NHS SHETLAND

eHealth Plan
2013-2018

October 2015

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<tr>
<th>Version</th>
<th>Date</th>
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<td>0.3</td>
<td>29/05/13</td>
<td>Draft for comment and approval to eHealth Steering</td>
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</table>
CONTENTS

GLOSSARY OF TERMS.................................................................................................................................................. 3

1. FOREWORD......................................................................................................................................................... 1

2. EXECUTIVE SUMMARY........................................................................................................................................ 1

3. DELIVERY OF eHEALTH STRATEGY: ASSESSMENT OF CURRENT POSITION......................................................... 2

4. STRATEGIC eHEALTH AIMS................................................................................................................................. 5

5. COLLABORATION, STANDARDS AND CONVERGENCE....................................................................................... 7

6. INFORMATION AND TECHNICAL ASSURANCE................................................................................................. 8

7. EQUALITY AND DIVERSITY AND PRIVACY ASSESSMENTS................................................................. 9

8. FINANCIAL FRAMEWORK.................................................................................................................................... 10

9. eHEALTH GOVERNANCE................................................................................................................................. 11

10. EXISTING SYSTEMS......................................................................................................................................... 14

11. SYSTEM ROADMAP FOR 2013/14.................................................................................................................. 15

ANNEX A: eHEALTH STRATEGIC AIMS, OUTCOMES, AND DELIVERABLES .. 16

ANNEX B: PROJECT MATRIX 2013/2014..................................................................................................... 18

ANNEX C: eHealth Steering Group: Terms Of Reference................................................................. 20

ANNEX D: Information Support Group: Terms of Reference ......................................................... 22

GLOSSARY OF TERMS...................................................................................................................................... Error! Bookmark not defined.
<table>
<thead>
<tr>
<th>Term</th>
<th>Meaning</th>
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<tbody>
<tr>
<td>EMIS PCS</td>
<td>Primary care clinical information system developed by Egton Medical Information Systems Ltd.</td>
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<tr>
<td>Active Directory</td>
<td>IT user and computer management system</td>
</tr>
<tr>
<td>Bladecentres</td>
<td>Server architecture that encompasses multiple server processors into a shared power and connectivity environment, reducing space and power requirements and maximising efficiency.</td>
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<tr>
<td>IP</td>
<td>International protocol for web addressing</td>
</tr>
<tr>
<td>Swift</td>
<td>Social and Community Care information system</td>
</tr>
<tr>
<td>SMS</td>
<td>Text messaging system</td>
</tr>
<tr>
<td>ECS</td>
<td>Emergency Care System enabling access to key clinical information</td>
</tr>
<tr>
<td>ePCS</td>
<td>Electronic system enabling access to information about Palliative Care patients, to help reduce unnecessary emergency admissions</td>
</tr>
<tr>
<td>EDIS</td>
<td>System used in A&amp;E department</td>
</tr>
<tr>
<td>Ensemble</td>
<td>Messaging software to support the integration of disparate information systems</td>
</tr>
<tr>
<td>Scriptswitch</td>
<td>Software that facilitates generic prescribing</td>
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<tr>
<td>BNF</td>
<td>British National Formulary</td>
</tr>
<tr>
<td>KIS</td>
<td>Key Information System</td>
</tr>
<tr>
<td>FACE</td>
<td>Management Information System, intended for use for Mental Health Service</td>
</tr>
<tr>
<td>PMS</td>
<td>Patient Management System</td>
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<tr>
<td>MiDIS</td>
<td>Community care system</td>
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1. FOREWORD

The NHS Shetland Senior Management Team is committed to delivering a transforming clinical strategy to ensure that its services are appropriate and effective in addressing local health needs. The eHealth programme is a key element in the delivery of this strategy. The eHealth programme for NHS Shetland will provide both tools and measures for NHS Shetland to deliver a clinical strategy that supports the delivery of the highest possible quality of healthcare services.

The eHealth Plan will be ratified by the Strategy and Redesign Committee, which is a subcommittee of the Board of NHS Shetland.

2. EXECUTIVE SUMMARY

The main components of the eHealth Plan are designed to underpin both the six national strategic eHealth aims, and the strands of the local clinical strategy implementation. The priority is to use technology in the most cost-effective way to support bringing the delivery of care closer to the patient, closer collaboration with key partners and improved patient safety. Over the next five years, the various eHealth projects will deliver a robust and flexible community-wide infrastructure that will enable clinicians to have secure access to all the information they need.

