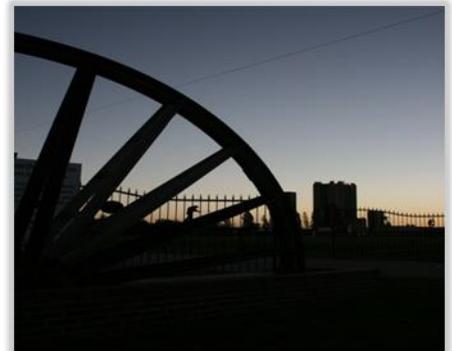


# Bassetlaw Digital Road Map 2016/17



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## INTRODUCTION

The Bassetlaw Local Digital Roadmap (LDR) has been developed by Bassetlaw CCG, on behalf of the Integrated Care Board (ICB) with input and participation from both the Nottinghamshire and Doncaster stakeholders.

Bassetlaw CCG sits in North Nottinghamshire and looks both north and south for services it commissions. Over 80% of acute patient activity flows into Yorkshire at Doncaster and Bassetlaw and Sheffield FT providers. Mental health including CAMHs and community services are commissioned through Nottinghamshire Health Care FT. The CCG is coterminous with Nottinghamshire County Council and is part of the Nottinghamshire Health and Well Being Board and the local Better Care Fund (BCF) strategy.

Bassetlaw CCG is an associate commissioner of Doncaster and Bassetlaw Hospitals NHS Foundation Trust and has worked in partnership over a number of years with the Trust and with the coordinating commissioner Doncaster CCG. Bassetlaw CCG is involved in the IT Strategy and systems developments at Doncaster and Bassetlaw Hospitals.

The Bassetlaw LDR organisations are therefore:

- Bassetlaw Clinical Commissioning Group
- 10 Constituent GP Practices / Primary Care
- Doncaster & Bassetlaw Hospitals NHS Foundation Trust
- Nottinghamshire Healthcare NHS Foundation Trust and Bassetlaw Health Partnership (Community Services )
- East Midlands Ambulance Service
- Nottinghamshire County Council

Local parties are represented on the Bassetlaw Integrated Care Board.

Due to the CCG looking north for its acute services and south for its community and mental health services and social care through Nottinghamshire County Council, Bassetlaw will have a single local digital footprint. It will include explicit links to the DBHFT IT strategy and will ensure consistency with the Nottinghamshire and Doncaster digital road maps where appropriate. The CCG is a member of the Doncaster Health and Care Interoperability Group (DHCIG) and the Nottinghamshire equivalent digital IT infrastructure group. We are already represented at the Records Management Subgroup of Connected Nottinghamshire where Information Governance and Data Sharing issues across Nottinghamshire are regularly discussed.

The CCG has a well-established Integrated Care Board (ICB) which has Chief Executive / Director level representation from all health and social care partners in Bassetlaw and NHS England. IT transformation is a key enabler to integrating care through the Bassetlaw Sustainability and Transformation Place Plan and good progress has been made with the sharing of patient records across primary care, community services and GP out of hours. The ICB is transitioning into an Accountable Care Partnership during the summer and will work with its partners to co-produce the digital plan. The ACP will hold the LDR plan to account from July 2016.

There are strong links between the development of the Bassetlaw LDR and the South Yorkshire and Bassetlaw (SY&B) Sustainability and Transformation Plan (STP). The lead for the Bassetlaw CCG LDR participates in the SY&B LDR leads group, (which includes in its membership the Accountable Officer for the STP Digital Health work stream). Our involvement has supported the alignment of the Bassetlaw LDR with the SYB STP, which is reflected in the shared vision presented later in this document.

During development the LDR has been highlighted in a number of forums including the:

- Nottinghamshire Health and Wellbeing Board (Connected Nottinghamshire Programs)
- Bassetlaw CCG Governing Body
- Bassetlaw Integrated Care Board
- South Yorkshire and Bassetlaw LDR Development Group
- Doncaster and Bassetlaw Hospitals NHS Foundation Trust
- Nottinghamshire Healthcare NHS Foundation Trust Contract Review Meeting

The Bassetlaw Local Digital Roadmap (LDR) has been supported by local partners and following submission at the end of June it will be endorsed through the following committees and forums.

