



Information in Nursing
Forum (ING)



Bournemouth University
IHCS

RCN/IHCS

e-HEALTH WORKSHOP

EDINBURGH

December 2nd 2005

REPORT

Prepared by:

Bernice Baker

Committee Member ING RCN, Lecturer Practitioner IHCS

Dr Bernie Edwards

ING Forum Member, Practice Development Fellow IHCS

Acknowledgements

Without the support and/or input of the following, the successful accomplishment of this workshop would not have been possible:

RCN

Information in Nursing Forum Committee/Forum funds
Sharon Levy, Informatics Nurse Advisor RCN
The staff and facilities of RCN Edinburgh

IHCS

Clive Andrewes, Head of Practice Development, IHCS, Bournemouth University
Robin Evans, Practice Development Administrator, IHCS Bournemouth University
Eva Papadopoulou PDU Administrator, IHCS Bournemouth University

Time, support and facilitation at the workshop from the following proved particularly invaluable and essential:

Stuart Cable, RCN Edinburgh
Kathy Dalles, Committee Member ING RCN
Enid Forsyth, RCN Edinburgh
Susan Watt, RCN Edinburgh

Finally without the wholehearted commitment and enthusiasm of the workshop delegates themselves this project could not have been achieved nor would the results be so far reaching and insightful. We thank you all.

January 2006

Contents:

	page
1 Background	4
2 Aims	4
3 Method	4
Fig: 1: Dominant Workshop 'Issue' Themes	4
Fig: 2: Recommendations from Groups	6
4 Analysis, synthesis and discussion of delegates input at Workshop	6
Fig 3: Force Field Diagram	7
Table 1: Considering recommendations alongside current strategy documents	9
5 Recommendations	10
5.1 Further discussion around recommendations	10
6 Conclusion	11
References	12
APPENDIX	
1 Delegate List	13
2 Delegate Evaluations	14
3 Flip Chart Work from Workshop	15 - 17

Background

The Institute of Health & Community Studies (IHCS) at Bournemouth University are currently undertaking a collaborative project with the Information in Nursing Forum (ING) at RCN. This project involves running eHealth Workshops in each of the four UK Countries. RCN provides the venues and hospitality for the Workshops and IHCS provides the administration, facilitation and final Report.

This report is as a result of the first of these workshops – that held at the RCN in Edinburgh on December 2nd 2005.

The Workshop was attended by 23 delegates whose roles and interests reflected acute, community, educational and health department experience. A delegate list is included at Appendix 1. Collation of the subsequent evaluation of the day by the delegates is included in Appendix 3.

2. Aims

The generic aims of the workshops are:

- to highlight the issues emerging from working in an e-health context
- to make recommendations for developments for the future.

1. Method:

The programme was divided into Sessions 1 – 4 as follows:

Introduction: Delegates allocated by a blind system into 2 initial groups

Session 1a General Brainstorm of eHealth issues/needs (in 2 groups; see appendix 3)

Session 1b Exposing/nominating **themes** from these issues (in same 2 groups; see Appendix 3)

Session 1 c: Groups switched to each other's themes: Reflecting on each other's themes/making comments (in same 2 groups – facilitators switched; see appendix 3)

During Lunch break the Facilitators collated the themes and Issues into 13 'dominant' themes for afternoon sessions:

Fig: 1: Dominant Workshop 'Issue' Themes

1. Long term strategic view of eHealth and nursing in a context of rapid environmental and care delivery change
2. Sharing of knowledge, experiences and communicating what's going on (Client/nurse benefits)
3. Lack of understanding of purpose and 'buy in' to eHealth. Seen as information management rather than improving care delivery – fear
4. Therefore gap between strategic vision and operational reality
5. Fear linked to professional standing ?age/skills/education related?
6. Lack of integration of systems and duplication
7. Resources – time, engage champions/enthusiasts, practitioners. Involvement of front line staff in strategic planning and implementation/learning
8. Standing of nursing within society
9. Lack of access to hardware and appropriate tools (training)
10. Recording of qualitative data that reflects client needs
11. Policy & guidelines re sharing of patient information across boundaries
12. IT support 24/7
13. e-audit – feedback into developing patient care (never seen – no apparent benefit)

Session 2a Group members blindly re-allocated into 2 new groups:

Session Intent: **Pick 5 KEY themes from the 13 offered** (see Appendix 3)

Session 2b) Recommendations for addressing Key Issues

Group A discussed at length whether the issues raised were ‘nursing’ or not and therefore whether recommendations by nurses should be limited to nursing only. A general approach was finally defined
Group B allocated recommendations under each heading

