

Digital Plan

2022 - 2025





Introduction

Digital technology has become ever more important in providing care. We want our service users to access our services in a way that best suits them. We want our staff to be able to access the right information, in the right place, at the right time, all the time. We want to be able to make the best use of the data we collect to inform and increase our understanding of the patients we serve and provide insight into the best way to care for them. We also want to minimise the intrusion of data-collection into care provision. Innovative technology can help this. It can reduce repetitive questions by re-using the data as we do with CareDirector. Amongst other things, it can guide potential users of our services and it can mobilise our workforce to work where and when they need to.

The digital plan for 2022 has been developed as the Trust emerges from the COVID 19 pandemic and much has changed over the last couple of years. We already had a strong track record of investing in digital technologies prior to the pandemic but, like many organisations, the digital agenda has become a vital component of enabling us to achieve the best we can for those that rely on us, and a key enabler to meeting the challenges that lie ahead.



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Our Trust Values

We intend to keep our digital strategy **simple and accessible**. We want to avoid jargon (which can be difficult for us!), be clear about our goals and help others to achieve theirs.

We want to act **with integrity** being open and transparent about the decisions we make, looking to continuously improve the digital service for the trust and always be open to new ideas.

Our values

We have integrity

We treat everyone with respect and dignity, honour our commitments and do our best for our service users and colleagues.

We keep it simple

We make it easy for the communities we serve and the people who work here to achieve their goals.

We are caring

We always show empathy and support those in need.

Behaviours that uphold our values

- We are committed to continuously improving what we do because we want the best for our service users. We consider the feelings, needs and rights of others.
- We give positive feedback as a norm and constructively challenge unacceptable behaviour.
- We're open about the actions we take and the decisions we make, working transparently and as one team with service users, colleagues and relevant partner organisations.

- We make processes as simple as possible.
- We avoid jargon and make sure we are understood.
- We are clear what our goals are and help others to achieve their goals.

- We make sure people feel we have time for them when they need it.
- We listen and act upon what people have to say.
- We communicate with compassion and kindness.



Our Digital Plan Vision

“The aim of the Our Digital Plan is to use innovative technology and intelligence to enable safer, inclusive, and more effective care.”

What our vision means

Delivering safe and secure systems



Delivering digital solutions that are inclusive



Encouraging and promoting digital innovation





Progress to date

The underlying systems infrastructure is in a healthy condition and has stood up well to the challenges of COVID-19. Good progress was made against the previous plan including:

- CareDirector has replaced Paris as our core clinical record.
- We accelerated our roll out of laptops and smartphones, providing an additional 700 devices in response to Covid 19.
- We now have electronic prescribing on every ward and in acute community services.
- We have introduced video conferencing systems that are now widely used across the Trust.
- We have developed and delivered advanced performance and reporting solutions to the front line linking our data warehouse to CareDirector to provide unrivalled access to key information to our front line staff.
- We have increased our protection against a cyber attack
- We have delivered easy and reliable remote access to our trust systems that has been a key enabler in the response to COVID 19.

The digital plan for 2022 has involved show casing the ideas and proposal to stakeholders from across the organisation including executive teams, patient groups and operational and corporate teams. To get the best out of digital technology, our Digital Plan has been designed to be dynamic and interactive to ensure we are able to be responsive to change and to account for the insights and experiences of the people who use, deliver, lead and partner with our services.

Our Digital Plan sets out where we are now and where we are heading with all the knowledge and resources we currently have available to us. We will embrace change and new insights and we will continue to iterate our Digital Plan to achieve our overarching aims.

Micro Site

We created a Digital Plan Micro site to provide a dynamic medium to present the fast-evolving world of digital that will reflect and respond to the needs of the Trust's key stakeholders. We presented this site to key groups within the Trust to ensure that the digital plan was aligned with their thinking.

The micro site fulfils the following key roles:

- to explore our Digital Plan from different perspectives: Using Services, Delivering Services, Implementing Digital Services and Partnering Services, (such as leadership, staff etc)
- look at our progress on specific key projects
- to support the Trust in getting the most out of digital





The Trust’s response to NHSX guidance: What good looks like

In the Autumn of 2021, NHSX published its ‘What Good Looks Like’ framework to support organizations with ‘best practice’ guidance on digital transformation. They simultaneously published the ‘Who Pays for What’ strategy and the new Unified Tech Fund and its complementary ‘prospectus’.

