



## **MAXIMS Electronic Patient Record EPR**

### **Service Definition for G Cloud 15 Lot 2B Software as a Service**

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| Reference      | IMS MAXIMS G Cloud 15 Lot2B |
| Classification | Commercial in Confidence    |

## Document Control

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## Document Approval

| Name       | Position           | Date     |
|------------|--------------------|----------|
| Tim Culley | Commercial Manager | 15/12/25 |

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## References

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## 1 Scope of Services

The MAXIMS Electronic Patient Record (EPR) is a comprehensive, modular healthcare platform designed to manage both clinical and administrative workflows across hospitals and care settings. It integrates a robust Patient Administration System (PAS) with advanced clinical modules to deliver safe, efficient, and patient-centred care. Developed using open standards, MAXIMS ensures interoperability and scalability, supporting NHS England's Digital Capability Framework.

Organisations can purchase and deploy individual modules, tailored combinations, or the complete suite, allowing flexibility in adopting functionality at their own pace. All modules are delivered as Software as a Service (SaaS).

IMS also provides configuration and optimisation services through tiered packages, enabling customers to select the level of support that best fits their needs—from standard setup to advanced customisation—ensuring seamless integration and long-term sustainability.

MAXIMS goes beyond traditional EPR systems by offering a unified healthcare data platform and mobile-enabled workflow solutions. It delivers real-time insights across complex care environments, enabling cost-effective, clinically safe, and sustainable healthcare services. Whether used as part of the MAXIMS PAS/EPR product or integrated with existing systems, the modular suite empowers organisations to achieve digital maturity without compromising best practice.

### **Available modules include:**

- Patient Administration Functions (PAS)
- Theatres
- eWhiteboards
- Clinical Noting (including SMART forms)
- Task Management
- Order Communications
- eObservations
- Hospital at Night
- Emergency Department
- PRSB Compliant E-Discharge
- Dashboards (Administrative & Clinical)

## 2 Core Functional Descriptions

### 2.1 Patient Administration

The IMS MAXIMS PAS is the core administrative component of the MAXIMS EPR platform, designed to manage patient information and operational workflows across hospitals and care settings. It is particularly suitable for Acute NHS Trusts aiming to enhance their digital maturity in line with the Frontline Digitisation Programme and the NHS England Digital Capability Framework (DCF).

Key features include:

- Comprehensive patient registration, admissions, transfers, and discharges (ADT)
- Outpatient and inpatient scheduling
- RAS Referral assessment service
- Referral to Treatment (RTT) tracking and pathway management
- Waiting list management for elective care
- NHS e-Referral Service (e-RS) integration , advice and guidance
- Positive Patient Identification (PPID) using barcode-enabled wristbands
- Tools for generating correspondence, specimen labels, discharge summaries, and letters
- HL7 and FHIR-based interoperability for seamless integration with third-party systems
- Robust audit trails and reporting capabilities for governance and performance monitoring
- Integrated Master Patient Index (MPI) for a single, accurate patient record
- Personal Demographics Service (PDS) integration for real-time demographic validation
- Child Protection – Information Sharing (CP-IS) integration
- Inpatient management, including ward and bed allocation with graphical views
- Integrated theatre management for surgical scheduling
- Case note tracking
- Clinical coding support and compatibility with third-party encoders
- Configurable proformas

### 3 Additional Clinical Components

#### 3.1 Theatres

The Theatres module manages the entire perioperative workflow, from pre-operative assessment to post-operative recovery and handover. It includes WHO surgical safety checklists, Stop Before You Block, and Safety Debrief templates. Clinicians can access theatre lists on mobile devices, add surgical plans, and record anaesthetic procedures. Real-time updates improve coordination between theatre and ward teams, ensuring patient safety and operational efficiency.

Key benefits:

- Mobile-enabled access to theatre lists and procedures
- Configurable checklists to standardise care and adhere to organisational standards
- Enhanced visibility and real-time updates for surgical team

#### 3.2 eWhiteboards

eWhiteboards optimise care coordination and improve patient outcomes by providing real-time visibility of key patient information across wards and departments. They display critical details such as patient status, bed occupancy, discharge readiness, and clinical alerts. Discharge planning and updates can be recorded at the bedside using mobile devices, ensuring information is instantly available to the entire care team.

