** has changed fundamentally. The establishment of the National Programme for Information Technology (NPfIT) in 2003 is aimed at developing an infrastructure and systems network which has a higher degree of standardisation and commonality than has previously been the case in the NHS. This infrastructure and the associated systems are also aimed at supporting health and social care communities rather than individual care organisations.
- 4.2 At the heart of the national programme are the twin concepts of Local Service Providers (LSPs) and the National Care Records Service (NCRS).
- 4.3 Local Service Providers are commercial ICT system and service suppliers who will work with health communities to provide support services and systems which will underpin the implementation of the NCRS. The Fujitsu Alliance is the LSP for the Southern Cluster Group which includes the Gloucestershire Partnership NHS Foundation Trust.
- 4.4 It is planned that the NCRS will consist of a suite of modules (systems) which will support all aspects of care provision. It will be based on a

single spine or client index that will hold a record of all key contacts and interventions individuals have with health services.

- 4.5 There has been considerable work during the past 6 months within the Southern Cluster to identify an appropriate and fit for purpose clinical system to support mental health and learning disabilities services into the future. At the time of writing this process is nearing conclusion and it is likely that the Trust will be moving to a new clinical systems platform **during the next 12 months.**
- 4.6 This will involve the Trust in a major implementation far larger than any programme it has delivered in the past. Apart from the technical requirements this will be a significant change management project and will be more about people and culture change rather than cables and PCs. Appendix 2 gives an overview of the sort of project resource the Trust will need to commit to.
- 4.7 At the moment it is not clear how social care requirements will be integrated into this process but it is likely that this will be addressed during the lifetime of this strategy.

5. Current Position

- 5.1 Since the Trust was established in April 2002 IM&T development has focused on improving infrastructure, replacing or integrating a number of diverse operational and information systems, improving data quality on community systems and widening the range of performance and management reporting. This process is now in its final stages with completion planned in 2008/09.
- 5.2 The Trust currently receives IT and Communications support from a single NHS IT shared service which covers the 3 Provider Trusts and the Primary Care Trust in the county. This will be reviewed on a regular basis to ensure the Trust is gaining value for money from the contract. The Trust also continues to receive minimal IT support from the social services IT support team.

Infrastructure

- 5.3 Significant advances have been made over the past 5 years in the development of the Trusts IT platform. The remaining network development is most likely to be delivered through a joint implementation with our local health community partners within the COIN project.
- 5.4 There has also been significant investment in the Trust's PC base which now needs to be stabilised and augmented by investments in other peripherals such as printers and mobile devices.

- 5.5 The key tasks for 2008/09 are the alignment of the Trust's Estates and IT strategies and ensuring that our technical platforms are capable of meeting the warranted environment requirements of the national mental health and learning disabilities system. It is also planned to develop a small scale pilot to explore the potential for remote and mobile working

Systems

- 5.6 The Trust has 4 core clinical and corporate systems. These are:

- The Patient Administration System.
- The Clinical Manager System.
- The Smartstream Accounts system
- The Electronic Staff Record

These are augmented by a number of smaller service or department systems with more specialist use.

- 5.7 Most of the Trusts clinical services are now supported by 2 core systems, the EDS Patient Administration System covering inpatients and outpatients services and the iSoft Clinical Manager System covering community services. Clinical Manager is currently being implemented within the Child and Adolescent service unit and the Substance Misuse service unit is involved in a DAAT led system procurement. The Trust is actively involved in the latter project to ensure that any preferred solution will be NPfIT compliant. Both processes are timetabled to complete in the first half of 2008/09. This will allow the decommissioning of the current GEORGE and Child Health systems within the Trust during 2008-09.
- 5.8 There is also residual work to complete Clinical Manager system coverage in the adult and older age service units, again planned to complete during the first half of 2008-09. There is also an emerging need to consider migrating medical activity from PAS to Clinical Manger in preparation for the implementation of the national system. Thereafter there will be no significant system reconfiguration until the system is decommissioned and replaced by the national system probably sometime in 2009-10.
- 5.9 The Trust also has access to the County Council ERIC system for Social Services. To date there has been limited use of this system within the Trust as it only captures a small, but extremely important, percentage of social care work undertaken by adult services within the trust. The vast bulk of social work contacts are captured on the Clinical Manager system. It is proposed that a review of the potential of this system for adult and older peoples services is undertaken as part of the 2008/09 Operational Programme.