Organisation	Endorsed / Sign Off	Date
NHS Bassetlaw CCG	Governing Body	12 <sup>th</sup> July 2016
Bassetlaw Stakeholders	Bassetlaw Integrated Care Board & Accountable Care Partnership Board	19 <sup>th</sup> July 2016 & 18 <sup>th</sup> October 2016
Nottinghamshire Health Care NHS FT	Bassetlaw / BHP Contract Executive Board	1 <sup>st</sup> July 2016
Nottinghamshire County Council	Nottinghamshire Committee Meeting	September 2016

## OUR VISION

### Bassetlaw Place Plan

Bassetlaw has a well-established Integrated Care Board which has Chief Executive / director level representation from all health and social care partners in Bassetlaw and NHS England. The CCG and its local provider and commissioner partners have a joint commitment to transform the way that care and support services are delivered to local people. The Bassetlaw Integrated Care Board (ICB) was developed in 2013 to drive forward the vision to improve the health and wellbeing of Bassetlaw residents through the integration of health and care across Bassetlaw. The ICB is ready to take a more ambitious approach and plans to transition to an Accountable Care Partnership (ACP) during 2016.

A Memorandum of Understanding will set out the governance arrangements for the ACP and a maturity assessment matrix framework will guide and assess the development of the partnership against a number of important domains. The domains are a balance of the cultural, organisational and professional change needed to integrate the delivery of team-based multi-disciplinary care and support for patients in the health and social care community. This approach will enhance patient care and improve patient experience and outcomes, with essential enablers such as IT system interoperability and financial frameworks in place to facilitate a sustainable change in integrated working over the next few years.

All Bassetlaw partners support the digital vision and that interoperability is vital for service integration. The ACP will co-produce the Bassetlaw Place Plan ensuring cohesion of all our partner strategic priorities. We will do this through a series of facilitated engagement sessions with the ACP members and clinicians and we will align these as appropriate in the SYB STP.

The ACP will then oversee a blend of new commissioning models of integrated care for local people. Early examples of these include:

- Larwood and Bawtry Primary Care Home National Pilot (a form of Multi-specialty community new model of care).
- A provider led response to the commissioner challenge to transform the falls service and improve related outcomes.

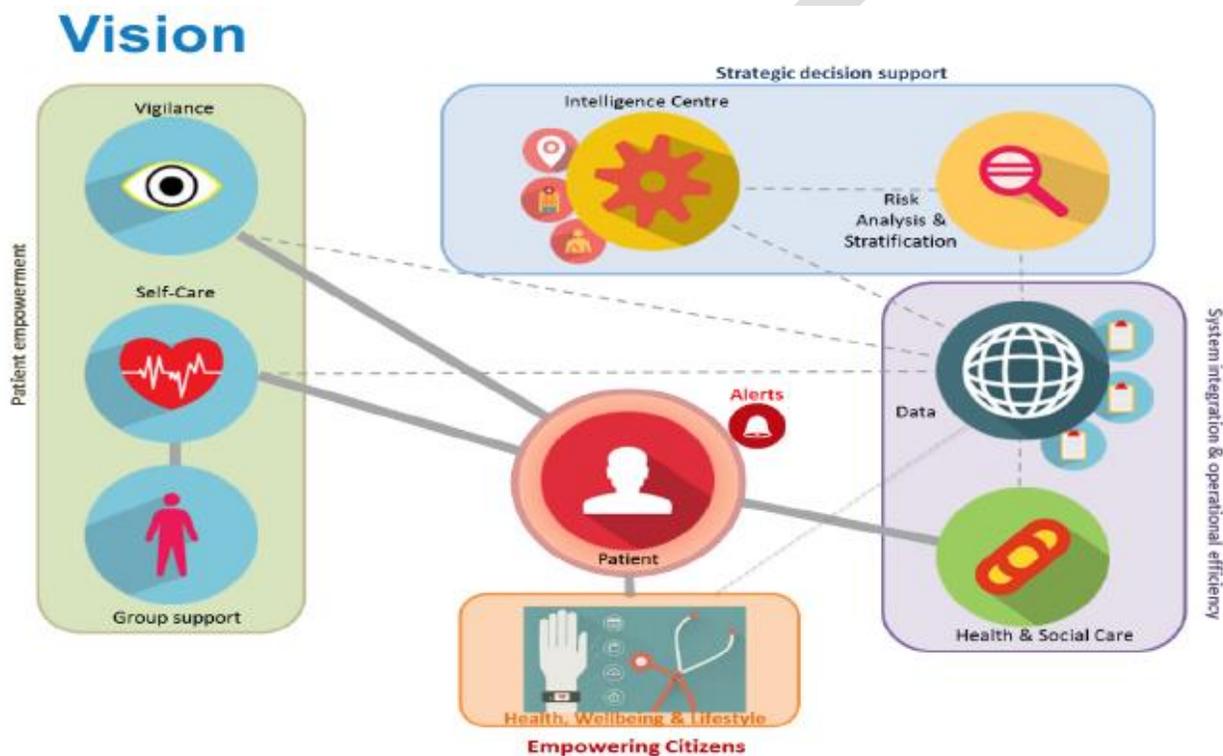
The LDR will facilitate the interoperability of the new models of care and enhance the sharing of patient information and records across the health and social care system.