Key functions:

- Increased bed utilisation by highlighting outstanding discharge actions
- Highly configurable for different ward types and workflows
- Display of patient alerts (e.g., risk of falls, infection control flags)
- Option to hide patient names for confidentiality
- Mobile integration for real-time updates

Benefits:

- Immediate updates on patient status and tasks
- Improved care coordination for multidisciplinary teams
- Streamlined discharge planning
- Operational efficiency by eliminating manual boards

### 3.3 Clinical Noting (including SMART forms)

The Clinical Noting App enables clinicians to access and record data seamlessly at the point of care, ensuring efficient and accurate documentation. It supports procedures, diagnoses, SMART forms, and risk assessments, with configurable templates tailored to specific services or teams.

Benefits:

- Fully configurable to support diverse clinical needs
- Instant availability of recorded data to authorised users
- Instant reporting for clinical audits
- Compliance with documentation standards
- Integration with mobile workflows for connected care

### 3.4 Task Management

Task Management provides a centralised platform for creating, allocating, and tracking clinical and administrative tasks. Tasks are automatically routed to the appropriate team, with real-time notifications and prioritisation tools. The system supports multidisciplinary collaboration, escalation pathways, and audit trails for governance.

Benefits:

- Instant communication between teams
- Automatic allocation and referral of tasks
- Integration with SMART Forms and eObservations
- Visibility of outstanding tasks to relevant teams

### 3.5 Order Communications

The MAXIMS Order Communications System (OCS) enables clinicians to electronically order diagnostic tests and view results, eliminating delays and errors associated with paper-based processes. All requests are managed from a single, customisable screen.

Key features:

- Comprehensive ordering for pathology, imaging, and cardiology
- Integration with iRefer and PACS
- Smart calculations for required blood tubes
- Recurring orders for repeat investigations
- Positive Patient Identification for safety and accuracy
- Phlebotomy workflows and management
- Extensive integration experience with multiple LIMS and RIS

### 3.6 eObservations

The eOBS solution provides clinicians with tools for early identification of deteriorating patients, ensuring timely intervention and improved outcomes. It supports task management and automates escalation pathways.

Key features:

- Early detection of at-risk patients
- Automated escalation to clinical teams
- Integrated NEWS2 and PEWS scoring
- Contextualised clinical advice
- In-app visibility of pathology results

### 3.7 Hospital at Night

The Hospital at Night app coordinates out-of-hours care, allowing clinical tasks to be raised and managed centrally. It supports SBAR handover, urgent task prioritisation, and real-time communication.

Benefits:

- Safer out-of-hours patient management
- Dashboard for coordinators to prioritise tasks
- Personal task lists for staff
- Direct access to patient records from mobile devices

### 3.8 Emergency Department

The MAXIMS Emergency Department module provides real-time data entry and viewing for all patients within the ED and across the hospital. It supports patient flow, configurable workflows, and integration with diagnostic systems.

Key features:

- Real-time patient tracking
- Configurable pathways
- Integration with PACS and other systems
- Major incident management
- Decision support
- Interoperability with PAS and other modules via HL7 and FHIR
- Access to GP records through MIG or clinical viewers
- Scalability for any ED size

### 3.9 PRSB Compliant E-Discharge

Generates structured discharge summaries aligned with PRSB standards for safe transfer of care. Enables electronic communication VIA MESH with GPs and community services, reducing duplication and delays. Integrated with clinical noting and correspondence tools for consistency and compliance

### 3.10 Dashboards (Admin & Clinical)

Provides real-time dashboards for operational and clinical performance monitoring, including KPIs, Outpatient and Theatre utilisation, bed occupancy, discharge readiness, and clinical alerts. Dashboards are configurable and support drill-down views for detailed analysis.

#### Benefits:

- Secure, web-based access with role-based permissions
- Customisable layouts
- Consolidated data from multiple modules
- Compliance with PRSB standards
- Reduced manual reporting
- Enhanced governance and visibility

## 4 Who is it for

The MAXIMS Cloud EPR offering is suitable for any public sector organisation seeking to implement a cloud-based EPR safely and securely, without the costs and resources associated with conventional procurement.

