

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:	

Following the last quarterly progress report the following table provides a list of all strategy initiatives that were reported as completed and have been removed from the main body of the progress report.

Strategy Ref	Strategy Initiative	Reported Closure Date
5.2	Emergency Care Centre Solution	Aug 18
5.4	Community Pharmacy patient summary access	Aug 18
5.5	GP Trainee Assessment	Aug 18
5.6	Linking Nursing Home patients with practice IT systems	Aug 18
5.7.1	Connect GP Practice to the CCG network	Aug 18
5.9.4	GP Training	Aug 18
5.9.5	Medicine Screening Tool	Jan 19
5.10.4	GP2GP transfer of electronic medical records	Aug 18
2018-19.7	NHS Mail Migration	Jan 19

Strategy Ref	Strategy Initiative	Reported Closure Date
2018-19.15	Connect Healthcare Rotherham IT support	Jan 19

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>RDaSH completed their transfer to SystmOne in June 2018 and are now sending electronic Discharge Summaries to practices.</p> <p>The pilot to support Clinical Document Architecture (CDA) messaging with EMIS, SystmOne and TRFT was initially put on hold due to NHS Digital reviewing messaging standards and formats between organisations/systems.</p> <p>The clinic letters delivered via MESH into SystmOne has been recently tested in a TPP practice.</p> <p>Unfortunately, all correspondence is appearing in tasks as “hospital correspondence. The practice is unable to identify what type of corresponded it is e.g. Discharge summary or clinic letter. This means practices are unable to prioritise the management of the clinical correspondence. In a busy practice this could result in something important not being actioned in a timely manner.</p> <p>We have tested to see if we can configure a SystmOne unit to receive the new format under a different heading, but this was not possible.</p> <p>We are currently testing to see if the correspondences can have different identifying number attached at TRFT and if TPP can be configured to identify and display the correspondence under different numbers.</p> <p>Testing is currently underway with Emis. Synanetics have been supplied with test patient with an NHS number to see how they are</p>	<p>Technical Issue: If it is not possible to configure IT systems to differentiate the letter type all letter types will come into the system titled hospital correspondence. This will result in the practice unable to prioritise the management of the clinical correspondence and in a busy practice, this could result in something important not being actioned in a timely way, so this method would not be suitable to use.</p>	

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		<p>received into the Emis clinical system. It is thought that Emis uses a different process for receiving correspondence and the system may be able to differentiate between the letter types and the different types of workflow.</p> <p>All testing should be completed by the end of April.</p> <p>Due to this delay the CCG and TRFT reviewed an interim solution to support the role out of clinical letters to practices by using the Rotherham Health Record. The pilot with Broom Lane Medical Centre and Wickersley Health Centre commenced in July it technically worked but there was an issue around inconsistent delivery of letters into the system. It is thought that this may be due to an update in Meditech. The problem has subsequently stopped, but investigations are continuing. We will rollout this solution if the preferred method of delivery is not possible.</p>		
5.3	Business Intelligence Systems	<p>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. 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 review the provision of Business Intelligence.</p>	<p>General Issue: Provision of Business Intelligence could be improved</p>	
5.8.1	EMIS & TPP Interoperability	<p>GP Connect (national programme)</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.</p> <p>Direct EMIS/SystemOne Integration (supplier led)</p>	<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.</p>	

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		<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>In November 2018, Herts Valley CCG and Hertfordshire Community NHS Trust carried out a successful pilot of patient information sharing between the SystmOne and EMIS Web systems, allowing users to view the complete community and GP records across the area.</p> <p>The project provided nine EMIS Web GP sites with the ability to view and share patient data with 50 SystmOne community services, who in turn, could also view and share with those GP sites. This allowed clinicians to bring up a patient's care record embedded within their current clinical system. The pilot was signed off in December 2018 and Herts Valley CCG are keen to roll the interoperability project out to the wider CCG area throughout 2019.</p>		
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 the SystmOne community system, GP systems via the Medical Interoperability Gateway (MIG) platform, adult social care data and the hospice SystmOne data.</p> <p>The 2019/20 roadmap for development of the Rotherham Health Record system in has been agreed through the Rotherham ICP Digital Steering Group. Since the January 2019 update TRFT and RMBC have successfully implemented a daily flow of adult social care data into the Rotherham Health Record. The plan to provide childrens social care data and potentially some education data into the system in now in development. Work with RDaSH to link mental health data from SystmOne to the portal is underway and expected</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</p>	