Fig: 2: Recommendations from Groups

GROUP A	GROUP B
<ol style="list-style-type: none"> 1. Establish known nursing mechanism via ‘User Groups’ 2. Lobby/Inform Scottish Executive and professional Organisations re Professional Issues 3. Recommendations regarding Resources needed <ul style="list-style-type: none"> ▪ Evidenced ▪ With deliverables ▪ Ring fenced monies ▪ ‘quick wins’ with free’d time 4. Define nursing information needs on behalf client 	<ol style="list-style-type: none"> 1. Long term strategic view <ul style="list-style-type: none"> ⇒ Senior nurses on Scottish Executive from all areas of care; drivers not tokenism ⇒ Working groups comprised of nurses involved in successful work (open forum) ⇒ Mapping of examples/knowledge/skills ⇒ Evidencing the benefits of eHealth & identifying the gaps ⇒ Replicate with professional bodies ⇒ Legislate- patient owns their own record ⇒ IT agenda item at all meetings 2. Resources: Time/engagement <ul style="list-style-type: none"> ⇒ Scoping exercise – who needs what & where ⇒ 7.5 hours per week BUSINESS PLANNING/IMPLEMENTATION BUILT into TERMS & CONDITIONS ⇒ Lobby RCN 3. Lack of integrated systems <ul style="list-style-type: none"> ⇒ Procurement – interface of systems is mandatory ⇒ Data warehouses where information can be exchanged 4. Sharing of knowledge/experience <ul style="list-style-type: none"> ⇒ Use of mapping to set up local support networks – across primary & secondary care ⇒ Establish/publicise website ⇒ Funded support networks ⇒ More videoconference access ⇒ Feedback – cascade up and down 5. Fear – professional standing <ul style="list-style-type: none"> ⇒ Identify people who can support others ⇒ Access to training ⇒ Take IT training out to where people practice ⇒ IT part of induction training & part of role description/ Agenda for change ⇒ Culture of Lifelong learning ⇒ Link eHealth into annual review system ⇒ Introduce a small & achievable area of practice (eg Obs) ⇒ Training & Education integral to policy/Strategy

Session 3: Overview of current Scottish Executive Framework

Quick overview offered by Kathy Dallest – related to the points raised by workshop delegates
Framework: NMAHP & eHealth

Flip Chart:

- Leadership & engagement
- Standardisation for Clinical recording
- Learning & personal development
- Access to IT
- Implementation
- Best Practice in eHealth
- Improving Service level Information

Session 4: Action Plan

Flip Chart: How will nurses be aware?

Be flexible – emerging arena.

1. **The recommendations**/work from today as starter
2. **Re-launch SNEF** – be more inclusive – with RCN, RCM, CPHVA etc
 - Original SNEF membership plus today's workshop delegates
 - Val Baker to be approached to continue as Chair
 - Establish communication method between all members
 - Increasingly link SNEF to NMAHP developing Scottish Executive links for nurse/client voice
 - Increasingly Mainstream nurse/client voice
3. **Develop mechanisms** for establishing automatic process for nurse input into implementation and into future developments at Scottish Executive/Strategic level

