

The following report provides an update to the IT Strategy 2016-20, the strategy included several short to medium term initiatives and since the strategy was written further priorities have been identified. The first section provides an update on the initiatives identified at the time the Strategy was written. The second section provides an update on the additional priorities that have been identified and are included in the CCGs IT work programme for 2018-19.

Each initiative has been given a RAG status to show whether it has been completed, or closed if unable to take forward. Is progressing and is on track for delivery or is in progress but has had some delay to delivery and those with significant issues which are preventing them to be progressed. The key below provides the RAG status for these:

RAG Status Key:

Complete/Closed:	
In Progress on Track:	
In Progress off Track:	
Significant issues:	

The following table provides the updates to the IT Strategy work stream:

Strategy Ref No.	Strategic Initiatives	Summary of Progress	Key issues and Risks	RAG Status
5.1	Electronic Clinical Letters and discharge summaries	<p>The pilot to support Clinical Document Architecture (CDA) messaging with EMIS, SystmOne and TRFT has been put on hold due to NHS Digital reviewing messaging standards and formats between organisations/systems.</p> <p>Due to this delay the CCG and TRFT have reviewed an interim solution to support the roll out of clinical letters to practices. The pilot with Broom Lane Medical Centre and Wickersley Health Centre commenced in July and has highlighted several issues. These issues are being reviewed before continuing with the pilot.</p> <p>RDaSH completed their transfer to SystmOne in June 2018 and are now sending electronic Discharge Summaries to practices.</p>	<p>Technical Issue: The systems are unable to send direct clinic letters to GP systems as the messaging services / formats have not been agreed nationally.</p> <p>Coding issues: Feedback from the pilot has highlighted an issue regarding the headings being used which are too generic to support coding these within the GP system.</p> <p>Letters received coded as Orthopaedic but were from Rheumatology.</p>	Yellow

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5.2	Emergency Care Centre Solution	<p>On 7th November 2016 TRFT Emergency Department switched over from their ED system Symphony to the Trust's electronic patient record (EPR) Meditech system. The department went live with functionality that allowed patients to be tracked throughout the department with a suite of ED Trackers. At this time the majority of their processes became paperless including electronic patient registration, triage and assessment. Documentation including production of GP letters, order communications to radiology and laboratory for tests and investigations are also electronic. Any paper documentation such as ambulance PRF sheets, doctor history sheets, ECGs were scanned into the EPR system. To support access to the system a single-sign-on, fast user logon service was deployed throughout the department.</p> <p>On 6th July 2017 TRFT transferred the IT solution into the new Urgent and Emergency Care Centre (UECC). The Rotherham Walk In Centre moved from Rotherham Community Health Centre into the UECC and e-prescribing was introduced in Meditech to support this service.</p> <p>The Rotherham Out of Hours Team moved to the UECC in September 2017 and the SystmOne OOH Unit was deployed fully configured to their requirements.</p> <p>New developments include electronic referrals to internal and external colleagues, and bed requests to admitting areas including AMU and SAU.</p>	No known risks or issues identified	
5.3	Business Intelligence Systems	This section of the strategy requires revisiting as provision of BI systems has been subject to significant change over the last two years. Currently BI tools are provided by eMBED. This provision includes the risk stratification tool, which has been in place for over a year. This system has recently undergone an update to address an issue whereby some patients were being incorrectly attributed to practices. The other tools that have been provided by eMBED around secondary care activity have been reviewed but are felt to offer limited value. The CCG continues to work with eMBED to develop these tools.	System Issue: Issues were found where some patients were being incorrectly attributed to practices.	Yellow
5.4	Community Pharmacy patient summary access	<p>This initiative is being delivered directly by NHS Digital to pharmacies and has not required any further support from the CCG.</p> <p>NHS Digital has confirmed that 51 Rotherham pharmacies have been enabled to view Summary Care Records.</p>	No known risks or issues have been identified.	