Listed below are the seven “success measures” that Trusts can assess their organization’s digital offering by:

1. Being well led

NHSX’s guidance says that leaders should “own and drive” the digital transformation journey and place “citizens and frontline perspectives at the centre.”

Recommending that ICS decision-makers have “a clear strategy” for transformation and collaboration, it adds that Integrated Care Boards (ICBs) should “build digital and data expertise and accountability into their leadership and governance arrangements.”

The guidance encourages trusts to build board expertise and accountability for transformation – but with the recommendation that there is a CIO, CCIO or similar role as a member or attendee of the board. In addition, another indicator of ‘digital health’ for trusts would be to “ensure board ownership of a digital and data strategy that is linked to the Integrated Care System (ICS) strategy and underpinned by a sustainable financial plan”, as well as board development sessions around managing cyber security risks and achieving the NHS the sustainability agenda.

The LYPFT Board does have a permanent digital expertise present from the non-executive directors and a clear financial plan that is aligned to the ICS which is sustainable is delivered and updated.

2. Ensure smart foundations

The second measure focuses on ‘smart foundations’, with providers instructed that “digital, data and infrastructure operating environments” should strive to be “reliable, modern, secure, sustainable and resilient”. This should include having “well-resourced teams who are competent”, to deliver those modern digital and data services.

The ideal measure of success within this scope will include having a system-wide strategy for, or an investment in, “building multidisciplinary teams with clinical, operational, informatics, design and technical expertise” to deliver the required digital and data ambitions.

ICSs are also expected to invest in a modern and simplified infrastructure, consider consolidation of spending, strategies and contracts, level up the use and scope of electronic care record systems, and lead the delivery and development of an ICS-wide shared care record. Providers are expected to maintain a “central, organization wide, real-time electronic care record system”, extend systems to all services, and provide a data contribution to the ICS-wide shared care record.

Providers should also focus on areas such as planning a move to the cloud, while ensuring hardware, software and end user devices are all “within the suggested supplier life cycle and fully supported”, remove older technologies such as fax machines and non-emergency pagers, and maximize the use of modern telephony to support staff.

Considerable investment has been made by the Trust in the multidisciplinary teams since the introduction of Care Director with Digital Change Leads and a sizeable investment in reporting and

performance skills and resources. Attention is focused on upskilling and resourcing the support and infrastructure teams to meet the challenges of the post COVID world.

The Trust has long been able to provide and receive data from the “Leeds Care Record”, but this must now be replicated and improved upon for the Yorkshire and Humber Care Record as the ICS takes on more of a central role whilst sustaining and maintaining our digital role at a place level within the city.

The Trust is already well down the path with a cloud- based strategy which means that many of the most important systems that the Trust uses already reside there. This does mean that the costs for providing technology for the Trust will be more revenue based than capital in future years.

3. Safe practice

When it comes to measuring safe practice, the gold-standard will be based around all organizations maintaining “standards for safe care”, as set out by the Digital Technology Assessment Criteria for health and social care (DTAC). Routine, system-wide reviews of security, sustainability and resilience are expected, with “digitally-enabled outcome-driven transformation” at the heart.

Centralized cyber security capabilities, for which ICSs are expected to have a system-wide plan, are expected, with other organizations instructed to “fully use national cyber services provided by NHS Digital”. Both ICSs and Providers are advised to support a senior information responsible officer (SIRO) and data protection officer (DPO) within their ranks as part of an “adequately resourced ICS-level cyber security function.”

Compliance with the Data Security and Protection Toolkit and NHS national contract provisions related to technology-enabled delivery, along with clear processes and plans in a number of other safety-related areas, such as for reviewing safety recommendations and alerts, and ensuring “clinical systems and tools meet clinical safety standards as set out by the Digital Technology and Assessment Criteria (DTAC) and DCB0129 and DCB0160”, are further commonalities.

The Trust have appointed a SIRO and a DPO but further investment in staff with cyber skills is required. As demand for these skills is so high both within the NHS and the private sector such staff are hard and expensive to recruit and even harder to retain.

4. Support people

NHSX says that a workforce should be “digitally literate” and able to “work optimally with data and technology”, while digital and data tools and systems should be “fit for purpose and support staff to do their jobs well”.

The Trust will need to create and nurture a digital first approach, including the sharing of improvement ideas from frontline workers, and support flexible and remote working, where appropriate.