4. Analysis, synthesis and discussion of delegates input at Workshop.

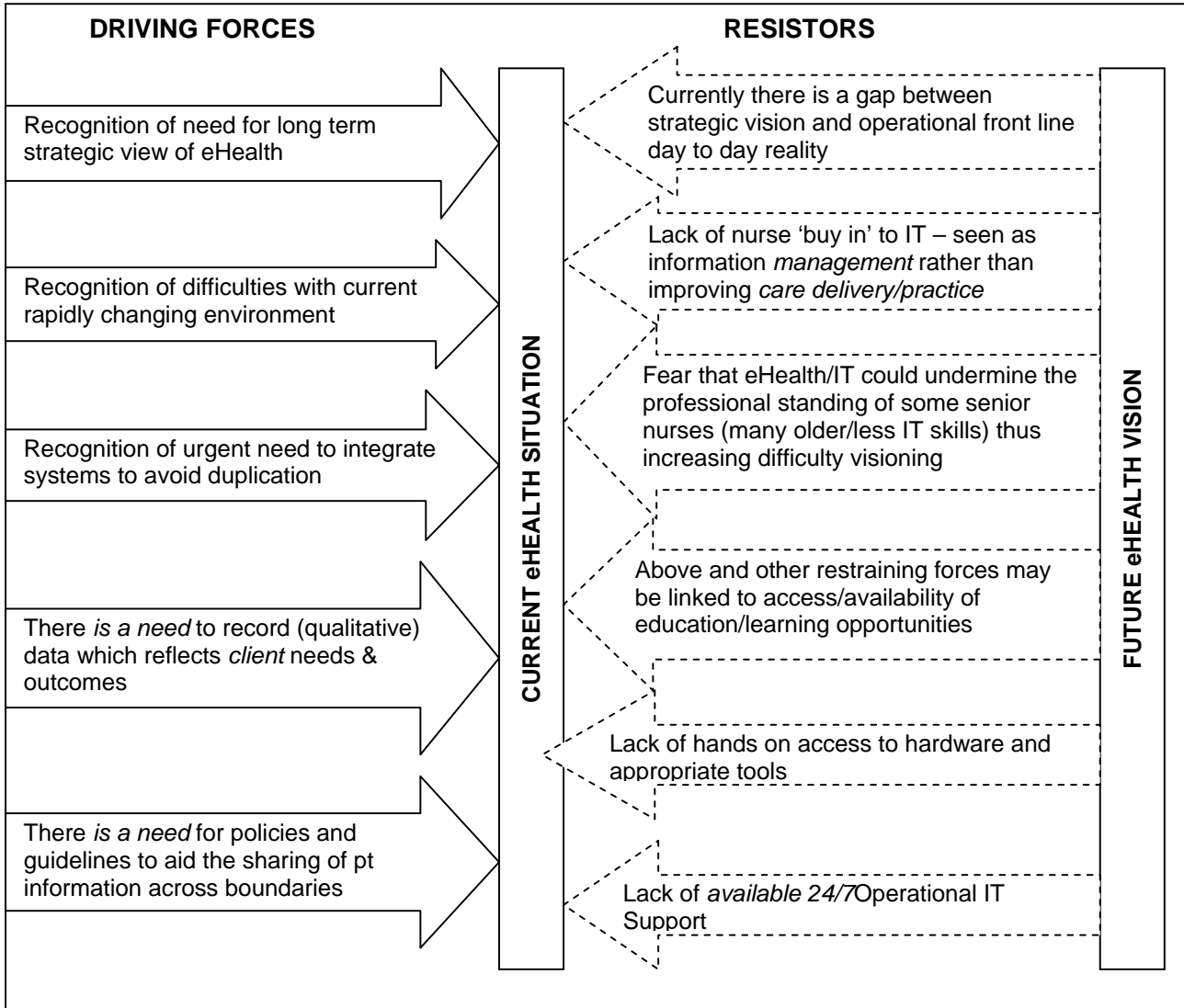
It was very apparent from the discussions amongst the nurse delegates present that nurses in Scotland recognise the potential of ehealth to transform the way care is delivered to their clients and exhibit a real willingness to make it work within a 'whole systems' understanding. This finding is entirely in line with recent RCN Surveys in the UK (RCN 2004, RCN 2005a) and the expressed vision of nurses at international level (ICN 1998).

As a result of already having been engaged with a wide variety of ehealth approaches and projects across Scotland, it was apparent that the nurses at the workshop have developed experience and insight into how ehealth can be made to work – and, importantly, how it might be further developed. Any attempt to implement ehealth in the NHS in Scotland needs to be cognisant of this knowledge, experience and established ownership and actively engage with these practitioners. This intent is well articulated within current Executive documents (NHS Scotland 2005a, 2005b.) and it must be of great relevance to strategic planners at all levels in Scotland that the aspirations of those attending the RCN/IHCS eHealth Workshop are so aligned to those of the Scottish Executive (See Fig 1 page 1 and Appendix 3) .

“We believe that to meet the challenges and to deliver on the key requirements...will require a shift in the way we deliver health care in Scotland. This will require new ways of working, new skills, new thinking and a new culture in the NHS – one of shared responsibility and engagement of front-line staff in service improvement. In effect, this new approach is about getting the NHS in Scotland to work as a single, whole system. We need all of the partners in the system to realise that they are inter-dependent”

It is useful to visualise the dominant issues from the workshop (Fig 1) in terms of a 'Force Field' Diagram (Lewin 1951); See Fig 3:

Fig 3: Force Field Diagram



This diagram emphasises how the nurses' 'issues' were not necessarily negative – many are 'awareness's' which are potential *drivers* - since it is recognition of these realities which will underpin the owned development of effective remedies. Even those issues noted above as *restrainers* were noted with the intention of articulating elements which hindered or obstructed movement *towards* the future eHealth vision, expressing a wish to address them, not as negative reasons to stay in the current situation.