## South Yorkshire and Bassetlaw Sustainability and Transformation Plan Digital Vision

Bassetlaw's local vision is consistent with the vision set out in the SYB STP digital health strategy which has three essential elements.

### The SYB STP digital health strategy:

- Citizen and Patient Empowerment
- System integration and operational efficiency
- Strategic decision support



Our future technology enabled communities will be characterised by:

- Enabling health and care providers' access to all patient clinical electronic data across traditional boundaries, agnostic of staff employer or organisation. Having a Shared Care Record in place, accessible to clinical staff or those who need it wherever they are, is the single most important change we need to make. As we develop our plans for clinical services across the wider SYB footprint, we will inevitably see more patients moving between organisations to receive care. Therefore it makes sense that our ambition for shared care records extends across this larger footprint. Access to Shared Care Records is particularly important for urgent and emergency care, but such a system would have significant benefits for clinical care. This ambition:
  - will require up to date hardware and wireless networks so that access to data is fast and easy for our citizens, patients, carers, staff or wider health and care communities;

- will require us to develop clear rules within which we operate to ensure appropriate governance and security for patient data as well as interoperability of systems and technologies now and into the future. Consequently data, data management and systems will be subject to agreed national and local standards supporting ongoing interoperability;
  - will incorporate data from multiple sources (including NHS and social care as well as other public and voluntary or charitable organisations) and include citizen generated data from citizen controlled devices and innovations (e.g. Apps);
  - will mean citizens and patients take greater ownership for their health and wellbeing. They will be supported to do this through technology which promotes risk prediction, prevention as well as self-care and management.
- Innovation and learning will be part of our DNA, translated into rapid deployment of technology (e.g. related to access, devices, apps etc.) and signposting where helpful to achieve improved health and wellbeing outcomes. This will need us to also concentrate on improving digital literacy so that interventions help to bridge, not exacerbate, the digital health divide and health inequalities across our broad socio-economic communities. Personal health and wellbeing digital data needs to be as ‘consumable’ for health and care professionals as for citizens and patients in order to maximise potential.
  - Robust population based analytics, supporting risk stratification and system alerts which result in rapid response and appropriate interventions tailored to the individual’s needs.

Within the next five years our system will deliver a new way of supporting and working in partnership with our communities to achieve improvement in health and wellbeing outcomes and address current health and care challenges.

Gap	How we will address the Gap
<b>Care and quality</b>	<ul style="list-style-type: none"> <li>● Shared records offering increased access to relevant, real time, information about a patient by health and care providers as well as patient authorised viewers</li> <li>● Develop interoperability to enable effective transfer of care across providers through e-referral and discharge processes</li> <li>● Promote mobile working of practitioners through Wi-Fi accessibility and roll-out of mobile devices for practitioners</li> </ul>
<b>Health and wellbeing</b>	<ul style="list-style-type: none"> <li>● Patients will have significantly more control over their care, and experience better outcomes through improved treatment and medication adherence as well signposting to appropriate services within their community</li> <li>● Proactive care will reduce frequency of exacerbation, and co-ordinated care will address their health and care needs holistically - including mental health</li> <li>● Promotion of remote monitoring, new forms of consultation (e.g. video, phone) and</li> </ul>

mHealth will also support care based in the citizen's own home, reducing the burden of routine care on patients, their cares and families, and health professionals.

