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## Product: *Acute Health Data Enterprise, Patient Pathway Plus*

I retired as Assistant Director of Information from South Warwickshire NHS Foundation Trust (SWFT) in 2015, a position I had held for 8 years. One of the key achievements during my time there was the procurement and implementation of an enterprise data management system in 2009. It was based on the Insource Acute Health Data Enterprise (AHDE) solution.

**Insource was the only company that met a specific requirement – a pre-built data platform with the flexibility of local customisation**

Back in 2009, Insource's solution was fairly early in its life but already sufficiently mature to meet our specification. Although we could see there was still more that could be added to the product, it was the only offering that combined the requirement of delivering a pre-built product that met our immediate reporting requirements, with the flexibility of adding local customisation and extensions. It was not a black-box solution.

We were then a small/medium-sized trust with very limited resources and finances, so our team was small. Even if we had the ability and capability, we certainly didn't have the capacity to build our own solution in house. Looking back, I am more sure of that sentiment now than I ever was. AHDE gave me a full enterprise data management solution out of the box, pre-built and ready for configuration and customisation to meet our needs.

*We played an active role in product development*

Being effectively an early adopter, we were able to contribute significantly to the actual product during its early years. This wasn't just making suggestions to Insource. Due to its clever technology, we were able to build modules and components ourselves when we thought they were needed and ship them back to Insource. Insource would then incorporate them into the actual product that would be released back to their user community, including us.

All this capability came from AHDE's underlying technology – Data Academy. As AHDE was built in Data Academy and SWFT used Data Academy in its own right, everything was compatible and interchangeable.

*One of the NHS' most successful Lorenzo migrations*

At the time, we were using the CSC iPM PAS. AHDE interfaced to it, and over time we were able to grow our implementation into an enterprise data management system supporting all of our CDS returns, mandatory submissions, end user reporting and information team analytics.

Having got the solution fully implemented, we were than faced with the fact that SWFT were migrating from iPM and upgrading to Lorenzo.

In virtually all situations this would have spelled the end of the existing data management system. Non-AHDE solutions are directly connected to the PAS, so getting them to work with a new PAS can be almost impossible. You see this in the number of failed strategies over the past few years, and the

number of trusts that have failed to maintain RTT reporting after a PAS migration.

Fortunately, AHDE's architecture is such that it can work with any PAS.

With Insource's help, we built a new connector to Lorenzo. We had our data management system up and running and connected to Lorenzo even before we had our go-live date. AHDE's ability to connect to 2 PAS systems for migration purposes removed so much risk and cost – and enabled us to have one of the most successful Lorenzo migrations that has ever been.

We were there alongside Hull & East Yorkshire Hospitals NHS Trust (HEYT), who also moved to Lorenzo using AHDE. The great thing here is that you had another trust (as well as Insource) who you could call up and exchange ideas with – so you were not on your own.

After our successful migration, we went through the continual and relentless process of tidying up our data managements systems and configuring it to changing output files from Lorenzo – something that was possible with AHDE.

### We set a new standard in RTT management

During this period we also needed to maintain a handle on our RTT reporting and management.

Prior to the PAS migration project, I approached Insource about a fully configurable RTT 'app' I knew they were working on. We specified a system together, they built the prototype, we installed it and tested it until it met our requirements. And then we started using it – and very successfully.

Insource then got a number of their other AHDE users to take the RTT module. Rather than ship them the prototype, they completely rebuilt it from the ground up and shipped the new version to everyone including us at SWFT. This was the version that we used during the PAS replacement project.

While the migration to any new PAS takes a while to address data anomalies, the first RTT reports were produced within 48 hours of go-live.

This is the beauty of a true product: costs can be shared across multiple clients, and you get significantly more for your money.

### Insource helped me leave a valuable legacy at SWFT

At the end of my time at SWFT, the RTT module had become Patient Pathway Plus, the CDS returns were now at the 6.2 submission standard and in Wessex format, and the system was performing extremely well.

I stayed a little longer at SWFT than I had originally planned to ensure that I left a legacy: a system that would last, something that would also grow and meet the trust's future needs. In doing so, I felt very proud of what my team had achieved during my time at SWFT.

### Insource is truly ahead of its time

When we took the Insource system, it was the only commercially available system that combined a pre-built data platform with the flexibility of local customisation. It was the only platform that would continue to be supported and developed by the supplier without risk to those local customisations.

What I hadn't really appreciated back in 2009 was that it would still be the only commercially available product offered by the time that I retired from SWFT!