Humber and North Yorkshire
Health and Care Partnership

NHS
Humber and
North Yorkshire
Integrated Care Board (ICB)

Humber and North Yorkshire
ICB Board
8th March 2023

Digital Strategy Update

Andy Williams

Humber and North Yorkshire Health and Care Partnership

Digital Strategy - First steps in the road map

Humber and North Yorkshire Health and Care Partnership
North Yorkshire Integrated Care Board (ICB)

As Year-1 priorities, we will commit as a Partnership to prioritising the following key strategic themes, recognising them as enablers for our wider ambitions:

- Our Shared Care Record, including EPR/PHR Strategy
- Cyber Security
- Digital Inclusion
- Population Health / Business Intelligence

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Digital Transformation Investment Plan (DTIP)

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Executive Summary: Purpose and Ambition

The Digital and Data Transformation Investment Plan (DTIP) defines the investment required to achieve Humber and North Yorkshire's (HNY) digital ambition over the next three years

The DTIP will act as the costed roadmap for delivery of HNY's **digital ambition** as outlined within HNY's **Digital Strategy** over the next three years.

It aims to align all partner organisation digital approaches, cyber plans, data management, information governance approaches and technology provision while also ensuring there is appropriate governance to oversee delivery, achievement / challenges and to regularly review and set priorities. The plan outlines:

- The **digital** and **data transformation required** to achieve HNY's digital strategy
- The **investment** required to deliver the planned digital and data transformation

The DTIP is a key enabler to the success of HNY's plans to deliver a **holistic digital approach** to health and care provision across all identified partners, to support **future digital development** and help **inform future funding** bids and opportunities. It will also support the system to deliver against the seven success measures in the **What Good Looks Like** (WGLL) Framework.

Central to this is achieving '**levelling up**' of digital maturity across the ICS and prioritising investment in the **shared care record**, **cyber**, **digital inclusion** and **population health / business intelligence**, as recognised first step priorities / key enablers in the strategy for wider digital ambitions.

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Executive Summary: Key Headlines

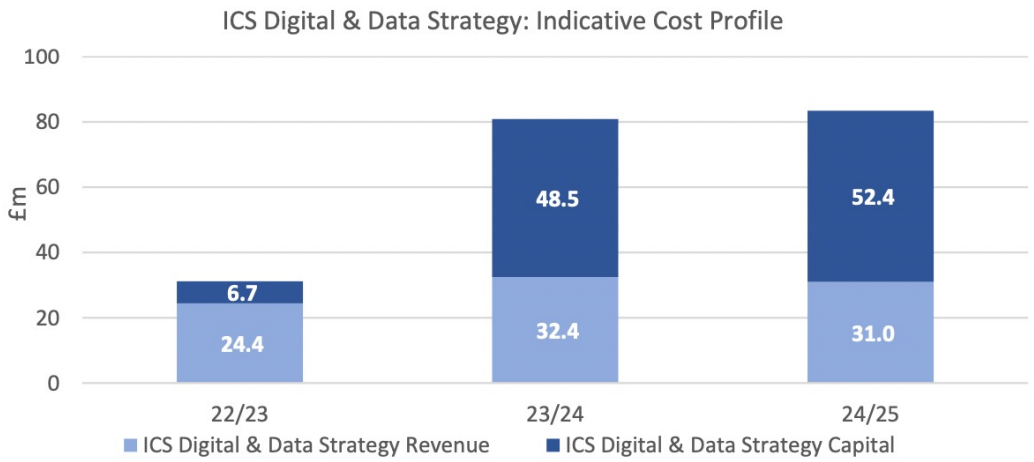
Significant investment is required over the next three years to deliver on HNY's priorities; further work is required to develop business cases and further define programmes to prepare for future funding opportunities

KEY HEADLINES

- The ICS Digital Transformation Strategy was developed during May to July 2022, capturing a total of 39 workstreams.
- The investment requirement to implement the DTIP in full across the 22/23 – 24/25 strategy period is estimated as c.£195.4m*. The costs provided are estimates, developed from key stakeholder engagement, costing information and the price options available within a constrained time frame. Due to low costing confidence across the majority of programmes, it is suggested a collective contingency of 10% is applied across the overarching portfolio indicating an investment of £215m is required to deliver the DTIP.
- To date, c.£119.9m of funding has been identified to deliver the DTIP. However, access to funding in the longer term carries a high degree of uncertainty and will need to be closely monitored as programme plans develop further. Approximately £75.6m of additional funding will required to deliver on HNY's digital and data transformation beyond the sources already identified.
- In order to move forward, it is key therefore that Humber and North Yorkshire move quickly to:
    1) Further develop the strategic case for programme areas, including the benefits case (quantitative);
    2) Further define objectives and plans for more embryonic programmes; and
    3) Create capacity to enable monitoring and oversight within the central digital support function. This will position the ICS to optimise access to central funding, and secure maximum impact from available digital funding.

