Key Information

Name of footprint: Kirklees

STP footprint: Sub Kirklees within West Yorkshire

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Key Organisations providing and supporting health and social care within LDR footprint:
Greater Huddersfield CCG North Kirklees CCG and their General Practices, Calderdale and Huddersfield NHS Foundation Trust (Acute), Mid Yorkshire Hospital Trust (Acute) South West Yorkshire Partnership Mental Health Trust, Kirklees Metropolitan District Council, Yorkshire Ambulance Service, Locala, Local Care Direct.

The Kirklees Digital Roadmap

Context

National:

The NHS England policies "Five Year Forward View", "Personalised Health and Care 2020" and "General Practice Forward View" all envisage the development and utilisation of digital tools by professionals and citizens to improve health and well-being outcomes.

The aim of these policies is to improve digital maturity in and across all health and care partners in our local health and care economy.

The Local Digital Roadmap ("LDR") is established in collaboration and integral to the Sustainability and Transformation Plan ("STP") in which digital utilisation and deployment is a key enabler to the transformation in Kirklees and in the wider West Yorkshire health and care economy.

Local:

Both NHS Greater Huddersfield and NHS North Kirklees CCG are constituent members` of "Healthy Futures" which is a collaboration of ten CCGs across West Yorkshire, which forms the wider West Yorkshire STP, which itself is built on the six local place-based STPs.

The LDR footprint of Kirklees is the co-terminus boundary of Kirklees Council and the two Kirklees CCGs. The roadmap addresses how we propose to utilise appropriate digital opportunities to help address the health and wellbeing priorities of Kirklees.

In developing the local strategy we have:

- Developed a plan which is meaningful for Kirklees.
- Gathered a wealth of engagement intelligence to shape our plans.
- Built on the trajectories submitted to NHS England who provide assurance that our plans are robust.
- Built on the work of the Right Care, Right Time, Right Place Programme and Health and Wellbeing Board Strategic Priorities.
- Aligned our plans with the work being developed by the 10 West Yorkshire CCGs (Plus Harrogate)
- Used Right-Care methodology to guide our business processes.

The focus of our change programme over the next 5 years will continue the shift of services and the resources required to support unplanned hospital admissions to promote the delivery of care through integrated health and social care models - delivered in community and primary care settings. This work will also ensure that the resources invested in planned care are effective and are also provided in the most suitable care setting.

This will transform the way our system works so that empowered citizens can access integrated community, social and primary care services that are connected by effective pathways into acute settings. This will ensure people can receive the right care at the right time in the right place.

Introduction

The CCG's have a strong commitment to work in partnership and collaborate with all our key stakeholders, including the local acute trust, the local Authority, community and 3rd sector organisations, who provide health and social and care and health related intelligence in Kirklees and West Yorkshire and this is recognised as one of our key strengths and provides the opportunity for integrated, safe, appropriate and efficient services for the population.

The Kirklees STP provides the local commissioning priorities and formulates the partnerships and collaboration with our key stakeholders which are essential in tackling these priority areas. The Local Digital Roadmap (LDR) further advances these partnerships and supports the enablement of joined up actions to meet the priorities. Similarly, on a wider level, across both local footprints (Calderdale and Wakefield) and at a West Yorkshire level collaboration and a joined up approach exists in joint commissioning initiatives.

The STP and the LDR for Kirklees are aligned to each other in order to ensure the technological deployments and vision is congruent and can enable the transformational priorities in an efficient and accelerated fashion.

The LDR footprint has input from and constituent membership of the Clinical Commissioning Groups (CCG's), with General practice representation, the local authority, the acute Hospital trust who also provide community services, the mental health trust and links with Out of hours service providers, The Yorkshire Ambulance service, community pharmacies providers and other local providers. It not only meets locally for Kirklees, but has regular wider LDR meetings across neighbouring footprints (Calderdale and Wakefield) and meets across a West Yorkshire footprint to seek and enable larger economies of scale, sharing and best practice opportunities, compatible deployment routes and efficiencies.

Our Local Digital Roadmap will grow organically alongside the STP and is integral to those plans and will highlight at every opportunity the role technology can play in enabling the transformation agenda, both in creating efficiencies and accelerated deployments and also, where appropriate lead on new technological advances to further the vision and opportunities enabling Kirklees to meet its challenges and priorities , Placing digitalisation at the heart of the transformational agenda will support and help develop the priorities in 16/17, 17/18 and beyond.

Kirklees hosts two Clinical Commissioning Groups (CCG), **North Kirklees CCG** and **Greater Huddersfield CCG.** Both CCGs work jointly with **Kirklees Council.**
North Kirklees CCG is a membership organization, comprising 29 member practices. Greater Huddersfield CCG is a membership Organisation, comprising 39 member practices.
Over 430,000 people live in Kirklees rising to around 483,000 by 2030 if current trends continue in birth rate, increasing life expectancy and net international migration. Almost all of this increase is in the young and old age groups, with only a small increase for the working age population.

We have two acute trusts within Kirklees; **Mid Yorkshire Hospitals Trust (MYHT)** and **Calderdale and Huddersfield Foundation Trust (CHFT)**.
MYHT has one of its three hospitals in Dewsbury, within North Kirklees CCGs boundaries. The commissioning of hospital services provided by MYHT is led by **Wakefield CCG**.

CHFT has two hospitals one in Huddersfield and the other in Halifax. Greater Huddersfield CCG is the lead commissioner for CHFT and works in collaboration with **Calderdale CCG** to commission hospital services.

South West Yorkshire Partnership Foundation Trust (SWYPFT) provides mental health services across Kirklees and **Locala** provide community based health services across Kirklees.

All commissioning organisations across West Yorkshire plus Harrogate CCG have formed a collaborative to commission and develop services at scale under the umbrella of **Healthy Futures.**
The Kirklees planning unit is overseen by the **Kirklees Health and Wellbeing Board** which is representative of all organisations above and has responsibility for holding the system to account in the development and delivery of the Kirklees Sustainability and Transformation Plan (STP) and the DRM.

The Kirklees Local Digital Roadmap development will adopt a focus on delivering a digital landscape that enables the improvements in the health, care and well-being of its population. This will include the use of technology as a key enabler to reducing healthcare costs, improving access to care, patient safety, clinical standardisation, clinical transformation and reducing variability.

In developing LDR we will build upon the existing digital developments in Kirklees, particularly the digital strength within the GP fraternity, the significant milestone will be achieved this year with **NHS Kirklees and Huddersfield EPR deployment** and the learning from other local initiatives

Kirklees 2020 Vision for a joined up health and social care system:

At the Kirklees Health and Wellbeing Board in February 2016 it was agreed that by all partners that the Kirklees 2020 Vision

No matter **where** they live, **people in Kirklees** live their lives **confidently**, in **better health**, for **longer** and experience **less inequality**.

The principles of this vision are;

- People in Kirklees are as well as possible for as long as possible, both physically and psychologically
- Local people can control and manage life challenges through building resilience; People have a safe, warm, affordable home in a decent physical environment within a supportive community
- People take up opportunities that have a positive impact on their health and wellbeing e.g. - People experience seamless health and social care appropriate to their needs; Taking up opportunities for wider learning.
- That it is affordable and sustainable, and where investment is rebalanced across the system towards activity in community settings
- Based around integrated service delivery across primary, community and social care that is available 24 hours a day and 7 days a week where relevant; and led by fully integrated commissioning, workforce and community planning.

The Use of technology as an enabler is essential in achieving these aims and goals

People supported to manage their own health and wellbeing

Early intervention and prevention

Patient seen by the right person, in the right setting, first time

Reduce unwarranted variation and manage demand differently

More integrated/collaborative approach to commissioning and provision

Availability of a sustainable workforce across Kirklees

Improving patient safety through learning from incidents and patient experience of harm

Improving emotional health and wellbeing of people in Kirklees

Co-production and building capacity in communities (community assets)

There are a number of outcomes (above) we need deliver collectively to achieve our ambition and in order to achieve our ambition and the outcomes we plan to deliver on the following priorities

Our Local Digital Roadmap will cover:

- A Five year vision for digital enabled transformation to March 2020.
- A capability deployment schedule and trajectory, outlining how, though driving digital maturity.
- Professionals will increasingly operate paper free at the point of care over the next 3 years.
- A delivery plan for a set of universal capabilities, detailing how progress will be made in fully exploiting the existing national digital assets.
- A robust and compliant information sharing approach

Our plans will identify:

- Where we are now
- Where we are going
- Our current level of readiness and our vision of excellence
- An assessment of capacity and capability and our plans to exploit and optimise resources
- Maturity of our System Wide Infrastructure and our desires to exploit new technologies

Our Vision is to;

"Establish a digital environment across the Kirklees health and care economy that adopts a philosophy of; effective digital collaboration, sharing, planning that enables the population to receive the highest possible quality of care and the clinicians and providers of care to have access to technology and the information needed for that care".

Our Aim is to;

Establish care services that effectively utilises technology which demonstrates improved health and well-being, across the priorities identified in the STP and future priorities. It aims to provide digitalisation where appropriate to deliver the right care in the right place at the right time.
By;

- Investing in technology appropriately – ensuring links with business and clinical objectives across the CCG, its partners and service providers.
- Utilising technological Innovation to enable the improvement in the quality of services and better outcomes for patients by enhanced communications, information and collaboration for people and systems.

Although the LDR is a Kirklees roadmap we have considered that:

- The population move across our boundaries to access health and care services in other localities
- Our providers operate across boundaries
- Tertiary services are provided in major centres outside our local footprint
- West Yorkshire level STP priorities are commissioned and delivered on a WY footprint (and require collaboration at a digital level for delivery).

To support these considerations we have established;

- Shared IT leadership and a local Shared ICT support service for GP and Corporate IT, which operates across Calderdale, Greater Huddersfield, North Kirklees and Wakefield CCGs ("CKW") and operates with a shared project approach to the common elements of the LDR across the CKW footprint. This group is led by Head of ICT for CKW and the Informatics Integration Lead for Wakefield CCG and comprises of representatives from across CKW partners and providers and engaged outside the group through existing local ICT strategy groups. Project management resource has been provided by the Health Informatics Service ("tHIS") which is hosted by Calderdale and Huddersfield NHS Foundation Trust

- Wider engagement has taken place on an informal basis across the 11 West Yorkshire CCG members of Healthy Futures and with neighbouring CCGs in South Yorkshire. In developing the roadmap we particularly recognised the need to consider how we share digital resources with Yorkshire Ambulance – given that they operate across the whole of Yorkshire & Humberside.