- 5.10 To date the Trust has not investigated or invested to any great extent in specialist IT and software used directly within treatment programmes, eg, Computer Based Therapy (CBT). It is envisaged that this will be delivered in line with existing and future NICE Technology Guidelines.
- 5.11 The Smartstream accounting system is managed by Shared Financial Services and any developments will be delivered on a joint basis. At the moment there are no plans to radically develop the system. It is more likely that some of the more specialised and emerging finance functions particularly financial forecasting and cash management will require enhanced system support.
- 5.12 The Electronic Staff Record system is in use in the Human Resources Department and links with the finance and clinical systems have already been implemented. The next steps will involve the implementation of the Benefits realisation plan from 2008-09 onwards.

Information Governance.

- 5.13 The Trust had gradually enhanced the Information Governance function and arrangements during the first 5 year Strategy but latterly has adopted a greater focus on the area and has invested heavily in some of the technology required to support good practice.
- 5.14 This has involved enhancing the capability to store data and information in secure settings and will be further developed within the Strategy
- 5.15 An Information Governance Review is currently underway and its findings will form the basis of the 2008-09 operational programme.

Data Processing and Management.

- 5.16 The Trust has a structured corporate data warehouse which integrates activity data from each operational clinical system and is the source of nearly all of the Trust's statutory and discretionary reporting.
- 5.17 The servers and software supporting the warehouse are currently being enhanced and a key part of next years operational programme will be to ensure these are deployed effectively. This will involve the development of a wider range of data quality feedback reporting to all services and teams.
- 5.18 During 2008-09 the Trust will also be involved with a significant data migration project as part of the PAS merger programme.
- 5.19 Data processing and management is also underpinned by the annual Data Quality Improvement Programme which is currently being agreed for 2008-09.

Information Provision.

- 5.20 The Trust has established strong information reporting processes to underpin performance management at a corporate level. This is now being augmented by a significant development of similar processes at a strategic service unit level. The work brings together activity, finance and staffing information at community team level. During 2008-09 this will be extended to cover inpatient and medical team activity.
- 5.21 The Trust has recently undertaken an information requirements review across corporate departments and strategic service units. The findings of this work will feed into the operational plan for 2008/09.
- 5.22 Plans are also in hand to widen the use and range of reporting from the Electronic Staff Record system in line with the Benefits Realisation programme developed by the Trusts Workforce Committee.
- 5.23 Financial reporting is well established at team and service level and future developments are likely to aim to improve areas such as financial and business forecasting.
- 5.24 A key area for development over the next 2 years will be the implementation of a wider range of information and reporting being available via the Trust Intranet site. This will involve web developments particularly utilising Sharepoint software to distribute operational reports and web enhancements to improve the range and accessibility of information for service users, carers, members and the general public.

Workforce Development.

- 5.25 This is probably the area of greatest challenge within the overall IM&T Strategy. Whilst steady progress has been made in equipping clinical and administrative staff with the skills to effectively utilise clinical systems, there are now over 800 staff trained to use Clinical Manager, there is much more to do in the areas of:
- Basic IT skills.
 - Further clinical systems training.
 - Information handling skills for operational managers and clinicians.
 - Clarifying appropriate roles and responsibilities for system and data management and support, data collection and data correction.
 - Role based access arrangements.

- 5.26 These are all basic requirements in the preparation for the transition to the new national system and will involve significant changes to existing roles and working practices in the areas of data collection and management. One of the first areas to be addressed will be the development of a “back office” function which will provide a critical mass of the necessary IT and systems skills to support system users and the transition to the national system.
- 5.27 It will also be important to more fully utilise the potential of e-learning tools in the areas of IT skills, and mandatory and statutory training during the life of the Strategy

6 STRATEGIC AIMS

Infrastructure

- To ensure that the IT platforms and networks comply with the warranted environment capacity and resilience requirements of the National Programme for IT.
- To ensure that the infrastructure allows staff speedy access to appropriate systems, software and information.
- To ensure that appropriate technology is deployed to facilitate safe and efficient remote and mobile working for clinicians and managers
- To ensure that emerging technologies are systematically reviewed and implemented where clear benefits can be identified.