*Subject to ongoing iterations as programmes continue to update their costed plans based on their level of maturity (see slide 14)

ESTIMATED INVESTMENT PLAN



COST / FUNDING PROFILE

	Year 1	Year 2	Year 3	Total
Estimated Cost	£31.1m	£80.9m	£83.4m	**£195.4m**
Funding Identified	£28.7m	£45.6m	£45.6m	**£119.9m**
Funding Gap	£2.4m	£35.4m	£37.8m	**£75.6m**

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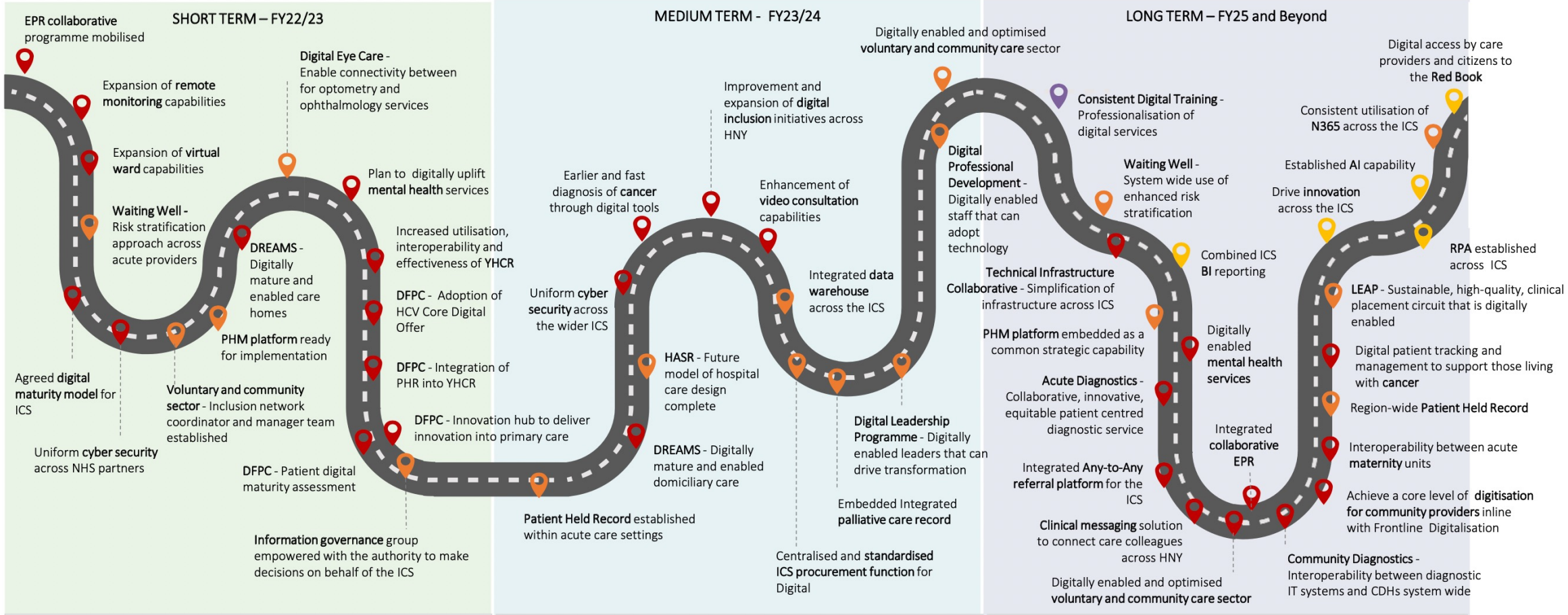
Executive Summary: High Level Roadmap

The key milestones of the DTIP over the next three years are outlined below



OUTCOMES

ALIGNMENT AND CORE	UPLIFT	EXPAND AND EMBED
Establish foundational building blocks for digital transformation and deliver on year one priorities as outlined within the digital strategy	Build on core foundations to uplift digital and data across the ICS to all partners enabling cross-system transformation	Drive scale and adoption of digital and data across the ICS to achieve fundamental transformation in health and care

High priority Medium priority Lower priority

1) Text in bold identifies the corresponding programme relevant to the milestone

2) The Digital Hub is crucial to support achievement of milestones as outlined within the roadmap. Costing for the Digital Hub has been developed in order to support these programmes, however there are no clear milestones attributed to the Digital Hub function as it is not a programme, rather an ongoing support function

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EPR Convergence Background

- We have collectively committed to:
  - Develop our EPR/PHR Roadmap in line with the National Policy Priorities
    - To level up those organisations without an EPR
    - To achieve HIMSS Level 5 by December 2023
    - To achieve HIMMS Level target by December 2025 (internal target)
    - To collaborate and rationalise the number of EPRs in the system where appropriate to do so.
  - Draw up options for ensuring that all parts of our health and care system have a core EPR in place, which meets the required maturity levels and supports the use of open standards.
  - Implement architecture to optimise benefits of our partner organisations' deployment of comprehensive electronic health and care records.
  - Seek out opportunities for extending the digitisation of children's services and records.
  - Mirror the approach adopted by the national Digitisation Social Care Records programme to improve access and sharing of social care information.

