

Meeting Title	Board of Directors		
Date	12.03.20	Agenda Item	Bo.3.20.34

Informatics Performance Report 31 December 2019

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Purpose of the paper	This report provides an update and assurance on Informatics' performance	
Key control		
Action required	To note	
Previously discussed at/ informed by		
Previously approved at	Committee/Group	Date
	Informatics Heads of Service	24 January 2020
	Finance & Performance Committee	29 January 2020
Key Options, Issues and Risks		
This report is the quarterly report, providing an update and assurance on Informatics performance: Clinical Informatics, Business Intelligence, Information Technology and the Going Digital Programme.		
Analysis		
The Informatics services continue to perform largely in line with metrics. The metrics not in line are reviewed in the attached report.		
Ongoing improvement and maturity work continues with the Trust benchmarking well in Model Hospital.		
The highest risk currently is aged equipment, which predominantly is in the process of being updated or are coming to the end of planning stages for rectification. albeit for some taking longer than anticipated.		
Staffing is in a relatively good position. Finances are largely in line and expected to meet year end budgets.		
Recommendation		
The group is asked to note this report.		

Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients			g			
To deliver our financial plan and key performance targets			g			
To be in the top 20% of NHS employers			g			
To be a continually learning organisation				g		
To collaborate effectively with local and regional partners					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk	No impact on current risk					

Benchmarking implications (see section 4 for details)	Yes	No	N/A
Is there Model Hospital data relevant to the content of this paper?	X		
Is there any other national benchmarking data relevant to the content of this paper?	X		
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	X		

Risk Implications (see section 5 for details)	Yes	No
Corporate Risk register and/or Board Assurance Framework Amendments	X	
Quality implications		X
Resource implications		X
Legal/regulatory implications		X
Diversity and Inclusion implications		X

Regulation, Legislation and Compliance relevance
NHS Improvement: (Risk assessment framework, quality governance framework, code of governance , annual reporting manual)
Care Quality Commission Domain: (Safe, caring, effective, responsive, well led)
Care Quality Commission Fundamental Standard: (person centered care, dignity and respect, consent, safety, safeguarding from abuse, food and drink, premises and equipment, complaints, good governance, staffing, fit and proper staff, duty of candour, display ratings)
NHS Improvement Effective Use of Resources: Corporate Services, Procurement, Estates & Facilities
Other (please state):

Relevance to other Board of Director's Committee:					
Workforce	Quality	Finance & Performance	Partnerships	Major Projects	Other (please state)
	X	X			

1	PURPOSE/ AIM
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This report is the quarterly report, providing an update and assurance on Informatics performance: Clinical Informatics, Business Intelligence, Information Technology and the Going Digital Programme.

2	BACKGROUND/CONTEXT
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This report covers the performance, benefits, risks, workforce and finance positions of the services within Informatics. The full report was reviewed by the Finance and Performance Committee.

3	PROPOSAL
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Performance of service delivery metrics

Primarily all services are performing well. All services recently reviewed the metrics available in the Model Hospital and noted above-peer benchmarking in all metrics but one in Information Technology (IT) for cost/WTE and one in line with benchmarking overall for Clinical Coding Depth.

The Trust ranks first in the country for the Digital Readiness metrics in Model Hospital. This metric assesses the foundational parts of digital services, e.g., governance, infrastructure, etc.

There are a few red-rated metrics in the month of December 2010, against the suite of 70 plus metrics, as follows:

- **Mission Critical System Uptime** – This metric has been revised this month to include the fixed line (i.e., not mobile) telephone systems in recognition of the importance to the Trust operations. This technology is aged and are in the process of being replaced. There have been two partial unplanned downtimes in recent months as a result of the age of the equipment and further unplanned downtimes from the external lines that are not within the control of the Trust. There were no reported patient safety or no significant operational impact during these outages. In line with best practice IT processes, the Trust commissioned a problem review of all the incidents together in addition to the standard individual incident reviews to look at the incidents as a whole. This review has resulted in several actions to strengthen the business continuity plans and further mitigate potential issues while the new equipment is being secured. The new equipment is currently targeted for installation completion by the end of the summer 2020 and is in the last stage of procurement. The age of the equipment is monitored from a risk perspective on the Strategic Risk Register.

- **Coding Service Level Agreement (SLA)** – The Coding service is currently running behind; 14 days against the 6 day SLA. A plan is in place and showing improvement with the utilisation of a remote coding service. The SLA is planned to be back in line in April 2020. The source issue is primarily staffing levels from sickness and overall capacity against increased demand. The service has made significant improvements in throughput and depth of coding (quality) which is now roughly in line with benchmarking and throughout which is now well above our peers.