The groups also identified three main ways in which the success of ehealth could be enhanced (ie underpinning the drivers and resistors further with 'Facilitators'):

1. Through the sharing of knowledge, experiences and communicating what's going on (Client/nurse benefits)

2. Through providing funded time to engage the large number of front-line champions/enthusiasts and practitioners in strategic planning and implementation/learning
3. Through the use of e-audit as a means of feedback into developing patient care (currently audit is seen as no direct benefit to the nurses carrying out the audit or their clients)

These 'facilitators' are further validated by the RCN's recent research conclusions following UK wide surveys around the information needs of *nursing*:

- Access to information leads to evidence-based practice
- The support of employers is crucial
- Access to a range of information sources is important
- Access to computers and the internet is still limited
- There is a very high demand for more information skills training
- Value-added information services are required

(RCN 2005a page 10)

However, the RCN, other professional representative organisations – and the Scottish Executive – should be aware of the recent 'Nurses in Scotland Employment Survey' (commissioned by the RCN) which revealed that in the *general population* of nurses in Scotland (ie not necessarily those eHealth 'champions' at this workshop), it was found that:

"The main differences between Scotland and the UK are in the following items, with views of Scottish nurses more negative in each instance:

I am satisfied with my input in planning my own off duty/times of work

Bullying and harassment is not a problem where I work

I can determine the way my career develops

I would recommend nursing as a career

I feel my work is valued

Opportunities for nurses to advance their careers have improved

It will NOT be very difficult for me to progress from my current grade

The only area where views of nurses in Scotland was more positive was in agreement with the statement 'the quality of care where I work is good'. "

(Ball & Pike 2005 page 63)

The publication of the above findings coincides with the Scottish Executive's frameworks (NHS Scotland 2005a, 2005b), which aim to increase *empowerment of the front line* NHS staff and to enable *integrated team working* across NHS Scotland - *aspirations* which were totally supported by delegates at this workshop.

It seems that the outputs of this workshop underline – from the experiences of enthusiastic eHealth nurses – that *tensions* exist in front line reality which are often related to restraining forces and which are well validated by research and therefore are not necessarily nurses being 'eHealth negative' nor are they anecdotal. It is interesting how delegates kept returning to the discrepancies between their vision/ wish to implement effective eHealth underpinned practice and front line operational reality. Discrepancies which they could only articulate or label as strategic/operational reality gaps. These factors must be relevant to key stakeholders throughout health care in Scotland as they try to take the new NHS Scotland frameworks forward.

Table 1: Considering recommendations alongside current strategy documents

Theme	Workshop Recommendations	Scottish NHS/RCN Strategy/Other Link
Long term strategic view	<ul style="list-style-type: none"> ▪ Senior nurses on Scottish Executive from all areas of care; drivers not tokenism ▪ Working groups comprised of nurses involved in successful work (open forum) ▪ Mapping of examples/knowledge/skills ▪ Evidencing the benefits of eHealth & identifying the gaps ▪ Replicate with professional bodies ▪ Legislate- patient owns their own record ▪ IT agenda item at all meetings ▪ Lobby/Inform Scottish Executive and professional Organisations re Professional Issues 	<p>RCN 2005b</p> <p>NHS Scotland 2005a, 2005b</p> <p>NHS Scotland 2005 a/b RCN 2005b, NHS Scotland 2005a/b RCN 2005b</p> <p>RCN 2005b RCN 2005b, NHS Scotland 2005 a/b</p>
Resources: Time/engagement	<ul style="list-style-type: none"> ▪ Scoping exercise – who needs what & where ▪ 7.5 hours per week BUSINESS PLANNING/IMPLEMENTATION BUILT into TERMS & CONDITIONS ▪ Lobby RCN ▪ Recommendations regarding Resources needed <ul style="list-style-type: none"> ○ Evidenced ○ With deliverables ○ Ring fenced monies ○ 'quick wins' with free'd time ▪ Establish known nursing mechanism via 'User Groups' 	<p>?</p> <p>?</p> <p>RCN 2005b</p> <p>?</p> <p>?</p>
Lack of integrated systems	<ul style="list-style-type: none"> ▪ Procurement – interface of systems is mandatory ▪ Data warehouses where information can be exchanged 	<p>NHS Scotland 2005 a/b</p>
Sharing of knowledge/experience	<ul style="list-style-type: none"> ▪ Use of mapping to set up local support networks – across primary & secondary care ▪ Establish/publicise website ▪ Funded support networks ▪ More videoconference access ▪ Feedback – cascade up and down 	<p>SNEF – independent</p> <p>?</p> <p>SNEF – not funded.... NHS Scotland 2005 a/b NHS Scotland 2005 a/b</p>
Fear – professional standing	<ul style="list-style-type: none"> ▪ Identify people who can support others ▪ Access to training ▪ Take IT training out to where people practice ▪ IT part of induction training & part of role description/ Agenda for change ▪ Culture of Lifelong learning ▪ Link eHealth into annual review system ▪ Introduce into a small & achievable area of practice (eg Obs) ▪ Training & Education integral to policy/Strategy 	<p>?</p> <p>RCN 2004, 2005 a/b; NHS Scotland 2005 a/b</p> <p>?</p> <p>?</p> <p>NHS Scotland 2005 a/b</p> <p>?</p> <p>?</p> <p>NHS Scotland 2005 a/b</p>
Define nursing information needs on behalf of client	<p>?</p>	<p>?</p>