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5.5	GP Trainee Assessment	This initiative has been closed due to the funding bid which was submitted to NHS England in 2016-17 being unsuccessful.	Funding issue: A £60k bid to support this initiative was unsuccessful	
5.6	Linking Nursing Home patients with practice IT systems	<p>A pilot was started in March 2016 to see whether SystmOne mobile would support better communication with general practice. The pilot was unsuccessful as issues were raised by the Care Home due to patients needing to be re-registered if they had not been opened within 28 days.</p> <p>'Proxy' access for patients using online services for both GP clinical systems; EMIS Web and SystmOne was reviewed as a potential option to support better communication. However, EMIS Web online services were unable to support 'Proxy' patient access.</p> <p>Due to both potential solutions having fundamental issues this initiative was unable to progress and has been closed.</p>	System issue: Requirement to re-register patients after 28 days if they have not been viewed during this period. System issue: EMIS Web unable to support 'Proxy' patient access	
5.7.1	Connect GP Practice to the CCG network	The Public Sector Network (PSN) deployment to provide local network connectivity to all practices in Rotherham has commenced in January 2017. Woodstock Bower was the final practice to migrate to the network and was completed in June 2018.		
5.8.1	EMIS & TPP Interoperability	<p><u>GP Connect (national programme)</u></p> <p>Phase 1 of the GP Connect Programme, led by NHS Digital, aims to give care professionals working in general practice the capability to view GP records and view, book and cancel GP appointments across practice systems. TPP have advised that this service is due to commence a live pilot in September 2018 and that subsequently rollout to all practices should take place before the end of 2018.</p> <p><u>Direct EMIS/SystmOne Integration (supplier led)</u></p> <p>The direct integration between EMIS and SystmOne aims to give an extended level of integration between the 2 systems, including the capability for EMIS users to view records held in SystmOne Community Units.</p> <p>Release of the functionality was expected earlier this year. However, following a pilot the suppliers have identified some issues that are preventing a full release. The suppliers intend to pilot the functionality with 10 more areas</p>	System Issue: The delivery of both the GP Connect Programme and the direct integration between TPP/EMIS is significantly delayed. There is limited assurance that the current dates for the release of the functionality will be met.	

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		during 2018 and the outcome of these further pilots will inform the process for national implementation in 2019. We have advised TPP that Rotherham would like to be considered as one of the 10 pilot sites.		Red
5.8.2	Clinical Portal (Rotherham Health Record)	<p>The CCG have been supporting TRFT to develop an in-house clinical portal to support primary care and the wider health system.</p> <p>The Rotherham Health Record is a read only portal that links to the acute systems both Meditech and SystmOne community system, GP systems via the Medical Interoperability Gateway (MIG) platform and the hospice SystmOne data. They have successfully tested data from RMBC Liquid Logic and are currently working with the council to set-up the data flows to support this. Plans are in place to work with RDASH to link mental health data from SystmOne to the portal later this year.</p> <p>The Rotherham Place has supported this initiative and have all signed an Information Sharing Agreement to allow the data between the organisations to be shared for direct care purposes.</p> <p>The Information Sharing Agreement has been sent out to all GP practices to sign up to the agreement to allow data to flow from their practice to the Rotherham Health Record and to allow them access to the portal. So far only 11 practices (39%) have returned a signed agreement.</p>	<p>Resource Risk: As this is an in-house development this does bring some risk in the speed the system can be developed. Additionally this can cause issues with prioritising the developments.</p> <p>Engagement Issue: Low numbers of practices signing up to the Rotherham Health Record will mean that not all the Rotherham population will be available which will reduce the benefits of the portal, particularly as the GP record holds a rich source of patient information.</p>	Yellow
5.9.1	Paper-light Status	<p>To support consistency in standards of Paperlight working across practices, the 'Paper Light Approval' process was reintroduced across Rotherham.</p> <p>As of January 2017 100% of practices achieved Paperlight status. This is valid for 3 years unless there are major changes to the GP Practice.</p>	<p>Due to the merge of SystmOne units with Magna Group practice and Brookfield practice which was completed on the 1st May 2018 paperlight status will need to be renewed. This is due to be completed by the end of August 18. Changes scheduled for St Anns, Thorpe Hesley, and Market Street Surgery will result in these practices also needing to reapply for Paperlight status.</p>	Green
5.9.2	Data Improvement and	A piece of work was started in 2016 to support practices in the improvement of their data and utilisation of the clinical system. This programme of work was	Primary Care Organisations have a responsibility to ensure that any	Red