ICSs are directed to promote the use of tools that will enable “frictionless movement of staff” and create system-wide professional development and training opportunities. Supporting staff to “attain a basic level of data, digital and cyber security literacy, followed by continuing professional development” is a similar target for Providers, along with the provision of access to digital support services 24-hours-a-day.

Improving the digital literacy of staff must be a key aspect of the digital strategy going forward. This is not a single one-time event of course but must be built up over time targeting those who are least able to cope. Invariably these people are the most difficult to reach.

Extending support for our key front-line systems on a 24/7 basis is a vital investment that now needs to make.

5. Empower citizens

Guidance around empowering citizens to take an “active role” and help manage their health digitally includes, for both ICSs and Providers, placing citizens at the centre of service design and providing them with access to a “standard set of digital services that suit all literacy and digital inclusion needs”.

Many common goals are shared in this section, such as organizations collaborating to develop a “single, coherent ICS-wide strategy for citizen engagement and citizen-facing digital services”, and one which is led and co-designed by citizens. Further guidance focuses on making use of national tools and services, supplemented by local ones, as well as aligned use of digital communication tools for self-service pathways, allowing people the ability to contribute to and access their health data, and having a “clear inclusion” strategy to ensure “digitally disempowered communities” can make the most of digital opportunities.

Care plans, test results, medications, history, correspondence, appointment management, screening alerts and tools, are all highlighted as areas that citizens should be able to access.

Delivering a patient portal for the Trust is central to our ability to meet this challenge. Care Director have presented their first view of the patient portal. This functionality raises many questions that we must address including who can see what and which services should be early adopters.

6. Improve care

To improve care, the embedding of digital and data “within their improvement capability” is highlighted to ultimately help “transform care pathways, reduce unwarranted variation and improve health and wellbeing.”

NHS Digital says that digital solutions should “enhance services for patients and ensure that they get the right care when they need it and in the right place.”

This would be achieved by using data and digital to redesign pathways across organizational boundaries, with ICSs having a system-wide approach. It is recommended that all organizations make use of the tools and technologies that support safer care, such as EPMA and bar coding, and provide decision support to help clinicians with best practice, provide remote consultations, monitoring and care, and enhance collaborative and multidisciplinary care planning through digital tools.

The Trust was one of the first mental health trusts to deploy e-prescribing. We have learnt a lot since 2017 but its use and application must now be expanded safely into community settings. The use of Attend Anywhere and other virtual consultation tools across the ICS during the pandemic has shown that whilst these technologies have their uses in clinical settings many services have preferred to use the telephone for consultations.

The challenge to provide multi-disciplinary care across multiple organisations will require services to collaborate digitally on a level not seen before in the NHS.

7. Healthy populations

In its seventh and final success measure, the framework recommends ICSs make improvements to population health and wellbeing by using data and utilizing “collective resources”, with insights from data to be used to “improve outcomes and address health inequalities”.

Other organizations would also use data for their own care planning, as well as support the development and adoption of “innovative ICS-led, population-based, digitally-driven models of care.”

There would also be the delivery and development of an “ICS-wide intelligence platform with a fully linked, longitudinal data-set” – which would include primary, secondary, mental health, social care and community data for “population segmentation, risk stratification and population health management”, with other organizations contributing both data and resources to support this. Implementation of ICS-created pathways and personalized care models for at risk groups, which will use digital platforms to coordinate care across settings, will also be a part of this target area.

Among ICS responsibilities would be making sure PCN multi-disciplinary teams and others have “access to timely population health insight and analytical support”, while all organizations would be expected to make data available to support clinical trials and AI tool development, and also to collaborate across academia and industry.

The National Priorities for Digital Mental Health

Since January 2022, the national Digital Mental Health team in NHS England and NHS Improvement has been developing the Priorities for Digital Mental Health (previously referred to as the Digital Mental Health Strategic Delivery Plan).

The Priorities for Digital Mental Health has been developed to amplify the role of digital in supporting delivering on the commitments made under the NHS Long Term Plan for Mental Health, between now and 2024/25 and beyond. They provide a much-needed additional level of action focused detail below the LTP and Mental Health Implementation Plan.

The Priorities for Digital Mental Health set out five key priorities which will inform and focus planning and prioritisation at a local, regional, and national level, helping maximise collective progress to the benefit of service-users and the mental health workforce. The priorities are:

1. Ensuring the digital basics are in place
2. Enhancing data sharing across systems and organisations
3. Improving how people get the support they need
4. Supporting the workforce to deliver the highest quality of care
5. Embedding digital products and services in mental health pathways



ICS Digital Priorities

The ICS Digital vision is to:

“Harness digital - working together to promote health and wellness, reduce inequalities and ensure high quality care for all.”

