

Our Ref: NG/RM/25154 Date: 21st May 2025

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Reception: 0300 123 1535

Dear

Freedom of Information Act Request

I am writing in response to your e-mail of the 25th April 2025. Your request has been processed using the Trust's procedures for the disclosure of information under the Freedom of Information Act (2000).

Requested information:

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 _____ 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. **Dedalus Lorenzo.**
- 3. When is the renewal date for the current EPR system? May 2029
- Does the Trust have a solution in place to automatically send patient data from medical devices to the main Hospital Information System / EPR? The Trust does not use Medical Devices.
- 5. Is there a single interoperability platform for all medical devices that automatically sends data to the main hospital information system? **The Trust does not use**Medical Devices.
- 6. If yes to question 5, who is the supplier and what is the name of the product? N/A
- 7. If yes to guestion 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? **No**







- 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)?
 No
- 10. If no to question 5, is the Trust interested in learning about software-only solution and how other NHS customers are adopting our technology? **No**
- 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. **There is no lead person regarding projects of this nature.**

Enterprise Application Integration

- 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? NextGen Mirth
- 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?

 Annual Maintenance and Support May 25
- 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. **Chief Information Officer.**
 - Staff email addresses are exempt as they constitute personal data and would contravene the principles of the Data Protection Act 2018 (in accordance with qualified exemption S40 (2)(a) of the FOI Act).

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? N/A
- 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 the handling of your request, you have the right to ask for an internal review of the management of your request. Internal review requests should be submitted within two months of the date of receipt of the response to your original letter and should be addressed to: Dr Buki Adeyemo, Chief Executive, North Staffordshire Combined Healthcare Trust, Trust Headquarters, Lawton House, Bellringer Road, Trentham, ST4 8HH. If you are not content with the outcome of the internal review, you have the right to apply directly to the Information Commissioner for a decision. The Information Commissioner can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF.

Yours sincerely

Nicola Griffiths

Deputy Director of Governance