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		<p>to be implemented in quarter 1 of 2019/20.</p> <p>Sign-up to the information sharing agreement remains at 20 practices. An approach has been agreed between the IT Team and Primary Care Team to engage with the outstanding practices and identify and barriers to joining the system.</p>	<p>the portal, particularly as the GP record holds a rich source of patient information.</p>	
5.9.1	Paper-light Status	<p>With the advent of the new GMS contract and GP IT Futures services which have put technology and data quality at the forefront of primary care there is a need for practices to refocus efforts to ensure they are working towards and maintaining appropriate paper light working standards.</p> <p>The Data Quality Team have updated the current Paperlight standards and aim to start to rollout the new Paperlight standards to GP practices during quarter 1 and quarter 2 of 2019/20. Our aim is that all practices will achieve Paperlight approval by 1st April 2020.</p>	<p>The Paperlight approval process is a self-assessment procedure. We do not have the resource within the data quality team to check every practice document to ensure the validity of the practices submission. We would only have the capacity to spot check a small number of practice submissions, so there is a risk of an inconsistency in the quality of paperlight protocols across Rotherham. We will be sharing best practice with the GP practices to try and mitigate this risk.</p>	
5.9.2	Data Improvement and system optimisation programme	<p>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 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</p>	<p>In previous years other areas of work have taken priority over practices visits. If we are unable to protect the time of the data quality team and ensure that these visits are carried out there is a risk that the quality of data across Rotherham becomes more inconsistent and the relationships with GP practices and the CCG suffer.</p>	

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		<p>the programme of work ceased in 2017.</p> <p>There are plans to reinstate practice visits in 2019. This will be reduced to two visits per year. The content of these visits will be in line with the new GMS contract and GP IT Futures and local IT and data quality priorities. The visits will commence in May 2019.</p>		
5.9.3	Digitisation of referral forms	<p>100% of referral forms have been digitised within requested timescales.</p> <p>Requests are continual as new services are introduced and existing services change and will be included as business as usual processes within the team to update as and when required.</p>	No risks or issues identified	
5.9.6	e-Consultations	<p>As part of the programme to deliver online consultations the CCG procured a web/app based solution, "The Rotherham Health APP" that, in addition to supporting online consultation, also supports access to patient online services, booking into extended access services, and lifestyle management support.</p> <p>Demonstrations of the application have been undertaken across Rotherham to all GP practices and wider system partners and the product has been well received and GP practices have signed the data sharing agreement forms.</p> <p>An on-boarding back has been developed to support practices in how to set up their GP systems to interact with the APP and testing is set for the end of January with Broom Lane and the Village Surgery. Following testing with the pilot sites, the product will be rolled out across Rotherham, with the aim of this being completed by March 2019.</p> <p>Communications to the public are planned for the end of February.</p>	<p>Practices remain reluctant in releasing appointments to digital applications, which may prevent the product from functioning as planned, and reduce population take up.</p> <p>Due to indemnity reasons, the app cannot be tailored to Rotherham's care navigation at present, however mitigating actions are in place to ensure that the app remains to support.</p> <p>Delivery of full roll out has slipped to March 2019, however this still meets the national requirement to deliver e-consultation.</p>	
5.9.7	Video Consultations	There was no appetite for the EGTON Vidyo Consultation across Rotherham CCG.		