5. Recommendations

The delegates themselves collated recommendations associated with their final 5 key themes during session 2b (See Fig 2 page 5). Whilst both groups adopted different approaches to considering these needs, there was a common agreement between them as to what the key themes were and these themes with the recommendations from both groups – linked to current Scottish Executive strategies – are presented in Table 1 on page 9.

5.1 Further discussion around recommendations

Presentation of the recommendations in this way enables consideration of the reasons underpinning gaps and/or inclusions – and the reality of the existence of the chosen dominant ‘issues’.

For example, whilst the first key dominant issue for nurses appears to be well supported by intention within strategy, both for NHS Scotland and for the RCN, it’s persistence none-the-less as the main key issue chosen by eHealth enthusiasts must reflect that action resulting from central Strategy has yet to bite at operational level. The ‘gap’ (which then *restrains* a key *driving* force for the eHealth vision) is certainly not *intended* strategically – but it none the less exists – both for the Scottish Executive and the RCN.

Consideration of the second dominant theme exposes the reality that nurses here focus on process actions which are required regarding front line resources. Action related to local process or local agreement is rarely reflected in higher level strategic documents – therefore the absence of strategic reference is not surprising. None the less another element is thus exposed by this work – and that is that nurses exist with regard operational process in a complex, varying, local reality. A reality that is not necessarily automatically addressed for them by central strategic level visioning documents. Thus ‘*restraining*’ issues around resources and associated time for ‘engagement’ are left to the idiosyncrasies of the local ‘market’.

The sharing of knowledge/experience theme appears to offer a huge opportunity for the linking of Scottish Executive policy with RCN eHealth thinking – and with the re-launch of SNEF. It seems that SNEF – along with all the other established and recognised independent nurse ehealth networks in Scotland - could be not only linked to, and represented on, the Scottish executive but *also* to the Scottish Centre for Telehealth. Through the use of mapping and the establishment of local support networks the group(s) would act as an *independent* centre of *nursing* expertise. Thus it would be able to provide practical and informed *nurse* support to NHS Boards on the implementation of ehealth. The group(s) could be actively involved in the evaluation of the impact of ehealth on care delivery

Linking nurse networks to the Scottish Centre for Telehealth *and* supporting the nurses with appropriate funding would go a long way to ensuring that the NHS in Scotland moves from a ‘Doctor Dependent’ to a ‘Team Based’ service (NHS Scotland 2005b page 9). Action in this way – whilst at the same time increasing opportunities for training and education at service level – will help toward addressing any fear associated with eHealth, since nurses will be supported in developing their practice in an owned manner – whilst being fully supported by the Centre.

Such supported, planned in and resourced work associated with the Centre – from a nursing perspective – would increasingly define the *nursing* information needs on behalf of *clients* in Scotland.

It is also of note that all of the dominant themes expressed by delegates at the workshop *do naturally also link* to the current SEHD NMAHP & eHealth Framework – an outline of the components of which was given by Kathy Dallest viz:

- Leadership & engagement

- Standardisation for Clinical recording
- Learning & personal development
- Access to IT
- Implementation
- Best Practice in eHealth
- Improving Service level Information

It seems that, by recognising and sharing the resolution of elements which either restrain forward momentum or which hold back potential ehealth 'vision' drivers, the shared 'how' can increasingly be put to *multiple shared aspirations* for NHS Scotland.

6. Conclusion

This workshop was dominated by the delegates eager, enthusiastic wish to further ehealth in a positive and effective manner for Scotland. At the same time they recognised, analysed, owned and freely articulated the factors which they felt held back their achievement of this ehealth vision.

For the authors of this report it has been extremely revealing how closely nurses aspirations and wishes align with those of NHS Scotland. It seems that, by recognising each others' issues and realities, and by increasingly working together in a supported and funded manner, the engagement of 'people' so necessary to effective ehealth whole systems development is easily achievable in Scotland.

The findings of this workshop can only aid the increasing emergence of this commendable process.