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EPR Positions - February 2022

- Trusts in our ICS were assessed as follows.
  - Harrogate and District NHS Foundation Trust–Currently implementing WebVvia NLaG–Group 0.
  - York And Scarborough Teaching Hospitals NHS Foundation Trust–Currently using in-house CPD system –Group 0.
  - Hull University Teaching Hospitals NHS Trust–Currently using Lorenzo –Group 2
  - Northern Lincolnshire and Goole NHS Foundation Trust–Currently using in-house WebV–Group 2
  - Humber Teaching NHS Foundation Trust–Currently using Lorenzo and SystmOne, but both contracts are ending in 2023 –Group 2 and moving to a 2ndgeneration EPR as a Digital Aspirant Plus Innovator Trust.
- Subsequently, the providers of Lorenzo (Dedalus) have decided to stop development of the system and offer a new product to the UK market, Orbis U

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EPR Convergence Mission Statements

We will expand the use of the Yorkshire & Humber Care Record to achieve data convergence

We will converge to a single Acute EPR system over time

For organisations with expiring Out of Hospital services contracts we shall assess whether the Acute EPR, or a common Out of Hospital vendor is a better fit.

For ongoing contracts we shall seek to converge supplier management activity

We will investigate the potential for pathway based clinical and operational shared services

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EPR Convergence Principles

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We have been requested to align with the following principles by the national Frontline Digitisation Team for our Pre-Tender Market Engagement Exercise:

- Must enable convergence at ICS level - minimum of two Trusts
- Must aim for a shared instance across ICS (taking into account of above principle)
- Must be Cloud (not on premise)
- Multiple instances may not be funded
- HDFT & Y&S must go live first
- EPR suppliers must mitigate big bang deployment risks
- Pricing schedules to cover Core (Minimum Digital Foundations) plus Optional, a cost per Trust and discount for collaborative approach

The Frontline Digitisation Programme also recommended that we should identify a clinical Senior Responsible Owner for the ICS wide Programme.

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Governance

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- The HNY Digital Executive is the governance body that seeks to ensure alignment with the overall strategy.
- A HCS ICS EPR Steering Group has also been established to manage alignment between the Digital Teams.
- Each Trust has established Programme Boards accountable to their individual Trust Boards for each Trust level investment decision.

Governance Layers & Key Bodies

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1 Strategic

NHS England

Purpose:
National: Sets overall strategic direction for the Frontline Digitisation Programme.

ICB Executive

Purpose:
Regional: Sets the ICS framework and criteria to monitor and measure performance to support the ICS ambition to develop into a Learning Health System.
Will assure the ICS EPR Convergence.

HNY Digital Strategy Committee

Purpose:
Regional: Sets the overarching digital change strategy. Ensure projects are prioritised in line with agreed funding allocations.

2 Executive *(Portfolio)*

HNY Digital Executive

Purpose:
Regional: Decision-making to assure alignment and execution of strategy. Monitor progress and control agreed data and digital implementation plans. Stop projects and programmes failing to deliver VfM.

HNY ICS EPR Steering Group

Purpose:
Regional: Ratification of convergence decision.
Recommend investment options.
Resolution of programme escalations.

3 Management *(Programme)*

PMO

Purpose:
Regional: Support of the EPR programme providing portfolio level reporting and advice.

EPR Programme Board(s)

Purpose:
Local: Oversee the progress of the programme through initiation, planning, execution, closure phases. Approval of key project decisions outside of original scope or where guidance is needed. Management of the programme critical milestone plan.

Clinical Governance Board(s)

Purpose:
Local: Key stakeholder and accountable for outlining clear clinical process requirements. Dictates, standards, policies and principles for the Patient Journey.

Shared Care Record Board

Purpose:
Regional: Data convergence across the Y&H ensuring alignment to the EPR strategy.

4 Operational *(Project)*

Project Board(s)

Purpose:
Local: To keep delivery plans on track and ensure time, cost quality measures are adhered to. Controlled delivery of change adhering to standards set by PMO. Utilisation of appropriate delivery methods e.g. waterfall, agile – to create an MVP where possible.

Digital Groups/Collaborative

Purpose:
Local: Digital collaboration across key stakeholders and forums.