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		<p>The roll out was badly managed by EGTON and the training was extremely poor. Initial feedback from practices was that the system was clunky and not fit for purpose and not relevant within GP practices in Rotherham. The system was upgraded, but even with the upgrade it is still not compatible with the Rotherham Health App, and is still web based when using within SystmOne. It was decided that the EGTON product is not the appropriate product for Vidyo consultation in Rotherham GP practices.</p> <p>Egton have agreed to provide a credit note for the licences that were not used. We are currently awaiting Egton to provide details around this, so we can make a decision on what this credit will be used for.</p> <p>We are currently looking into the feasibility of using Vidyo consult with the UECC and the Rotherham GP Federation. Contact has been made with the federation and Egton. We are waiting for a response so we able to organise a demo of the system to the federation and UECC.</p>		
5.9.8	Patient Electronic Health Monitoring	<p>The trial of the Whzan system commenced with The Stag and The Gate practices. At both associated Care Homes they had a change of manager and change of staff during the pilot. Staff at the Care Homes were trained to use the system but the change of manager caused a loss of impetus to the trial. Connect Healthcare Rotherham contracted a nurse to lead the Whzan trial, who has also now left the organisation. Currently Connect Healthcare Rotherham is struggling to make progress with the trial.</p>	<p>Delivery Issue: Staff in the Care Homes have changed during the course of the pilot and they have not maintained the use of the Whzan system.</p> <p>Financial Risk: Ongoing costs to continue to support this will need to be reviewed.</p>	
5.9.9	GP Clinical System	GP clinical user groups have been established. They are held every	Financial Issue:	

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	User Groups	<p>quarter. System and data quality hints, tips and training are shared.</p> <p>ARDENS and Qmaster will be providing training and support (when required) for practices at these groups going forward.</p>	<p>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.</p>	
5.10.1	National e-Referral service (Advice and Guidance)	<p>The Standard Contract for 2018/19 requires all consultant-led first outpatient appointments to be made via e-Referral Service (eRS) by 1st October 2018. TRFT and the CCG have worked together to support this initiative and have successfully implemented electronic referrals from the 1st 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.</p> <p>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.</p> <p>A working group has been established to take forward the action plan, which meets monthly to deliver the action plan.</p>	<p>No identified risks or issues.</p>	
5.10.2	Patient Online Access	<p>100% practice have enabled the ability to book or cancel appointments online, order prescriptions online and view detailed coded record</p> <p>23.3% patients have registered for POL</p> <p>6 practices have under 20% patients registered for an online service, two of which have recently changed clinical system (and within 3</p>	<p>Risk: The majority of Rotherham practices do not enable sufficient appointments online for this to be seen as a useful service to patients need encouragement to improve this.</p>	

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		<p>month grace period).</p> <p>9 practices have achieved 30% or above of patients registered for an online service.</p> <p>The remaining 15 practices are between 20% and 30%.</p> <p>Support has been offered and provided in terms of training, attending practice meetings, PPG events and in signing up patients in the waiting room.</p> <p>A monthly update is sent to practices which let them know their figures and gives hint and tips.</p> <p>Going forward patient on line will be discussed at the practices visits.</p>														
5.10.3	Electronic Prescription Service	<p>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. EPSr2 is now part of the new GP contract. This will be discussed with the practice at their practice visit.</p> <table border="1" data-bbox="562 986 1352 1177"> <thead> <tr> <th data-bbox="562 986 757 1061">February 19</th> <th data-bbox="757 986 954 1061">January 19</th> <th data-bbox="954 986 1151 1061">December 19</th> <th data-bbox="1151 986 1352 1061">November 19</th> </tr> </thead> <tbody> <tr> <td data-bbox="562 1061 757 1102">60%</td> <td data-bbox="757 1061 954 1102">63%</td> <td data-bbox="954 1061 1151 1102">65%</td> <td data-bbox="1151 1061 1352 1102">56%</td> </tr> <tr> <td data-bbox="562 1102 757 1177">(estimated)</td> <td data-bbox="757 1102 954 1177"></td> <td data-bbox="954 1102 1151 1177"></td> <td data-bbox="1151 1102 1352 1177"></td> </tr> </tbody> </table> <p>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.</p>	February 19	January 19	December 19	November 19	60%	63%	65%	56%	(estimated)				Engagement Issue: If Kiveton Park PCC refuses to go live with EPS this is potentially reducing choice for the patients registered at this surgery.	
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		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.		