REFERENCES

BALL J, PIKE G 2005 *Nurses in Scotland 2005: Results for Scotland from the RCN Employment Survey 2005* RCN London available on line at: <http://www.rcn.org.uk/publications/#s> last accessed January 12th 2006

LEWIN K. 1951 *Field Theory in Social Science*, Harper and Row, New York.

NHS SCOTLAND 2005a *A National Framework for Service Change in the NHS in Scotland: Building A Health Service Fit For The Future* Scottish Executive Edinburgh.

NHS SCOTLAND 2005b *Delivering Health* Scottish Executive Edinburgh; available on line at <http://www.scotland.gov.uk/Publications/2005/11/02102635/26389> last accessed 12th January 2006

ROYAL COLLEGE of NURSING 2004 *Speaking Up; Nurses and NHS IT developments* RCN London available on line at <http://www.rcn.org.uk/publications/>

ROYAL COLLEGE of NURSING 2005a *The information needs of nurses* RCN London; available on line at <http://www.rcn.org.uk/publications/>

ROYAL COLLEGE of NURSING 2005b *E-Health and the RCN: towards organisation wide integrated action* RCN available on line at <http://www.rcn.org.uk/aboutus/policy/ehealth/> last accessed 13th January 2006

THE INTERNATIONAL COUNCIL of NURSES, 1998 *ICN's Vision for the Future of Nursing* ICN; available on line at: <http://www.icn.ch/visionstatement.htm> Last accessed January 12th 2006

APPENDIX 1

Delegate List

Baker	Val	Director of Clinical Information
Baker	Bernice	ehealth Consultant
Bryceland	Jacqueline	Lead Nurse Practice Development
Cable	Stuart	Senior Lifelong Learning Fellow
Camp	Jane	Clinical Governance Practice Development Nurse/Lead Nurse Prescriber
Dallest	Kathy	Nursing Midwifery AHP eHealth Project Officer
Denny	Liz	Ass.Dir. for Nursing Lomond & Argyll
Edwards	Bernie	Practice Development Fellow - Direct Access
Elder	Leigh	CareVue System Administrator
Flannigan	Mary	eAssess Trainer
Fleming	Mark	Clinical Development Manager - IT
Forsyth	Enid	RCN Scotland Librarian
Gaskell	Vanessa	eHealth Team
Hoy	Derek	Research Fellow
Jamieson	Joan	ISD Equality & Diversity Information Programme Manager
Kennedy	Julie	Ward Manager/Config/Sys Mgr
Levy	Sharon	Informatics Adviser
MacDonald	Marion	Clinical Nurse Mgr, ICU
Macleod	Kirsty	e-health Consultant
McColl	Eleanor	IT Client Manager
Mullan	Maureen	Health Protection Nurse (TB)
Rankin	Sharon	Lothian ECCI Programme Manager
Robertson	Joan	Lead Nurse Clinical Systems Development
Wilson	John	Charge Nurse/Configuration/System Manager
Woodcock	Fiona	

APPENDIX 2

Edinburgh Evaluations Collated: 10 received

Did this event meet your personal learning outcomes?	Yes 10 No 0
How interesting was the event?	Very: 1 5; 3 4; 5 3: 1 2 1 Not Very
Comments	Well organised, broad group selection Hugely beneficial – realise that all HB's have the same challenges Very reassuring to find that common issues exist across nursing
Were there any aspects that you had hoped to learn that were not covered?	(2) Had hoped to learn more about where we are in the strategy of e-health/on-going developments Would have liked more on eHealth strategy at beginning of day
Were there any elements that could have been omitted from the event without detracting from its overall value	Yes: 2 Perhaps we spent too much time on the 'issues' Less time on morning session and more time for looking at recommendations etc No 8
Do you have any comments to make on the venue and its facilities?	Food Very Good Very hot Excellent venue and facilities The venue was comfortable & accessible. Environment was conducive to participation Good venue & facilities Very warm Excellent
List any positive points from the event	Clear outcomes Work plan and 'Things to do' list Good networking opportunity Good group discussion & interactions Positive action planning Making recommendations achieved bringing together participants from different nursing backgrounds Group work sessions to facilitate participation Clear plan of action at end of session Feeling that all nurse groups looking in the same direction Production Strong sense of peer support Link to RCN/my staff – hurray!! Good learning event Sharing of knowledge/information Good way forward Networking Good discussions well facilitated
List any negative points from the event	Rooms too warm A cohesive go forward plan
Any other comments	This was a helpful, informative day. It has provided more information & a look at where IM&T is going