#### Finance and sustainability

- We will develop combinatorial technologies to promote increased efficiency in the ongoing care and management of patients.
- Greater integration of care will mean increased opportunity for admission avoidance
- Increased reliance on validated risk stratification and population analytics will enable more efficient case finding and targeted intervention
- Remote monitoring and surveillance will mean earlier intervention to avoid unnecessary use of secondary care resources and effective use of community based resources
- Better tracking and scheduling of staff resources will enhance operational efficiencies
- Reduced DNAs through easy access to GP booking systems, reminders, patient self-reporting/recording and active self-management

### DIGITAL MATURITY - BASELINE POSITION

As part of the Digital Road Map process, Bassetlaw's main providers carried out the Digital Maturity Assessment, with a summary of the initial findings from the assessment below:

Section	Type	Nottinghamshire Healthcare NHS Foundation Trust	Doncaster and Bassetlaw Hospitals NHS Foundation Trust	East Midlands Ambulance Service	National Average
Strategic Alignment	Readiness	69	80	55	76
Leadership	Readiness	60	60	65	77
Resourcing	Readiness	45	70	45	66
Governance	Readiness	65	70	50	74
Information Governance	Readiness	29	83	38	73
Records, Assessments & Plans	Capabilities	20	30	31	44
Transfers Of Care	Capabilities	22	57	39	49
Orders & Results Management	Capabilities	13	69	28	52
Medicines Management & Optimisation	Capabilities	16	56	0	29
Decision Support	Capabilities	47	17	33	36
Remote & Assistive Care	Capabilities	17	33	17	33
Asset & Resource Optimisation	Capabilities	31	30	17	42
Standards	Capabilities	24	29	43	41

Enabling Infrastructure	Enabling Infrastructure	50	75	61	68
<b>Readiness Average</b>	<b>Readiness</b>	<b>54</b>	<b>72</b>	<b>51</b>	<b>73</b>
<b>Capabilities Average</b>	<b>Capabilities</b>	<b>20</b>	<b>40</b>	<b>26</b>	<b>40</b>
<b>Enabling Infrastructure Average</b>	<b>Enabling Infrastructure</b>	<b>50</b>	<b>75</b>	<b>61</b>	<b>68</b>

These findings will help to prioritise projects that can help to improve on the baseline positions. The following section provides a summary of current and future developments that informed the assessment.

### **Doncaster and Bassetlaw NHS Foundation Trust (DBH)**

DBH's current level of digital maturity for capabilities is consistent with the national average across secondary care providers. Their self-assessment indicates that growth is required in their capabilities for records, assessments and plans, decision support, remote and assistive care, asset and resource optimisation and standards.

DBHFT commenced a programme of work in 2012 to drive forward with several major implementations across the Trust which delivered a new A&E system in 2014 and a replacement Patient Administration System (PAS) in 2015. Following the completion of these system implementations the Trust is now evaluating how it can move forward to better integrate a range of clinical systems across the Trust and how it can share information with partners across the wider health community.

Key recent achievements at DBHFT include:

- Implementation of new 'best of breed' A&E and PAS systems
- Delivery of a combined service for GU Med between RDASH and DBHFT

The key initiatives currently on-going at DBH care are:

- Implementation of an Electronic Document Management System
- Implementation of Electronic whiteboards
- Development of Trust wide clinical viewer
- Implementation of e-discharge summaries
- ICT Infrastructure Upgrade almost complete (including Wi-Fi to all areas).

### **Nottinghamshire Healthcare NHS Foundation Trust - Mental Health**

- Nottinghamshire Healthcare NHS Foundation Trust has recently re-commissioned Rio7 as their primary information system but also use eCPA (document management) and PCMIS to access patient information
- NHCFT have implemented Viper 360 as a tactical solution to support internal integration, building on their Ensemble integration engine.