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 1 May 2018.</p> <p>The system migration to SystmOne for Market Street Surgery was completed 30 October 2018.</p> <p>The system migration to SystmOne for Thorpe Hesley Surgery was completed 13 November 2018.</p> <p>The system migration to SystmOne for St Anns was completed on 27 November 2018.</p> <p>Woodstock Bower Migration to SystmOne is due on 16 April 2019.</p>		
2018-19.2	Ardens templates	<p>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.</p> <p>Funding has been agreed to extend Ardens for another year and to offer Emis practices Qmaster.</p> <p>Ardens and Qmaster have merged.</p>	Finance Issue: Funding for Ardens and Qmaster runs out on the 1 st April 2020.	

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		We are currently setting up a user group with GP representatives, Medicine Management, and Primary Care representatives.		
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. The template has been updated to address some identified issues.	
2018-19.4	Diabetes prevention programme	<p>In November 2018, 37 referrals into the service were received with 46 received in December 2018. It is important to note that referrals do drop leading up to Christmas and around the summer holiday time. 42 initial assessments took place in November and 19 in December 2018. 2 new groups will be launched this month one at the New York Stadium and one in Thurcroft on the 31st of January. It is also great news that ICS have another new group starting on the 13th February at Kiveton and Wales Village Hall where a large number of referrals are generated.</p> <p>Data received today from ICS has shown that although only half way through this month 18 referrals have been received and 34 IA's have been completed.</p>	No current risk	
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.	System Issue: Ongoing issues have been reported regarding accessing some patient records following the switching on of	

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		<p>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.</p> <p>A review of extending the approved list to a South Yorkshire 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.</p> <p>All Practices have been contacted to ensure that the configuration of the system has been completed following the review which has highlighted that some practices have not completed the sharing out rule. It is expected this will be resolved w/e 18 January 2019 after further support from the Data Quality team to set-up the system.</p>	eDSM.	
2018-19.6	SNOMED CT	<p>TPP: SNOMED CT (further to a pilot in Leeds practices) has been piloted by a practice in Doncaster and a practice in Rotherham with no issues reported. Practices have therefore been emailed to advise them that they may now enable. Once enabled they can choose to remain with CTV3 as default or switch to SNOMED CT as default setting. The difference is only visual and appears to have no impact.</p> <p>EmisWeb: Full SNOMED CT functionality will not be available until Emis Web 9.1 and (after piloting from April 2019) it is intended that this will be rolled out from June 2019. Communications regarding this will be sent out in the next week.</p> <p>We are currently checking all templates and reports to</p>	Resource Risk: Practices have been advised to do housekeeping to archive/delete old searches. There may be an impact on the practice work load if this has not been carried out.	

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		ensure that all codes are mapped to SNOMED CT.		
2018-19.8	Laptop Refresh	<p>The CCG are supporting a complete refresh of GP laptops across Rotherham. A delay to the rollout of the laptops has been incurred due to the technical issue found during the deployment. The CCG have supported TRFT to engage with a third party to review the Internet Protocol (IP) addressing schemas which have been causing the issues. Following this work nine practices have been completed whilst another 15 practices require additional changes by Virgin Media.</p>	<p>Technical Issue: Changes to the network to support the rollout are still outstanding by Virgin Media.</p>	
2018-18.9	PC & Printer Hardware Refresh	<p>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.</p> <p>The replacement programme is being rolled out across Rotherham.</p>	<p>Financial Risk: This scheme is dependent on successful bids to the NHS England for the replacement equipment.</p>	
2018-19.10	Windows 10	<p>Anti-Threat Protection has been successfully rolled out 1,452 devices across the CCG and GP.</p> <p>A Windows 10 image has been developed and is ready to be tested within the CCG and GP Practice to ensure all applications are compatible.</p> <p>Testing will be completed by the end of May. Different options for deployment need to be explored. Where possible this will be an automated approach using System Center Configuration Manager software, however this may not be possible due to complexity and a manual alternative may be needed to ensure this is delivered</p>	No known risks or issues identified	