FLIP CHART WORK

APPENDIX 3

Session 1a: General Brainstorm of eHealth Issues

GROUP A	GROUP B
<ul style="list-style-type: none"> ▪ Culture – young staff IT literate & keen – older staff IT illiterate ▪ Senior staff feel loss of control ▪ Cannot get managers to take on systems ▪ Pace of change and competing priorities for managers ▪ Who is taking ownership? ▪ System not perceived as useful ▪ Too many systems ▪ Don't get everything back ▪ Seen as data entry systems ▪ Linkage between systems ▪ Systems designed originally elsewhere for other purposes ▪ Data held in other countries – everyone has their own idea as how systems should work ▪ Lack of video-link technology on mainland – island nurses feel isolated ▪ Frequent changes of directives & ministerial policies → short term funding ▪ Need to look at the way we work – the culture – way care is delivered ▪ 'Perception' of it being information management rather than service delivery ▪ Community staff – no mobile units – duplication of recording (paper based data entry) ▪ Tension between developing local systems and waiting for roll-out of national systems → loss of local enthusiasms ▪ Delay in getting READ codes ▪ Nurses: balance between what is needed to record/what is realistic to record ▪ ↓ Access & training to mobile devices ▪ ↓ Need to change Data Protection Act – cannot share information across patches ▪ No guidance for information sharing ▪ Qualitative data capture- how can you communicate the patient's story? ▪ Fear – corrupt the system ▪ Networking between champions bringing 'gurus' to the surface ▪ Different language & care systems/people ▪ Need for statutory time off mainstreamed as part of care delivery ▪ Managers see IT as putting in a central heating system 	<ul style="list-style-type: none"> ▪ Access to PC's (And thus emails) Insufficient PCs in care areas – acute and primary/community ▪ Basic IT skills (District Nursing) – often age related Waiting List for ECDL ▪ Actual access to facilities on PCs eg multiple log-ins (e-library access – especially 24/7) Access must be 24/7 for 24/7 service 24/7 CPD ▪ Remembering passwords – changes not available 24/7 ▪ Frustration with the level of 'change' required everywhere – IT just one more change – change everywhere inevitably slows development everywhere no feedback on change ▪ Time and resources for change per se ▪ IT systems do not link – end up with sharing paper to make it work ▪ Duplication of entries across boundaries ▪ Recognition that nursing/client could potentially use <u>good</u> data/info for improving care ▪ Staff tend to see negatives ▪ Not sure <u>who</u> could access the data/info for analysis/learning ▪ If we had the <u>right</u> IT systems the time for staff would be released ▪ Audit possibilities not generally 'sold', not generally understood ▪ 'Frustration' of developing paper based templates (and training) – time lag (duplication) ▪ The multitude of stakeholders (NHS and Private) is developing – increases time ▪ IT developers not apparently aware of front line needs (and IT folk not aware) ▪ Possible 'tribalism' between developers and front line professionals/clients

FLIP CHART WORK

APPENDIX 3

Session 1b) Same groups – exposing themes

(Group A re-arranged their issues as listed into 'theme' groups of issues; Group B defined/generalised the themes they believed underpinned their listed issues)

GROUP A	GROUP B
<p>1: Managers see IT as putting in a central heating system Cannot get managers to take on systems Pace of change and competing priorities for managers Who is taking ownership? Frequent changes of directives & ministerial policies -- short term funding Need to look at the way we work – the culture – way care is delivered Need for statutory time off mainstreamed as part of care delivery</p> <p>2: System not perceived as useful Don't understand purpose 'Perception' of it being information management rather than service delivery Different language & care systems/people</p> <p>3: Too many systems Don't get anything back Seen as data entry systems Linkage between systems Systems designed originally elsewhere for other purposes Delay in getting READ codes</p> <p>4: Culture – young staff IT literate & keen – older staff IT illiterate Senior staff feel loss of control Fear – corrupt the system</p> <p>5: Lack of video-link technology on mainland – island nurses feel isolated Community staff – no mobile units – duplication of recording (paper based data entry) limited Access & training to mobile devices</p> <p>6: Nurses: balance between what is needed to record/what is realistic to record Qualitative data capture- how can you communicate the patient's story?</p> <p>7: Data held in other countries – everyone has their own idea as how systems should work Need to change Data Protection Act – cannot share information across patches No guidance for information sharing</p> <p>8: Tension between developing local systems and waiting for roll-out of national systems → loss of local enthusiasms Networking between champions bringing 'gurus' to the surface</p>	<p>1. No nurse forum where all these issues from <u>all</u> areas can be articulated/shared</p> <p>2. Need for sharing</p> <p>3. Need for Strategic Planning ie what is there already does not a) Reflect/pass nurse needs up b) Enable nurses to hear plans down</p> <p>4. Gaps between Strategic Planning and Operational reality</p> <p>5. Above results in: ⇒ Training down ⇒ Computer access down ⇒ IT support down ⇒ <u>Individuals</u> access to CPD on IT down ⇒ Integration down ⇒ Awareness down/fear ⇒ No time/resources for training ⇒ No training strategy therefore no development From these bullets: <u>Resources need allocating for Strategy</u></p> <p>6. Recognise that IT Strategy is <u>another</u> change Therefore needs more staff to enable change</p> <p>7. All the above are about 'valuing' the staff who are expected to make the change happen</p> <p>8. Nurses traditionally/culturally/politically have never been recognised – empowered 'handmaidens'</p>