The six strategic eHealth aims are:

- Maximise efficient working practices, minimise wasteful variation, bring about measurable savings and ensure value for money
- Support people to communicate with NHS Scotland, manage their own health and wellbeing, and to become more active participants in the care and services they receive
- Contribute to care integration and to support people with long term conditions
- Improve the availability of appropriate information for healthcare workers and the tools to use and communicate that information effectively to improve quality
- Improve the safety of people taking medicines and their effective use
- Provide clinical and other local managers across health and social care spectrum with the timely management information they need to inform their decisions on service quality, performance and delivery
The NHS Shetland clinical strategy encompasses the following key themes, as related to the eHealth strategy:

- Tele-health to support management of patients across primary care, secondary care and tertiary care e.g. telemedicine room. (Tele-health is an umbrella term that is incorporated under e-health)
- Technology to support remote monitoring such as patient tracker
- Technology to support shared health and care records and general information sharing in health and social care i.e. to support integration with the move towards integration of health and social care
- Improving the wireless infrastructure in hospital buildings, health centres and care homes
- Communication and shared technology between partner organisations e.g. SAS, NHS 24, NHS Grampian, NHS Orkney, Shetland Islands Council.
- Access to clinical portals for clinicians and patients (enabling choice and self-management)
- Explore how we can introduce intelligent systems for 'choose and book' for primary care and secondary clinicians
- Technology and systems to support the monitoring of the quality of care (e.g. Internal and external scrutiny) using hand held devices e.g. Cleaning audits, CQIs, maternity indicators, productive series, RTC etc.
- Identifying ways of using partnership funding to get access to shared systems such as NHS Grampian

Developments will be managed within the financial envelope provided by the national eHealth allocations and the three to five-year plan for Shetland.

### 3. DELIVERY OF eHEALTH STRATEGY: ASSESSMENT OF CURRENT POSITION

In the preceding eighteen months significant progress has been made on the development of the core network. NHS Shetland is now moving from a position where the infrastructure was not able to support the needs of either the clinical or the support departments, to a position where a robust network and server infrastructure is in place. A programme of implementation of disaster recovery provision is currently underway and due to be completed in 2013. This will ensure protection of clinical systems utilising redundant failover and real-time replication technologies. This has been made possible by utilisation of Shetland Islands Council fibre links and data centre real estate.

The IM&T department is also implementing significant rationalisation of overly complex active directory and network configurations to provide a more stable underlying platform. There is now redundancy in place for the core network switches, firewall, and Bladecentres, and disk storage (SAN) redundancy is being implemented in June 2013.
Significant progress has been made in embedding standard operating procedures, recovery testing procedures, and change control to ensure stability. Development of a comprehensive suite of documentation covering all aspects of the network and server configuration is underway.

Wireless provision has been rolled out across much of the central Lerwick estate, and rural locations such as GP Practices are being enabled in 2013. The provision of public wi-fi is also being implemented in partnership with the Shetland Islands Council, utilising its interconnect to the mainland of Scotland.

A programme of replacement of ageing ISDN Video Conferencing units has been completed in the central Lerwick campus and Cisco Jabber software conferencing facilities are being deployed as required. GP Practices will be migrated to IP Video Conferencing if SWAN delivers sufficient bandwidth and non-asynchronous links when it replaces N3.

NHS Shetland medical imaging has successfully migrated its PACs to Carestream version 11; one of the first Boards to do so. Significant capital investment in replacement of medical diagnostic screens has been undertaken at the same time.

A number of technology integration projects have been successfully implemented. As well as providing a location for disaster recovery equipment, the Shetland Islands Council also provides fibre connectivity between some NHS Shetland sites. Scoping is also underway to look at using council owned fibre to link some rural health centres to the core network. NHS Orkney laboratory information management system (LIMS) was migrated onto NHS Shetland hardware, saving significant hardware refresh costs for Orkney and ensuring efficient use of existing hardware in Shetland. Costs for future refreshes will be halved for each board.

Single-sign on has been implemented and is being deployed across all sites, with groups of similar users being provided with this functionality as quickly as support resource allows. IM&T will continue to increase the portfolio of applications linked to single sign on, both through local development, and in conjunction with the nationally commissioned support group led by NHS Fife.

A programme of providing tablet devices to staff across large areas of community and ward based staff is underway. In order to leverage benefits, mobile device management software (MDM) has been implemented to provide central management, corporate app purchasing and targeted content delivery.

Digital Dictation software was implemented in 2014, providing secure and fast workflow for clinical letter production and authorisation, including demographic lookup and direct integration with SCIStore.
Electronic Document Transfer (EDT) is also being implemented to provide a secure link directly between acute services and primary care. This will provide electronic transmission of clinical letters directly into clinical workflow (Docman) in GP practices. This will significantly reduce the time for clinical letters to reach GP’s and will remove administrative overhead required to scan paper letters back into electronic primary care systems.
4. STRATEGIC eHEALTH AIMS

NHS Shetland’s aims, categorised within the six strategic aims, are as follows:

Maximise efficient working practices, minimise wasteful variation, bring about measurable savings and ensure value for money

a) Improve the reliability of the core network, server estate and end user devices (desktops, laptops, tablets): Outcome: reduced IT support overheads and more effective use of clinical time

b) Implement asset management and power management systems to better manage the IT estate. Outcome: reduced IT support overheads, free up resource to delivery eHealth projects

c) Move to network printers and, where possible, high volume print/scan/copy devices via national framework across the board. Outcome: reduced power use and paper use, reduced IT support costs.

d) Implement digital dictation, voice recognition, single sign on, and smart logon technology.
   Outcome: reduced administrative overheads, release clinician time to care.