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		<p>within the timescales.</p> <p>TRFT have engaged with Microsoft and NHSDigital to explore consultancy offered to organisations undertaking Windows 10 migrations, it is understood that this service would be zero cost.</p> <p>The current date for Microsoft ending support for Windows 7 is January 2020.</p>		
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 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> <p>A further assessment of the infrastructure by Dionarch to check for vulnerabilities for the CCG and practices was completed in March 2019 and provided a report to the CCG and TRFT highlighting any actions that need to be completed. TRFT are reviewing these and will produce</p>	Nothing to Report	

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		<p>an Cyber Security Action Plan to address any vulnerabilities.</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>Workshops have taken place with Redcentric and a network design and quotation has been provided.</p> <p>A review of the HSCN proposal has taken place, the cost for the proposed model is over the allocated devolved N3 funding. The CCG are working closely with TRFT to review the design and ratify the requirements before re-submitting to Redcentric for a final quote.</p>	<p>Financial Risk: 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>All Rotherham practices now have the ability to provide Wi-fi to patients.</p>		

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2018-19.14	Estates and Technology Transformation Fund (ETTF)	<p><u>2017/18</u></p> <p>Four 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>Four bids have been approved by NHS England for ETTF 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>Update January 2019:</p> <ul style="list-style-type: none"> • The contract for the Arden tool has been extended for a further year to cover 2019/20. We are currently procuring the Qmasters tool, which provides similar functionality for EMIS systems. The Qmasters contract will run from April 2019 • The supplier of the Rotherham Health App has agreed to provide a specification for an interface between App and the Rotherham Health Record system to allow viewing of outpatient appointments. 		

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		<p>The CCG are reviewing any requirements to be included in the 19/20 ETTF bids and will submit these in April to NHS England.</p>		
2018-19.16	Extended Access	<p>The CCG have supported the extended access hubs to deploy SystemOne 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 Healthcare Rotherham.</p> <p>The hubs have been set-up for both EMIS web and SystemOne.</p>	Nothing to Report	
2018-19.17	Apex	<p>The introduction of the Apex Workforce Tool requires additional support from IT and IG to provide support in the implementation of the tool.</p> <p>Ideally, it would have been possible to provide the data to Edenbridge for SystemOne practices by creating a central report using the SystemOne Reporting Extract tool via the GP Federation Access Hub. This would have been anonymised and sent through to the Apex Workforce Tool. Unfortunately this cannot be configured so a practice by practice approach has been used in the interim.</p> <p>EMIS practices require the installation of the Apex extract tool at each practice, and this is underway.</p> <p>The project report received 01.04.19 indicates the</p>	<p>Project Timescale Issue: The delivery of the Apex Workforce Toolkit has been delayed due to issues with data configuration in SystemOne practices.</p>	