Layers of Planning, Reporting, Escalation

Layers of Guidance, Approval, Decisions

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Business Case Approach

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- Each trust is developing their own business cases that will outline the preferred option at each trust. These business case will take into account the overall investment and benefits of each approach at Trust Level.
- As each Trust is starting from a different place, the investment drivers may be different across the Trusts (e.g. move away from burning platform versus delivery early value)
- This means that there is a potential that each Trust may recommend different approaches to each other in terms of functionality, investment approach, technical infrastructure, and implementation approach.

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Alignment Challenges

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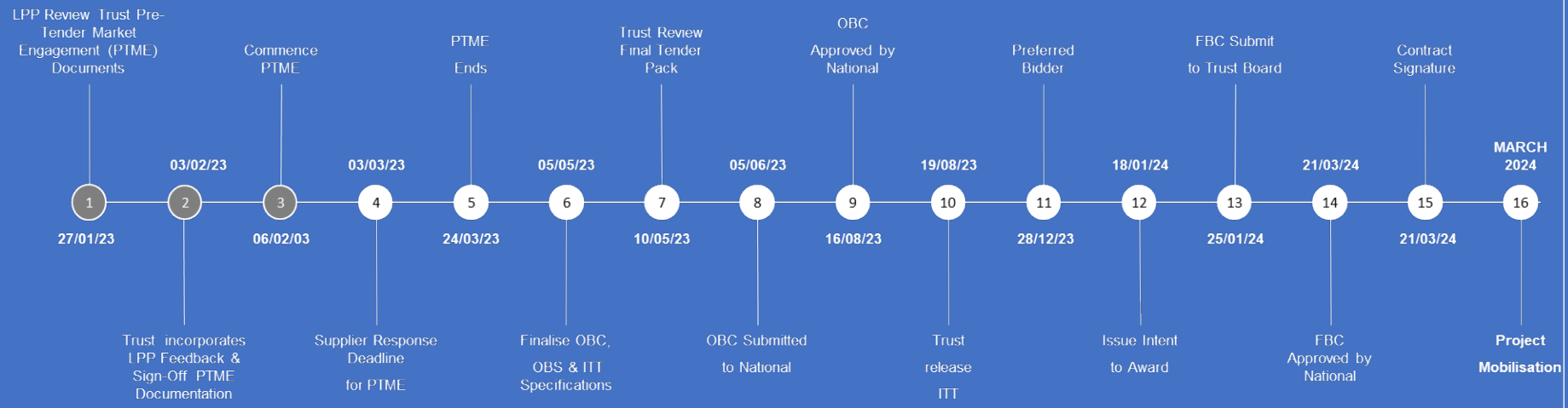
- Collaborative approach introduces complexity and may lead to delay, and therefore in inability to take advantage of investment available
- Alignment of EPR may lead to loss of digital functionality with some solutions
- Systems that will provide a step change in maturity, may be unaffordable.
- Alignment of EPRs may mean more change capacity required across the ICB, requiring significant revenue investment.
- Implementation of a ‘single instance’ will require alignment of clinical practice across the relevant Trusts.
- The uncertainty of the model (Enterprise vs Modular, Shared vs Single Instance, Core vs Optional) across the Trusts will require the market to invest more into bid costs to understand the complex ask.
- A combined approach may require a collaborative business case which may push the value over 50m, and therefore require Treasury approval.