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	system optimisation programme	called 'Data Improvement & System Optimisation Programme'. The purpose was to work with the GP practices to establish individual practice 1 year IT plan and 3 year IT plan. The aim was to ensure that the IT plans and expectations of the GP Practice were aligned with the Rotherham IT Strategy. Each practice would have a regular practice visit to ensure the practice 1 year plan was on track and provide support and training where needed. Due to added work pressures and limited resources the Data Quality were able to establish IT plans in 50% of practices and the programme of work ceased in 2017.	electronic patient records are being properly maintained and held securely. GP practices are at differing stages in the use of the clinical IT system. The quality of data held within these systems is also of varying standards. There is a risk that Data Quality standards have declined due to reduced individual contact with GP practices. There is also a risk that the relationship between practices and the CCG have deteriorated due to the decline in the amount of engagement.	Red
5.9.3	Digitisation of referral forms	100% of referral forms have been digitised within requested timescales. Requests are continual as new services are introduced and existing services change, so the work is ongoing.	No risks or issues identified	Green
5.9.4	GP IT Training	Training needs analysis for all practices was completed in 2016-17. The CCG provides a training allocation for all practices of up to two days per year from TRFT for SystmOne under the current SLA arrangement and purchase two days per practice directly from EMIS. Additional support from the IT Project and Data quality team is given in terms of on-site and/or guidance documents to support the delivery of specific projects.	Finance Risk: If significant training requirements increase and require additional support, this would bring pressure to the GP IT budget.	Light Blue
5.9.5	Medicine Screening Tool	This initiative has been driven directly by the medicines management team. ScriptSwitch® has been rolled out across all practices since July 2017. The system delivers Quality, clinical and cost-saving opportunities that are displayed at the point of prescribing within the ScriptSwitch pop-up. Switches can be accepted with a single click, minimising workflow disruption via an intuitive interface. The CCG are in the process of signing a new contract to continue with the system for further 2 years.	No identified risks or issues for this initiative.	Green

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5.9.6	e-Consultations	<p>As part of the programme to deliver online consultations across Rotherham practices the CCG has opted to procure a web/app based solution that, in addition to online consultation, also supports access to patient online services, booking into extended access services, and lifestyle management support.</p> <p>The procurement exercise for this service has been concluded and due diligence on the selected product is underway. Contract signing for the system is expected to be completed in September with implementation to practices commencing in September 2018 and concluding in January 2019.</p>	<p>System issue:</p> <p>The online consultation functionality within the chosen solution will not be available until quarter 4 2018. Therefore to mitigate possible delays to implementation we will commence deployment without this functionality, which will be enabled later.</p>	Green
5.9.7	Video Consultations	<p>Practices were invited to two training events, but the attendance was very poor. This was followed up by support and training at the Clinical System User Groups. After 8 months there was still no usage of the Egton Video Consultation system across Rotherham. Practices felt the training and support was inadequate. It was decided that the support and training offered by EGTION was not sufficient and that the Data Quality Team would offer the training and support going forward. 10 practices have been visited. There will be continued effort to meet and engage the remaining practices. Engagement has proved difficult and appetite for Video consultation is poor. Four of the 10 practices visited are very keen to start using video consultations either with patients or for MDT/branch meetings and are developing action plans to facilitate this. Two of practices have expressed a lack of intention to engage with using this product. During discussions practices frequently envisage the potential for future use with care homes if the equipment were available to facilitate this in the future and the use of video consultations for extended access via the hubs has been suggested as another practical use, particularly where the hubs are located at a distance from the practice.</p>	<p>Engagement Issue:</p> <p>This isn't seen as a high priority for practices and there is resistance to engagement as some practices feel this has been forced on them and isn't something they see as a priority.</p> <p>Hardware/software issue:</p> <p>This doesn't always appear to have been installed at the practice and hasn't necessarily been installed in the most appropriate room. The software has only been installed on one terminal although it may be installed on any number of pcs. However, SystmOne users also require an additional monitor as the windows don't resize correctly to enable split screen working. It can also be installed on the new laptops that will have webcams but the problem with split screen working for SystmOne users will be an issue. This isn't an issue for Emis practices.</p> <p>Training issue:</p>	Red