Support people to communicate with the NHSS, manage their own health and wellbeing, and to become more active participants in the care and services they receive

e) Upgrade the website. Outcome: improved communication and more accessible information for patients.

f) Increase use of email and SMS for contact between clinicians and patients. Outcome: improved communication, reduced paper and postage costs.

g) Online tools for prescription renewals. Outcome: reduced paperwork, more convenient communication for patients.

h) Web-based tools for clinical and public access to essential information. Outcome: increased patient involvement in their own health and care; better support for clinicians

Contribute to care integration and to support people with long term conditions

i) Provide for collaborative working in the community through
   i) Enabling access to GP systems for community nurses and potentially AHPs
   ii) Implementing Swift for joint working / single shared assessment with Social Work.
      Outcome: better communications between disciplines leading to more effective health and social care in the community.
   iii) Extend electronic data sharing between the Board and Shetland Islands Council to GIRFEC (Getting It Right for Every Child). Outcome: better communications between disciplines leading to safer and more effective health and social care in the community.

j) Begin the implementation of Ensemble and the Clinical Portal in order to develop an integrated patient record for Shetland patients. Outcome: more complete information available to clinicians, leading to improved care and reduced duplication of tests.
k) Implement videoconferencing over IP as a leading communication tool for sharing information and decision-making. **Outcome: improved care through better communication**

Improve the availability of appropriate information for healthcare workers and the tools to use and communicate that information effectively to improve quality.

l) Provide for collaborative working in the community by

i) Establishing an Electronic Patient Record for all community based staff including nursing, allied health professionals and social care professionals via implementation of a fit for purpose Information Management System. **Outcome: better communications between disciplines leading to more effective health and social care in the community.**

ii) Providing access across all Board GP systems for community nurses and AHPs. **Outcome: provide clinicians with appropriate patient information at point of care.**

iii) Continuing the deployment of Swif to NHS staff to support With You For You (Single Shared Assessment) across Health and Social Care. **Outcome: better communications between disciplines leading to more effective health and social care services in the community.**

m) Provide access to ECS through EDIS: **Outcome: availability of palliative care information is vital if clinicians in A&E are to work appropriately. In particular, they need to understand the patients' wishes when a decision needs to be made about resuscitation.**

n) Begin the implementation of Ensemble and the Clinical Portal in order to develop an integrated patient record for Shetland patients. **Outcome: more complete information available to clinicians, leading to improved care and reduced duplication of tests.**

o) Implement videoconferencing over IP as a leading communication tool for sharing information, decision-making. **Outcome: improved care through better communication**

p) Invest in technology to support telemedicine, with a particular focus on delivering high quality care in the patients' locale. **Outcome: better care experience for patients, reduced patient travel costs, better management of long term conditions.**

q) Continue to invest in opportunities to share a Wide Area Network infrastructure with Shetland Islands Council. **Outcome: faster, cheaper, more reliable links between GP practices and the Lerwick campus which includes the Gilbert Bain Hospital, Board HQ and Primary Care management team, improved care through better communication for non-doctor islands**

Improve the safety of people taking medicines and their effective use.

r) Identification of economically viable access to integrated Hospital Electronic Prescribing and Medicines Administration (HEPMA) system, utilising shared approach. **Outcome: safer, more accurate and timely prescribing**

s) Ensure all practices are using Scriptswitch. **Outcome: improved generic prescribing.**

t) Establish order comms within the hospital. **Outcome: Improve efficiency of test requests and results delivery.**
u) Explore education and communication tools for rapid sharing of prescribing information utilising central pharmacy resource. **Outcome: improved medicines management out with central pharmacy.**

v) Increased use of British National Formulary (BNF) mobile apps for guidance in prescribing. **Outcome: direct access to guidance at point of care e.g. wards, clinics, care homes, patient home.**

Provide clinical and other local managers across the health and social care spectrum with the timely management information they need to inform their decisions on service quality, performance and delivery

w) Implement a national quality management system to facilitate tracking of the nationally agreed service improvement datasets. **Outcome: faster identification of any downward trends in quality improvement.**

x) Investigate available development toolkits to provide real-time dashboards linked to clinical systems. **Outcome: access to key data to allow managers to react quickly to changing service needs.**

All the projects will be identified and prioritised through formal business plans, and PRINCE 2 project initiation and planning frameworks, guided and monitored by the eHealth Steering Group.

