

NHS Board Meeting
28 October 2020

Lanarkshire NHS Board
Kirklands
Fallside Road
Bothwell
G71 8BB
Telephone: 01698 855500
www.nhslanarkshire.scot.nhs.uk



SUBJECT: COMMUNITY IT PROGRAMME UPDATE

1. PURPOSE

For approval	<input type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note	<input checked="" type="checkbox"/>
--------------	--------------------------	-----------------	--------------------------	---------	-------------------------------------

The purpose of this paper is to provide Board Members with an update on the Community IT Programme.

A local business case was approved in November 2018 to replace MiDIS with a modern, mobile community IT system known as Morse.

2. ROUTE TO THE BOARD

This paper has been prepared by Donald Wilson, Director of Information and Digital.

3. SUMMARY OF KEY ISSUES

A community IT Programme Board was established to oversee the transition from MiDIS to Morse.

In terms of scale /complexity there are currently over 3,500 users of MiDIS within NHS Lanarkshire from 110 service areas across 11 service groups. This is projected to increase to 5,000 with the enhanced functionality provided by a replacement system.

MiDIS is not available on mobile devices and requires clinicians / users to access the system from fixed locations and clinical information gathered at the point of care is paper based and is later transferred on to MiDIS.

The replacement system Morse is a modern Community System which provides enhanced functionality including:

- A mobile working solution (iPad)
- Better reporting capabilities
- A system that will enable electronic referrals
- Enhanced functionality such as annotating diagrams
- Continuity of the current community EPR

The Morse implementation has been split in to three waves as follows:

Wave 1 District Nursing & Long Term Conditions & pan Lanarkshire services (e.g. Continence , Palliative Care, Lymphedema, Tissue Viability)	Sub Waves	Split over 8 sub waves
	Wave 1A	East Kilbride ICST and pan NHSL LTC services
	Wave 1B/C	Camglen and Clydesdale ICST
	Wave 1D	Hamilton ICST
	Wave 1E/H	Northern Corridor LTC/ Airdrie LTC/ Coatbridge LTC
	Wave 1G/F	Motherwell/Bellshill/Wishaw LTC Teams
Wave 2 Children and Family Services (e.g. health visitors, school nurses, school immunisation nurses, ICCNs, child health, sexual health, family nurse)	TBC	Wave 2 requires to be reviewed in light of lessons learned from go-live of Wave 1a to determine is this can go-live as one big service or whether it would be safer to split similar to Wave 1.
Wave 3 Mental Health/ Learning Disabilities/ Addictions (e.g. community adult and older adult, inpatient, learning disabilities, addictions and integrated addictions service, psychiatric liaison)	TBC	Wave 2 requires to be reviewed in light of lessons learned from go-live of Wave 1a to determine is this can go-live as one big service or whether it would be safer to split similar to Wave 1.

The high level programme plan shows a series of go-lives between now and June 2021 when all services will have migrated on to Morse.

A major milestone was achieved on Monday 5 October 2020 when Wave 1A (170 Users) successfully completed go-live.

The significance of the go-live is that it validates a number of key areas including;

- Application Build and Integration (SCI Store / Clinical Portal)
- Morse Platform, WIFI, Device Deployment
- Data Migration
- Training, Facilitation and Support

Initial feedback from the Morse users is extremely positive due to the benefits of mobile working, access to recent clinical documentation / patient history, ability to update records at the point of care.

This major milestone was achieved by a collaborative approach between the eHealth team and the clinical services ensuring a successful outcome.

A review of the go-live / lessons learned exercise will take place before proceeding with further go-lives.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	<input checked="" type="checkbox"/>	AOP	<input checked="" type="checkbox"/>	Government policy	<input checked="" type="checkbox"/>
Government directive	<input checked="" type="checkbox"/>	Statutory requirement	<input checked="" type="checkbox"/>	AHF/local policy	<input type="checkbox"/>
Urgent operational issue	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>		

5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Person Centred	<input checked="" type="checkbox"/>
------	-------------------------------------	-----------	-------------------------------------	----------------	-------------------------------------

Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	<input checked="" type="checkbox"/>
People are able to live well at home or in the community; (Person Centred)	<input checked="" type="checkbox"/>
Everyone has a positive experience of healthcare; (Person Centred)	<input type="checkbox"/>
Staff feel supported and engaged; (Effective)	<input type="checkbox"/>
Healthcare is safe for every person, every time; (Safe)	<input checked="" type="checkbox"/>
Best use is made of available resources. (Effective)	<input checked="" type="checkbox"/>

6. MEASURES FOR IMPROVEMENT

Morse should act as a transformation catalyst enabling new ways of working within the community setting.

7. FINANCIAL IMPLICATIONS

The community IT programme is operating within the financial envelope as set out in the business case.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

A risk review team identified 6 strategic/operational risk associated to the MIDIS. These risks are actively managed on Datix.

The community IT programme has a risk register and issues log which is managed as part of eHealth governance arrangements.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	<input checked="" type="checkbox"/>	Effective partnerships	<input checked="" type="checkbox"/>	Governance and accountability	<input checked="" type="checkbox"/>
Use of resources	<input checked="" type="checkbox"/>	Performance Management	<input type="checkbox"/>	Equality	<input type="checkbox"/>
Sustainability Management	<input checked="" type="checkbox"/>				

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

N/A

11. CONSULTATION AND ENGAGEMENT

N/A

12. ACTIONS FOR THE BOARD

Approve	<input type="checkbox"/>	Endorse	<input type="checkbox"/>	Identify further actions	<input type="checkbox"/>
Note	<input checked="" type="checkbox"/>	Accept the risk identified	<input type="checkbox"/>	Ask for a further report	<input type="checkbox"/>

The Board is asked to

1. **Note** the contents of the paper;
2. **Note** the key milestone being achieved with successful go-live (Wave 1a); and
3. **Receive** further updates at future milestones.

13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact:

Donald Wilson (Donald.Wilson@lanarkshire.scot.nhs.uk)
 Director of Information and Digital