Systems.

- To ensure that the Trust has a single comprehensive core clinical system supporting all services.
- To ensure that corporate and office systems support the development of automated electronic management and administrative processes.
- To ensure that the core clinical system has realtime interfaces to appropriate diagnostic services to enable clinicians to order and view test results electronically.
- To ensure that systems are capable of local configuration to enable rapid application development in response to changing service and business needs.

Information Governance.

- To ensure that all data and information is held and transmitted in a safe and secure environment.
- To ensure that the Trust is able to provide a full statement of compliance with Connecting for Health requirements.
- To ensure that all aspects of data security are underpinned by up to date policies which conform to the requirements of the Information Governance Toolkit and are reviewed on a regular basis.
- To ensure appropriate Trust input to data sharing protocols that will underpin data transmission between the Trust and other partner agencies.

Data Processing and Management

- To ensure that the Trust has an efficient corporate data warehouse containing structured activity, facilities , finance and workforce information to support all the Trust's reporting requirements.
- To ensure that all data warehousing processes are underpinned by clear operational policies in line with the requirements of the Information Governance Toolkit.
- To ensure that all data collection is underpinned by clear policies and guidelines and supported by an ongoing training and support programme for all staff involved in the collection of data.

Information Provision

- To develop corporate and strategic service unit reporting in line with systematically identified information requirements.
- To maximise the development of automated operational reports to support clinicians and operational managers
- To increasingly utilise web based technologies to disseminate data and information efficiently to service users and carers.
- To develop a database of relevant information sources to aid service planning and the delivery of care based on best practice.

Workforce Development

- To develop the required basic levels of IT skills across the whole workforce.

- To ensure that all roles and responsibilities associated with the management, support and administration of systems and data collection are clearly identified in individual job descriptions
- To establish an ongoing training and education programme and supporting materials to equip users with the skills and knowledge necessary to interpret data and analyse information.
- To establish an e-learning capability particularly for IT skills and statutory and Mandatory training

7. ROLES AND RESPONSIBILITIES

- 7.1 The Strategy and its constituent projects will be delivered within structured project methodologies with each individual project being underpinned by a Business Case and clear project plans with agreed lead responsibilities and timescales for completion.
- 7.2 Overall responsibility for the successful delivery of the IM&T Strategy lies with the Chief Executive with the Board level lead delegated to the Director of Corporate Affairs.
- 7.3 The Head of Information Management and Technology will have responsibility for the overall co-ordination of the Strategy and the co-ordination of the monitoring and reporting of progress to the appropriate Trust Committees.

APPENDIX 1: OPERATIONAL PROGRAMME 2008-09

WORKSTREAM/TASK	Business Case	Costs	Status/Description	Risks	Timeframe	Lead
1. INFRASTRUCTURE						
1a: Community of Interest Network Development (COIN) Project.	Yes	£500k to £760k.	Business plan was considered and agreed at Infrastructure Committee February 2008.	If not aligned to the Trust's Estates Strategy risk of penalty charges as site use changes	2008-10	DMG
1b: Preparation for transition to national system.	No	Not Known but likely to be significant	Will need to conform to Warranted Environment. Given COIN this will focus largely on peripheral devices	Overall cost may be prohibitive. Lack of necessary skills and expertise in house.	2008-10	ST
1c: Implement Corporate Servers upgrade (HP Blade Server running VM Ware)	No	£20K	Will improve capacity and resilience of server platform for core clinical systems. Part of preparation.	Minimal	2008-09	DMG
1d: Alignment of Infrastructure plans and Estates Strategy	No	Within existing resources	Head of Information and Property Management to review and complete	Minimal	2008-09	DMG
2. SYSTEM DEVELOPMENT						
2a: PAS Merger project	Yes	£100k	Significant migration and merge project which will consume significant GPFT staff input and time	Ambitious timescales. Current lack of clarity regarding project management arrangements. Current interfaces must be maintained	2008-09	DMG
2b: Clinical Manager completion including use by	No	Within existing	Complete Clinical Manager implementation in all service	Shortfall of resources within information and	2008-09	ST