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			Practices have expressed a desire for training/refresher training (or support with using the software initially). Egton advise that on-site training is chargeable and are unable to offer this but will provide an opportunity for training for the data Quality team and any practice staff that are interested at their offices. This is obviously not a suitable option.	
5.9.8	Patient Electronic Health Monitoring	<p>This initiative was supported directly through the primary care team.</p> <p>The CCG has managed to secure the loan of 2 multi-use Whzan kits for 12 months and is expected to run until December 2018/January 2019. Whzan is a configurable set of wireless instruments linked to a tablet PC, which can relay patient information to GP practices using existing MJOG technology. The kit includes a pulse oximeter, thermometer and Blood Pressure Monitor. It is possible to use additional equipment i.e. Peak Flow, Spirometer, Glucometers, Scales, ECG etc and input these details into the tablet manually, or to buy additional Bluetooth kit.</p> <p>Care Home staff are trained how to use the equipment, the observations taken are sent to the tablet via Bluetooth (to eliminate the risk of user error) and can then be submitted to the patients GP practice via MJOG.</p> <p>The tablets have the ability to calculate NEWS, MUST, ABBEY and Falls Risk Assessment.</p> <p>The potential benefits identified are:</p> <p>Carers would feel more confident communicating, accurate, factual information to relevant health care professionals – making interactions i.e. with GP Practices more effective</p> <p>The technology will support the decision making process and speed up treatment and prevent escalation. i.e. more appropriate use of GP time and fewer emergency admissions.</p>	<p>Financial Risk: Ongoing costs to continue to support this will need to be reviewed.</p>	

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		Making the information provided by care homes more reliable		Green
5.9.9	GP Clinical System User Groups	GP clinical user groups have been established. They are held every quarter. System and data quality hints, tips and training are shared. The attendance of these meetings varies.	Financial Issue: The effectiveness of these user groups is dependent on the attendance of the System Suppliers. There would be a potential risk to the quality of the user groups if we were unable to fund the attendance of the System Supplier.	Green
5.10.1	National e-Referral service (Advice and Guidance)	The Standard Contract for 2018/19 requires all consultant-led first outpatient appointments to be made via e-Referral Service (eRS) by 1 st October 2018. TRFT and the CCG have worked together to support this initiative and have successfully implemented electronic referrals from the 1 st April 2018. Feedback processes are in place between RCCG, TRFT and GP practices to pick up any issues. The number of paper referrals received continues to be low. TRFT and the CCG will continue to monitor and will follow the escalation process if practices revert back to paper. The CCG are now working with TRFT to implement robust advice and guidance services, the primary care team have written an action plan and arranged monthly meetings to monitor progress against the plan.	No identified risks or issues.	Green
5.10.2	Patient Online Access	For the GMS/PMS regulations 2017/18 and APMS regulations, the BMA and NHS England made a joint commitment to encourage practices to register a minimum of 20 per cent of their patients for at least one online service by 31 March 2018. Practices were also required to support patients to use apps to access Patient Online services in 18/19 and work towards a minimum target of 30%. Despite continuous support from the Data Quality Team only 83.3% of Rotherham practices are achieving over 20%. With only 7 practices achieving 30% and over.	Engagement Issue: Various Practices across Rotherham have limited interest in improving patient on line. There is a risk that it is not widely offered to patients within these practices, this causes disparity in patient choice across Rotherham.	Yellow
5.10.3	Electronic Prescription Service	All practices with the exception of Kiveton Park Primary Care Centre are live with EPSr2. The Medicine Management Team, Data Quality Team and NHS Digital have all had contact with Kiveton practice, but they are still not willing to go live with EPSr2. Rotherham CCG Figures – EPS usage	Engagement Issue: If Kiveton Park PCC refuse to go live with EPS this is potentially reducing choice for the patients registered at this surgery.	Yellow