5. **COLLABORATION, STANDARDS AND CONVERGENCE**

As a member board of the eHealth Leads group, we will work collectively on managing the systems within the Application and Infrastructure funds. Throughout the year, our representative on the eHealth Leads group will work within the eHealth Leads forum to consider opportunities to exploit the existing assets within the devolved portfolios, and to consider new initiatives for moving forward with the architecture, in line with the Applications strategy and the Infrastructure strategy. We anticipate that this activity will be undertaken nationally and regionally, and will be supported by an eHealth Business Plan focused on the applications and services within these funds.

Locally we are undertaking the following activities to align with this approach:

- NHS Shetland is committed to working more closely with its regional partners, especially the Shetland Island Council (SIC). Initial steps to support sustainability include:
  - a service level agreement for IT helpdesk 1st level support to be provided by the SIC ICT service desk. This is now into its second year and is working well;
  - increased use of Swift Social Care system by NHS community and AHP staff;
  - close involvement in the Data Sharing Partnership;
  - shared wide network infrastructure, especially the pan-Shetland fibre network currently under development.
- Co-location of NHS disaster recovery infrastructure
- Public wi-fi provision utilising SIC web filtering and interconnect to mainland UK.

- NHS Grampian is a key partner in the delivery of clinical services, and initial investigations are being undertaken into ways to work more collaboratively with the NHS Grampian eHealth team including hosting of Patient Management System, laboratory links and electronic physiological measurements sharing. Onward referrals via SCI Gateway are also being implemented. NHS Shetland is part of the NHS Grampian Eyecare network and will work both with NHS Grampian and the national project to deliver electronic referral from optometrists to secondary care and electronic payment for eyecare services.
- NHS Shetland is also an active participant in the national Videoconference Project.
- NHS Shetland works closely with its north of Scotland partners in Orkney, Grampian, Western Isles, Highland and Tayside. Shetland and Orkney in particular share similar challenges and work closely on finding common solutions. Shetland now hosts Orkney’s laboratory management information system, and both Boards are investigating options for procurement of a common strategic partner for infrastructure support.

With reference to nationally agreed solutions and standards, NHS Shetland is committed to implementing those nationally mandated except where they are inapplicable or inappropriate. Single Sign-on (Imprivata) was implemented and roll-out commenced in 2013 and FairWarning will be implemented during 2014, subject to national issues being resolved. Intersystems Ensemble, which will support a clinical portal and TrakCare Patient Management System will be procured in 2014/15 with an anticipated go-live of the core product in February 2015. The business case for Trakcare identified the only viable implementation model being hosting by NHS Grampian.

In 2014 we developed business cases for the procurement of systems for Maternity, replacement A&E system, and order comms and a decision will be made on the most appropriate management information solution for community nursing and allied health professionals.

### 6. INFORMATION AND TECHNICAL ASSURANCE

NHS Shetland’s Information Governance Subgroup, which reports to ISG, regularly monitors progress in improving information governance, which include information assurance. We have adopted the Information Governance training developed by NES as part of all staff personal development plans, and have agreed to develop a programme of formal certified training in information governance for key management with an information governance remit. Information assurance and governance is a core function of the Information Support Group.

NHS Shetland is committed to implementing the national solution for privacy breach detection, Fairwarning, and this is part of the agreed workplan for the Information Governance Subgroup.
The NHS Shetland Information Security Policy is currently under review, due for completion in September 2013. At the same time ISG agreed that an IT Security Policy will be developed to underpin the Information Security Policy. This IT Security Policy will incorporate Acceptable Use, Third Party Access, Mobile Devices, Security Incidents and Removable Device Policies.

A Security and Infrastructure Review Subgroup, has been convened to regularly review the operational management of the network infrastructure and implementation of security improvements. The subgroup reviews the management of user accounts, third-party access, encryption, anti-virus protection, security logs, mobile device management, backup and restore procedures and external threats. The subgroup reports to ISG.

A completely revised IT Disaster Recovery Plan and IT Business Continuity Plan are under development to support the delivery of healthcare using increasingly critical IT systems.

7. EQUALITY AND DIVERSITY AND PRIVACY ASSESSMENTS

At NHS Shetland, we believe that all members of society should have fair and equal access to our services. Since 2002, we have been proactively working to meet our Equality duties.

We continue to recognise that the equality & diversity agenda will be ever growing and ever evolving - we are committed to reviewing our practices to ensure that we consistently provide all members of society with fair and equal access to our services. Through our actions, we will continue to proactively demonstrate our commitment to ensuring equality and valuing diversity. We are determined to deliver against our commitments and to ensure that our work is inclusive and continually improving our service for patients, carers, staff and the wider public.

