

Trust Headquarters
Russell's Hall Hospital
Dudley
West Midlands
DY1 2HQ

Ref: FOI-052024-000905

Date: 15/07/2024

Address / Email:

Dear

Request Under Freedom of Information Act 2000

Thank you for requesting information under the Freedom of Information Act 2000.

Request

Dear FOI Administrator,

Patient data is generated from various sources, but disjointed systems and incompatible devices hinder care-team workflows and the usefulness of patient records. Manual data entry, required by unconnected devices, slows workflows, and increases errors. Some brands even silo data, making it inaccessible for aggregation. This affects hospital care teams, administrators, IT staff, and patients.

At Enovacom we are interested to learn the following and would be grateful for an official response:

Medical Device Integration

1. Is the Trust HIMMS accredited? If so, what level of accreditation has been achieved?
2. Does the organisation have an existing Electronic Patient Record (EPR) system? If yes, please provide details of the EPR product, including the provider and product name.
3. When is the renewal date for the current EPR system?
4. Does the Trust have a solution in place to automatically send patient data from medical devices to the main Hospital Information System / EPR?
5. Is there a single interoperability platform for all medical devices that automatically sends data to the main hospital information system?
6. If yes to question 5, who is the supplier and what is the name of the product?
7. If yes to question 5, when does the current contract end?
8. Is the Trust reviewing any projects that require the integration of medical devices with the main hospital information system / EPR?
9. If no to question 5, is the Trust currently evaluating suppliers and product options for medical device interoperability with the main hospital information system (PAS/EPR)?
10. If no to question 5, is the Trust interested in learning about Enovacom's software-only solution and how other NHS customers are adopting our technology?
11. Who is the lead person to contact regarding projects of this nature? Typically, we would connect with the Chief Clinical Information Officer, Chief Digital Transformation Officer, or EPR Programme Director.

Enterprise Application Integration

12. Does the Trust currently have an integration engine for securely exchanging data between software systems both internally and externally?
13. If yes to question 12, what is the product name?
14. If yes to question 12, do you intend to change your current integration engine?
15. If yes to question 14, when does the contract for your current integration engine end?
16. If no to question 12, do you intend to purchase an integration engine?
17. If yes to question 16, when do you plan to purchase it?
18. Who is the lead person to contact about projects of this nature? Please provide their name, email, and phone number if possible.

Data Warehouse

Our existing NHS clients must share a basic level of data with their main ICS (Integrated Care System). They have chosen a Federated Model over a single centralised data repository in a regional external HIE solution, due to the sensitivity of some patient data. In this model, they maintain their own local FHIR-based data repository on-premises and provide a reference to the file to the regional HIE.

19. There are three main architecture patterns for delivering a Shared Care Record to share data with the ICS. Please identify the Trust's chosen option:
 - a. **Centralised Model** – Data is stored in a centralised, consolidated data repository. Data shared by HIE participants is normalised, housed in, and accessed from a central data repository.
 - b. **Federated Model** (also known as Distributed Model) – Data is held at source in a decentralised manner. Each participant maintains separate control of its data, typically in special “edge servers” at its own location, and shares patient-specific data upon request from other HIE participants.
 - c. **Hybrid Model** – A combination of a & b. Builds on the Federated Model by adding a “record locator service” that tracks where patients have received care and where their source data can be requested.
20. Does the Trust currently have a data repository for the above requirement if selecting b or c?
21. If yes, is it FHIR-based?
22. What is the name of the product?
23. Who is the supplier?
24. When is the contract renewal date?
25. Is the Trust looking to purchase a data repository?
26. If yes, when does it plan to purchase it?
27. Who is responsible for sourcing the data repository? (Please provide name, email, and phone number if possible.)

Response

Medical Device Integration

1. Is the Trust HIMMS accredited? If so, what level of accreditation has been achieved?

No

2. Does the organisation have an existing Electronic Patient Record (EPR) system? If yes, please provide details of the EPR product, including the provider and product name.