- Additionally at a LDR level districtwide ICT group with local membership has been the focus for developing the LDR. This group consists of key influential leaders from across the district: and will be expected to develop to form an operational Digital Kirklees ICT group with the responsibility for carrying out the business of delivering the activities and ambitions within the STP from a Digital and technological aspect.

By establishing a commissioner, provider and patient owned strategy we believe we have the commitment to enable transformation and as the STP's, both locally and at West Yorkshire level, mature the LDR will develop and adapt to any changes in priorities and delivery options over the target period to 2020

The Kirklees STP sets out the broader transformational landscape and describes the main themes of our priorities, which are depicted below

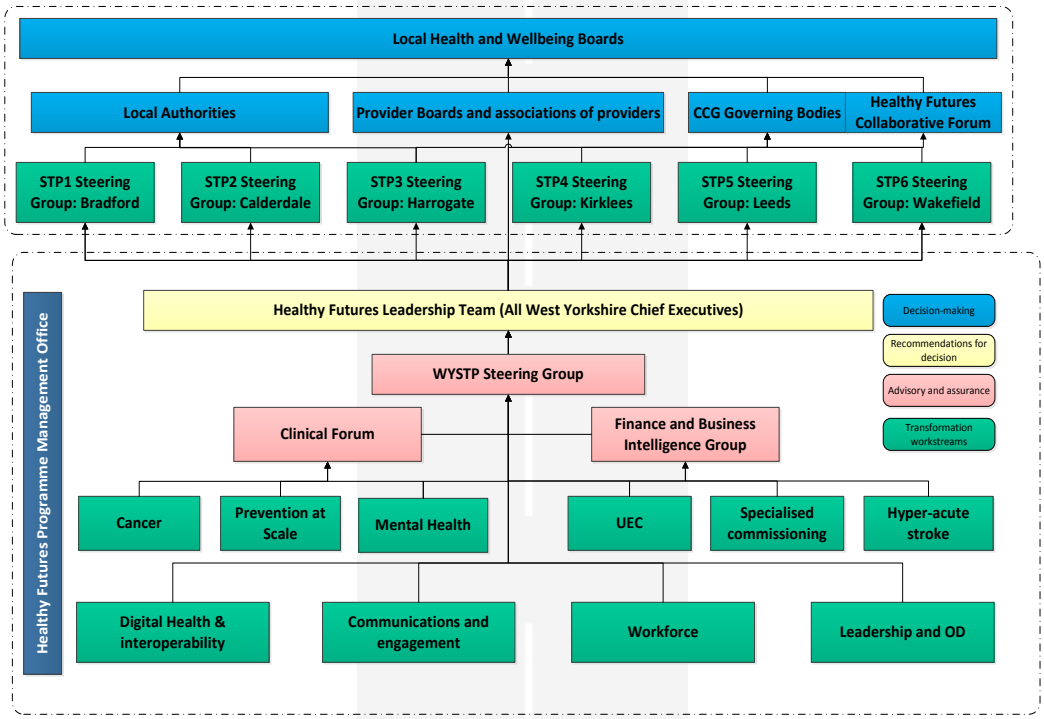
Main Contributors	
NHS Greater Huddersfield Clinical Commissioning Group	Commissioners
NHS North Kirklees Clinical Commissioning Group	Commissioners
South West Yorkshire Partnership NHS Foundation Trust	Mental Health services
Locala CIC	Community Health services
The Health Informatics Service	Health ICT systems/support provider
NHS Calderdale and Huddersfield Foundation Trust	Acute Services
Kirklees Council	Adult and Children's Social Care and Public Health services.
Yorkshire Ambulance Service NHS Trust	111 and 999 provider
NHS Mid Yorkshire Hospital Trust	Acute Services
Local Care Direct	Out Of Hours provider
Community Pharmacies Representation	Community Pharmacy services
Locala CIC	Family and School Health services
Primary Care Providers	GP practice representation

LDR Governance

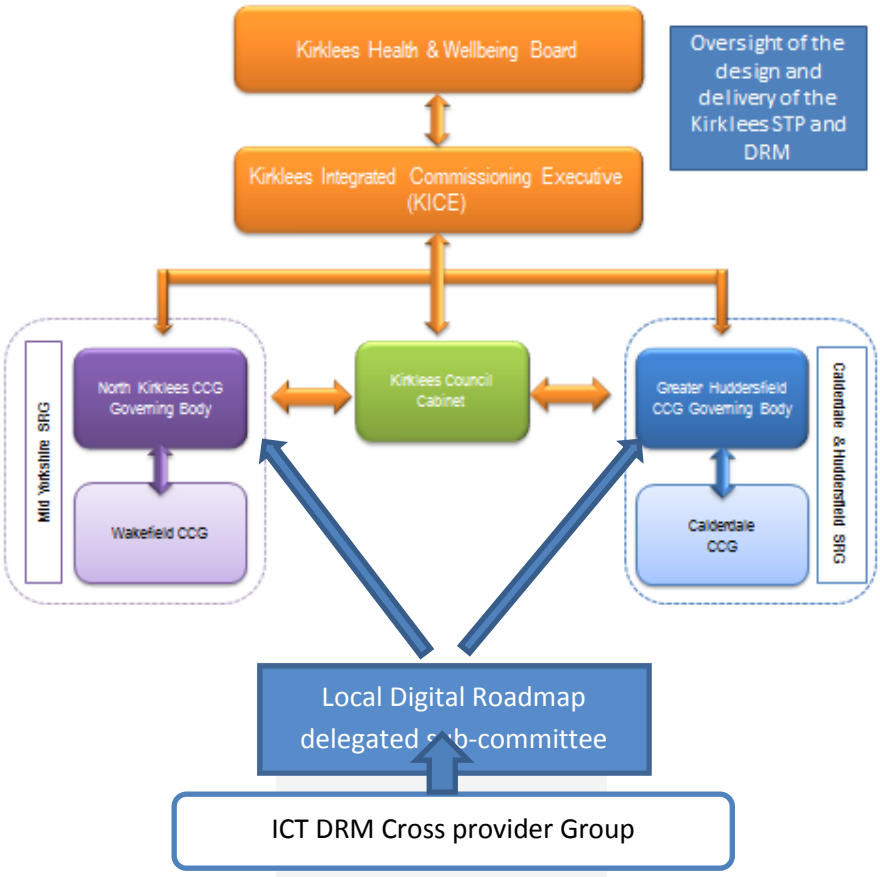
Governance for the development of the LDR is, as far as possible, embedded into existing CCG and provider/partner boards to ensure alignment to normal business planning and governance processes.

The LDR footprint has been endorsed by each constituent member organisations internal governance processes and within the CCG by a delegated sub-committee of the Governing Body
Wider governance is managed within the STP governance structures both locally and within the West Yorkshire STP governance structure.

WY STP Governance



Local Governance



Primary Care

The CCGs Primary Care Strategy is a critical element to enable and action the transformational programme and whilst the strategy focuses on general practice, it gives a clear steer about the importance of working with wider care providers and other stakeholders.
General Practice is at the heart of a wider system of integrated care in Kirklees and the strengthening of links with community health services, acute care, social care, third sector organisations and community pharmacy is essential.

Digitalisation and technology can enable this transformation and integration effectively and accelerate the creation of new models of primary care that can deliver 'primary care at scale. Technology can enhance the GPs' role as the gateway to more specialised treatments and facilitate in the smooth transition of patients across care settings and organisational boundaries by improving digital access and choice into primary care appointments, providing digital transfers of care, allowing Patient interactive self-help technologies, the opportunities for e-consultations and the standardisation of referral management functions to reduce variations in care provision. Appropriate and increased access to primary care services has been shown to producing savings in prescribing, hospital referral and admissions and the use of A&E. Research estimated (2012/13) 5.8 million patients attended U&EC because they were unable to get an appointment or convenient appointment in general practice.

There are 68 individual GP Practices across Kirklees. The establishment of a small number of GP practice collaborations creates an important vehicle to facilitate the shift of services into primary care and community settings - delivering innovation that benefits patients and value for money and the use of technology to enable this is essential and provides peer pressure and supportive interventions for those practices who are slow off the mark and digitally immature. The CCG recognises the important role this collaboration of practices can play and believes this is an important feature of our ability to delivery change at scale within general practice locally.

There is a range of digital maturity levels across the GP practices and currently two dominant clinical systems in use across practices.

CCG	No of Practices	SystmOne	EmisWeb
GHCCG	39	26	13
NKCCG	29	28	1

There is no use of any sharing/integration portals (MIG) and as a result there is limited sharing of detailed electronic information for those patients registered at Emis Web practices. We recognise under the GPSoC framework practices can choose their preferred compliant system and thus our vision for sharing patient data for direct care must ensure that a plan for integrating data to and from EMIS web and in fact any other shared care record. We are led to believe TPP and EMIS are working on a shared view between the systems.

There are a large number of instances across other care settings within Kirklees that utilise SystmOne -In all community services GP OOH services /Palliative care services. As a result of this many of our patients we have an effective detailed shared care record with legitimate consent and access rights being in place

Most practices are already operating effectively 'paper free at the point of care' with no reference to paper based notes during patient consultations and in many transaction to and from acute secondary care organisations (Path lab requests and results and Electronic discharge letters), however mobile working for home visits or care home consultations has very limited paper free utilisation. Furthermore despite developments towards paper light and paper free working; there is still limited reliance in some cross organisational interactions a dependency of paper and fax.