- **Late Regulatory Reports** – Although this metric is Amber, it should be noted that a supplier software bug has caused trusts to be unable to submit the RTT Complete report to the centre. Despite a number of trials a fix has now been confirmed by the supplier to be contained only in the next major upgrade. The upgrade is in progress and is due to complete by the end of the summer 2020.

A suite of new metrics have been added to Informatics monthly performance monitoring recognising the Trust's recently approved Green IT Strategy. These metrics show the Trust in a relatively strong position, being conscious of the need to be green-oriented prior to the Strategy being developed.

Risk Position

The digital services are largely in a strong risk position with one main exception – fixed line telephony with plans noted above. This risk is on the Strategic Risk Register.

To a lesser risk degree, the age of some of the end user devices and some of the data centre components also present a risk. Although currently rated above our metric threshold this equipment is being managed and does not currently require a Strategic Risk Register entry. Updated risk assessments will be completed in this next quarter and the risk register updated if needed

- **End User Device Age** – The Trust is currently using a suite of end user devices, namely desktops, that are older than they should be; 40% vs. 10% target. Age of end user devices affects functioning for users, but more importantly affects the ability to keep the Trust cyber secure. At present these devices are secure. The Trust has extended the life of desktops intentionally with the introduction several years ago of both standard desktops and a clinical desktop standard that limits those clinical functioning devices and extends the life past industry standard. The Windows10 project is underway and will see the replacement of these devices as appropriate. Laptops/tablets (30%) and printers/faxes/scanners (15%) are also red-rated however in much lesser numbers. The Trust is working towards the removal of fax functions by the end of the financial year in line with the national directive.

- **Data Centre Age** – Some components of the Data Centres are also beyond their planned life; 35% vs 10% target. These components are well managed. The Trust has been exploring cloud solutions and strategies and has targeted the end of the financial year to agree a way forward.

Projects

The Trust continues to progress the Digital Strategy with work in a number of areas. Projects include working towards the introduction of Robotic Process Automation, optimisation of clinician working in the EPR, provision of Mobile EPR, and piloting clinical-grade diagnostic technology in the ACE service.

The key project for the Trust currently is the EPR upgrade which is due to complete by the end of the summer 2020. Of the 20 active projects there are currently two red-rated projects, both of which have remediation plans in place. Both ratings relate to delays but do not impact costs, impacting only delayed delivery of the benefit. The PACS3 project is delaying a routine upgrade. The Paper Reports Turn Off project is delaying the cessation of paper diagnostic reports due to resourcing prioritisation.

Adoption and Benefits

The Trust continues to have a relatively strong adoption of tools and realisation of benefits from digital advancements. Recent benchmarking has shown the Trust ranks first among its peers for Allergy documentation and is in the top quartile for EPR Record Opens and EPR Documents Created. Work on improving nursing documentation is underway with a Back to Basics session delivered, guidance on completion provided to all clinical areas and an audit tool being developed. The Clinical Informatics Change Facilitators are focussing work in two ward areas to understand barriers and provide solutions for nurses. Work in maternity and paediatrics is also underway to optimise the use of clinical information systems within these areas.

Workforce

The digital services workforce position is acceptable in terms of staffing levels. A resource issue in Clinical Coding however is impacting delivery of the service, as noted above. There is strong performance in terms of annual reviews and mandatory training.

Financial Position

The financial position is currently slightly overspent due to lack of full realisation of Cost Improvement Plans to date and previous use of contractors for Clinical Coding. The Cost Improvement Plans are expected to realise planned savings before the end of the financial year.

The Trust continues to actively participate in cost savings and avoidance, resilience and development plans within the Bradford District & Craven Place and the West Yorkshire & Harrogate Partnership. This participation has recently exposed the Trust's benchmarking for degree of virtualisation (compared to physical servers that cost more) in our Data Centres – 99% compared to others that range from 40% upwards.

4 BENCHMARKING IMPLICATIONS

Digital Maturity of NHS Trusts, assessed by NHS England, has recently been published with the Trust ranking seventh in the country with a score of 89.7 (out of 100). The Trust is also within the top 10% for recent Model Hospital IT benchmarking indicators. Other benchmarking is noted in the report.

5 RISK ASSESSMENT

This paper does not present any new risk, however aged equipment declines over time, increasing risk. These risks are noted above.

6 RECOMMENDATIONS

The group is asked to note this report.

7 Appendices

NA