Acute Trusts High Level Timeline

Milestone Complete

Milestone On Track

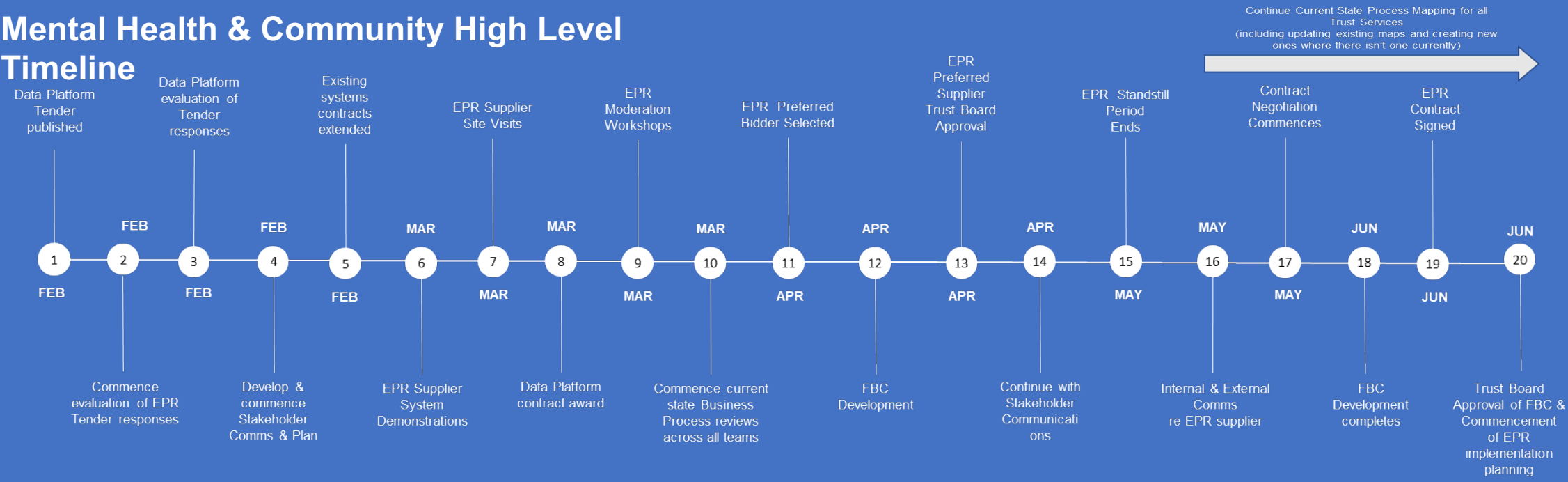


Note: There is roughly a 2 month delta between the latter milestones within the Trust plans end date e.g. March to May 2024. A conscious decision has been made not to re-baseline the plan until PTME completes at which time there will be more certainty around the implementation approach and preferred option.

Next 3 Months Focus

- PTME - Respond to clarification questions as a collaborative.
- PTME - Plan/attend Supplier Meetings
- OBC - Incorporate PTME feedback/indicative pricing into outline business case.
- OBC – Complete OBC and commence internal approval process.
- OBS – Incorporate PTME feedback into the outcomes based specification.
- OBS – Final clinical review of document.
- Funding – Place/receipt orders to spend Y1 allocation (capital/revenue).
- ITT – Update/finalise procurement documentation based on PTME feedback.
- Funding – Consider additional funds required and revise/amend investment agreement to draw down Y2 funding.
- Consideration to future resource requirements to support overall programme.
- Resource – Recruit/backfill/procure clinical/programme roles.

Mental Health & Community High Level Timeline



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Yorkshire and Humber Care Record

Programme Status, Highlights and Priorities

10th February 2023

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Recap

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Digitally shared records

Yorkshire & Humber Care Record | EPR Convergence | Sharing Green List

Impact on Professionals:

- Access to Simon's information in real time, at the right time from any location
- Visibility of other agencies involved and a holistic view of Simon's care
- Access to medications and alerts; supports patient safety and reduces duplicate prescribing

Impact on Simon:

- Confidence professionals understand his condition and needs.
- Doesn't have to retell his story.

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Where we are today

Our Data Sharing Timeline in Humber and North Yorkshire

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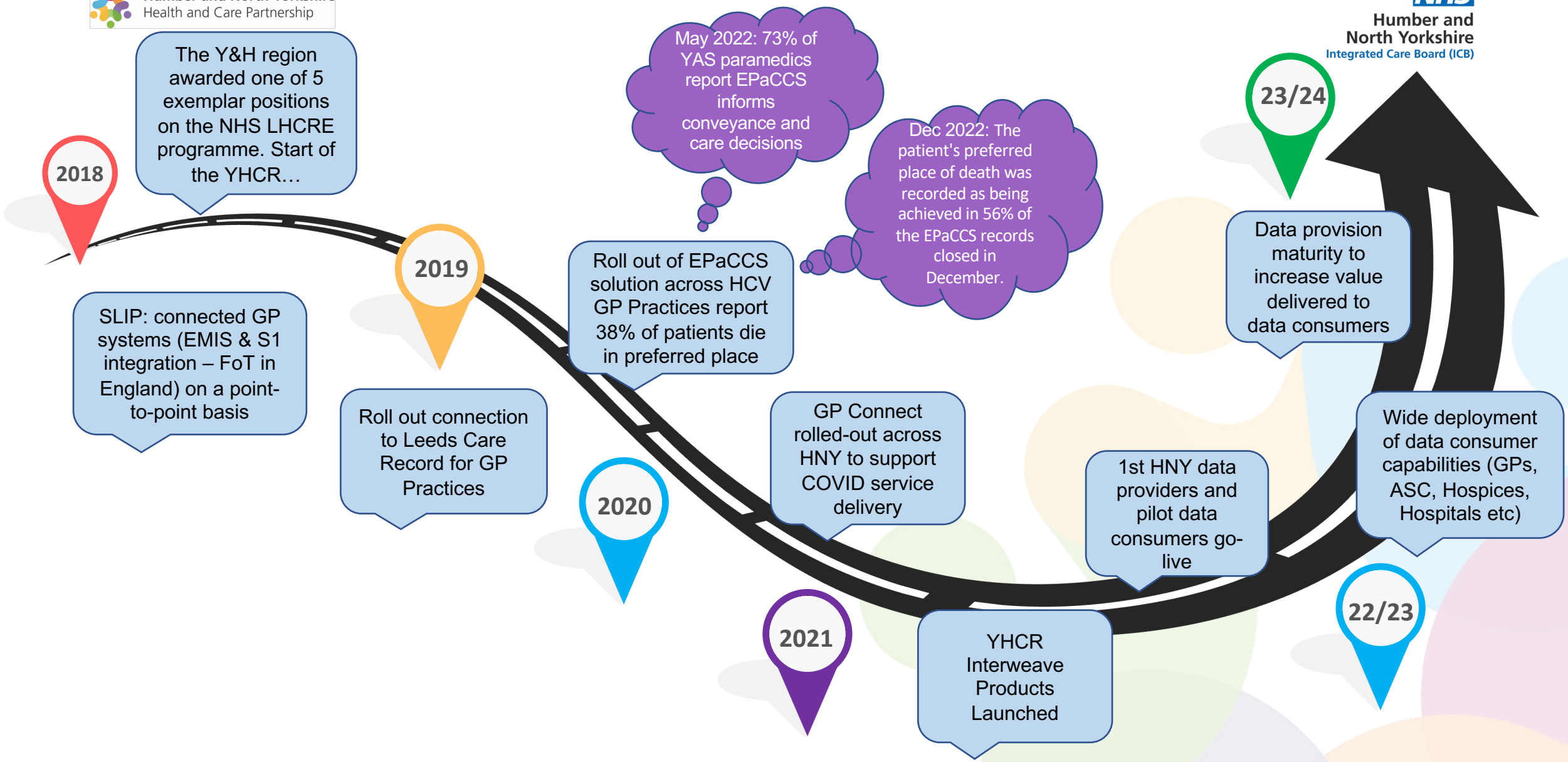