medical teams		resources	units with the exception of Substance Misuse	service teams		
2c: Support DAAT procurement process for Substance Misuse system.	No	Not known but unlikely to be major	Procurement process has completed . All implementation, licensing and support costs will be met by the DAAT	Preferred system not NPfIT compliant	2008-09	DMG
2d: Decommission existing systems	No	Not known but unlikely to be major	Involves moving from the PAS, GEORGE and Child Health systems	Substance Misuse system needs to be successfully implemented before de-commissioning	2008-09	DMG
2e: Implement Electronic Document Management Software to enable electronic CPA	No	Not known but unlikely to be major	Involves increased use of document management software to store and retrieve CPA documentation from the Electronic Clinical Record	Large scale use needs more system management resource in longer term and significant additional training	2008-09	DMG
3. INFORMATION GOVERNANCE						
3a Implement findings of Information Governance review	No	Not known	Review completed by end of March 2008	Major reputational and legal risk if processes are not up to standard	2008-09	DMG
4. DATA PROCESSING AND MANAGEMENT						
4a: Implement Data Quality Improvement Plan for 2008-09	No	Within existing resources	Currently in draft. Will be considered by the July meeting of the Information Governance Group	Capacity of services to implement action plan.	2008-09	DMG
4b: Data Warehouse	No	£10K	Will improve capacity and	Minimal	2008-09	DMG

Upgrade to SQL Server 2005.			resilience. Enable more focused data quality reporting.			
4c: Increased utilization of external data quality reports.	No	Within existing resources	Use of benchmarking data from national clearing services. Not yet available on a routine basis	Minimal	2008-09	DMG
5. INFORMATION PROVISION						
5a Implement findings of Information Requirements Survey.	No	Not known but unlikely to be major	Survey currently underway. Plan will be developed during first quarter of 2008-09. Will need to mesh with emerging performance reporting in service units	Identified data not available	2008-10	DMG
5b: Consolidate Strategic Service unit IPR reporting processes	No	Not applicable	Building on work undertaken in 2007-08. Action plan to be agreed by 01-05-08.	Minimal	2008-09	ST
5c: Implement web based report deployment.	No	Not known but unlikely to be major	Review and investigation in first half of 2008-09	Lack of in house skills.	2008-13	DMG
5c: Implement web based information for service users, carers, members and the public	No	Not known but unlikely to be major	Review and investigation in first half of 2008-09	Lack of in house skills.	2008-13	DMG
6.WORKFORCE DEVELOPMENT						
6a: Increase access to Countywide IT training contract and e learning tool	Yes	£27K	Need to review potential during first quarter of 2008-09	Minimal.	2008-13	DMG

6b: Establish Programme Management arrangements for transition to national system.	No	Not Known	Appendix 2 outlines the major resource requirement. A plan will be brought forward during the first half of 2008-09.	Unavailability of required skills. Difficulties to backfill seconded staff	2008-09	ST
6c: Establish "Back Office Function".	No	Not Applicable	Recent paper agreed by Executive team.	Retention of Staff	2008-09	DMG
6d: Establish Role Based Access arrangements	No	Not Known	Plan to be developed in first half of 2008-09	Lack of in-house resources to support the function.	2008-10	DMG
6d: Review existing roles and responsibilities of corporate and service unit staff involved with data collection and system use.	No	Not known	Plan to be developed in first quarter of 2008-09. Significant culture change for staff involved	Resistance to change	2008-11	DMG/ST

Appendix 2

Deployment Resource Requirements/Responsibilities

The following tables detail the anticipated roles and major responsibilities for the Trust for each national system deployment, to ensure we have well-resourced teams with clear responsibilities.

NHS Team

Role	Responsibilities
NHS Project Sponsor	Senior Responsible Owner of the deployment project Ensures the project organisation structure is correct and the appropriate resources are made available Signs off roles, responsibilities and PIP Monitors and controls the project process from a strategic level Briefs corporate management of the project progress Ensures risks to the organisation are being tracked Authorises required expenditure and set project tolerances Ensures benefits are realised by completing a post project review Drives project board meetings Likely to be a board member
NHS Project Manager	Overall delivery of the deployment project, i.e. timelines and deliverables Manages deployment at the local level including PID development Manages the NHS project team Provides routine status and exception reporting Maintains risk and issue register and develops contingency plans Manages change control for the project Takes responsibility for overall progress and use of resources and initiate corrective action where necessary Approves deliverables Completes deployment test plans Identifies and obtains support and advice for the management, planning and control of the project Take responsibility for project administration
NHS Clinical Lead	Ensures the solution meets clinical safety requirements Attends configuration and deployment events and signs off clinical decisions and content as required Provides specialist input to the business process design activities and feeds back the results to The Authority, Fujitsu and the Trust Reviews business change documentation and local configuration ensuring it represents the decisions made during the configuration review process Provides relevant clinical/NHS expertise according to their role