The key elements of the ICS Digital Strategy are :

- **Supporting Health and Wellbeing** by using digital platforms and tools to support people to stay well
- **Care Closer to Home** by using digital tools to help our workforce deliver new models of care when people do fall ill
- **Protecting Emergency Services** and using technology to prevent unnecessary hospital admissions
- **Reducing Health Inequalities** and using data to better understand these inequalities and plan services to resolve them
- **Innovation** and ensuring we take advantage of new developments
- **National Alignment** and supporting the delivery of the NHS Long Term Plan



Our digital ambitions

Our digital vision will be delivered through a series of persona-based ambitions. Our Service Users, Our Staff, Our Leaders and Our Partners. Each persona looks at what digital can do for them and explains it in easy-to-understand language that can encourage debate and engagement with the broader digital agenda.





Our digital ambitions From a service users' perspective

I can: connect to my health professional via video

Services users can have a consultation via video if they so wish. Family can join MDT and CPA meetings via video. Professionals can join meetings when they are working remotely.



How we are getting there

Attend Anywhere has been deployed in the Trust and is readily available to use. To date, there has been little take up as most staff and patients seem to prefer to have remote consultations via phone calls as they are much simpler to coordinate. This has been common across the NHS. We are deploying new video-conferencing equipment in meeting rooms to allow hybrid working. Thrive by Design will deliver a Digital Skills Framework from a patient perspective.

I can: interact with systems to amend appointments or complete forms

Our aim is to provide a secure, easy to use website where you can view your current and past appointments, check your personal details, see your care plan and provide us with feedback on how you are progressing. This will link directly to our clinical record about you so that you only need to tell us once no matter which service you are with. You will also be able to receive appointment reminders.



How we are getting there

We are in the early stages of developing our patient portal that is linked to our clinical record system. We have started to engage with service users and carers on the priorities and expect to be able to start using this portal in 2022/23.

We went live with text messaging directly from CareDirector in April 2022 producing reminders for service users of up-and coming appointments.

I can see information about services, conditions, and self help

Our aim is to provide a secure, easy to use website where you can view your appointments, check your personal details, see your care plan and see your medication. This will link directly to our clinical record about you so that you only need to tell us once no matter which service you are with.



How we are getting there

We are in the early stages of developing our patient portal that is linked to our clinical record system. We have started to engage with service users and carers on the priorities and expect to be able to start using this portal in 2022/23.

I can give information once to a service and know it will be shared appropriately

All professionals involved in a service user's care should be able to see their care pathways, who is involved in the care and key clinical data relevant to their treatment in one place. Tools such as the patient & professional portal will allow further interaction and sharing of data securely.



How we are getting there

We have built our electronic patient record system so that all our staff delivering care can see the most up to date information. We have integrated this with Leeds Care Record so that GPs and other professionals can see key clinical data about a service user's care with us. We are also working to share data securely with the Yorkshire & Humber Care Record.

I can access the support and services I need no matter what my digital confidence, context and capability

Our aim is to ensure people who need the services and support of LYPFT are not excluded as a result of key digital projects. We are going to find out more about the barriers, develop our systems for assessing and supporting digital exclusion and inclusion, co-design some interventions and support the whole Trust to take a more inclusive approach to digital key projects and services.



How we are getting there

We are in the early stages of developing our patient portal that is linked to our clinical record system. We have started to engage with service users and carers on the priorities and expect to be able to start using this portal in 2022/23.

We are working with Thrive By Design to spearhead an “Inclusive Digital Transformation Programme”.

The scope of this programme is to:

- Conduct a rapid review of the digital inclusion landscape in LYPFT
- Understand of many people require digital inclusive support across LYPFT
- Deploy a prototype assessment tool
- Work with 3 services to co-design digital inclusion interventions
- Embed Inclusive Digital Transformation into the DNA of LYPFT

I can understand how services are performing

We will make it easy for you to look at data from a range of sources to understand how the trust, and specific services, are performing in many local and national measures.



How we are getting there

Much of this data is already publicly available from NHS Digital, NHS England and other organisations, but transparency is really important and so we are in the early stages of developing a process to pull this information together into a single, easy to use product that will be available to members of the public.