Where we are today…

Our **acute hospitals** are starting to share data that is accessible by GPs, community, adult social care and mental health. This means faster access to things like test results, medication changes and discharge summaries and less time spent chasing information required to make decisions about care.

Humber Teaching Hospital is sharing and viewing information via the YHCR. The availability of mental health crisis plans can ensure more rapid and informed decision making in ED.

York & Scarborough, **Northern Lincolnshire and Goole** and **Harrogate District** hospitals are all live and viewing GP Connect (GP record summary) via the YHCR. This is saving time and informing decision making, supporting discharge planning and improving the accuracy of prescribing.

The end-of-life wishes of patients are shared with paramedics from both **Yorkshire Ambulance Service** and **East Midlands Ambulance Service**. This means that more patients are cared for in their preferred place, reducing unnecessary ambulance conveyances and hospital admissions, and increasing the number of people dying in their preferred place.

North Yorkshire County Council is providing adult social care information via the YHCR, which is being accessed by community nursing teams and by **GP practices** to enable joined-up care.

Where we are today… continued!

Five of our local authorities (**Hull City Council**, **North Yorkshire County Council**, **East Riding of Yorkshire Council, North Lincolnshire Council** and **City of York Council**) have access to the YHCR and can see healthcare information about their service users from GP practices, hospitals and others. This means less time is spent trying to find out information from GPs (an estimated 30-mins is spent on each call to a GP practice) and decisions are based on the whole person. This supports discharge planning, MDT working and system recovery plans.

Yorkshire Ambulance Service provide transfer of care data to **acute trusts** through reliable messaging which transfers structured patient, encounter and observations data with a copy of the completed pre-hospital patient record document directly to hospital systems. This has improved efficiency for the ED Reception booking-in process and made the YAS record more quickly and widely available to hospital clinicians, aiding them in monitoring changes in patient condition and supporting clinical prioritisation of patient flow around the departments at high demand times.

CHCP frailty team will soon be live with notifications of a change in admission and discharge status for their patients to hospital. This will reduce unnecessary visits by community teams through the efficient pause and re-start of community visits.

The YHCR Interweave Portal is actively being rolled out to all **GP practices** in HNY (currently 104/176). This will mean faster and more efficient access to information about their patients through, for example, access to hospital appointments, discharge summaries and medication changes.

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Realising the benefits...or so what?