FLIP CHART WORK

APPENDIX 3

Session 1c: Reflecting on each others themes:

Group facilitators moved round taking themes to opposite group.

Group A added comments (*here in bold italics*) to Group B's themes; Group B tried to put underpinning themes to Group A's grouped issues

GROUP A	GROUP B
<p>. No nurse forum where all these issues from <u>all</u> areas can be articulated/shared</p> <p>2. Need for sharing <i>Trust around confidentiality</i></p> <p>3. Need for Strategic Planning ie what is there already does not</p> <p style="padding-left: 20px;">a) Reflect/pass nurse needs up b) Enable nurses to hear plans down</p> <p>4. Gaps between Strategic Planning and Operational reality <i>Experiences differ</i></p> <p>8. Above results in: ⇒ Training down <i>education and information re e-records and emails needed</i> ⇒ Computer access down ⇒ IT support down <i>Recognise</i> ⇒ <u>Individuals</u> access to CPD on IT down <i>Embed into systems</i> ⇒ Integration down ⇒ Awareness down/fear ⇒ No time/resources for training ⇒ No training strategy therefore no development</p> <p>From these bullets: <u>Resources need allocating for Strategy</u></p> <p>8. Recognise that IT Strategy is <u>another</u> change Therefore needs more staff to enable change <i>When staff given access – not used – not seen as integral to nurse process</i></p> <p>7. All the above are about 'valuing' the staff who are expected to make the change happen</p> <p>8. Nurses traditionally/culturally/politically have never been recognised – empowered 'handmaidens' <i>The 'Now' culture</i></p> <p><i>Issues should not be uni-professional – look for ways to develop multi-disciplinary</i></p> <p><i>Nursing elements with MD links need developing</i> <i>Voice in terms of content</i> <i>Contextualising</i> <i>Virtual teams</i></p>	<p><u>Resources</u> – time – no protected time built in</p> <p style="padding-left: 20px;">IT training Full use of IT Survey the opinions of all staff</p> <ul style="list-style-type: none"> ▪ IT changes – how practitioners manage their work ▪ Need to value the recording of care ▪ <u>Qualitative Data</u> Concise recording Need for guidelines Peer audit Reported ▪ <u>Care plan in home</u> – can only exist in paper form? ▪ <u>Education</u> possibilities of IT What is already 'out there' ▪ Build national system from successful pilots ▪ Lack of awareness of what is going on successfully elsewhere ▪ Nurses weak political voice

FLIP CHART WORK

APPENDIX 3

Session 2a) Picking the 5 Key themes Group members moved round.

Group A felt there needed to be criteria for allocating marks to key themes and preferred to collate the 13 themes into 4 key groups

Group B chose 5 key themes by allocating notional marks to each of the above.

This resulted in the following key themes:

GROUP A	GROUP B
<p>1. Strategic: Long term strategic view of eHealth and nursing in a context of rapid environmental and care delivery change Sharing of knowledge, experiences and communicating what's going on (Client/nurse benefits) Lack of understanding of purpose and 'buy in' to eHealth. Seen as information management rather than improving care delivery – fear Therefore gap between strategic vision and operational reality Therefore gap between strategic vision and operational reality Fear linked to professional standing ?age/skills/education related? Standing of nursing within society</p> <p>2. Systems: Lack of integration of systems and duplication IT support 24/7</p> <p>3. Resources – time, engage champions/enthusiasts, practitioners. Involvement of front line staff in strategic planning and implementation/learning Lack of access to hardware and appropriate tools (training)</p> <p>4. Professional issue/agenda Recording of qualitative data that reflects client needs Policy & guidelines re sharing of patient information across boundaries e-audit – feedback into developing patient care (never seen – no apparent benefit)</p>	<p>1. Long term strategic view 2. Resources: Time/engagement 3. Lack of integrated systems 4. Sharing of knowledge/experience 5. Fear – professional standing</p>