Our digital ambitions

From a staff perspective

I can connect to my service users via video

Services users can have a consultation via video if they so wish.



How we are getting there

Attend Anywhere has been deployed in the Trust and is readily available to use. To date, there has been little take up as most staff and patients seem to prefer to have remote consultations via phone calls as they are much simpler to coordinate. This has been common across the NHS.

WhatsApp and Zoom are commonly used across the Trust and each member of staff now has a smart phone if they require it for work purposes.

I can see whatever interventions have worked in the past

LYPFT is committed to collect information about outcomes. This will help patients and clinicians to understand the benefits of an intervention. It will help services understand what works and what does not. It will help the organisation make the best use of resources.

I have an up-to-date directory of staff

An easy-to-use up-to-date list of staff contact details.



How we are getting there

Introduce a self-service system that invites staff to update their contact details every 90 days when they log on to the network. This directory will be available to staff on the intranet and also via Switchboard.

I can view all information about the patient electronically, even if this is from old, archived records

We want our clinicians to be able to read all clinical documents in one place. This is regardless of whether the document was from paper notes, the PARIS archive or from Care Director. We'd like these documents to be searchable, just as you would expect if exploring a PDF or Word document.



How we are getting there

The procurement of an electronic document management system has been completed that will present records from within the CareDirector system. The programme to deliver the EDM has commenced and will take two years to complete.

Me and my colleagues

I can be confident that where paper exists it is digitised quickly and efficiently

As paper records are produced or received into the trust they are scanned and presented in a electronic document management system that enables the front line clinician to view them when needed rather than waiting for paper folders to be delivered.



How we are getting there

The procurement of an electronic document management system has been completed that will present records from within the CareDirector system. The programme to deliver the EDM has commenced and will take two years to complete.

I can view the demand and capacity across services

Data analytics is being used within teams to drive service development & improvement, patient flow and an improved, more joined up patient experience as part of business as usual.



How we are getting there

Dashboards within CareDirector track waits, new referrals, bed states and staff availability in real time. Modelling tools are being used to look at capacity and demand. Business intelligence reporting (up to previous 24 hours) is being expanded giving more access to analytics. The integration of CareDirector with Echo also gives us greater flexibility for more complex reporting in this area.

I can use modern equipment across Trust sites and at home

All staff have IT kit that is up-to-date and fit for purpose. This includes Desktops, laptops, smart phones, tablets.

In 2015 the trust had deployed 652 laptops. By the middle of 2021, there were 1,895 laptops with 682 being deployed since the pandemic began.

There were only a handful of smartphones in the trust in 2015. Today there are over 2,100.

We continue to expand laptops, have a cycle of replacement kit and are looking to deploy handheld devices.

Me and internal systems

I can view a range of information and use it as a means of providing better care

We strive to enable the clinician to view reliable, relevant and accurate information about a patient at the time of need.



How we are getting there

Caredirector provides leading edge technology to present information. It is linked with EPMA, a leading e-prescribing tool that records all prescriptions made in an inpatient setting in the trust.

We will look to expand the use of e-Prescribing to community settings providing safer and more secure solutions for prescribing for our communities based patients.

CareDirector is also linked to the Trust's data warehouse which provides up-to-date dashboards through the Echo system combining data from HR, Finance and Clinical systems in one place. We continue working to improve the user experience of this system, its functionality and the forms used in clinical care.

We will review the DATIX system used to record risk in the Trust with a view to upgrading it and making it easier to use.

I can use the systems and trust that they will guide and teach me

We strive to make our complex systems as simple and intuitive as we can. We seek to explain the systems in simple terms and provide easy to understand guidance. We have staff on hand to answer questions and to understand the user experience. We are expanding this to support service users with the Patient Portal.



How we are getting there

Our digital change & training team have become expert in writing intuitive training materials. We are updating our CareDirector training system to better reflect the live system. Our digital change leads have worked at the front line and can better understand the challenges faced by users. They are working side by side with staff to get the best out of our systems. Thrive by Design are delivering a Staff Digital Skills Self Assessment and creating a forum for staff to discuss their digital challenges.

I can access multiple systems easily and no longer need a smartcard

The physical smart card system commonly in use by clinicians to access central data repositories such as the SPINE needs to be replaced with a virtual smart card



How we are getting there

A number of products that are now available on the market are being reviewed by the IT team. Once a product has been selected and approved the new system will be introduced to the trust.