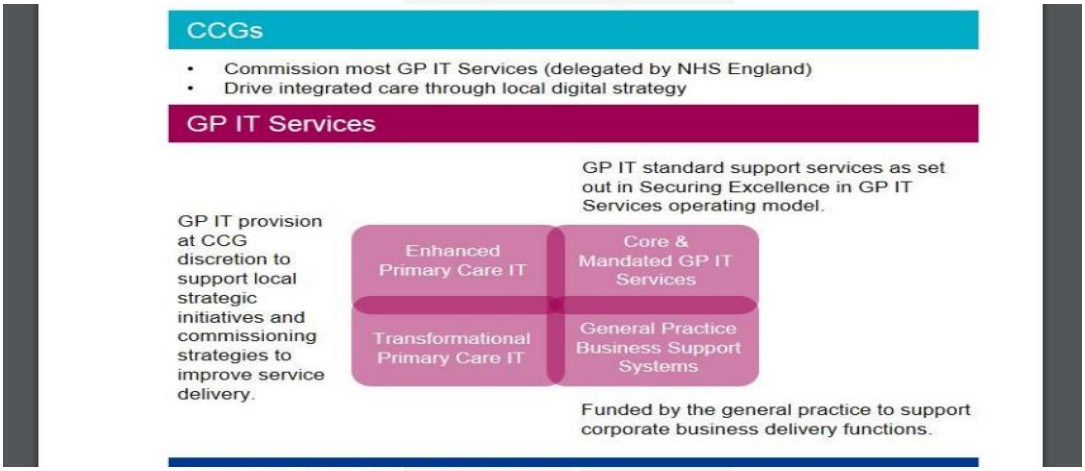
Core and Mandated GP IT

The GP Practices in Kirklees utilise only 2 core clinical IT systems. The CCG supports the provision of IT to practices following the General Practice System of Choice framework and the operating framework provided via the "**SECURING EXCELLENCE IN GP IT SERVICES**":

Each practice has a CCG-Practice agreement

Each practice has a 20% Hardware refresh annually (nothing over 5 years old)

Each Practice has all the mandated support services in place



Enhanced GP-IT

Technologies, systems and support services which enable and improve efficiency and effectiveness of general practice.

These are discretionary primary care IT services that are developed and agreed locally to support local strategic priorities and commissioning strategies to improve service delivery and support the CCG(s) local digital strategy and Roadmap.

Both Greater Huddersfield and North Kirklees CCG have a process in place to accept and evaluate business cases from General Practices in relation to enhanced GP-IT and have established discussions and decision making process to be supported by both a Practice managers GP-IT group and the Local Medical Committee (LMC) sub group. The agreement to fund is based on opportunities to facilitate confederated working, in support of general practice efficiency and effectiveness, working 'at scale' and extended hours and availability of funds.

North Kirklees GTP Federation" CURO" 11 GP practices based in North Kirklees have been brought together by a collective vision of improving the care for "whole" patients and not just one of their health conditions. Providing patients with safe and high quality care in a coordinated, seamless and easily accessible manner.

Based in North Kirklees, home to approximately 190,000 people and our group of 11 practices serve nearly half this population in the settlements of Dewsbury, Mirfield, Ravensthorpe, Cleckheaton and Heckmondwike.

Objectives include;

- breaking down barriers between primary care, secondary care, care in the community, social care and mental health
- increase the confidence of our local population to better manage their own health and wellbeing
- Deliver easier, extended primary care access for our patients 7 days a week
- provide more holistic and coordinated care for people with complex and long term needs
- To harness technology to produce real change
- improve the efficiency and financial stability of the health and care social system by delivering the *right care in the right place at the right time*

The CCG recognises the important role the federation of practices play and believes this is an important feature of our ability to delivery change at scale within general practice locally.

Secondary Care Acute Providers

The Kirklees Footprint has two acute trust providers within its geographical area

1. Calderdale and Huddersfield Foundation Trust (CHFT) have a clearly defined IM&T Strategy that was developed and signed off by the Trusts Executive Team in 2013. The strategy has 3 major elements:

Calderdale and Huddersfield NHS
NHS Foundation Trust

RIGHT CARE | RIGHT TIME | RIGHT PLACE

1. Infrastructure

CHFT have invested significantly in the development of their infrastructure estate. The Trust has a new state of the art Data Centre, a fully refreshed core network (WAN and LAN) with resilience built in across both main hospital sites, a Unified Communications Solution and Video Conferencing facilities across all Trust sites. Additionally the Trust has a fully deployed wireless network that is used clinically, corporately and for free public access and an ongoing hardware replacement programme

2016 and beyond the Trust plans to procure and deploy a Single Sign On solution and a Virtual Desktop Infrastructure as well as continuing to replacement the Trusts hardware estate.

2. Best of Breed Departmental Clinical Systems

A pre-curser to the procurement and deployment of an Electronic Patient Record (EPR) was the procurement and deployment of a number of 'tactical solutions' across the Trusts. These include (but are not limited to) a new Maternity System, a new Theatre System, an eRostering solution, Vital Signs Monitoring Solution - Nervecentre, Electronic Document Management Solution (EDMS). The deployment of these 'tactical solutions' has brought about many benefits.

3. Deployment of an EPR

The Trust began a detailed and comprehensive joint procurement process in 2013 with Bradford Teaching Hospitals NHS FT. At the end of the process Cerner's Millennium solution was chosen as the Trusts EPR system. The system will transform the way in which the Trust operates providing colleagues with an opportunity to work in a more efficient, effective way. The Trust plans to go live in the autumn of 2016. Cerner Millennium solution provides an opportunity to share information with other health and social care partners through their Health Integration Exchange which will be significant value across a number of clinical pathways.

Telemedicine Services Provided in Calderdale and Huddersfield Care Homes

Calderdale & Huddersfield NHS Foundation Trust has deployed telemedicine services in 14 residential care/nursing homes in Calderdale and Huddersfield to provide 24-hour/7 days-a-week support for patients.

Delivered by Immedicare (a joint venture between technology provider Involve and Airedale NHS Foundation Trust), the telemedicine service provides residents and staff in the care homes with access to clinical advice from healthcare professionals experienced in providing acute clinical support via the Telemedicine Hub based at the Airedale General Hospital. The service helps to improve the experience of residents and reduce their distress when they experience illness or minor injury. It also assists in reducing inappropriate hospital admissions, re-admissions and visits to A&E. The first line of clinical support is provided by nurses with acute experience who have the back up of A&E consultants in Airedale General Hospital if needed.

First deployed in 2013/14 the service is currently provided in 6 residential care/nursing homes in Calderdale and 8 in Greater Huddersfield

The Mid Yorkshire Hospitals NHS
NHS Trust
Bringing together community and hospital services

Mid Yorkshire Hospital NHS Trust (MYHT) provide the other acute providers in the Kirklees footprint mainly across North Kirklees with hospitals located in Pinderfields, Pontefract and Dewsbury. The trust is part way through a major reconfiguration programme "Meeting the Challenge" MYHT acknowledges the necessity for increasing digital maturity and are evaluating and establishing an e-Health Record (EHR) (or Electronic Patient record (EPR)) either as a procured system and/or a higher level of integration across the system (in the form of a portal). In order to enable digitalised benefits both within the organisation and across the health and social care economy such as;

Improve management	**enhance the experience of the digital employee**
Improve administration processes	enable seamless patient data flow within the healthcare economy
The optimisation of medicines	Support
The availability of assets	transfers of care, referrals, bookings, orders, results, alerts noticed and clinical communications
Digitalised effective staff rostering	electronic prescribing and Medicines Management

In developing this vision MYHT need to be inclusive of;

- The wider healthcare economy particularly to integrate with primary care, health and social care and other care providers
- The need for across care setting partnerships and transformational funding within the wider healthcare economy.
- The need to ensure that our infrastructure and networks are robust and fit for the future as well as being flexible enough to adapt to emerging technology.

MYHT uses telehealth and collaborative technologies - Skype/Facetime for clinical consultations through the "Working Together Programme" and the Acute Care Collaboration Vanguard, is also exploring the use of telehealth technologies and the availability of technologies in use across the area. MYHT currently offers patients, carers and visitors access to free Wi-Fi and will utilise the opportunities this provides for increasing communication with patients and offering access to resources.

Ambitions exist for Patients and carers to use digital technologies to manage their health and wellbeing and facilitate the digital management of appointments by patients themselves. The development of a patient portal or summary view of their record will be made available to facilitate this for patients. Presently 90% of patient's records at MYHT are already electronic, but, easily comprehensible for patients and patients are currently not able to make amendments.

Further expansion of digital tools and healthcare applications has a place in the ambitions i.e. safety thermometer, Datix risk management system, VitalPAC. Whilst these digital tools are currently used by our workforce to care for patients there is a wider use which includes available to patients and use of common technologies, for instance, Bluetooth, beacon technology and push applications.

We are aware that the vanguards and other collaborative working partnerships e.g. the regional PAC imaging collaboration and welcome engagement with these to ensuring MYHT is inclusive of these and part of the bidding process in order to deliver.

SystmOne:

The wide use of SystmOne in the trust through (over 28 modules). Subject to the patient consent to share allows direct access by MYHT clinicians to the shared care records of patients registered to practices using SystmOne.

Access to the SystmOne record in U&EC settings ensures that the most current information on patients is available.

The challenge is that data for patients registered at practices using EMIS web is not available. Only by implementing technologies such as MIG or having a view between SystmOne and EMIS will this situation be improved. Ideally we aim to develop a digital patient record with key data shared and accessible across settings and providers.

Sunquest ICE order comms:

The trust makes extensive use of the Sunquest ICE order comms system for:

Present Use	Future Use
Pathology requesting and reporting via interoperability with the pathology system	ICE interoperability with the local hospice for radiology and pathology requesting and reporting
Radiology requesting and reporting via interoperability with the radiology system	Cardiology requesting and reporting for trust requesters via interoperability with the Cardiology system
Service requesting for multiple services within the trust, including requests to Wakefield Social Services	Endoscopy service requests via ICE
Service requesting from GPs	To facilitate ICE Interoperability for other local hospices
Requesting and reporting for Neurophysiology referrals via interoperability with the Neurophysiology system	To reduce the number of faxes received within and from outside the trust by using ICE where appropriate.
Requesting Stop Smoking Services via interoperability for Trust requesters with the National Referral Service	

The MYHT instance of Sunquest ICE is accessible across the wider region as a part of ICE Openet thus ensuring that data can be accessed across providers thereby reducing the need for duplicated tests or investigations.

Mental Health

South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) has over the last 2 years made significant inroads in terms of their use of technology to support patient care through its ever expanding service transformation programme of works. The Trust's main two clinical information systems, RiO for Mental Health Services and SystmOne for Community/Children's Services are core components of the SWYPFT electronic care record (which are both National Spine enabled) which all care professionals utilise to capture clinical interventions as part of the formal record of care including clinical notation, clinical assessments and care planning. There remains a degree of immaturity in relation to archived/historic paper records dependencies but solutions are being implemented that will address this during 2016/17. Whilst the Trust remains relatively immature in respect of medicines management/ePrescribing capabilities, a programme of work is in the planning stage to address this area for development.

In support of the wider digitisation agenda, the Trust has a major investment programme that is well established that has enabled approximately 2000 staff to work in an agile manner with the capability to access and record clinical care information electronically. As part of the Trust's digital roadmap and drive towards a paperless 2020, clinical information systems interoperability (integration) capabilities were established during 2015/16 and work is actively progress the flow of eDischarge summaries to primary care together with improved integration between the Trusts main clinical information systems.