This is a vision which NHS Shetland is determined to achieve; it is not an agenda to which we will only pay lip service. Through our actions, we will proactively demonstrate our commitment to ensuring equality and valuing diversity. A measure of our corporate intent is that the Board has agreed a set of eight corporate objectives, one of which is:

'To ensure that we treat all patients, members of the public, NHS staff and staff of partner organisations equally and fairly regardless of their race, age, gender, sexual orientation, religion, location or income.'
As agreed under the Terms of Reference for the eHealth Leads group our Board’s aim is to work collectively with other Boards nationally and regionally, to take forward the eHealth strategy on behalf of NHS Scotland, particularly focused on:

- Increasing value from existing systems;
- Reducing inefficiency and waste across the service through improved eHealth uptake; and
- Ensuring new systems and services are cost effective for all boards.

As part of our Boards responsibility within the eHealth Leads group, we will look to manage down the costs of the systems and services included within the Applications and Infrastructure funds, and to have these costs remain within the financial envelope agreed with the eHealth Programme Board.

We will work in concert with our national and regional partners to explore opportunities to reduce inefficiency and where appropriate, invest from our Strategic Fund or from savings from the Application and Infrastructure fund to reduce future costs in the eHealth portfolio.

Through the use of such governance tools as the eHealth Portfolio Management groups our Board representative will look to exert influence over the future development of key national applications, increasing the value for money in developments that will align closely with our Boards needs, and the broader clinical and health community.

The NHS Shetland eHealth financial position for 2014/15 is as follows:

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<th>Description</th>
<th>Revenue Budget 2014-15 £</th>
<th>Comments</th>
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<td>Applications Fund</td>
<td>£217,968</td>
<td>Committed for national systems</td>
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<tr>
<td>Strategic Fund</td>
<td>£266,500</td>
<td>Support of the local clinical strategy and the six strategic aims</td>
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<tr>
<td>Infrastructure Fund</td>
<td>£83,449</td>
<td>Committed for national systems</td>
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<tr>
<td>Harmonisation of Desktops Infrastructure year 5 of 5 Capital charge</td>
<td>£10,836</td>
<td>Committed for national systems</td>
</tr>
<tr>
<td>Patient Management System Implementation</td>
<td>£188,000</td>
<td>Additional funding for implementation of Trakcare PMS</td>
</tr>
<tr>
<td>Information Sharing Board Funding</td>
<td>£60,000</td>
<td>Funding for eHealth Integration Project Manager and integration projects.</td>
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<tr>
<td><strong>Total Allocation</strong></td>
<td><strong>£826,803</strong></td>
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9. **eHEALTH GOVERNANCE**

The NHS Shetland eHealth programme and projects are overseen by the eHealth Steering Group. Its terms of reference are as follows:

The eHealth Steering Group is a subgroup of the Information Support Group (ISG) and has responsibility for monitoring and directing the implementation of the Board’s eHealth strategy. Its remit is to:

- Review the eHealth Strategy regularly to ensure that it is consistent with developments in the local clinical and national eHealth strategies
- Establish and regularly review the priorities for implementation
- Approve the initiation of new eHealth projects that support and are consistent with the development of front-line services for Shetland
- Monitor the progress of projects in line with the principles of PRINCE 2
- Recommend or approve actions to address any deviations from plan or changes in priority arising from changes in service requirements.
- Monitor eHealth expenditure to ensure it remains within budget while still progressing towards the agreed outcomes in support of the six national strategic objectives
- Support and approve any bids for additional eHealth funding

The membership consists of:

- Director of HR & Support Services (Chair)
- Director of Community Health and Social Care (Deputy Chair)
- Medical Director (Clinical eHealth Lead)
- Chief Nurse - Community (NMAHP ehealth lead)
- Lead for AHPs
- Director of Finance (ISG Chair)
- Primary Care Manager
- Head of IM&T and eHealth (Technical eHealth Lead)
- eHealth Project Lead
- eHealth Project Manager
- Data Sharing Partnership representative
- Information Services Manager

The following may also attend, as required:

- Director of Public Health
- Departmental Project Managers

A quorum consists of three members including the Chair or Deputy Chair.

The group meets twelve times a year, and reports to ISG. The eHealth minutes are a standing item of the ISG agenda.
Our Head of IM&T & eHealth is a member of the national eHealth Leads group. This group has responsibility for the tactical and financial decisions impacting the systems and services contained within the Application and Infrastructure funds. Through this group, our representative will consider future direction for these systems and services, and through the use of Portfolio Management Groups directly influence development so that it aligns with the national eHealth strategy and allows increased exploitation of functionality at local and regional Board level.

As part of our Board’s role in the eHealth Leads group, our representative will keep the local Board management team informed of decisions made within the eHealth Leads group and raise issues/concerns locally as appropriate. Likewise our representative at this group will raise local and regional issues within the eHealth Leads group for consideration, decision making, and where appropriate escalation to the eHealth Programme Board.

Due to the key role the eHealth Leads group plays, NHS Shetland has committed to attending eHealth Leads group meetings in person despite geographical challenges.