I can trust the reliability and security of the systems I use
The trust systems are defended from cyber-attacks and staff can depend on their reliability to be available when they need them. Downtime is kept to a minimum and access controlled including 2 factor authentication.



How we are getting there

The trust has extensive defences from cyber attacks including firewalls and advanced monitoring systems. It is intended to improve these still further and gain Cyber Essentials + accreditation.

When I start with the Trust, I have the digital tools I need
Ensuring that the link between recruitment of new staff and the deployment of kit is efficient. Staff receive their kit on the day that they start and their training on the digital tools they need is completed swiftly with access to our systems and set up in areas such as payroll and ESR all linked.



How we are getting there

The plethora of SW forms and system access forms that management need to complete should be replaced with a more modern workflow tool that informs all departments of the details of new starters and their digital requirements.



Our digital ambitions

From a digital practioners perspective

We embrace innovations such as AI and connected devices

One day, artificial intelligence may help us. It might trawl through a set of notes and pull out everything the clinician needs about a particular subject. It might help turn the recording of a group session into a simple narrative for those who attended. It might replace intrusive observations, with simple sensors to monitor breathing and movement.



How we are getting there

We continue to scan the horizon nationally and internationally. We listen to innovative suppliers and make ourselves ready for new things, but only once we are happy that the technology is proven.

I can see real time information about capacity in the system

Data analytics being used across the organisation and linked to partner data to drive service development & improvement, patient flow and an improved, more joined up patient experience as part of business as usual.



How we are getting there

Dashboards within CareDirector track waits, new referrals, bed states and staff availability in real time. Modelling tools are being used to look at capacity and demand. Business intelligence reporting (up to previous 24 hours) is being expanded giving more access to analytics. The integration of CareDirector with Echo also gives us greater flexibility for more complex reporting in this area.

LYPFT is not constrained by the physical network infrastructure and location

Staff should be able to access trust system from any location. Whilst this is possible today there are challenges particularly if a service is established on another trusts premises due to the security systems of the hosting trust.



How we are getting there

The Trust have already deployed global protect and VM Ware which enable staff to access trust systems safely via the internet. SD WAN (Software Defined Wide Area Network) will enable the trust to set up network connections through a virtual private network without having to wait for network provider to commission broadband services which can take months and access Trust systems safely directly from the internet.

I can be sure our systems are secure

The trust systems are defended from cyber-attacks and staff can depend on their reliability to be available when they need them



How we are getting there

The trust has extensive defences from cyber-attacks including firewalls and advanced monitoring systems. It is intended to improve these still further and gain Cyber Essentials + accreditation. We will move more of our systems into the cloud and purpose built data centre services to provide additional resilience and defence against cyber attacks.

I can view joined up data from multiple sources, spot problems and unexpected trends

Staff from all levels of the organisation routinely accessing data analytics to understand the performance, efficiency and capacity of their services and using this data to drive positive change for our service users.



How we are getting there

Our data warehouse already combines data from our EPR, HR, finance and incident reporting systems with trend data from all these systems represented together combining up to date and trend data across the spectrum of services and measures. Investment in Echo, our new business intelligence tool will provide greater analytics and options to drill into the data to understand root cause and model solutions.

I have information about the quality of care provided

Patient outcome & experience and clinician reported outcome measures built into routine reporting (Trust through to team level) as well as available in trend series at service user level within the patient record. Measures collected electronically and feeding directly into the Trust's EPR.



How we are getting there


Team level data showing differences between the start and end of treatment routinely available for a number of services. Automation of trend data services for one measure (ReQoL) live in CareDirector with others to follow shortly. Testing the data capture of measures input by service users onto tablets that directly feed our electronic patient record.



I Partner with LYPFT


I can see medication, risk, care plans, and alerts about LYPFT patients in real time including their care team

With Leeds Care Record, we were the first Mental Health Trust to share information electronically with partner organisations. We are expanding this to the Yorkshire and Humber Care record to allow relevant information to be seen by healthcare professionals caring for our patients across the region.

 **How we are getting there**
Links will be built with Leeds Care Record, the Yorkshire+Humber Care Record and, in 2022-23 with our Professional Portal. We are using modern technology so that this information is now available in real-time. In 2022 we will begin to feed information directly into GP systems from CareDirector.


Patient information held by LYPFT is compared to that held by wider NHS to make sure it is correct

Integration with the NHS SPINE allowing staff to update key demographic data in an automated way working in tandem with routine cross checking with service users for continued accuracy.