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		<p>following progress:</p> <table border="1" data-bbox="633 248 1451 1056"> <thead> <tr> <th data-bbox="633 248 1072 323">Total Number of Deployments = 30</th> <th colspan="2"></th> </tr> <tr> <th data-bbox="633 323 1072 399">Deployments By Stage of Completion</th> <th data-bbox="1072 323 1276 399">Number</th> <th data-bbox="1276 323 1451 399">% Total</th> </tr> </thead> <tbody> <tr> <td data-bbox="633 399 1072 440">Pending</td> <td data-bbox="1072 399 1276 440">0</td> <td data-bbox="1276 399 1451 440">0%</td> </tr> <tr> <td data-bbox="633 440 1072 515">E1 - CCG and Initial Practice Engagement Complete</td> <td data-bbox="1072 440 1276 515">30</td> <td data-bbox="1276 440 1451 515">100%</td> </tr> <tr> <td data-bbox="633 515 1072 590">P1 - Induction Email Issued to Practice</td> <td data-bbox="1072 515 1276 590">9</td> <td data-bbox="1276 515 1451 590">30%</td> </tr> <tr> <td data-bbox="633 590 1072 665">P2 - Apex Software Installed at Practice</td> <td data-bbox="1072 590 1276 665">3</td> <td data-bbox="1276 590 1451 665">10%</td> </tr> <tr> <td data-bbox="633 665 1072 740">P3 - Apex Configured to Practice Data</td> <td data-bbox="1072 665 1276 740">3</td> <td data-bbox="1276 665 1451 740">10%</td> </tr> <tr> <td data-bbox="633 740 1072 815">P4 - Insight Configured to Practice Requirements</td> <td data-bbox="1072 740 1276 815">3</td> <td data-bbox="1276 740 1451 815">10%</td> </tr> <tr> <td data-bbox="633 815 1072 890">P5a - Insight Workforce Planning Session</td> <td data-bbox="1072 815 1276 890">2</td> <td data-bbox="1276 815 1451 890">7%</td> </tr> <tr> <td data-bbox="633 890 1072 965">P5b - Workload Training Session</td> <td data-bbox="1072 890 1276 965">1</td> <td data-bbox="1276 890 1451 965">3%</td> </tr> <tr> <td data-bbox="633 965 1072 1056">P6 - Practice Lead Trained and Able to use Apex Insight</td> <td data-bbox="1072 965 1276 1056">0</td> <td data-bbox="1276 965 1451 1056">0%</td> </tr> </tbody> </table> <p>The project is progressing much slower than planned, but this is beyond the control of the CCG.</p>	Total Number of Deployments = 30			Deployments By Stage of Completion	Number	% Total	Pending	0	0%	E1 - CCG and Initial Practice Engagement Complete	30	100%	P1 - Induction Email Issued to Practice	9	30%	P2 - Apex Software Installed at Practice	3	10%	P3 - Apex Configured to Practice Data	3	10%	P4 - Insight Configured to Practice Requirements	3	10%	P5a - Insight Workforce Planning Session	2	7%	P5b - Workload Training Session	1	3%	P6 - Practice Lead Trained and Able to use Apex Insight	0	0%		
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2018-19-18	NHS Mail for Care Homes	<p>NHS England has set an aspirational target to introduce NHS Mail to all Care Homes to support secure messaging for patients following a successful pilot with the Vanguard.</p> <p>The CCG are exploring the requirements and will work with Care Homes to support this initiative. Care Homes</p>	Nothing to Report																																		

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		<p>will be required to complete the Data Security and Protection Toolkit in order to be able to apply for an NHS mail account.</p> <p>As at end March, 12 Care-homes have signed up and completed profiles (out of 48 elderly Care-homes). Two of these have complete the entry level submission (4.2%) with another five Care-homes that are ready to publish, it is expected that seven will have completed by the next period, which will represents 14.5%</p> <p>Work has also commenced with the Learning Disability and Supported living providers (40 organisations).</p> <p>A total of 88 organisations are required to complete the DSPT process, prior to requesting NHSmail accounts.</p>		
2018-19-19	Axe the Fax	<p>The NHS has banned buying fax machines and has ordered a complete phase-out by March 2020. The ban on buying fax machines takes effect from January 2019. NHS organisations will be monitored on a quarterly basis until declaring they are 'fax free'.</p> <p>The CCG will be leading this initiative via the Interoperability Group to support the new requirement to eliminate the use faxes across the health community by providing suitable methods of transferring secure messaging or transfer of information.</p> <p>Initial 1-2-1 meetings have been held with leads from:</p> <ul style="list-style-type: none"> • DBTH • FCMS • LPC <p>A further meeting has been scheduled with RDaSH.</p>	Change Management will be essential to ensure any new mechanisms are clinical safe that are introduced.	

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		<p>Request has been made for a working group meeting of providers to take this forward, date to be confirmed.</p> <p>All organisations are baselining fax usage and access to shared NHSmail accounts, this information to be shared with and between all members of the Axe the Fax working group. The aim will be to review each pathway to determine the best solutions available to remove the requirement to send or receive faxes from practices safely.</p>		