Local engagement with clinicians to ensure the NHS Shetland eHealth Plan meets the needs and aspirations of the clinical community will be achieved through a number of mechanisms:

- The eHealth Lead is a member of the NHS Shetland Hospital Management Team (HMT) and ensure all eHealth initiatives are brought to the attention of HMT.
- The eHealth Steering Group Chair (Director of HR and Support Services) is a member of the Acute Services Strategy Group (ASSG).
• All eHealth Projects will have at least one clinical stakeholder in an executive or assurance role on the Project Board and representation in all project delivery teams.
• In 2015 the eHealth department will seek to recruit part-time clinical champions from both primary care and acute services to provide clinical engagement as initiatives are developed and implemented.
10. EXISTING SYSTEMS

NHS Shetland portfolio of eHealth systems includes systems hosted locally, centrally, and by other territorial boards on behalf of National Services Scotland. The core clinical systems currently in use are:

- Bluebay: GMS Contract Management Software
- CHI: Community Health Index national system
- Clinical Vision: Renal System (NHS Grampian)
- Clinisys Labmanager: Laboratory Management Information System (LIMS)
- Cohort: Occupational Health Management System
- CVWeb: Clinical access to Echo results
- Dart EDM: Laboratory Electronic Document Management
- Datix: Risk Management System
- Docman: General Practice Document Management
- ECS: Emergency Care Summary
- EDIS: A&E patient management system
- EMIS: General Practice Information System (GPIT)
- Fingerprint Tracker: Central and Local Decontamination and Instrument Tracking
- Helix: Patient Administration System (PAS)
- Instrument Manager: Laboratory instrument management
- JAC: Pharmacy Management System
- KIS: Key Information Summary
- PACs: Radiology Imaging System
- R4: Dental Clinical Management Information System
- RIS: Radiology Information System
- SBR: National Scottish Birth Record (also incorporating newborn screening)
- SCI DC: Diabetes Information Management System
- SCI Gateway: National system for referrals
- SCI Store: National storage system for referrals, reports, discharge letters
- Unisoft: Endoscopy Management
- Wardwatcher: Intensive Care Patient Monitoring
## 11. SYSTEM ROADMAP FOR 2014/15

### Systems fully implemented in previous 12 months
- PACS v11
- Plumtree Dart EDM
- GE Systems EchoVault
- Voice Technologies Digital Dictation
- FACE
- SCI Gateway for Optometry

### Systems currently being implemented
- Docman EDT
- CHKS
- EMISWeb
- Fairwarning
- KIS
- Intersystems Trakcare PMS
- Intersystems Trakcare ED
- Badgernet Maternity
- Adastra for Police Custody

### Systems recently upgraded
- EDIS
- Cohort
- R4
- JAC
- Clinisys Labmanager
- SCI Store and SCI Gateway

### Systems at initiation/appraisal stage
- LANQuIP (or equivalent)
- Qlikview/iDashboards
- Carestream R4 Clinical+
- MiDAS
### ANNEX A: eHEALTH STRATEGIC AIMS, OUTCOMES, AND DELIVERABLES

<table>
<thead>
<tr>
<th>eHealth strategic aims</th>
<th>Outcomes</th>
<th>National targets and deliverables</th>
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<tr>
<td>To use information and technology in a coordinated way to:</td>
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<tr>
<td>➢ maximise efficient working practices, minimise wasteful variation, bring about measurable savings and ensure value for money</td>
<td>➢ Healthcare services are more efficient</td>
<td>➢ By 2014 NHS Boards will have well established programmes to replace paper with digital equivalents, along with digital dictation, voice recognition, scanning and video conferencing</td>
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<td>➢ By April 2014 95% of referrals from optometrists to hospital eye services will be done electronically with the necessary business changes in place (Eyecare Integration project)</td>
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<td>➢ By April 2014 95% of all optometry claims will be made electronically (Eyecare Integration project)</td>
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<td>➢ By 2014 the eHealth Programme will have developed a national strategy covering the range of electronic contact that individuals have with NHSScotland</td>
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<td>➢ People are better able to manage their own health and well being and are more active participants in the care and services they receive</td>
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<td></td>
<td>➢ By 2014 a national strategy to guide further work in this area will have been developed and agreed.</td>
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<td>➢ support people to communicate with the NHSS, manage their own health and wellbeing, and to become more active participants in the care and services they receive</td>
<td>➢ People have the option to communicate electronically with NHSScotland</td>
<td>➢ By 2014 the eHealth Programme will have developed a national strategy covering the range of electronic contact that individuals have with NHSS. This will provide a coherent and patient centred framework for these developments.</td>
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<tr>
<td></td>
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<td>➢ People are better able to manage their own health and well being and are more active participants in the care and services they receive</td>
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<td>➢ By 2014 a new health and social care information sharing strategy will have been developed in partnership with local authorities. This will have paved the way for improvements in information sharing between health and social care workers and greater integration of health and social care services, for people of all ages, across Scotland.</td>
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<td>➢ By 2014 the ePCS and KIS will have been rolled out</td>
</tr>
<tr>
<td>➢ contribute to care integration, and to support people with long term conditions</td>
<td>➢ Care is better integrated</td>
<td></td>
</tr>
</tbody>
</table>
| **improve the availability of appropriate information for healthcare workers and the tools to use and communicate that information effectively to improve quality** | **Healthcare workers have better access to the information they need**  
- Performance data are readily available to proactively improve service delivery  
- NHSScotland organisations demonstrate incremental improvement in relation to information assurance | **By 2014 all territorial Health Boards will be using clinical portals (or electronic windows to information) and the priority information items agreed by clinicians will be available at the point of care**  
- By 2014 work to implement an agreed Information Assurance Strategy will be well established  
- Over the course of the strategy all territorial Health Boards will have introduced single sign on for healthcare workers and have privacy breach detection tools, and we will have implemented an agreed Information Assurance Strategy and associated programme of work  
- There will be improvements to Infection Control supported by ICT |
| **improve the safety of people taking medicines and their effective use** | **Medicines reconciliation is supported across all transitions of care**  
- There is reduced variability in prescribing patterns and greater compliance with best practice guidelines  
- People are supported to take their medication appropriately | **By 2014 we will have enabled an accurate and up-to-date electronic medication summary to be available to the appropriate healthcare workers involved in a patient’s journey through the healthcare system** |
ANNEX B: PROJECT MATRIX 2014/2015