YHCR Benefits – A Flavour

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Time savings and safe prescribing in acute trusts from access to GP record at point of care, for example, used in **1 in 3 follow-ups** by one gastroenterologist in YSFT and **20-30 minutes per patient** in NLAG cardiology ward when access to GP record required

Estimated **time saving of 60 minutes per day** in adult social care by removing the need to phone GPs, wait on hold and wait for information

Two hours time saving per day by ED booking clerks through access to YAS transfer-of-care information

Reduce the number of missed hospital appointments, as ASC staff can see date and time of client appointments. Estimated that **3 hospital appointments are missed per month** for each ASC team

YHCR Benefits – A Flavour

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Access to end-of-life preferences informs paramedic **conveyance decisions and unnecessary admissions**. 73% of YAS survey respondents reported access to the plan influenced their decision to convey

Faster access to information saves time and will improve care decisions for hospices and care homes. One care home group reported that they needed to make **calls to GPs 50% of the time** there is an **average turnaround of 24-48 hours**

Access to YAS transfer-of-care (ToC) data in ED departments can reduce handover time by 3-5 mins would save the equivalent of **30 YAS shifts per month** if ToC rolled out across Yorkshire

Safer and faster administration of medication for ASC service users after discharge from hospital**. 3 service users per week per location** without latest medications, requiring hospital follow-up, chasing discharge summaries.

Acute Trust and Adult Social Care Feedback

"I use it in every clinic I do. Specifically, I use it for *every* new patient and probably 1 in 3 follow-ups to check on medications and GP comments etc." - *Consultant Gastroenterologist*

"I must say GP connect is absolutely brilliant especially working in SWMH (Selby War Memorial Hospital) IPU – when ePMA does not marry up between the YDH and SWMH, looking at GP connect allows me to check what medications patients have been on prior to admission. It also allows me to look through the previous consultations with the GP and what has been said and the plans made in primary care.
The only issue I found with it was when patient opted out from sharing information with other healthcare providers but understand this part of the GDPR rules.
Overall I am very excited and I find it very useful using the feature and I can see it being very useful in acute settings as well"
Advanced Community Practitioner

'There was a lady who had medication but did not know the frequency. I could look up the medication on the YHCR and provide the frequency information to her family, so she could take it safely. Without access to that information, she potentially could have missed her medication or taken it incorrectly and it would have been unsafe to place her without full information about her medication, it would have therefore taken time to track this information down.'
Social Worker - Access Team

'I use it a lot, it is really good for getting information that we would have to spend a lot of time tracking down, sometimes 2 hours per person, especially contact details for GPs and medications as we usually only have a name from a paramedic and that is all' - *Social Worker - Access Team*

"Provided the patient has given permission I find it very helpful to be able review medications / encounters and when medications were stopped" – *Consultant Cardiologist*

Ambulance – End of Life Feedback

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‘This enabled us to access the appropriate information to give the appropriate clinical decisions and pathways. It was extremely useful tool to enable good patient care.'

‘Having access means your can frame conversations when referring to other HCPs to make it clear the patient is not for hospital etc.’

‘gives extra confidence when making decisions around non conveyance and best interest treatment’

‘Contributed to a proper history as the relatives had mixed ideas of what was in place.’

‘Excellent in being able to provide the correct care and pathway for the patient especially if they are unable to communicate or family do not recall.’

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Appendix

Further Information
Not covered in the Presentation
for your Reference

HNY Organisation Status with the Shared Record – LIVE / Onboarding / Future Phases

Organisation's Live Providing Data	Organisation's Live Consuming Data	Organisation's in Delivery to Provide Data	Organisation's in Delivery to Consume Data	Organisation's in Future Phases (Cons or Prov)
York & Scarborough FT	York & Scarborough FT	Harrogate District FT	HNY General Practice	4 HNY Hospices
North Yorks County Council	Harrogate District FT	North Lincs Council	GP OOH's & Extended Access Services	Yorkshire Health Partners
North Lincs & Goole FT	North York's County Council	Hull City Council	City Healthcare Partnership	York Drug & Alcohol Services
Hull University Teaching Hosp	HNY General Practice	YAS - EPR & 999	Tees, Esk & Wear Valley MHT	North East Lincs Council
Humber Foundation Trust	North Lincs Council	Tees, Esk & Wear Valley MHT	Care Home Pilot (5-6 Homes)	Safeguarding Team wider roll out
GP Connect	North Lincs & Goole FT	NAVIGO	Maternity Services (Badgernet)	Humber Police Custody Suite
YAS – Transfer of Care	East Riding of York's Council	**Provider Maturity Across Programme**	NAVIGO	South Tees TH Trust
EPaCCS (EoL) - Back Pear	YAS - MHCP, EPaCCS		Maternity Services (Badgernet)	
	Humber Foundation Trust		Hull University Teaching Hosp	
	Hull City Council		Lindsey Lodge Hospice	
	Hull University Teaching Hosp		**Consumer Maturity Across Programme**	
	St Catherine's Hospice			
	City of York Council			
	St Hugh's Hospital			
	EMAS - EPaCCS			
	East Riding Safeguarding Team			
	Care Plus Group			

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HNY YHCR Programme Plan for 23/24

MVS 2.0 Consumer Project Summary Refreshed for 2023/24

Phase 0 - Live / In Delivery May 22-Mar 23

LIVE

- 1 x **SCH (St. Catherine's Hospice)*** – Interweave pilot
- **ER Safeguarding team** - Interweave Portal
- **City of York Council** – Interweave Portal
- **Care Plus Group** – context launch via S1

