

Trust Board – 25 November 2008

IM&T STRATEGY 2008/09 – 2012/13

1. INTRODUCTION

- 1.1 The objective of the IM&T Strategy is to set the blueprint for how IM&T will deliver and support the LAS over the next 5 years. It is focused to ensure that it supports people and clinical issues, not just IM&T. It is important to stress that it is not set in stone and will be revised during this period based upon business need and changing requirements.
- 1.2 The underlying driver for the strategy is the Trust's Strategic Plan 2006/07 - 2012/13, that sets the direction for the London Ambulance Service NHS Trust (LAS) and outlines how it will be implemented in the wider context of developments in the NHS. The IM&T Strategy is defined as one of the enablers to support the delivery of this plan. There are additional drivers in the form of increasing demand for operational performance, healthcare for London, Lord Dazi's recent review and application for Foundation Trust status. None of these however alter the overall direction set out in the strategy, or require changes that cannot be supported by it.
- 1.3 The next section of this paper sets out how effective implementation of the IM&T Strategy can support the future business requirements of the LAS, while the last section provides a view on the defined approach of the strategy. The actual strategy is appended to this paper.

2. THE FUTURE VISION

- 2.1 The CAD 2010 project has delivered a new, fully integrated CAD system supporting two control rooms (each with 100% spare capacity for resilience). Reliability is 99.9%+ with complete system failures now unheard of. New functionality is released twice a year through upgrades provided by the commercial provider of the CAD software.
- 2.2 The LAS has fully implemented Airwave. Every crew member carries a digital radio that provides point to point communication for crew members, direct access to the control room and a panic button in case of emergencies. Data is now routinely passed across this system alerting staff to calls, and in the case of non MDT vehicles, passing the actual call details.
- 2.3 Electronic PRFs are fully installed in all response vehicles. Details of the call automatically populates the ePRF 'tablet' (hand portable PC device) and where patient details are known, appropriate medical information is downloaded from the Spine. Mandatory fields ensure 100% data compliance. If the patient is to be transported, then all recorded details are downloaded to the receiving centre (hospital or urgent care centre of some type), e.t.a. is automatically calculated, hence reception staff know what to expect and when. The ePRF tablet also acts as information centre for the Paramedic. It has access to various clinical guidelines and provides basic translation software for deaf people and commonly used languages. It is in continuous development as a vital Paramedic aid.
- 2.4 All staff book on/off duty, time recording will therefore automatically satisfy the requirements of the working time directive. Additionally, when booking on duty, all clinically qualified staff will be issued with an Airwave radio, that in turn will show their availability to the CAD system. All clinically qualified staff will be expected to be available to respond to local calls to perform physically local BLS duties, irrespective of their other duties. 'Hot desking' is common place, with staff having a transportable telephone number (can be moved to any fixed or mobile handset) and are able to log onto their user accounts and files from any LAS PC. All data is input once, as close to the original collection point as possible, normally via a web browser. Hence, through streamlined business processes and work flow applications, paper forms are no longer sent to data input functions. Once entered, data is then re-used by a defined suite of systems, thus removing the need for duplicate data entry.