This list of projects includes all projects planned to be undertaken by NHS Shetland IM&T department to support the delivery of the eHealth Plan. It includes national, local strategic, local capital investment and internal operational projects.

<table>
<thead>
<tr>
<th>Project</th>
<th>Local eHealth, National eHealth, Capital, Internal IT, Department</th>
<th>Summary Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Network Resilience</td>
<td>Capital</td>
<td>Implementation of additional fibre paths, replacement/upgrade of switches, network addresses reconfiguration</td>
</tr>
<tr>
<td>Cardiac Stress Analyser</td>
<td>Capital</td>
<td>Replacement Cardiac Stress Analyser in Physiological Measurements service</td>
</tr>
<tr>
<td>Health Centre Backups and DR</td>
<td>Capital</td>
<td>Virtualisation of health centre server architecture and implementation of remote offsite backups</td>
</tr>
<tr>
<td>Brae Phone System</td>
<td>Capital</td>
<td>New phone system</td>
</tr>
<tr>
<td>Wardview</td>
<td>Local eHealth</td>
<td>Implementation of ward management system</td>
</tr>
<tr>
<td>Ensemble</td>
<td>Local eHealth</td>
<td>Installation of local Ensemble instance to support local integration projects</td>
</tr>
<tr>
<td>Clinical Portal</td>
<td>Local eHealth</td>
<td>Appraisal of clinical portal solutions</td>
</tr>
<tr>
<td>TrakCare</td>
<td>Local eHealth</td>
<td>Patient Management System to replace Patient Administration System and A&amp;E system</td>
</tr>
<tr>
<td>Windows 7 Desktop Upgrade</td>
<td>Local IM&amp;T</td>
<td>Upgrade of all desktops from Windows XP to Windows 7</td>
</tr>
<tr>
<td>Server Architecture Upgrade</td>
<td>Local IM&amp;T</td>
<td>Migration of server architecture from bladecentre to traditional architecture</td>
</tr>
<tr>
<td>Project Category</td>
<td>Local/Regional/EH</td>
<td>Project Description</td>
</tr>
<tr>
<td>------------------------------------------</td>
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</tr>
<tr>
<td>Server Virtualisation Upgrade</td>
<td>Local IM&amp;T</td>
<td>Upgrade of datacentre virtualisation software</td>
</tr>
<tr>
<td>Health Intelligence Dashboards</td>
<td>Local eHealth</td>
<td>Implementation of realtime dashboard solution to support health intelligence function and data quality improvements</td>
</tr>
<tr>
<td>JAG System</td>
<td>Local eHealth</td>
<td>Implementation of system to support JAG accreditation</td>
</tr>
<tr>
<td>Police Custody Suites</td>
<td>National eHealth</td>
<td>Implementation of Adastra to support health service provision of care in police custody suites</td>
</tr>
<tr>
<td>CHKS</td>
<td>National eHealth</td>
<td>National benchmarking system</td>
</tr>
<tr>
<td>Digital Dictation</td>
<td>Local eHealth</td>
<td>Digital dictation,</td>
</tr>
<tr>
<td>Scottish Public Health Information Management System (HPZone)</td>
<td>National eHealth</td>
<td></td>
</tr>
<tr>
<td>NSS Discovery</td>
<td>National eHealth</td>
<td>Replacement NSS national benchmarking system</td>
</tr>
<tr>
<td>EMIS Web</td>
<td>Local eHealth</td>
<td>Provision of access to GP systems for OOH and specialist services staff</td>
</tr>
<tr>
<td>Electronic Document Transfer (EDT)</td>
<td>Local eHealth</td>
<td>System to provide electronic transmission of clinical documentation from acute services to primary care</td>
</tr>
</tbody>
</table>
The eHealth Steering Group is a subgroup of the Information Support Group (ISG) and has responsibility for monitoring and directing the implementation of the Board’s eHealth strategy. Its remit is to:

- Ensure regular updates of all Strategies and Policies impacted by e-health to ensure that it is consistent with developments in line with local clinical and national eHealth directions
- Establish and regularly review the priorities for implementation
- Approve the e-health plan and financial resources associated
- Approve the initiation of new eHealth projects that support and are consistent with the development of front-line services for Shetland
- Monitor the progress of projects in line with the principles of PRINCE 2
- Recommend or approve actions to address any deviations from plan or changes in priority arising from changes in service requirements.
- Monitor eHealth expenditure to ensure it remains within budget while still progressing towards the agreed outcomes in support of the five national strategic objectives
- Support and approve any bids for additional eHealth funding

The membership will consist of:

- Director of HR & Support Services (Chair)
- Director of Clinical Services (Deputy Chair)
- Medical Director (Clinical eHealth Lead)
- Assistant Director of Nursing and Allied Health Professions (Community) (NMAHP Clinical e-Health Lead)
- Director of Finance (ISG Chair)
- AHP Lead
- Primary Care Manager
- Head of IM&T (Technical eHealth Lead)
- IM&T Project Officers

The following may also attend, as required:

- Assistant Director of Clinical Services
- Head of Information Services
- Data Sharing Partnership representative
- Director of Public Health and Planning
A quorum will consist of three members including the Chair or Deputy Chair.

The group will meet at least six times a year, and will report into ISG. The eHealth minutes will be a standing item of the ISG agenda.
ANNEX D: Information Support Group: Terms of Reference

1. Definition
The Information Support Group has delegated authority from the Clinical Governance Committee to ensure that an appropriate information governance framework is in place across NHS Shetland Health Board (the Board). The remit of this group includes monitoring compliance with Information Governance (IG) standards, and operational issues relating to IG including informatics, IT, Freedom of Information (FoI) and medical records services.

2. Purpose and Powers (Duties)

To ensure that the Board has effective policies and management arrangements covering all aspects of Information Governance in line with the Board Information Governance Policies by:

- Ensuring Board-wide implementation of the Information Governance Policy.
- Ensuring that the Board undertakes or commissions annual assessments and audits of its IG policies, protocols and arrangements. The audits will be selected from the IG improvement plan, based on the relative risk and priority levels.
- Reviewing and refreshing annual IG Improvement Plans.
- Assuming an active monitoring role in regarding to IG incidents (e.g. relating to breaches of IT security, data protection etc) and receives regular reports as part of the quality assurance role of the group
- Agreeing the e-health plan for recommendation to the Board
- To provide direction and priorities to the e-Health steering group
- Assisting revenue budget-holders in setting priorities in relation to Information Governance issues
- Acting as a standing committee to monitor the development of clinical records services and implementation of policies, procedures set out in the NHS Code for Records Management.
- Agreeing inter-agency policies, procedures, plans and systems aligned to the Shetland Data Sharing Partnership and Community Health and Care Partnership
- Identifying risk and ensuring that Risk in relation to IG is a standing item on the agenda - (Risks that ISG consider high should be reviewed alongside mitigating actions through the Risk Management Group.

3. Frequency of Meetings
The Group will meet a minimum of six times a year.

4. Membership
Deputies will be accepted, with the proviso that any individual acting as a proxy for a member
of the group will be fully appraised of the agenda meeting agenda in advance and able to
feedback progress updates on behalf of the department/team being represented. Key
decisions to have appropriate clinical representation.

5. Quorum
Chair or Vice Chair
eHealth Lead
Representation from Information Services
Director of Clinical Services or representative of Clinical Services
eHealth Clinical Lead or NMAHPS – e-Health lead

6. Conduct of Meetings
The agenda, previous meetings minutes and appropriate documentation for the meeting taking
place, will be circulated one week prior to the meeting.
Items agreed at the previous meeting and actions to take place will be clearly documented
within the minutes or meeting notes.

7. Reporting
The following report schedule is in place to ensure regular review and monitoring of the
standards set out in the IG framework.
The minutes from ISG will reflect the key action points and will be reported to the Clinical
Governance Committee on a regular basis. Projects and reporting will conform to agreed
project management methodology (i.e. PRINCE2).
The Clinical Governance Committee report will also include an update on the IG Action Plan
on a regular basis.
ISG will receive quarterly reports on progress with the implementation of the IG Improvement Plan.
ISG will receive updates at each meeting on progress with the implementation of the e-health Plan.
ISG will receive reports on IG risks and incidents (including IT security).
ISG will receive quarterly reports on FoI requests

EHealth sub group will report to every ISG, including minutes and financial position as a standing item.