Aligned to this work, SWYPFT has also commissioned and is developing its own Trust-wide clinical portal which serves to improve accessibility to holistic virtual electronic care record information. SWYPFT is also working collaboratively with partners (primary care, secondary care and health and social care providers) across its geographical boundaries in exploring wider clinical interoperability opportunities in response to CCG/Commissioner SDIPs requirements, the Trusts integration roadmap reflects the opportunities that these collaborations will bring and the key objective of this development will be to deliver shared care capabilities to clinical services to improve the delivery of patient care and personalised care.

Key recent achievements include:

- Mobile working Phase 1 (up to 2000 staff)
- Telecoms replacement Phase 1
- VPN replacement
- Unified Comms – Skype for business
- Year 1 infrastructure development
- SystmOne EPRCore
- SystmOne Full Clinical Deployment
- Smoking Cessation

Key current initiatives:

- RiO Upgrade to Version 7
- Clinical Portal Phase 1 and 2
- Mobile working Phase 2 (800 staff)
- Wi-Fi accessible on all Trust sites
- Wi-Fi accessible on all Partner sites
- Year 2 infrastructure development
- Medicines Management / e Prescribing
- Business Intelligence development
- Medical records scanning
- Digital dictation
- Review of options available to the Trust to re procure the Mental Health clinical information system within the next 1- 2 years

Investigation & development of apps to support and improve service user care and recovery
SWYPFT have deployed laptops/tablets to 40-50% of clinical staff (circa 2000 devices across South and West Yorkshire) as well as supporting remote and home working through VPN tokens.

Community Services

Locala Community Partnerships provides NHS community services to over 400,000 people in Kirklees and beyond. We are a Community Interest Company (CIC) an independent, not for profit social enterprise.

Types of services

Community health care covers a wide range of services from health visitors to speech and language therapists stop smoking support to district nursing as well as dental care, school nurses, foot care and physiotherapy. Our services are offered in health centres, surgeries, Holme Valley Memorial Hospital as well as in the home.

Agile Workforce

All Locala clinicians have access to S1 wherever they are both in the clinical setting and remotely through the provision of laptops, using Wi-Fi, 3G/4G, through Dell iCloud and N3.
This allows for real time data input with paper records at the patient's home for emergency contacts. Data entry is measured and 80% of data is inputted within 2 hours remaining 20% within 24 hours.

Every Locala system can be accessed from anywhere. Locala have a social network site which includes; finance, complaints, Datix and a full document management system.

Skype used for virtual contacts advise to patients/staff/virtual clinics e.g. Podiatry. Virtual consultations are also measured. Locala staff can send Apps to patients for them to record observations for a variety of conditions.

GPs can use a secure web based system/portal to create a referral to single point of contact (SPOC). Every practice has access to this portal.
Touchstone is used for social prescribing sign posting patients to community services via tasking from GP in to Locala and Social Care is embedded in clinical teams.
Led by our values we will:

- Understand the needs and wants of our community and deliver excellent quality and the best value care.
- Exceed expectation through superb customer service and innovation.
- Work with our partners to raise the bar of community services and be the first choice provider.
- Embrace new technologies with highly-trained, integrated and motivated teams

Kirklees COUNCIL

Local Authority

The Current Situation: The NHS Five Year Forward View has made a commitment that, by 2020, there would be "fully interoperable electronic health records so that patients' records are paperless". This was supported by a Government commitment in Personalised Health and Care 2020 that 'all patient and care records will be digital, interoperable and real-time by 2020'. This requires information to flow more effectively across health and care to support the delivery of direct patient care.

As a key provider in the local Health and Social Care economy, Kirklees Council is a committed partner in delivering new integrated care delivery models, based on close collaboration with our partners in Health and the importance that system interoperability plays in achieving more integrated and cost effective care and has been working closely with partners in Health to outline the strategic vision in terms of both business and systems interoperability and the opportunities this provides.

During the production of the Local Digital Roadmap for Kirklees, discussions have focused on a number of key Universal Capabilities, and our aspirations and plans for these capabilities are outlined further in the submitted templates.

Kirklees Council is implementing a direct link to the N3 Network to automatically obtain NHS Numbers so that the NHS Number can be used as a unique identifier of a client across the NHS and Social Care and to enable the CP-IS system, which alerts Social Care professionals where a child known to Children's Social Care has attended an Unplanned or Emergency Care Setting. Also this is a critical enabler of system interoperability as it provides a unique identifier for a patient/client across Health and Social Care. This is a major step forwards in terms of collaborative working and systems interoperability, using our links to the NHS N3 Network.

Kirklees Council is presently procuring a Children's It system which along with all other Council associated IT systems will have an NHS numbers as an identifier

Aspirations for the Future

The Council is developing an IT product set that will present data to the right person at the right time this is initially in 16/17 for internal products and staff, but with a view in 17/18/19 to look at the potential to incorporate external systems and staff, including the public.

The 3 main aspirations of the Digital strategy are: Digital by default, development of the Business intelligence data and Paper light – agile working (Cloud based access).

Out of hours

Out of hours services are delivered in Kirklees by Local Care Direct (LCD) offering improved access to General Practice, Walk-in centres.

All these services use the SystmOne shared record to enable safe care. It is recognised that the limitation of this access to data is that only visible if patients have explicitly consented through their own GP practice to share information and no record is available for patients registered at practices which use EMIS web; in these cases the summary care record is used.

LCD is ambitious and is presently trialling the effective use of the Leeds care record and would wish to be included in any development of the shared detail care record.
Additionally LCD is supporting the establishment of an interface with TPP and EMIS to replace faxes with electronic messaging and the sharing of appropriate clinical information including end of life choices information.

Community Pharmacy

Baseline and ambitions

The Kirklees Community Pharmacies are engaged and actively utilising the Electronic prescription service, release 2 where GP practices are live, in addition there is presently a project led by NHSE to roll out across West Yorkshire, increasing utilisation of SCR access in Community Pharmacies particularly in Urgent Care. The ambition is to continue to support the roll out of SCR and supporting the Community Pharmacist teams to become more confident in the roll SCR can play improving patient care.

Community Pharmacies provide OOH cover with over 100 pharmacies operating 100 hours per week across West Yorkshire several of which are in Kirklees

Community Pharmacies are linked into NHS 111 by the Directory of Services and takes direct referrals from NHS111 where appropriate via NHS Mail.

Community Pharmacies should and do receive some discharge information (by fax), this is variable in its nature. Community Pharmacies has a need for discharge information to enable safe access to medicines and reduce risk on transfers of care and would welcome the opportunity to be involved in work to support better electronic information flows including CP-IS access.

Yorkshire Ambulance Service

YAS can provide world-class care for the communities they serve by providing and coordinating access to Urgent and Emergency Care in Yorkshire and Humber; ensuring the right care to patients close to home following their first contact.

This high-level vision can only be achieved by close collaboration with health and social care partners in Yorkshire and the Humber. Inclusion in the Urgent and Emergency Care Vanguard has presented the opportunity to work with the West Yorkshire Urgent and Emergency Care Network to develop a new model of care, Hear on behalf of the wider Yorkshire and Humber Region. Putting YAS at the centre of these developments helps to ensure an integrated and coordinated approach to patient care. Core to this is the development of a combined "Hear, See and Treat" model, which will provide patients with a seamless and efficient experience.
Hear, See and Treat

There are two to "Hear, See and Treat." The first is "Hear and Advise" or the Clinical Advisory Service, which in turn can be broken down into two elements:
The Clinical Advice focuses on the development of a multidisciplinary team to provide specialist clinical advice to patients and frontline staff. This team requires ready access to patient data to inform clinical decisions.

Care co-ordination ensures that patients are proactively and appropriately navigated/signposted to key services by booking and liaising with the relevant services. Integration with key Primary Care systems is a requirement to enable direct booking to the patients GP both out of and in hours.

The second strand of "See, Hear and Treat" is "See and Treat." This concentrates on the development of services that will respond to a patient's urgent need in their home or in situ; avoiding emergency services where appropriate. Again access to key medical history is essential to delivering a clinically safe service.

The use of digital services is crucial to the delivery of first class U&EC, the West Yorkshire Urgent and emergency Care Vanguard aims to develop better use of data sharing and virtual consultations to improve patient care at critical times.

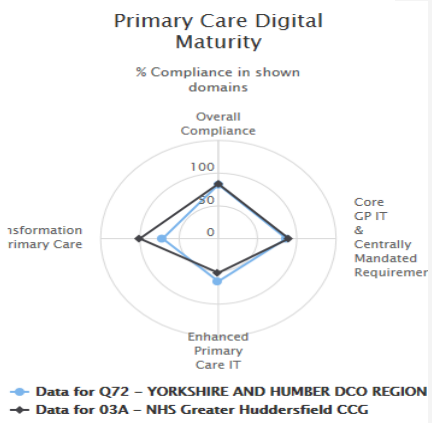
Provider Baseline, Maturity and Readiness

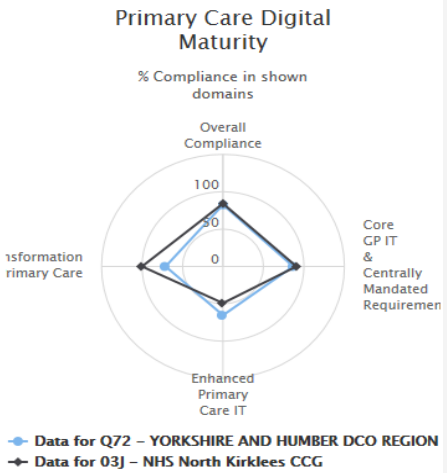
The LDR has, as part of the submission completed the required templates, digital maturity indexes, check lists and schedules, but in order to ascertain a more fuller enriched digital footprint for Calderdale the key providers/partners within the health and social care economy have been approached to input and own the own aims and ambitions they have that support and contribute to the progression towards the 2020 deadline.

We have met with all the key partners during which they described and we collated their own particular levels of digital; maturity, adoption, ambitions and the challenges they have in implementing in these in their own organisation and for some beyond the Calderdale footprint boundary (Which brings additional challenges when trying to respond to wider geographical digital developments and plans).

1. Digital Maturity Index (DMI)

All our secondary care providers, primary care providers and the local authority have completed and submitted the requested digital maturity index measurement. In addition to this we sought from other key providers to develop their digital maturity index responses.