 **How we are getting there**
We are currently testing the integration of the NHS SPINE with CareDirector and hope to release this functionality to end users during 2022.


Information from LYPFT is sent electronically

Like all Mental Health Trusts we continue to send information to our GP colleagues in document form. We have largely moved this to email, but the next step is to feed information directly into the GP systems. This is intended to improve the accuracy of alerts, medications and diagnosis information in their system.

 **How we are getting there**
We are working to send all care plans and relevant letters created within CareDirector and all GP BigHand letters directly into the GP system from CareDirector during 2022/23. This will be followed by a project to replace our discharge-notification document including information from both EPMA and CareDirector with an electronic feed into the GP systems using the national message exchange, MESH.

Data from LYPFT is consistent, and used consistently

As data from the Trust is used more often, by more services and organisations, it's important that this is a consistent, 'single source of truth' across internal and external reporting. This will free up capacity through more automation and less time spent understanding the differences between similar reports.

 **How we are getting there**
We are moving towards using the Trusts national data submissions to support local reporting where possible and supporting partner organisations to do the same.



Road map: making sure we deliver

The Digital Plan will be delivered through a Road Map which will set out key actions and milestones for the current year and the next two years, 2023/24 and 2024/25. We will use the Road Map to plan our work, report progress and hold ourselves to account.

Reporting and review

Progress on the delivery of the Road Map and success measures will be reviewed regularly and reported to the following groups:

- a) Informatics Management Steering Group**
 - Road Map actions
 - Outcomes
- b) Executive Management Team**
 - Road Map actions
 - Outcomes
- c) Finance and Performance Committee**
 - Road Map actions
 - Outcomes
- d) Trust Board**
 - Outcomes



Road map

From a service users' perspective

From a service users' perspective

Commitments	Objectives	Objectives 2022/23	Objectives 2023/24	Objectives 2024/25	Governance Group
I can interact with systems to amend appointments or complete forms I can see information about services, conditions and self help	Deployment of a Patient Portal	Deliver technical solution and conduct controlled trials	Presentation through NHS login Trust wide deployment of Patient Portal where appropriate		IMSG Clinical Governance Finance and Performance Committee
I can give information once to a service and know it will be shared appropriately	Develop the link to the Yorkshire & Humber care record	Devise programme to link to the YHCR the Leeds Placed Based Initiative	Deploy link to the YHCR		Leeds Shared Care Record Programme Board IMSG
I can access the support and services I need no matter what my digital confidence, context and capability I can use the systems and trust that they will guide and teach me	Assess and co-design an inclusive digital transformation programme for the Trust	Build an Inclusive Digital Transformation Programme in collaboration with Thrive by Design Trail Framework for Digital Skills from a Patient perspective with Thrive by Design	Deploy and embed the inclusive transformation programme trust wide Roll out Framework for Digital Skills from a Patient perspective with Thrive by Design		IMSG Finance and Performance Committee



Road map

From a staff perspective

From a staff perspective

Commitments	Objectives	Objectives 2022/23	Objectives 2023/24	Objectives 2024/25	Governance Group
I can see whatever interventions have worked in the past I can view all information about the patient electronically, even if this is from old, archived records I can be confident that where paper exists it is digitised quickly and efficiently	Deployment of Electronic Document Management System	Development of technical solution	Roll-out of system trust wide Review of DATIX system	Rollout of EDM system complete Deploy upgrade to DATIX system	IMSG Clinical Governance Finance and Performance Committee
I can access multiple systems easily and no longer need a smartcard	Replace/ retire the need for physical smart cards across the Trust	Evaluate option to upgraded EPMA for communities module under development from Dedalus	Upgrade our e-prescribing system as the community module becomes available	Select and deploy a digital smartcard system to replace physical smart cards	IMSG