- 2.5** All managers who have a justified business requirement will have a laptop computer (or similar device) equipped with full remote access, allowing 24 X 7 access to all corporate services. All staff will have access to basic e-mail (known as web mail) from any internet terminal – essentially giving free access to Trust e-mail from home computers or internet cafés. Vitally, a new culture will have emerged where staff use this technology to work smarter, not harder – this access will not simply be work added to the ‘day job’.
- 2.6** A new suite of services are now available for people who do not speak English and/or who cannot use the telephone as an able bodied person would. This includes direct internet services and text messaging via translator services that then interact with the control room. New national targets have been agreed for these types of calls, as 8 minutes from initial call answer is recognised as being not realistically achievable.
- 2.7** There is a single repository for all staff data, the national ESR system that includes records of personal issue equipment. Application forms are now all electronic and from moment of initial enquiry, the entire employee process is automated. Extraction routines take data from ESR and populate other systems that need data about people (e.g. telephone directory). This includes setting the access level that each member of staff has for information systems. Self service is fully implemented allowing staff to self-manage certain personal attributes (e.g. Bank details, address, telephone extension).
- 2.8** Management Information is provided by a suite of reporting tools that reside on all desktop and remote access computers. There are different levels of tools and staff are able to generate reports as and when they require them, according to their access rights. The central Management Department provides expert analysis for the most complex queries, reports on overall trends, provides predictions, continually develops the tools and acts as guardian of data standards.
- 2.9** There is a 24X7 IM&T Support desk that acts as a single focal point for ALL IM&T support. Utilising interactive tools, the support technician is able to remotely access the faulty equipment or service. 70% of the calls receive a ‘fix’ at the point of the call being received. That is, the technician is able to restore at least a basic service to the customer, and where necessary, complete fault resolution to be undertaken in slow time. Increasingly customers will use ‘self service’. Through a web browser they will be able to log onto the service desk and report their problem. They will also be able to access a series of tools and help scripts to assist in ‘self fix’ and also monitor progress of their fault.
- 2.10** Staff training and education has evolved. All employees are required to have a basic level of IM&T literacy, irrespective of their role (e.g. e-mail, basic word processing). Many training modules are now delivered by web-based e-learning packages, including many clinical modules. Traditional classroom based training is still delivered, but it is more an exception rather than normal practice. Importantly, staff accept that they are responsible for their ongoing training – this is not something ‘done to them’ by managers. The concept of IM&T Super User is now well established. This role is a recognised responsibility undertaken by appropriate staff at each main LAS location. The person provides local user support and has a direct liaison with the IM&T Directorate, which provides ongoing support and training.

3. THE APPROACH DEFINED IN THE IM&T STRATEGY

- 3.1** In order to deliver the vision defined above, the actual strategy is delivered in a number of discrete sections, each covering a specific aspect of IM&T. An important element of this strategy is the acknowledgement and full support for the national programme for information technology, also known as Connecting For Health. The approach is to utilise products that are readily available, including N3, the secure national network, NHS Mail and the ePRF solution.
- 3.2** There will be a clear focus on IM&T customer service and delivery. A number of measures will be developed including business benefits realisation, appropriate programme and project management, and ensuring the right IM&T staff, with the right skills, are in place. Customer driven service provision will underpin every activity of IM&T support and delivery, utilising the IT Infrastructure Library (ITIL) best practice framework. There will be empowerment through

the creation of an IM&T Super Users Programme - the European Computer Driving Licence (ECDL) will be available as a base-line standard for staff and an effective file management and e-mail archiving system will be implemented.

- 3.3** Compliance to ensure effective Information Governance and Security is rightly mandated. Any data stored on a PC or other removable device in a non-secure area or on a portable device such as a laptop, PDA or mobile phone will be encrypted. There will be clear focus to ensure that security controls are not disproportionate to achieving the desired business objective. An Information Governance Group will oversee all aspects of Information Governance and Security on behalf of the LAS.
- 3.4** Much work will be undertaken in the early years of this strategy to enhance the underlying technical infrastructure. IPT Telephony Voice/data/video will be the cornerstone, where voice information is managed in the same way as traditional data traffic. In terms of performance, the aim is to enable any user to access core services with consistent performance from any LAS workplace. A technical architecture will be implemented to ensure that all data is held in a centralised information repository (data warehouse). Through the provision of appropriate tools, decision makers will be provided with desktop access to their required information. Routine/standard reports will be instantly accessible with the opportunity for managers to create their own reports using various tools.
- 3.5** In terms of new software provision, the starting point will be to gather initial requirements and undertake a feasibility study. Solutions will be delivered through amending an existing system, implementing a third party product, interfacing or by in-house developments, using web technologies where appropriate. There will also be a drive towards working collaboratively with the wider emergency services family to produce joined-up solutions. The replacement of the existing Computer Aided Despatch system will be the cornerstone of work during the next three years.

4. RECOMMENDATION

To approve The IM&T Strategy, 2008/09 – 2012/13.

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