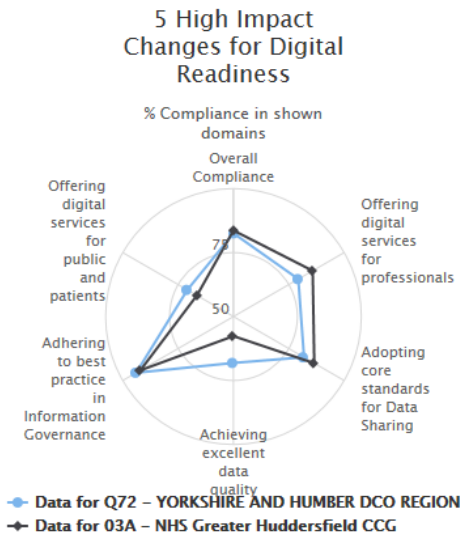


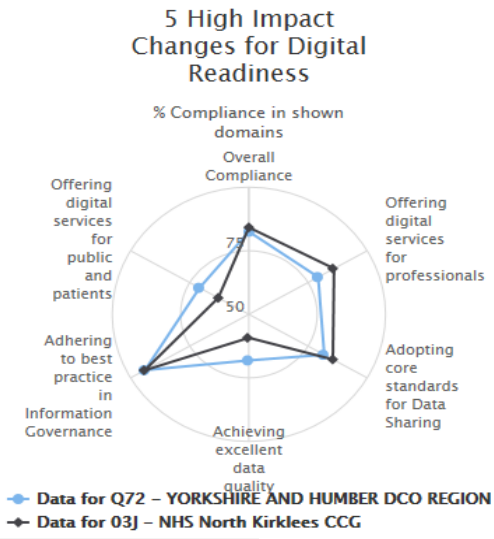


NHS Number

The adoption of NHS numbers across the local health and care system in is strong. In secondary care providers, the NHS numbers are used consistently and validated though the HSCIC Patient Demographic Services ("PDS") for 98-99% of records.

Kirklees Council through the need to share records for integrated care have commenced on a project to include NHS Number usage within all their systems and will be validated via the HSCIC Demographic batch services, but have a programme to achieve PDS integration. Yorkshire Ambulance service ("YAS") use the NHS number throughout 111 services and are working towards greater use in 999 services.





Clinical terminology

Key elements of the digital agenda include

- Standardising clinical terminology,
- digitising medicines management
- Ensuring positive patient identification.

For 2016/17, The CCGs has through its core contractual function began to put in place a number of Service Development Improvement Plans with major providers, setting out how the provider will contribute to the implementation for ;

• adopting SNOMED-CT as the standard clinical terminology within its core clinical information systems;

• digitising medicines management, using the NHS dictionary of medicines and devices, to support the electronic transfer of information relating to medicines prescribing across different care settings and providers.

• utilising positive patient identification and asset tracking technologies, including compliance with GS1 standards

Presently all these are in their early stages of planning and consideration.

Constraints and rate limiting factors

Locally

- Require strong leadership across Health and Care with a shared vision. We have a good track record of delivering districtwide programmes; this knowledge needs to extend to incorporate our digital vision. But essential in this process to have strong and visible clinical leadership supported by senior cross organisational sign up.
- Primary care is delivered by 26 individual organisations with different baselines and corresponding appetite for change.
- Clinical and service level engagement in the roadmap development has been challenging, we need to develop culture and capacity that views digital as an enabler which aligns to support the system wide financial and capacity challenges.
- There is an essential requirement to ensure digital is the enabler to realise clinical and patient quality benefits and that new models of care provision are digitally enabled
- In order to deliver digital ambitions with sufficient pace to make a real difference there is a need to ensure;
    - Hearts and minds of the Clinicians and patients
    - Sufficient resources to enable the vision/deployment and business process change
    - Capacity in the system
    - Capability in the system
- The need and will to understand and develop a supporting culture, change and organisational development is needed to support digital skills and enablement across the workforce.
- We need to ensure that we share skills and capacity across organisations to be able to deliver against our digital plans. However we recognise that the impact of similar projects across the country may result in some challenges in terms of capacity, skills & expertise
- Are we inclusive of the demands, skills and knowledge in our communities? Enabling carers to understand the available digital resources tools and provide clear accessible signposting to services.
- Understand that the fragmentation of commissioned services can dilute and fragment the clinical record across more systems thereby increasing the challenge of interoperability

Nationally

- Integration approach and supplier management and engagement to ensure opening up of integration options.
- Support to join up similar development work in different areas to avoid duplication of funding
- Clear IG support with national standards on information sharing and consent to reduce duplication of effort.
- Citizen identification standards across the public sector
- Common data standards to enable interoperability (e.g. between health and social care)
- Cybersecurity advice and standards to enable secure access beyond N3
- Developing national strategies for nursing and child health will impact upon the roadmap.

Funding

- The potential costs involved for developing true interoperability and universal capabilities across the health and care sector is likely to be a constraint to rapid change.
- Competition for available resources, unless well managed, will restrict progress
- The proposals for the health and social care network suggest devolvement of funding and responsibility. By working together we will ensure that connectivity is provided cost effectively through shared resources; thus providing an opportunity to reinvest savings in

Benefits Realisation and Management

In common with many other parts of the Health and Care system, existing budgets for IT Capital and Revenue are already over committed, with partners and providers managing budget deficits into the foreseeable future.

Whilst we view technology as being a part of normal business requirements and, as such, budgets should be embedded in operating costs, it is abundantly apparent that transformational projects will require specific investment from NHS England. This has been recognised and it is understood that funding will be available under a number of NHSE investment sources.

Capability Deployment and Universal Capabilities delivery plan

The Universal Capability delivery plan and deployment schedules are attached to this document. In developing the roadmap we have extended the universal capabilities to be inclusive of similar capabilities required or delivered by partners (e.g. citizen access to a personal social care portal).

The key digital developments to be addressed to improve digital enablement supporting the STP priorities are:

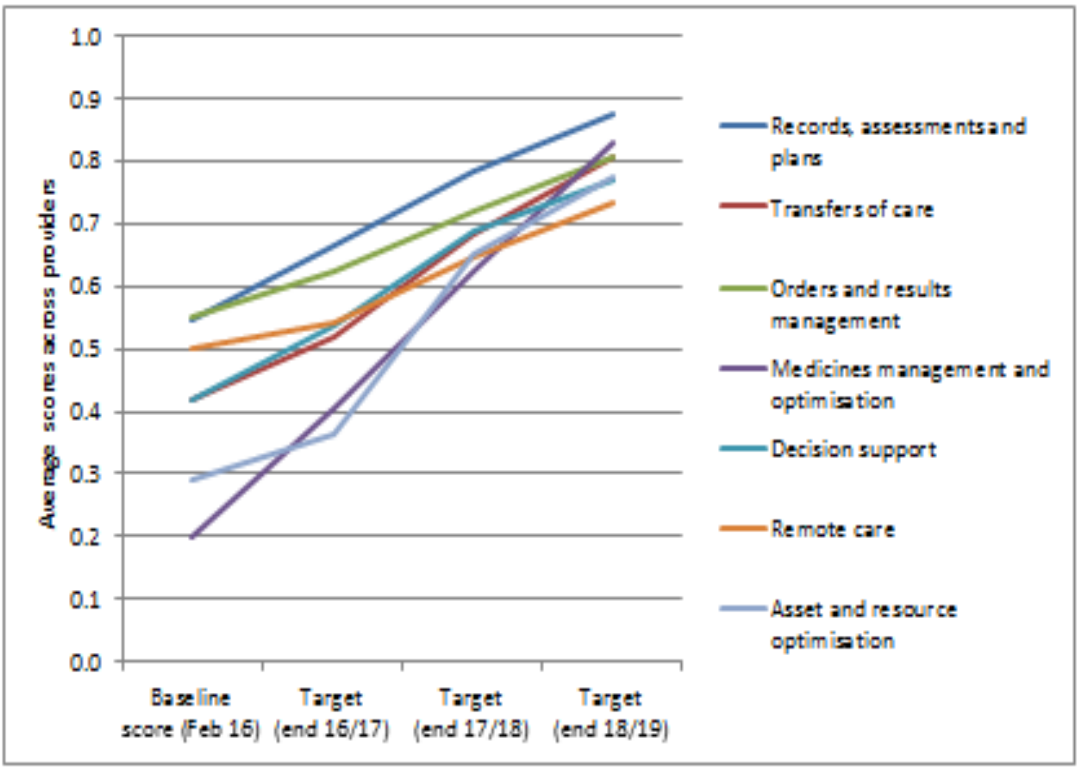
Enabler	STP Gap benefit
Increase sharing of GP clinical record	Closing the Health and Wellbeing Gap Closing the Care and Quality Gap
Increase use of Patient online	Closing the Health and Wellbeing Gap
Implement Acute Electronic Patent records	Closing the Care and Quality Gap Closing the Finance and Efficiency gap
Implement new or redeveloped Social care system(s)	Closing the Health and Wellbeing Gap Closing the Care and Quality Gap
Increase electronic transfers of care across all settings	Closing the Care and Quality Gap Closing the Finance and Efficiency gap
Common assessment process and person held records for connecting care hubs	Closing the Health and Wellbeing Gap Closing the Care and Quality Gap
Shared Infrastructure & Wi-Fi	Closing the Finance and Efficiency gap

Digital Maturity - Trajectory

The achievement of the targets identified in the universal capabilities and deployment plan would significantly improve the digital maturity across the district as illustrated by the capability trajectories shown below, with the full analysis within the template return.

The key enabler to improve DMI across Kirklees will be the implementation of an EPR at MYHT; without this then DMI improvement will remain challenging.

Capability group	Average scores across providers			
	score (Feb 16)	Target (end 16/17)	Target (end 17/18)	Target (end 18/19)
Records, assessments and plans	0.5	0.7	0.8	0.9
Transfers of care	0.4	0.5	0.7	0.8
Orders and results management	0.6	0.6	0.7	0.8
Medicines management and optimisatio	0.2	0.4	0.6	0.8
Decision support	0.4	0.5	0.7	0.8
Remote care	0.5	0.5	0.6	0.7
Asset and resource optimisation	0.3	0.4	0.7	0.8



Information Sharing. At a local level our focus is on achieving a shared care record view across health and social care to support the connecting care project for integrated adult and social care; this is a critical enabler for delivery of integrated care and essential to support most if not all new models of care.