IN DELIVERY

- **CHCP** – context launch to Interweave via S1 & Standalone
- ***St Hugh's*** - *Interweave Portal*
- **NAViGO*** – context launch to Interweave via S1
- **YSFT** – context launch to Interweave from CPD and S1 Community

Phase 1 – Apr to June 23

- **TEWV** – context launch to Interweave via Civica (Cito)
- **Lindsey Lodge Hospice** - context launch IP via S1
- ***Humber Police Custody*** *– Interweave Portal Pilot*
- **York Drug & Alcohol Service** – Interweave Portal
- **Yorkshire Health Partners PCN** – GP project extension
- ***EMAS*** *– Consumption of EoL via ISC Unified Care Record*

Phase 2 - July to Sep 23

- ***OWL*** *(Children's MH provider for HFT) - Interweave Portal*
- **HDFT** - context launch of Interweave Portal EPR & Community S1
- **Dove House Hospice** – Interweave Portal
- **St Leonards Hospice** – Interweave Portal
- ***Maternity Mental Health (HNY)*** *- Interweave Portal TBD*
- ***Safeguarding Teams Extension across ICS*** *– Interweave Portal*

Phase 3 – Oct to Dec 23

- **NLAG** – portal context launch into S1 Community
- **South Tees –** Interweave Portal
- **Freshney Pelham** – portal community (potentially EMIS contextual launch)
- **St Andrews Hospice** - Interweave Portal
- **St Michaels Hospice** - Interweave Portal

Phase 4 – Jan to Mar 24

- **NLAG** – portal context launch into Web-V
- **Focus** – context launch to Interweave via S1
- **NorthEast Lincs Council** – Interweave Portal

Will be managed as part of a rolling programme of projects not rigidly within set timelines as previously agreed

Special Projects

Care Home – Interweave Portal Pilot (Nov 22 – Jun 23)

Care Home – roll-out (Jun 23 – Mar 24)

GP Deployment – Interweave Portal Phase 1 & 2 (Jun 22 – Jan 23) Phase 3 & 4 (Jan 23 – Sep 23)

Extended Access/OOH – Oct 23– Mar 24)

Maternity Consumer Pilot – Context Launch of IP in Badgernet (Dec 23 – Mar 23)

Maternity Consumer – roll-out (Apr 23 – Mar 24)

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Data Provision

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Data provision is the fuel behind successful adoption of our shared record and will drive uptake from consumers across the region and beyond.

Our current provider partners are already adding significant value to consumer experience, but this must continue to deepen to include new providers, and mature existing providers to enable full value of sharing health and care data for direct care. Reaching a core level of data provision maturity aligned to agreed data standards is a core priority of the HNY Shared Record Delivery Team's programme.

Remediation activities to meet Interweave data standards compliance	**Data provision maturity projects** (project progress dependent on completing remediation activities)	**New data providers being onboarded / in discovery**	**Other**
Humber Foundation Mental Health FT	Harrogate District FT	Tees, Esk & Wear Mental Health FT	GP Connect - GP data
Harrogate District FT	York & Scarborough FT	HNY Maternity EPR Badgernet	EPaCCS (Black Pear / Interweave)
North Lincs & Goole FT	North Yorkshire CC	Hull City Council	YAS (ToC)
York & Scarborough FT	Hull University Teaching Hospital FT	North Lincolnshire Council *(demographic PIX population)*	Non-GP S1 community data
North Yorkshire CC	North Lincs & Goole FT *(subject to PAS migration)*	EMAS *(ePRF initially, followed by data standard)*	
Hull University Teaching Hospital FT			

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Exciting New Developments

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- Please provide feedback on the following suggestions

Feasibility Project	Purpose
Mental Health NHS111 Option 2	Enable access to the Interweave Portal to MH teams across HNY handling NHS111 calls when the call is received by a professional to whom the patient isn't known (e.g. a HFT patient call is received by the TEWV team).
Liberty Protection Safeguarding	Provide access to Interweave Portal for hospital, LA and ICB teams compiling authorisations and provide LPS and supporting documents to other health and care providers e.g. paramedics, GP, dentists.
Med-Equip Independent Community Providers	Exploring the value of becoming a consumer and potentially a provider of data.
Maternity Mental Health	Provide access to key HUTH plans/documents to MH providers in HNY to ensure safe and informed care.
Messaging and simple care plan upload (HTFT)	Support multiple use cases, including PMLD and Virtual Ward clinical/professional group messaging and document sharing.
Community Pharmacy	Make Interweave Portal available to community pharmacies via a contextual launch from PharmOutcomes to inform safe decisions and care.
Social prescribing	Provide access to shared care record for social prescribers. Extension of GP roll-out project