## 5 Ordering MAXIMS

Before placing an order, the Trust must confirm its need for the MAXIMS EPR and assess the market to ensure a hosted solution meets its requirements. Key requirements should be defined in advance.

Once IMS is selected as the service provider, the Trust completes the Order Form (Framework Schedule 6) and agrees on any variable elements of IMS's terms.

#### Invoicing:

IMS issues electronic or paper invoices monthly in arrears for delivered services. Standard payment terms are 30 days from receipt of a valid invoice, with payment by BACS transfer

## 6 Data Protection & Standards

IMS MAXIMS combines ISO 9001-certified quality processes and ISO 27001-certified security with GDPR-compliant data protection practices to safeguard patient information. This ensures delivery of an EPR system that is safe, reliable, and compliant with international standards. These certifications demonstrate our commitment to continuous improvement, data protection, and customer satisfaction.

IMS MAXIMS is compliant with the Data Security and Protection Toolkit and accredited for Cyber Essentials. MAXIMS EPR also meets the Digital Technology Assessment Criteria (DTAC) .

## 7 Hosting

IMS MAXIMS offers complete flexibility in hosting solutions. We can work with any appropriately accredited data centre, providing customers with freedom of choice in every aspect of our service.

Our preferred option is hosting via an HSCN Network-accredited partner. However, if a different provider is preferred, we can use the Collaboration Agreement mechanism within the



G-Cloud framework to help procure a suitable data centre. This approach delivers a best-of-breed Cloud Software solution, combining MAXIMS functionality with hosting flexibility under a single G-Cloud tender, saving time and money and simplifying arrangements.

If your preferred hosting provider is not listed on G-Cloud, we can still accommodate this requirement and ensure compliance with G-Cloud standards.

## 8 Onboarding

### 8.1 Implementation & Deployment

Our implementation methodology uses a staged delivery model to ensure focused progress on key deliverables, maintaining close collaboration across all workstreams. This approach is effective in complex environments, such as large acute hospitals, where interdependencies and operational pressures require agility, transparency, and strong governance.

Typical full EPR implementations are completed within 12 to 18 months, with the final timeline, scope, and budget refined during the Discovery Phase. This phase involves close collaboration to understand existing workflows, integration points, and transformation capacity.

#### **Critical Success Factors:**

- Strong executive sponsorship and governance
- Early and continuous stakeholder engagement
- Dedicated and skilled project team
- Clear communication and change management
- Robust testing and training
- Realistic go-live planning and support
- Ongoing focus on benefits realisation

The Discovery Phase is pivotal, allowing joint assessment of transformation scope, integration complexity, and organisational readiness. Adjustments to timeline or budget may be made to ensure alignment with strategic goals.

Our ambition is to deliver a partnership that ensures safe, sustainable, and value-driven implementation. The team includes experienced project managers, clinical implementation specialists, and trainers with extensive clinical system deployment experience.

### 8.2 Interoperability

IMS MAXIMS provides a modular PAS/EPR solution delivered as SaaS under G-Cloud Lot 2. Built on open standards, it ensures interoperability, scalability, and compliance with NHS and government policies.

#### **Implementation Approach:**

- Validate existing integration architecture
- Provide detailed message specifications
- Perform mapping and gap analysis
- Agree milestones for Trust Interface Engine (TIE) development

#### **Solution Architecture:**

MAXIMS is designed as an open, unified, scalable, and modular platform, eliminating the need for large proprietary suites. IMS is a founding member of INTEROPen, supporting NHS policy to “connect all” and accelerating adoption of open interoperability standards.

#### **Integration Capabilities:**

- HL7 V2.4 messaging for workflow-based data exchange

- FHIR APIs for modern interoperability
- Shared file system for document exchange
- OAuth 2.0 for secure authorisation
- Web services APIs and iframe embedding for seamless user experience

### 8.3 Configuration

IMS MAXIMS configuration is a collaborative process, tailored to meet the Trust's local requirements while maintaining compliance and interoperability. This includes setting up user roles, permissions, workflows, reporting structures, alerts, and dashboards. Integration with third-party systems is enabled through HL7, FHIR APIs, and other approved methods.