Within Healthy Futures there is a vision to design a strategic approach to sharing data across major providers, initially this would support the urgent and emergency care clinical hub but should, in time, be capable to extension beyond to a wider set of care providers and settings.

Agreeing information governance arrangements is key in facilitating both the use of information and technology but also integrated care more broadly in social care and voluntary sectors.

The flow of information is needed at every step in the delivery of care, from the identification of specific individuals to target for interventions through care planning to ongoing delivery of care.

The development of new models of care will require that robust information sharing is achieved for care delivery and patient/citizen tracking and will use information to support integrated commissioning and performance tracking.

It is envisage that, in addition to a culture of sharing data for care, the implementation of a person held record will be essential in delivering the level of care and self-care that we know will be needed to help address modern integrated care provision. See appendix 4

Achieving integration through Open APIs is part of our better care fund plan however achievement of this will require continuance of the National Information Board approach and support of NHS England and NHS Digital in ensuring that interoperability between key systems providers can be achieved. Continuing this interoperability approach with systems suppliers at a national level will be a key enabler for the development of any shared citizen record.

Infrastructure The Health Informatics Service ("tHIS") is a large well-established organisation hosted by the Calderdale and Huddersfield NHS Foundation Trust which provides ICT technical, project and training services across Kirklees and wider through Kirklees and Wakefield and beyond for all GPs, CCGs and other providers. As a result we benefit from a common, knowledge base, a shared infrastructure, active directory and secure email.
The Kirklees vision is to build upon the strengths of the existing infrastructure to develop the ability for care professionals to work in an agile manner across care settings including patient's homes with secure, appropriate access to the right information at the right time.

COIN
tHIS has developed a Community of Interest Network ("COIN") across the area to support and connect all GP practices, CCGs, and other providers.
The COIN is built on a Virgin Media IPVPN which allows for the delivery of multiple VRFs to support site sharing on one physical connection, thereby reducing costs of connectivity and increasing flexibility for operation at shared sites.
Bandwidth at sites ranges from ADSL2 to 100Mb at shared sites where costs have been shared across providers.

N3
GP practices have their own N3 connections in place to support access to their core clinical systems.
GP Practices throughout Kirklees have remote access to their clinical Systems utilising a secure VPN token – either BTVPN or the Cisco any connect solution if on a NHS supported device.
Additionally connectivity to N3 is provided through the COIN to N3 interfaces at the major acute sites as well as the CCG Headquarter sites.

Kirklees Council are implementing a local N3 connection to support the enablement of the child protection data flows "CP-IS" and enable access to NHSE demographic services for NHS number validation and lookup.

Public Service Network
In common with all other Local Authorities, Kirklees Council is connected to the Government's secure Public Sector Network (PSN) and through this to other government services.

Kirklees utilise the Yorkshire and Humber PSN which is built on a Virgin Media IPVPN.
This commonality with tHIS COIN allows for interconnection and sharing of the physical network across shared sites. This gives us the ability to develop shared working across the local health and care economy in a timely and cost effective manner.
It is understood that PSN interconnection will be a part of the proposed HSN replacement for N3.

Wi-Fi

Substantial improvement in accessibility of Wi-Fi has been made across organisations in the district:

- CHFT have made secure Wi-Fi available for clinical staff across their major sites.
- CHFT have guest access in their two hospital sites and at in the training and development buildings.
- SWYPHT have Wi-Fi access across their sites and at together locations including Locala, the CCGs and some acute providers
- Calderdale Council have implemented secure Wi-Fi for staff across most locations
- Calderdale Council have implemented guest Wi-Fi in some key publically accessible locations.
- Whilst some GPs have installed Wi-Fi for staff or public use this is very limited and not integrated to their network provision.

It is recognise that access to Wi-Fi is an essential enabler for the development of a digital workforce and to support our development of digital resources for self-care**.**

Remote Access

There is a number of secured remote access solution in place through the different provider organisations, these include;

- 3g and 4g access has been adopted by a number of local provider organisations – whether a sim within the laptop or tethering to existing mobile phone technology
- Off line remote access is available in SystmOne via their" Briefcase" solution.
- BTVPN tokens and Cisco any connect solutions allow secured access off site (Off COIN) for clinicians.

Unified Communications

Many of the main providers and partners (including CHFT, SWYPHT and Council) in Calderdale have implemented a unified communications ("UC") solution and it is utilised differently in each and to various levels and organisational development is needed to embed the benefits.
The use of UC will be important in establishing the virtual team of clinicians required to support the Clinical UEC hub being established under the West Yorkshire Urgent and Emergency Care Vanguard**.**

The option of using UC as part of NHSmail2 will be considered as this becomes available and functionality is better understood**.**

Managing Risk

Each organisation has a risk reporting process which is used to identify, mitigate and manage risks. This will continue but to reflect the partnership working across the system with regards to the overall delivery of the LDR, pertinent risks will also be shared with to ensure that these are understood across the system and mitigated where possible.

Information Governance

As the Local Digital Roadmap plans for the interoperability of systems and data sharing, it is essential that consideration as to how to share data across our partners, in a manner which our citizens understand and support is established. This is likely to require a public consultation and certainly will require engagement across all our communities and partners.

The West Yorkshire Urgent and Emergency Care Vanguard also aims to deliver an integrated digital care record across West Yorkshire, again this will require some public engagement. The aim is to ensure a consistent message and potential a joint/co-ordinated approach, Therefore understanding and timing any engagement will be important and the planned route.

Whilst in Kirklees there is an overarching information sharing protocol and some specific data sharing agreements, this programme is likely to require a reviewed and new modern record sharing framework describing the information governance arrangements to enable the ongoing management of data sharing and associated information flow across all our partners and providers. This framework should cover each organisations responsibilities for complying with common law duty of confidentiality, data protection legislation and national and local policy and guidance.

Consent Model

The final version of the national data guardian review publication will inform our thinking and options for any changes to the current consent model. Presently the public consultation feedback is being evaluated.

Explicit Consent to Share / Explicit consent to view

Every clinician in any organisation when sharing an individual's care records with other appropriate providers seeks explicit consent before sharing or viewing data from the patient of their guardian.

This is the current position in Kirklees and presently the main focus for patients being asked to consent to share health data is through their GP or on referral to other health services.

The GP will have a process on the clinical system to capture the patients consent to share and the practice will have agreed wording to inform the patient. At present the CCG does not mandate standard information to be given to the patient. When a patient then attends another setting, the clinician will ask for consent to view the patient record and will record this consent.

This process will be reviewed in light of the recent Caldicott recommendations emphasising a duty to share data between professionals working in health and adult social care.

Where a person does not have capacity to consent, it is possible for a suitably qualified health and social care professional to access the patients' records without the explicit consent of the patient subject to having an appropriate legal basis and in the public interest.

Direct Care v Secondary use

The concept of sharing information for direct care i.e. sharing between those professionals involved in a person's care has to be distinguished from data which might be used either for the purposes of designing and delivering care across a community or for research or evaluation purposes.

For any use of the data within the footprint for secondary use purposes the approach will follow the current guidance of informed consent, statutory duty or pseudonymisation.

Opt out from sharing

Patients must be able to apply a blanket dissent i.e. I do not want my record to be shared with other organisations. Patients must be able to mark specific items as sensitive/private which means they will not be visible in another care setting. Ideally systems should include the flexibility to allow patients to withhold particular items from specific organisations.

Making a request to opt out from data sharing does not remove the legal right of access for professionals carrying out safeguarding investigations.

Social Care

In common with the heath care scenarios described above, social care professionals seek explicit consent to share at the point of assessment. As with health data, individuals can choose not share data with other organisations or individuals. As social care data is usually accessed without the presence of the citizen, no explicit consent to view is sought.

Individuals can also opt out of sharing data to be used for evaluation or research. Consent choice is recorded in the social care record.

Developing a sharing culture

Our aim is to share relevant patient/citizen information/records appropriately and securely across the Kirklees health and care system between professionals in order to:

- Improve patient care and safety - through better informed clinical decisions enabling more appropriate care
- Support safeguarding
- Improve the patient experience, for instance, though not having to repeatedly repeat their details, not having to unnecessarily repeat clinical tests
- Improve effectiveness and efficiency of the delivery of care
- Facilitate patient access (and ownership) of their own records and empower self-care.

To achieve this we recommend:

- The establishment of a Shared Records Information Governance Steering Group to manage the record sharing framework
- A districtwide record sharing framework to describe the governance arrangements and ongoing management. The framework would cover each organisations responsibilities
- To propose and develop advice, guidance, and publicity materials
- Engage with public and professionals from across all partners on any changes to the sharing and consent model.
- To create a districtwide Privacy Notice ("Fair Processing Notice")
- To consider these developments across a West Yorkshire footprint where this is more appropriate.

IG Toolkit Partners within the footprint will need to be compliant (where appropriate) to provide confidence and ensure a consistent standard of security and managing information which will support appropriate access and sharing of the care record. We will continue to support care homes and voluntary sectors organisations to achieve IGT compliance.

As part of our commissioning approach we will ensure, as far as possible, providers are IGT compliant. Kirklees Council has well developed information security compliance and is IG Toolkit compliant. The Public Services Network (PSN) requires annual compliance with a Code of Connection based on both technical and organisational security controls. This has facilitated access to NHS systems via N3, including the Demographic Batch Service (DBS) to support the use of the NHS Number in the council and the Child Protection Information Service (CP-IS).

Cyber Security

Ensuring the confidence of the public that their personal data is stored securely and only accessed by those with a genuine purpose to do so is critical to encouraging take-up of new technology.

Nationally

In any digital service development one considers the security of personal data and ensures that any service provision meets the high standards set by NHS Digital which has developed a cyber security approach to empower organisations to be accountable for cyber security locally, but additionally to support and enable them to improve and enhance what they do.

Locally

This is provided and supported by tHIS, which is hosted by CHFT, by a specialist team that fully understands and implements controls which are appropriate to health systems.

Support from tHIS provides a greater understanding of our cyber strengths and weaknesses, enabling targeted investments that add the most value and will enable better security.

It is intended to build upon the knowledge that exists in our partners to ensure a cohesive approach to delivering agile working in a secure environment; for new digital developments we will require that these meet or exceed NHS digital standards.

GS1

Currently there is no significant use of GS1 in CHFT, MYHT and SYWPFT is limited to specific areas for asset management purposes. The intention is to include GS1 in any development of an EPR subject to ensuring real and achievable benefits to the organisation

What's next?

