

## Borders NHS Board



### EHEALTH IM&T – PROPOSALS TO DEFINE THE STRATEGIC & TACTICAL PLAN FOR THE NEXT THREE YEARS

#### Aim

The aim of this paper is to provide the board with information in relation to a proposal to develop and set out the strategic & tactical direction for eHealth / IM&T over the next three years.

#### Background

NHS Borders last published a three year eHealth Strategy in 2009. A national strategy was published in 2012 with the 2011-2014 eHealth strategy. NHS Boards responded to eHealth Strategy by developing eHealth delivery plans in 2012. The local strategy was not refreshed as the delivery plan set the direction for the three years to 2014.

‘The refreshed national eHealth Strategy 2014 – 2017 sets a national direction through a common vision and set of key aims. The Strategy maintains a significant focus on healthcare and the needs of NHSScotland, but has been redeveloped to recognise the rapidly evolving environment of integrated health & social care and the need to address not only NHSScotland requirements, but also the expectations and requirements of partnership organisations, and citizens for electronic information and digital services.’

In alignment with this the IM&T/eHealth Department have a vision to improve the service and value that they provide to NHS Borders by:

- Putting in place IT foundations that will support delivery of the Clinical Strategy and the Integrated Strategic Plan
- Introducing technology that enables NHS Borders to improve the efficiency and effectiveness of patient care.
- Delivering solutions that are easy to use and enhance user and patient experience of technology in day to day interactions
- Improving the efficiency and effectiveness of IT operations and therefore the service delivered.
- Ensuring that NHS Borders is compliant with required IT standards, security and legislation.

Over recent years there has been a step change in the use of and desire for technology within healthcare. This has increased the complexity, level of integration and dependencies within the IT infrastructure needed to support NHS Border’s diverse clinical and business support functions.

Our user and patient population have become used to the accessibility, ease of use and performance of technology as a commodity through mobile devices, phones, telecoms and

entertainment providers in their personal lives. Access to intuitive and responsive IT is expected but this is no longer the experience in the workplace where the current ageing equipment and software versions are both perceived and experienced to be a barrier to progress and in many cases make simple everyday tasks harder than they could be.

There is a perception that local IT provision is not able to keep pace, and so we need to set out a clear direction for eHealth / IM&T in NHS Borders which takes account of the changing requirements while making the best use of resources, assets, money and people to provide an infrastructure and level of service which is fit for purpose and supports the key strategic drivers in our local Clinical Strategy and the Strategic Plan for Health & Social Care integration.

### **Drivers for change**

There are a number of key drivers which set out ambitious aims and demonstrate the need for modern technology and IT support functions to facilitate changes in the way we deliver healthcare.

- Local clinical strategy
- Ehealth Strategic Outcomes
- Staff and desires and expectations of easily accessing and exchanging information
- Patients desire to interact differently with services
- New technologies for quality & efficiency e.g. video to work differently from different places, home monitoring
- Health & social care integration
- Children's act and named person

### **Composition of IM&T**

Three main components that influence the overall performance of the IM&T function

#### Underlying infrastructure

Hardware, operating systems, database technologies, network technologies, corporate systems (email, MS office, VC, document management & sharing,)

#### Specialist applications / end user software

Approx 150 discrete applications, information exchange engine, data warehouse and reporting suite

#### Specialist staff - Service delivery model

Core infrastructure maintenance, infrastructure break fix support, routine infrastructure installations, new technology installations, routine application maintenance and configuration, application changes and development, interfacing between applications, end user training and support, information data quality and scheduled reporting services, report design and build reporting tools, procurement, technical architecture design.

### **Challenges**

- How to leverage technology to drive efficiency and reduce cost
- Increased dependency on technology means robust and resilient systems with near 100% uptime

- Increased need for measurement and information to drive decisions and actions
- Change in complexity and technologies – takes more looking after in some cases
- Core infrastructure now old and difficult to support
- Applications at end of life or old and need modernised

It is clear that if we are to deliver what the organisation needs, IM&T will need to look for new ways to deliver technology and provide support. We will consider how we can reshape to provide an infrastructure that more easily supported and added to and a service delivery model which is more responsive to change and to customers needs.

It is important that NHS Borders is well informed to make the right choices so that our limited resources are used to get most gain and aligned to the way services are changing.

### **Approach to meeting the Challenge**

We will develop an eHealth / IM&T strategy to set out the overall direction and aims for the next 3 years.

We will commission an independent expert to conduct a series of structured stakeholder interviews to inform the direction of travel and understand the needs of our customers both staff & patients.

We will seek to find tactical quick wins where issues raised by stakeholders can be improved quickly.

We will use our Technical partners to review and baseline our infrastructure against the strategy and the stakeholder feedback.