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		June (Estimated 61%)	June (ERD Estimate) 2.91%	May 62%	April 58%	March 59%	February 59%	January 58%			
		NHS Digital are currently working with Magna Group practice and have engaged in discussions with EMIS practices in Rotherham to test Phase 4 EPS which offers a 'token' to present at a pharmacy to obtain their medication. This token will contain a unique barcode which can be scanned at any pharmacy to retrieve the medication details. It's expected that Phase 4 will increase the proportion of prescriptions sent electronically to around 90%. Some prescriptions may remain unsuitable for transmission by EPS, such as when there are constraints regarding the prescribed drug.									
5.10.4	GP2GP transfer of electronic medical records	GP2GP is live in 100% of practices and all have been provided with training. Ongoing support is given where requested. Extra training has been given to practices that have merged or migrated where needed.							No known risks or issues.		

The following table provides an update to the new initiatives that have been added to the current IT Work Programme for 2018-19:

Ref No.	Strategic Initiatives	Summary of Progress	Key issues and Risks	RAG Status
2018-19.1	Practice Migrations and Merges	<p>The merge of SystmOne units with Magna Group practice and Brookfield practice was completed on the 1st May 2018.</p> <p>The system migration to SystmOne for Market Street Surgery has been scheduled for the 30th October 2018.</p> <p>The system migration to SystmOne for Thorpe Hesley Surgery has been scheduled for the 13th November 2018.</p> <p>The system migration to SystmOne for St Anns has been scheduled for the 27th November 2018.</p>	IT Training resource issue: Additional training from the clinical system supplier have been put in place to support the training for Thorpe Hesley Surgery due to the local IT training from TRFT resources covering the training required for Market Street and St Anns migration to SystmOne.	

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2018-19.2	Ardens templates	Arden's Templates and Reports have been rolled out to all TPP practices in Rotherham. We are currently working with Ardens to ensure all local templates and reports are fit for purpose.	System issue: Ardens do not support Emis practices, so there is the potential for an inequality around the level of support that practice have around templates and reports. The cost of Ardens was from an ETTF bid for two years. At the time of the initial bid there wasn't a relevant option for the Emis practices, since that time Qmaster for Emis practices) have developed their system to include local templates and reports. A further bid has been submitted for Ardens and Qmaster. The CCG are awaiting a decision.	Green
2018-19.3	Care Navigation	Care Navigation is about getting the right care, by the right person, first time for patients in Rotherham. The programme started in August 2017 and from June 2018, twenty eight of our GP Practices are offering their patients some alternatives to having a GP appointment, if it is suitable for them. Services that patients may be navigated to are Self care via the pharmacy, IAPT, Sexual Health, Smoking Cessation, Midwifery, Audiology, Minor illness, and Physio First. The roll out of other services will follow.	General Issue: There is an element of conflict in promoting Patient Online and Care Navigation to GP practices as it is possible for the patient to ignore Care Navigation advice and book an appointment through patient online.	Green
2018-19.4	Diabetes prevention programme	The NDPP referral figures have improved significantly over the past couple of months. In June 2018 there were 65 referrals placed this increased to 104 in July 2018. There has been a delay in this referral generating actual assessment, but this is now improving. There were 8 actual assessments completed in July, but this has increased to 42 in the first two weeks in Aug.	Capacity Risk: There was an initial risk that the service is unable to meet the demands of the amount of referrals, but these have been increased by 20%.	Green
2018-19.5	Electronic Data Sharing Model (eDSM)	Support and guidance has been sent to all SystmOne practices to the new TPP sharing model following a review from the ICO. This required all practices to update their Privacy Notices and apply an approved list of services where they will share their patient records for direct care purposes. A review of extending the approved list to a South Yorkshire	System Issue: It has been identified that the new sharing model has introduced some issues with new patient registrations and with other units where they are not on an approved list. These are under investigation and are being discussed with TPP.	Green