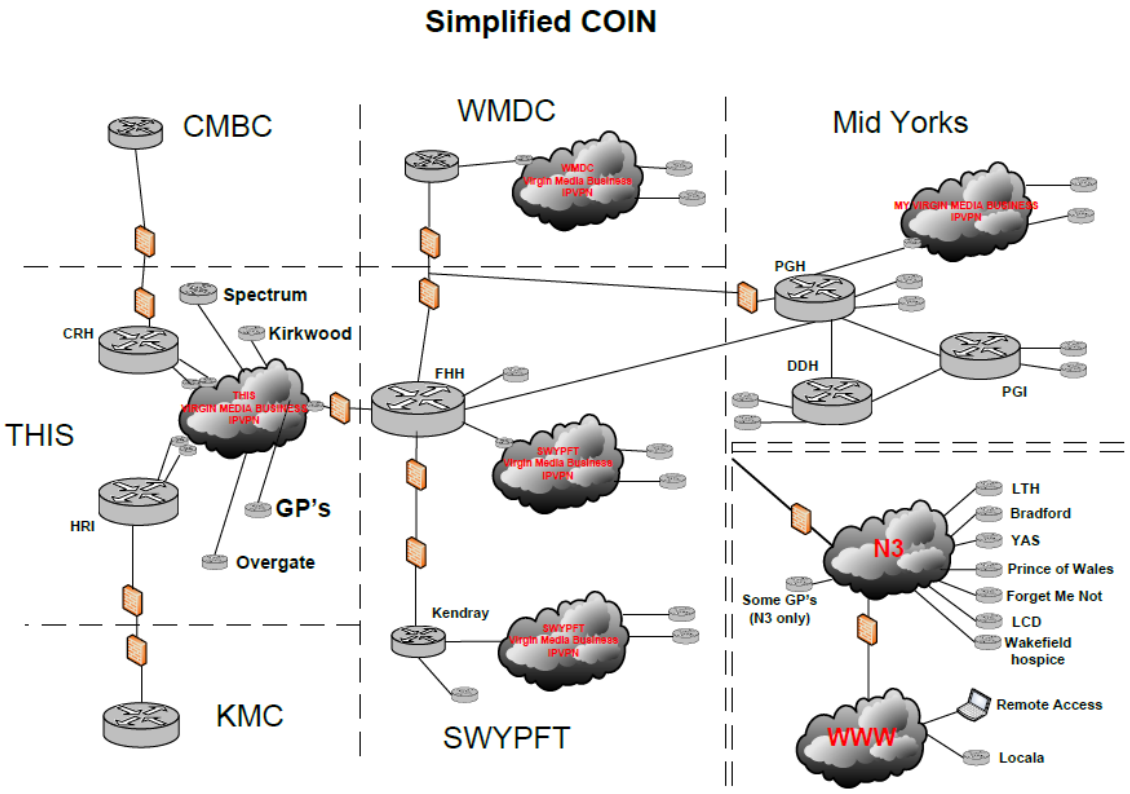
The LDR is an organic plan and will develop in collaboration and integrated with the STP and technological advances. The Roadmap will aim to work to advance and act as a joined up strategic and operational plan.

As it stands presently there is a need to mature into a more comprehensive picture with increased involvement from our key and importantly other smaller providers; such as AQP's any new commissioned providers and any newly formed GP federations.

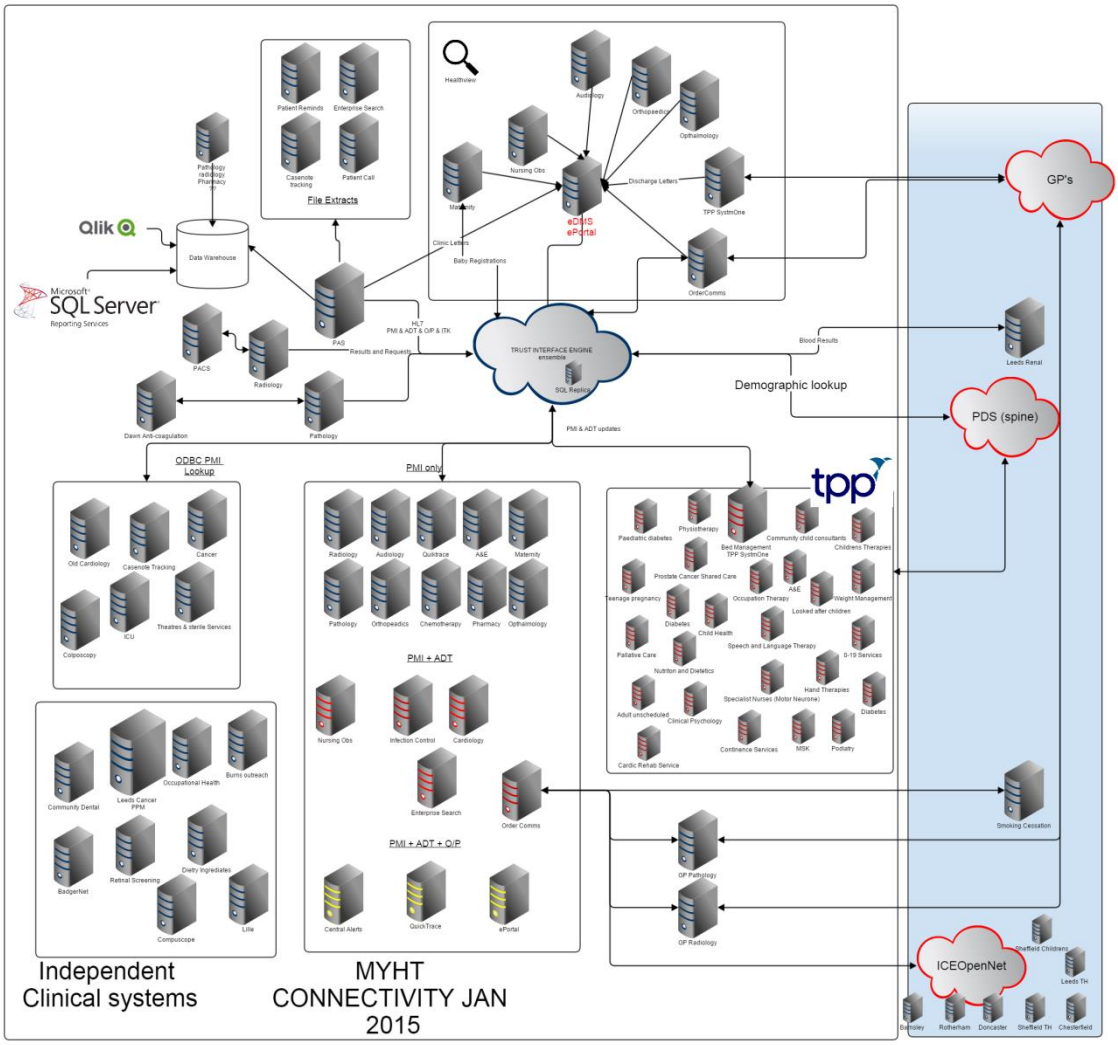
Furthermore it will be a key requirement to align with new Health and social care initiatives and new technologies, including;

- the Strategy for Nursing, Midwifery and Care Staff,
- the 16-18 GPIT Operating Model
- the Data Quality Strategy
- Caldicott 2

Appendix 1 - Infrastructure Community of Interest Network



Appendix 2 - The Mid Yorkshire Hospitals NHS Trust Systems schematic



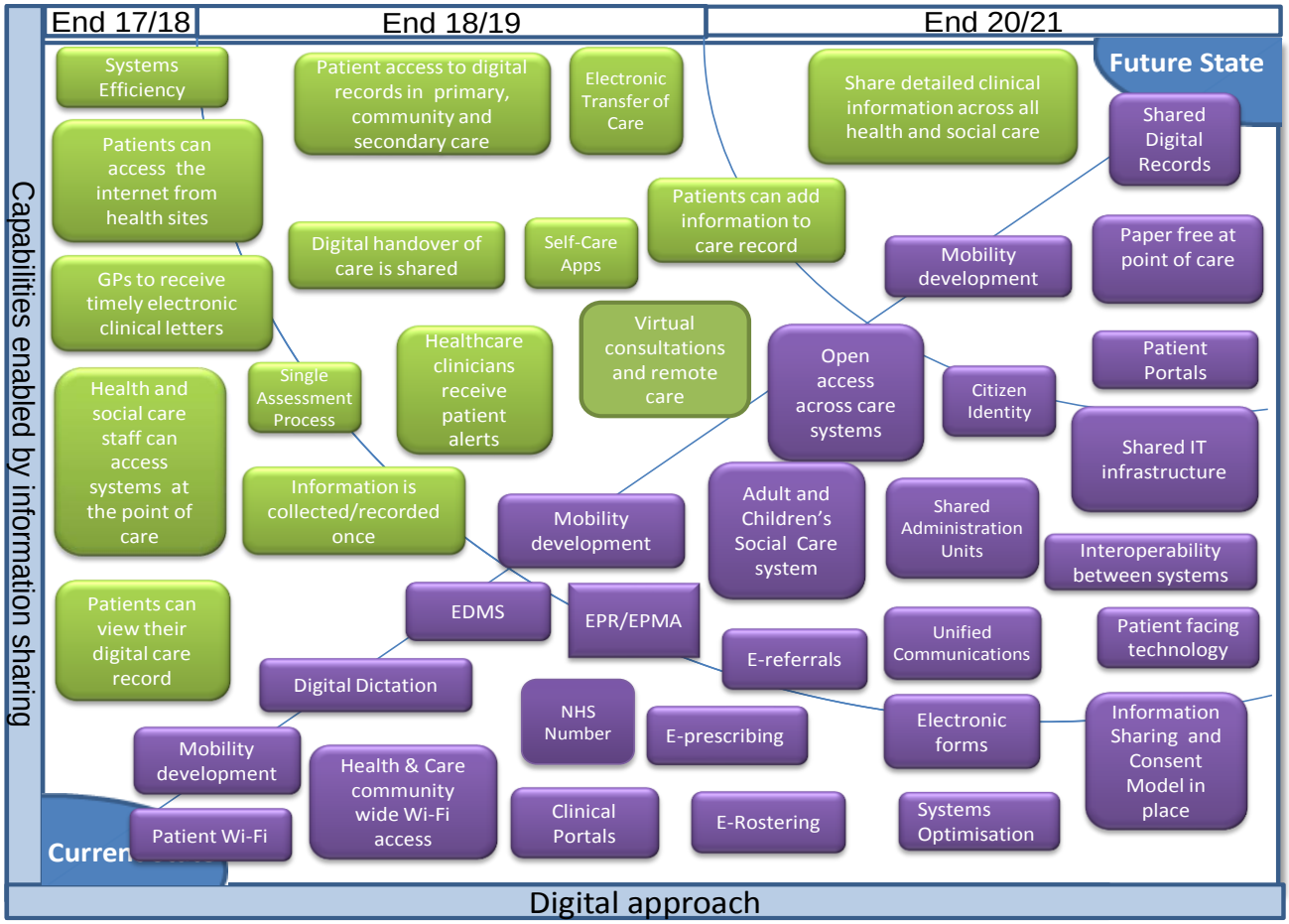
Appendix 3 - South West Yorkshire Partnership NHS Foundation Trust IM&T Roadmap