From a staff perspective continued

Commitments	Objectives	Objectives 2022/23	Objectives 2023/24	Objectives 2024/25	Governance Group
I can trust the reliability and security of the systems I use	To ensure that Trust defences against cyber threats are affective Migrate key systems away from Trust data centres to Cloud based services reducing our reliance on low secure facilities	Deployment of: <ul style="list-style-type: none">• Password software• Cloud based back-ups• Multi-factor authentication• Privileged Access Management• Phishing exercise software• Migrate key backend infrastructure services to secure Data Centre services• Update Cyber Policies in line with national standards• Employ Cyber team	Assessment against Cyber Essentials + Migrate key backend infrastructure services to Cloud based services		IMSG Finance and Performance Committee Board
When I start with the Trust, I have the digital tools I need	Streamline the process for on-boarding staff		Assessment of the tools available to replace the SW process Trial Framework for Digital Skills from a staff perspective with Thrive by Design Digital Self Assessment tool and digital forum	Joiners Movers Leavers Process Deployment of SW replacement system Roll out Framework for Digital Skills from a staff perspective with Thrive by Design Digital Self Assessment tool and digital forum	People Resourcing and Retention IMSG Finance and Performance Trial Framework for Digital Skills from a staff perspective with Thrive by Design Digital Self Assessment tool and digital forum
LYPFT is not constrained by the physical network infrastructure and location	Flexible but safe access to trust systems from any location	Deployment of Software Defined Wide Area Network	Access to systems directly from the Internet		IMSG Finance and Performance Committee



From a partner perspective

Commitments	Objectives	Objectives 2022/23	Objectives 2023/24	Objectives 2024/25	Governance Group
I can see medication, risk, care plans, and alerts about LYPFT patients in real time including their care team	Present key data generated by LYPFT systems through the Yorkshire & Humber Care Record and Professional Portal	Devise programme to link to the YHCR the Leeds Placed Based Initiative	Deploy link to the YHCR Develop a Professional Portal for Care Director data	Deploy a Professional Portal for Care Director	Leeds Shared Care Record Programme Board IMSG
Patient information held by LYPFT is compared to that held by wider NHS to make sure it is correct	Integration of Care Director with the NHS SPINE	Deployment of Spine connectivity for Care Director trust wide			
Information from LYPFT is sent electronically	Feed data to GP systems directly from Care Director	Send GP letters and patient discharge notifications directly to GP systems			



Top three digital priorities

The top three digital priorities for the Trust are listed below. They reflect the on-going commitment to digital investment and the need to capitalise on the investments already made.

- Optimizing our digital investments through change management, process redesign and making so key decisions
- Investing and deploying Electronic Document Management
- Integrating key systems with our partners and providing Portal access from Care Director to service users and partner professionals



Timeline

Digital roadmap

	2022/23				2023/24				2024/25			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Patient Portal Development												
Patient Portal Deployment												
Professional Portal Development												
Professional Portal Deployment												
Digital Inclusivity Programme (Thrive)												
Electronic Document Management System Development												
Electronic Document Management System Deployment												
EPMA Community Module Development												
EPMA Community Module Deployment												
Cyber Password Software												
Cyber Cloud-Based Back-ups												
Cyber Multi Factor Authentication												
Cyber Proviaged Access Management												
Cyber Phising Exercise Software												
Cyber Server Infrastructure to Secure Data Centre												
Cyber Policy Alignment												
Wide Area Network Upgrade												
Access to systems directly from the internet												
Intergration of Care Director to the SPINE												
GP data feed to and from Care Director												
Yorkshire and Humber Care Record												
Akrivia Data Research												
Joiners Movers Leaver Process												

Timeline

Care Director roadmap

	2022/23				2023/24				2024/25			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Order Comms/Pathology Intergration												
SMS												
NHS Login to Care Director												
GP Comms												
Hand Held Devises for In Patients												
Care Planning development												
SPINE Intergration												
Outlook Intergration												
BigHand Intergration												
Patient Portal Development												
Patient Portal Deployment												
Professional Portal Development												
Professional Portal Deployment												
Widgets and Dashboards												
Akrivia Data Research												
Electronic Discharge Advice Note Development												
Electronic Discharge Advice Note Deployment												
Mental Health Act Issue Resolution	TBD											
Moving SSL to Caredirector	TBD											
Visit Configuration: Forms/clinical structure	TBD											
Digital Care Pathways	TBD											

Timeline

Analytics roadmap

	2022/23				2023/24				2024/25			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Automation of routine reporting												
Upskilling of team												
Technical deficit (modelling)												
Review of analytical products												
Intergrate national data and methods into local reporting												
Support partners in using national resources												
Outcomes reporting												
MHA reporting												
ESR intergration												
CMHT reporting												
Showcase predictive analysis techniques												
Real time DQ reporting												

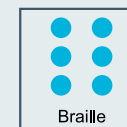
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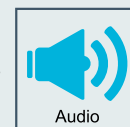
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