We will continue to progress the Infrastructure Transformation programme presented to the Strategy Group in June.

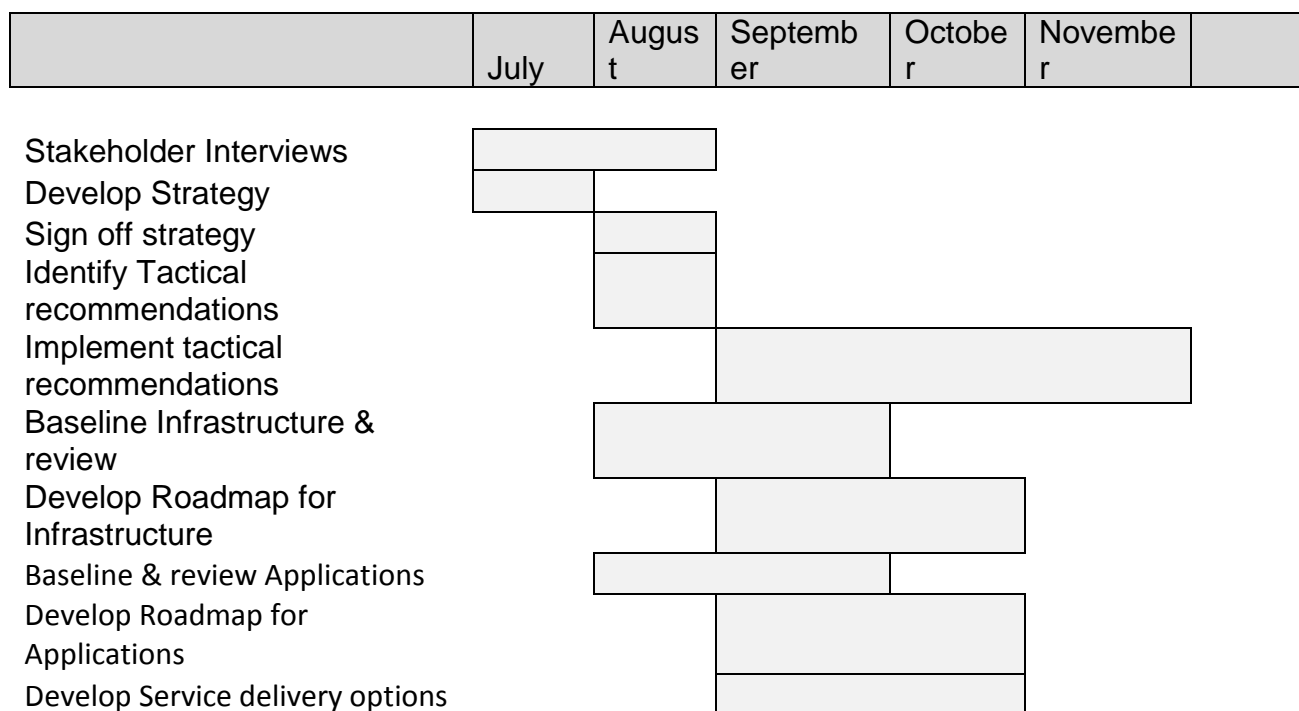
We will review all the current applications in use within NHS Borders for consistency with our strategy and identified needs of the stakeholder group.

### **Outcomes**

- An eHealth strategy document.
- An assessment of the stakeholder feedback, current position and any problems.
- A set of tactical recommendations for improvement
- A roadmap for delivery of the strategy including if appropriate any investment with agreed identified benefits
- A service delivery options appraisal aligned to both a tactical and a strategic plan / roadmap.
- A workforce plan for the service delivery model.
- A high level implementation plan

## Timescale

Below is a high level plan showing estimated timescales. This will be confirmed as resources are identified and committed to the work.



## Summary

It is clear that the increased demand for using technology offers opportunities to healthcare delivery.

The current infrastructure and support model can make it challenging to meet the aspirations of the organisation.

We need to define the tactical and strategic steps NHS Borders IM&T needs to take in order to appropriately support clinical services to take best advantage of technology.

This paper sets out an approach to how we might best gain clarity and develop plans to better support clinical services as they change.

## Recommendation

The Board is asked to **support** the proposal to develop strategic and tactical plans for eHealth / IM&T.

<b>Policy/Strategy Implications</b>	As per the paper
<b>Consultation</b>	Not applicable
<b>Consultation with Professional Committees</b>	Not applicable
<b>Risk Assessment</b>	Not applicable at this stage.

<b>Compliance with Board Policy requirements on Equality and Diversity</b>	An equality impact assessment will be included in the work to develop the strategy.
<b>Resource/Staffing Implications</b>	To be determined once outputs complete.

**Approved by**

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
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