### **Bassetlaw Health Partnerships (Community Services, NHCFT)**

- All Community Care providers use TPP S1 and use eDSM to support shared records

- Access GP records now greater than 85% availability across Bassetlaw (8 out of the 10 GP Practices use S1)
- With support from the Nurse Technology fund, mobile working has now been rolled out across all Community staff

#### **East Midlands Ambulance Service**

- East Midlands Ambulance Service (EMAS) has access to the Emergency Care Solution to capture electronic patient records, this information is shared with the Nottinghamshire Acute providers in real time but this is coming to an end in 2016/17 with re-planning underway to implement a new system with greater opportunities for integration. We will ensure DBHFT is included in the planning process.
- EMAS use MIS Alert C3, their Computer Aided Dispatch (CAD) system; this is populated with flags from the Nottinghamshire EPaCCS to support EoL care.
- In the rest of Nottinghamshire, the Clinical Assessment Team (CAT) has access to GP Detailed Care Records via MIG. Bassetlaw CCG will be looking to implement the MIG in the foreseeable future.

#### **Nottinghamshire County Council - Social Care**

- Nottinghamshire County Council use the Servalec Framework-i Children's and Adults Social Care system
- Nottinghamshire County Council has made great progress in mobilisation of their workforce through the implementation of TotalMobile. This product is also able to act as an integration engine and has recently completed proof of concept testing for message exchange between health and social care to support discharge planning and reduction of Delayed Transfers of Care (DTC).
- Nottinghamshire County Council has work underway to implement electronic transfers of care (in addition to discharge)
- Nottinghamshire County Council has made excellent progress with NHS number matching and have in excess of 85% of current case-loads matched with NHS number and projects in place to move to real time matching
- Nottinghamshire County Council have plans to enable Child Protection Information Sharing CP-IS during 2016

#### **Primary Care**

All of the general practices in Bassetlaw have implemented the latest version of their chosen GP clinical system and use either TPP SystemOne (8 practices) or EMIS Web (2 practices).

Key recent achievements within primary care include:

- 100% Practices have been switched on for patient online services
- 60% Practices are ETP enabled
- 100% practices have had ICE software implemented to support order comms with Doncaster and Bassetlaw Hospitals NHS FT and allow a view of historic test results

#### **Rate Limiting Factors**

There are a number of rate limiting factors in progressing paper free at point of care delivery across the Bassetlaw footprint. The key factors have been identified as:

- The inability to share coded data between clinical systems due to APIs not being available
- Limited capital funds are available
- Late feedback on capital funding bids delays ability to move forward with IT improvements and efficiencies in a timely manner
- Delayed decisions internally regarding planned projects
- Lack of single clinical system across Trust's can result in reduced functionality including the ability to share data
- Lack of interoperability within the health and social care community
- Limited capacity of internal system development teams
- Lack of available budget to procure additional system development
- Challenging financial situation across STP and need for prioritised investment to deliver savings planned.
- Support from HSCIC working with new IT provider eMBED for commissioning support

## **READINESS ASSESSMENT**

Bassetlaw does not currently have a specific Programme Management Office or project resources. Therefore delivery of the LDR will be managed using the project resources of the partner organisations, including the STP, working together to ensure that changes are managed and communicated effectively. The CCG have a contract with eMBED for Corporate IT and GP IT, with a clear GP IT work plan already in place covering key aspects of GP development as well as maintaining business as usual. The specific projects currently commissioned through this contract are patient online, GP2GP (patient transfers), EPS, E referrals, Summary Care Record (SCR) permission to view, SCR additional information, mobile working, integrated team working, federated working and integration of clinical systems. The current 'in flight' projects are Interoperability Mobile Working, Care Homes Mobile working, GP IT Replacement Programme EPS (Electronic Prescription Service). To support some of this work the CCG has submitted transformation and technology funds bids, for example for the MIG and for mobile devices.

The Integrated Care Board / Accountable Care Partnership will be the forum where delivery of the Bassetlaw LDR will be monitored through CCG update reports on a regular basis.