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		and Bassetlaw basis is taking place, however other areas are not in the position to share their SystmOne units that would be considered to be included at this stage.		Green
2018-19.6	SNOMED CT	<p>NHS Digital reported in July that EMIS, Vision and Microtest have successfully rolled out Phase 1 to all their practices following successful pilot site testing (Phase 1 is behind the scenes changes). TPP is currently testing Phase 1 and Phase 2 of SNOMED CT implementation with their pilot sites.</p> <p>We have been informed that there will be no August update and unofficially have been told that the pilots for both Emis and TPP have stalled.</p>	Resource Risk: Extra resource was provided (funded from end of year monies) to support the Data Quality Team with the potential outcomes. Due to the delay in the go live this resources was used for the rollout of Video Consultations and Patient On-line support. If the go live is delayed past April 2019 the extra resource will not be available and this could impact the IT Project and Data Quality Team.	Yellow
2018-19.7	NHS Mail Migration	<p>The CCG approved the migration to NHS mail in January 2018 for the CCG and GP practices to ensure that we meet the security requirements for email. Crown Street Surgery have volunteered to pilot the transition with TRFT and Accenture. The pilot is scheduled to commence w/c 20th August, with the rest of the practices and the CCG expected to migrate over w/c 18th September 2018.</p> <p>The Acute Trust is currently planned to migrate w/c 22nd October 2018.</p>	Information Governance Risk: During the period between the migration of GP Practices/CCG and the TRFT, the process of sending any patient identifiable data will need to be addressed as the CCG/practices will no longer be able to receive this direct from the @Rothgen.nhs.uk email accounts as this will no longer be a secure method. CCG and practices must ensure that any patient identifiable emails are sent via NHS mail to NHS mail during this period.	Green
2018-19.8	Laptop Refresh	The CCG are supporting a complete refresh of GP laptops across Rotherham. Visits have been made to all practices to review and agree the implementation of docking stations and laptops where appropriate. Dr Cullen is currently piloting the new laptop design to ensure it meets practice needs. Once this is signed off, the laptop refresh can commence.	<p>Technical Issue: Testing of the switch to allow dual devices (desktop and docking stations) have failed. Where practices indicated they would like dual devices, this will not be possible and will remain set-up as desktops.</p> <p>This testing phase has delayed the rollout of the laptops, which is now</p>	Yellow

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			expected to commence in September.	Yellow
2018-18.9	PC & Printer Hardware Refresh	The CCG supports an annual PC and Printer hardware replacement programme through the NHS England capital funding scheme. Bids are written to support the number of devices which are near end of life after the warranty for the equipment is up; this ensures that equipment is replaced on a rolling five year period.	Financial Risk: This scheme is dependent on successful bids to the NHS England for the replacement equipment.	Green
2018-19.10	Windows 10	<p>The Department of Health and Social Care has agreed a deal with Microsoft that will enable all NHS organisations to use Windows 10 in a bid to improve defences against future cyber-attacks.</p> <p>The outbreak of WannaCry in May last year affected one third of NHS trusts in England, leading to the cancellation of thousands of appointments and operations as staff were locked out of devices and IT systems.</p> <p>In an effort to further build cyber resilience across the NHS, the Department for Health and Social Care has announced an agreement with Microsoft that will see NHS devices upgraded to Windows 10, the technology firm's latest operating system, which features significantly more robust security tools.</p> <p>The CCG have signed up to this initiative with Bytesize and will be looking to rollout Windows 10 across the CCG and practice estate.</p>	No known risks or issues identified	Green
2018-19.11	Cyber Security	<p>Cyber threats are constantly evolving and always present, and increasingly digital health and care organisations must remain prepared and ready to respond.</p> <p>To ensure the CCG and practices are mitigated from cyber threats, a review of the IT systems supported by TRFT was completed in 2017. An action plan which looks at the National Guardians 10 data security standard has been developed and is monitored by the CCG via the IT SLA meetings and the</p>	Capacity Issue: Due to capacity issues the Trust have been unable to provide the monthly updated reports consistently. This is being escalated with the Trust.	Yellow