The Trust utilises the Altera Sunrise EPR solution

3. When is the renewal date for the current EPR system?

December 2026

4. Does the Trust have a solution in place to automatically send patient data from medical devices to the main Hospital Information System / EPR?

Yes, however this is limited at present

5. Is there a single interoperability platform for all medical devices that automatically sends data to the main hospital information system?

No

6. If yes to question 5, who is the supplier and what is the name of the product?

N/A

7. If yes to question 5, when does the current contract end?

N/A

8. Is the Trust reviewing any projects that require the integration of medical devices with the main hospital information system / EPR?

The integration of medical devices with the Trust EPR is part of a wider Digital Programme and will be reviewed as part of that process

9. If no to question 5, is the Trust currently evaluating suppliers and product options for medical device interoperability with the main hospital information system (PAS/EPR)?

Not currently

10. If no to question 5, is the Trust interested in learning about Enovacom's software-only solution and how other NHS customers are adopting our technology?

The Trust will look to engage with potential suppliers as plans progress

11. Who is the lead person to contact regarding projects of this nature? Typically, we would connect with the Chief Clinical Information Officer, Chief Digital Transformation Officer, or EPR Programme Director.

Operational Chief Information Officer

Enterprise Application Intégration

12. Does the Trust currently have an integration engine for securely exchanging data between software systems both internally and externally?

Yes

13. If yes to question 12, what is the product name?

Security exemption

14. If yes to question 12, do you intend to change your current integration engine?

No

15. If yes to question 14, when does the contract for your current integration engine end?

N/A

16. If no to question 12, do you intend to purchase an integration engine?

N/A

17. If yes to question 16, when do you plan to purchase it?

N/A

18. Who is the lead person to contact about projects of this nature? Please provide their name, email, and phone number if possible.

Operational Chief Information Officer

Data Warehouse

Our existing NHS clients must share a basic level of data with their main ICS (Integrated Care System). They have chosen a Federated Model over a single centralised data repository in a regional external HIE solution, due to the sensitivity of some patient data. In this model, they maintain their own local FHIR-based data repository on-premises and provide a reference to the file to the regional HIE.

19. There are three main architecture patterns for delivering a Shared Care Record to share data with the ICS. Please identify the Trust's chosen option:

a. Centralised Model – Data is stored in a centralised, consolidated data repository. Data shared by HIE participants is normalised, housed in, and accessed from a central data repository.

b. Federated Model (also known as Distributed Model) – Data is held at source in a decentralised manner. Each participant maintains separate control of its data, typically in special “edge servers” at its own location, and shares patient-specific data upon request from other HIE participants.

c. Hybrid Model – A combination of a & b. Builds on the Federated Model by adding a “record locator service” that tracks where patients have received care and where their source data can be requested.

20. Does the Trust currently have a data repository for the above requirement if selecting b or c?

N/A

21. If yes, is it FHIR-based? N/A

22. What is the name of the product? N/A

23. Who is the supplier? N/A

24. When is the contract renewal date? N/A

25. Is the Trust looking to purchase a data repository? No

26. If yes, when does it plan to purchase it? N/A

27. Who is responsible for sourcing the data repository? (Please provide name, email, and phone number if possible.) N/A

If you are dissatisfied with our response, you have the right to appeal in line with guidance from the Information Commissioner. In the first instance you may contact the Information Governance Manager of the Trust.

Information Governance Manager
Trust Headquarters
Russell's Hall Hospital
Dudley
West Midlands
DY1 2HQ
Email: dgft.dpo@nhs.net

Should you disagree with the contents of our response to your appeal, you have the right to appeal to the Information Commissioners Office at.

Information Commissioners Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF
Tel: 0303 123 1113
www.ico.org.uk

If you require further clarification, please do not hesitate to contact us.

Yours sincerely

Freedom of Information Team
The Dudley Group NHS Foundation Trust