IT Strategy Domain	2015 / 2016	2016 / 2017	2017 / 2018	2018 / 2019
Infrastructure	• Infrastructure Modernisation Programme • Wifi access on Trust Sites • Telecommunications - SY • New VPN Solution	• Infrastructure Modernisation Programme (phase2) • Wifi access (NHS Partner sites) • Telecommunications – WY • Guest WiFi • Mobile / Smart phone support	• Infrastructure Modernisation Programme (phase3) • Wifi access (LA sites) • Microsoft Licencing Review • Email review	• Infrastructure Modernisation Programme • Wifi access via Local Authority sites • Microsoft licencing rationalisation • Email replacement
Clinical & Corporate Systems	• Clinical portal phase 1 • S1 Clinical Deployment • S1 EPR Core - Barnsley • RiO v7 upgrade • NHS No. • Smoking cessation • Community equipment	• Clinical portal phase 2 • Integration • S1 EPR Core - Trust wide • S1 Contract Re provisioning • Clinical Systems – Transformation • Mental Health Information Systems • RiO Patient Viewer • MIG • eDischarge Messaging • Medicines Management • e-referrals • Paper Free at point of care	• Client portal • Integration of transactional systems • Clinical Systems – Transformation • Paper Free at point of care	• Paper Free at point of care • Clinical Systems – Transformation
Digitisation	• Agile working - Phase 1 • teleconsultation • Skype for Business	• Agile Working - Phase 2 • Apps development • Digital Dictation • Harnessing New Technologies	• Agile Working - Phase 3 • Harnessing New Technologies	• Centralised mailing review
Information Sharing	• Partnership working • Digital road maps • Information Sharing	• Partnership working • Vanguards • Electronic Document Management • Records Scanning • Information Sharing	• Partnership working • Vanguards • Information Sharing	• Partnership working • Vanguards • Information Sharing
Business Intelligence	• Business Intelligence / Data warehouse	• Business Intelligence / Data warehouse (hub & dashboard)	• Business Intelligence / Data warehouse (inc all clinical systems)	• Business Intelligence / Data warehouse

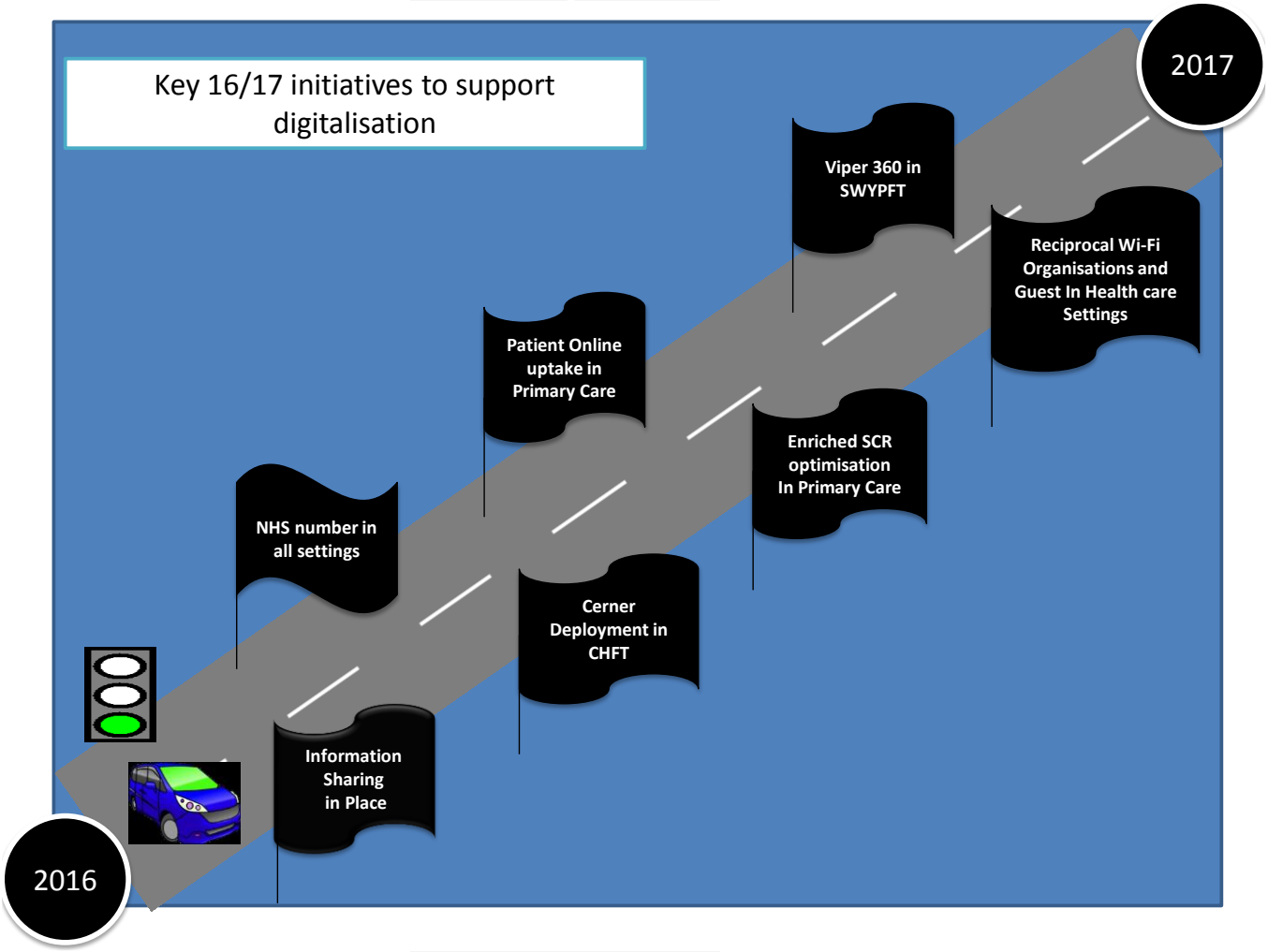
Green = Ongoing Blue = Completed Black = Not Started

Appendix 4 – Information Sharing Approach

Information sharing approach



Appendix 4 – Key 16/17 Initiatives to support digitalisation



Appendix 5 – Key information for Submission Checklist

Key information for Submission Checklist
Sought local footprint with CCGs engagement with senior level endorsement and NHSE team. Engaged monthly with local key stakeholders, engaged with neighbouring footprints. Engaged with each STP lead including West Yorkshire level to establish appropriate alignment and joined up response. Sought endorsement from each organisation. CKW joint development to share PM resource and identify common areas of digital development across the wider footprint of our providers.
STP driven, need to reference all provider plans /visions for the FYFV. I.e. SWYPFT patient portal. GP implementation of Wi-Fi. E-referral expansion in all providers in line with supplier readiness. Development and implementation of decision support tools. CHFT 2016 and beyond the Trust plans to procure and deploy a Single Sign On solution and a Virtual Desktop Infrastructure as well as continuing to replacement the Trusts hardware estate.
Completed DMI for primary, secondary and social care providers, in addition DMI have been completed by a number of community services.
MY developments, agile working roll out with online working to community nurses, add ICE statement from Lesley CHFT. Locala fully agile mobile working. CPIS. MY also have mobile working for health visitors. SWYPFT two thirds of staff is now fully mobile. MY have Wi-Fi across main sites. CHFT have Wi-Fi for staff, patient and guest access. EPR2 continued deployment. Patient online and enabled. GP enhanced SCR record. Locala have a fully agile clinical workforce. Professional and self-referral portal to request appointments. Locala use video e-consultations where appropriate. Digital social media engagement with patients and groups. Digital skills development programmes with hard to reach groups. Single point of access with digital view of health and social care systems. Locala also have virtual outpatient's clinic within SystmOne practices. MY ICE order Comms in place between primary and secondary care. MY have electronic discharge letters digitalised to primary care. MY have developed a clinical web portal to allow internal staff to view recent patient activities (12 weeks). M Y has implemented Vital PAc - electronic obs for nursing OBS trust wide Phase 1. Wide use of EPaCCS EoL template across all GPs, acute and hospices etc. CHFT has a new state of the art Data Centre, a fully refreshed core network (WAN and LAN) with resilience built in across both main hospital sites, a Unified Communications Solution and Video Conferencing facilities across all Trust sites CHFT the procurement and deployment of a number of 'tactical solutions' across the Trusts. These include (but are not limited to) a new Maternity System, a new Theatre System, an eRostering solution, Vital Signs Monitoring Solution - Nervecentre, Electronic Document Management Solution (EDMS). Kirklees LA adoption of NHS number as a primary identifier and % to be quoted.

CHFT Cerner implementation including the HIE. West Yorkshire urgent care initiative to assess a shared care record. Kirklees local authority is reviewing the citizen record system. SWYPFT and MYHT to complete their agile working deployment. SWYPFT using Viper 360 to provide clinical and patient portals. Implementation of view from RIO to SystmOne within RIO with plans to establish a bi directional view subject to supplier. Locala are working on self-care apps for patients. NHSE led programme to roll out SCR view in community pharmacies. SWYPFT are enabling an electronic discharge summary from RIO to primary care. MY acute - expansion of ICE order Comms services, range to include local hospices, cardiology, endoscopy etc. MYHT are piloting electronic handovers. Further development of Big Hand digital dictation application to allow remote approval of letters in PAS. CHFT Cerner implementation including HIE The system will transform the way in which the Trust operates providing colleagues with an opportunity to work in a more efficient, effective way. The Trust plans to go live in the autumn of 2016. Cerner's Millennium solution provides an opportunity to share information with other health and social care partners through their Health Integration Exchange which will be significant value across a number of clinical pathways.