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		<p>Information Governance Group meetings to ensure vulnerabilities are being addressed.</p> <p>NHS Digital provide cyber security threat notifications to health and care organisations, ranging from weekly threat bulletins to immediate high-severity alerts to ensure that any vulnerabilities that have been identified can be reviewed locally to see whether this needs to be addressed.</p>		
2018-19.12	Health and Social Care Network (HSCN)	<p>The N3 arrangements ceased in 2017 and currently the national network infrastructure requires all organisations to transition over to the new Health and Social Care Network (HSCN).</p> <p>Funding for the national networks has been devolved back to individual organisations. The funding available is being reduced each year as it is expected that the HSCN network will bring reduction in costs.</p> <p>The CCG are including in the YHPSN procurement which has gone out to the market to find a supplier to support the migration from the N3 transition network to HSCN. YHPSN have awarded the contract to Redcentric.</p> <p>Currently workshops have been held locally to review the Rotherham wide network requirements and we are waiting for initial costs to be provided.</p>	<p>Financial Risk:</p> <p>There is significant financial risk to the CCG if they are unable to migrate onto the HSCN network with reduced funding which may not cover the costs of the network.</p>	
2018-19.13	GP Wi-fi	<p>The majority of practices in Rotherham have had wi-fi available for some time within general practice; however the requirement from NHS England is to provide all patients with the ability to access wi-fi services at NHS properties.</p> <p>The current progress for deployment to Rotherham to allow patient wi-fi access is as follows:</p> <ul style="list-style-type: none"> • 6 practices sites installation completed • 44 will go live w/c 20th August completing the 	<p>Issue:</p> <p>This initiative required the delivery by the end of March 2018. However due to the procurement process this delayed the delivery significantly.</p>	

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		Rotherham delivery.		Yellow
2018-19.14	Estates and Technology Transformation Fund (ETTF)	<p><u>2017/18</u></p> <p>4 bids were approved by NHS England to take forward in 2017/18. These were:</p> <ul style="list-style-type: none"> • Provision of Ardens for all SystmOne practices • Video Consultations • integrated hubs • Cyber Security <p><u>2018/19</u></p> <p>4 bids have been approved by NHS England North for consideration for ETFT funding this year. These are:</p> <ul style="list-style-type: none"> • Support for Extended Access via the GP App • Integration of the Rotherham Health Record to the GP App • Development of Locality Hubs • Provision of Ardens/Qmaster for all SystmOne and EMIS General Practices <p>We have not yet been advised when the final decision will be made on these bids or when the money will be made available.</p>	There is a risk that any bid submitted through the ETFT programme will not be supported.	Green
2018-19.15	Connect Healthcare Rotherham IT support	It has been agreed that the GP Federation support will be included under the current CCG IT SLA. The Trust will provide costs to include the staff numbers at the federation.	Financial Risk: The IT SLA costs for the CCG will increase but this will be a minimal amount.	Green
2018-19.16	Extended Access	<p>The CCG have supported the extended access hubs to deploy SystmOne and EMIS Web software to support full access to patient's records across Rotherham.</p> <p>Training guides have been provided to support staff utilising the systems.</p> <p>The extended access hubs are also expecting to be utilised to support further enhanced services provided by Connect</p>	Financial Risk: The systems both have recurrent costs to maintain service: TPP SystmOne £1,039 exc VAT supporting 20 practices covering 60% of Rotherham residents, due to the upcoming migrations this will increase to 23 practices covering 72% of Rotherham Residents	Green

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		Healthcare Rotherham	EMIS Web £3,711 exc VAT supporting 10 practices cover 40% of Rotherham residents which will reduce to 7 practices and 28% of Rotherham residents after the migrations are completed in November 2018.	Green