IMS works closely with the Trust to validate configurations against agreed specifications and milestones, ensuring a smooth transition to live operations and supporting long-term flexibility for future enhancements. Configuration services are offered as tiered packages, allowing organisations to choose the level of support that best fits their needs

### 8.4 Data Migration

IMS recognises the need to migrate data from legacy systems. The approach is structured and PRINCE2 Agile aligned, beginning with early engagement to reduce risk and ensure compliance with clinical safety standards (DCB0129 and DCB0160). The process includes multiple test cycles and validation stages to guarantee data integrity before go-live.

Migration covers patient, activity, clinical, and document data, both historic and current, using SQL staging tables, automated validation checks, and integration through HL7 v2.4 and FHIR APIs. Non-mappable data is archived as documents in line with the NHS Records Management Code of Practice.

IMS works collaboratively with the Trust, which provides legacy data, populates staging tables, and participates in trial loads and validation cycles. This ensures a safe, seamless transition to a modern PAS/EPR environment while maintaining interoperability and patient safety.

### 8.5 Training

IMS MAXIMS delivers a comprehensive, blended training programme in partnership with the Trust, ensuring long-term self-sufficiency. Training begins with a Training Needs Analysis, followed by instructor-led sessions and digital resources for ongoing learning.

A train-the-trainer model empowers internal champions, with system administrator training and role-based sessions aligned to real-world workflows. Specialist training for integrated equipment and access to self-service materials support refresher and new-user training. This collaborative approach guarantees smooth onboarding, effective adoption, and sustainable capability within the Trust.

### 8.6 Testing

IMS MAXIMS provides a rigorous, structured testing process to ensure system quality, clinical safety, and readiness for go-live. The approach follows an incremental lifecycle, starting with unit and integration testing, progressing through system, interface, and regression testing, and culminating in user acceptance testing (UAT).

All testing is aligned with NHS clinical safety standards (DCB0129/DCB0160) and based on real-world use cases. Detailed test plans, scripts, and acceptance criteria are provided, supported by automated tools for defect tracking and validation. Testing is collaborative, with IMS leading coordination and execution while Trust teams participate in UAT and scenario validation. This strategy guarantees reliable, secure performance and compliance with agreed service levels before deployment

## 9 Organisation Responsibilities

The organisation shall, at no additional cost unless agreed otherwise:

1. **Contractual Obligations:** Fulfil all obligations in the Agreement and Schedules.
2. **Access & Resources:** Provide IMS reasonable access to key Trust staff and qualified personnel as defined in the Implementation Plan. Ensure availability of key personnel to meet milestones.
3. **Information & Documentation:** Supply required documentation, data, and authorised information. Share relevant Trust policies and notify IMS of changes.
4. **Training & Change Management:** Provide facilities and resources for training delivery. Coordinate and deliver end-user training, maintain training capability for new/refresher sessions, and support creation and maintenance of local training data.
5. **Data & Configuration:** Extract, cleanse, transform, and test legacy data per IMS specifications. Configure MAXIMS for local needs (e.g., user accounts, reports, navigation).
6. **Integration & Infrastructure:** Manage Trust Integration Engine and mappings. Ensure third-party systems provide compatible interfaces and resources for integration. Follow agreed processes for infrastructure changes and obtain IMS approval.
7. **Testing & Quality Assurance:** Provide test data and personnel as per the Test Strategy. Configure and evaluate operational and management reports.
8. **Performance & Connectivity:** Ensure HSCN/N3 connectivity and performance. Collaborate with IMS to define KPIs for service performance.
9. **Support & Incident Management :** Provide first and second line support through the Trust Service Desk, diagnose system issues prior to escalation, conduct root cause analysis for Severity 1 and 2 incidents, and ensure help desk staff are trained on severity levels
10. **Service Level Compliance** Act in a manner that does not hinder IMS from meeting agreed Service Levels.

## 10 Offboarding

At the end of the contract term, IMS MAXIMS will collaborate with the customer to agree an exit plan, including secure migration of Patient Identifiable Data (PID) and decommissioning of any locally hosted hardware. Customers can typically extract their own data using tools supplied as part of the solution. Additional consulting or support services for data migration or exit activities can be provided at an agreed additional cost .