Role	Responsibilities
NHS Training Manager	<p>Appoints training steering group</p> <p>Conducts local training needs analysis</p> <p>Agrees on detailed training plan for the implementation project</p> <p>Appoints local trainers and Health Community champions</p> <p>Contracts with external trainers as required</p> <p>Ensures that local business continuity and disaster recovery staff are trained</p> <p>Evaluates the training program</p> <p>Creates and manages training plans for local projects</p>
NHS Change Lead	<p>Leads business change implementation activities</p> <p>Leads benefits and business process activities</p> <p>Leads development of business changes plans</p> <p>Leads benefits assessments</p> <p>Facilitates knowledge and skills transfer to team members</p>
NHS Data Migration Lead	<p>Specifies and agrees the scale of data migration</p> <p>Produces the as-is data definition from the current legacy systems and maps fields to the new solution</p> <p>Extracts and transforms the agreed data</p> <p>Verifies the data following load into the Fujitsu solution</p> <p>Works with Fujitsu to resolve any issues surrounding the data migration activity</p> <p>Ensures that the data as produced satisfies acceptable data quality standards</p> <p>Ensures that any data errors identified during the trial loads are rectified so the final data load is as errorless as possible</p>
NHS Technical Lead	<p>Specifies the as-is legacy architecture and agrees any proposal for a revised architecture</p> <p>Supports local configuration and reporting.</p>
NHS Security Administrator	<p>Finalises local design controls</p> <p>Reviews governance delegation process</p> <p>Liaises with local control stakeholders</p> <p>Tests security processes</p>
NHS Registration Authority Manager	<p>Confirms registration location, facilities, and documentation storage</p> <p>Ensures implementation of registration authority processes</p> <p>Trains RA team</p> <p>Ensures all users are registered and have log-on information</p>

Role	Responsibilities
NHS Service Management Lead	<ul style="list-style-type: none"> Delivers required Health Community support information Ensures 1st Line Service Desk established Implements agreed incident handling procedures Establishes all other required local service supporting processes Handover from deployment project to support Preparation for ongoing SLA management
NHS Test Manager	<ul style="list-style-type: none"> Manages deployment testing activities Develops test specifications Leads the localisation of test scripts Develops local test reports per contractual requirements

APPENDIX 3

Summary of principle systems and proposed developments.

System	Supplier	Functionality	Users	Developments	Cost
Clinical Manager	I-Soft Systems Ltd	Supports generic and specialist community teams	900	Planned consolidation during 2008/09. No further major developments.	Within existing resources
Patient Administration System	Electronic Data Services	Supports outpatients, inpatients, clinical coding and casenote tracking	100	Significant migration and merge project planned for 2008/09.	£100k in 2008/09
Protocol	I-Soft Systems Ltd	Supports administration of the Mental Health Act	10	Being reviewed in preparation for the implementation of the new Mental Health Act during 2008/09.	Currently in discussion with suppliers
WinDip	Gateway Systems Ltd	Supports document management on Clinical Manager	15	Extend use of electronic storage of Care Programme Approach documentation during 2008/09.	£10k in 2008-09.
Electronic Staff Record	Mckessons	Supports Human Resources and Workforce Development	20	Extend use of specific functionality during 2008/09	Within existing resources
Smartstream	GEAC Systems Ltd	Supports Financial Management	25	Will be upgraded to version 7 during 2008/09.	Within existing contract
P2P	GEAC Systems Ltd	Supports Procurement across the Trust	350	Continue to embed use across all Trust services during 2008/09	Within existing resources
Sentinel	Sentinel Ltd	Supports Incident Reporting across the Trust	10	Increase range of reports available to operational managers in 2008-09	Within existing resources