Over the course of the LDR programme we will review and assess the structure and resources required to support effective delivery through the Integrated Care Board and make changes as required. We will also continue to participate in the development of potential programme/project resources at the SYB STP level, to identify where resources supporting the LDR could be best shared across the wider area.

Currently within our LDR footprint there isn't a common change model or benefits management approach. Following discussions with Doncaster CCG at their Interoperability Group we have identified that the approach to managing technology enabled change and benefits management at an organisational level is generally

informal and does not follow any documented approach. The discussion on benefits management in particular has raised awareness that partner organisations may not currently have the required skills or resources to provide a formal benefits management programme. We recognise that the delivery of our digital roadmap will require these change and benefits management capabilities and we will seek to develop them within our LDR community. These requirements have been discussed at the South Yorkshire and Bassetlaw LDR Leads group and they were noted as a common requirement across several of the constituent LDR footprints. We will therefore also seek to assess if these skills and resources could be provided and shared on a wider footprint.

The existing budgets for IT Capital and Revenue are already over committed throughout Bassetlaw. It is therefore expected that to drive digital maturity further and faster we will need access to additional funding. We have identified the following potential sources for this:

- The Driving Digital Maturity Investment Fund
- The Estates and Technology Transformation Fund
- Prime Minister’s Access Fund
- Additional funding opportunities e.g. through Local Government
- Primary Care Home Funding
- Prioritised investment from any National Transformation fund bids won by STP

Across the extended South Yorkshire and Bassetlaw footprint there is a dedicated work stream looking at IT provision across the 7 acute trusts within this collaboration. There is also the potential to share resource, knowledge, information, learning, skill and so on across this wider footprint. Again, this will be extended with additional pace once the STP for SYB is approved and the Digital Work stream can develop at scale with significant savings expected.

## **CAPABILITY DEPLOYMENT**

Operating Paper-free at the Point of Care is about ensuring health and care professionals have access to digital information that is more comprehensive, more timely and better quality, both within and across care settings. This is defined by the following seven groups of capabilities:

- Records, assessments and plans
- Transfers of care
- Orders and results management
- Medicines management and optimisation
- Decision support
- Remote care
- Asset and resource optimisation

The current level of maturity of Bassetlaw’s secondary care providers for the above groups of capabilities, as assessed by the digital maturity assessment, is detailed below:

Group of Capabilities	Doncaster and Bassetlaw Hospitals NHS Foundation Trust	Nottinghamshire Healthcare NHS Foundation Trust	East Midlands Ambulance Service
Records, assessments and plans	30	47	33
Transfers of care	57	24	43
Orders and results management	69	16	n/a
Medicines management and optimisation	56	13	28
Decision support	17	22	39
Remote care	33	17	17
Asset and resource optimisation	30	20	31

The above baselines are a useful starting point to see what areas are most in need of improvements. A similar exercise is being completed for GP practices and Social Care. The above scores shows that our local stakeholders are all at different places in terms of delivering paper free at the point of care, although from our vision, and the aims of the Integrated Care Board / ACP show we are committed to delivery of digitised and shared care records across Bassetlaw and the wider STP footprint of South Yorkshire and Bassetlaw.

Appendix 4 shows the Capability Trajectory summary and provider breakdown.

## UNIVERSAL CAPABILITIES DELIVERY PLAN

The Bassetlaw health and care system will make progress on the 10 universal capabilities, listed below:

- Professionals across care settings can access GP-held information on GP prescribed medications, patient allergies and adverse reactions
- Clinicians in urgent and emergency care settings can access key GP-held information for those patients previously identified by GPs as most likely to present (in U&EC)
- Patients can access their GP record
- GPs can refer electronically to secondary care
- GPs receive timely electronic discharge summaries from secondary care
- Social care receive timely electronic Assessment, Discharge and Withdrawal Notices from acute care

- Clinicians in unscheduled care settings can access child protection information with social care professionals notified accordingly
- Professionals across care settings made aware of end-of-life preference information
- GPs and community pharmacists can utilise electronic prescriptions
- Patients can book appointments and order repeat prescriptions from their GP practice

Our approach for addressing each of these capabilities is detailed in the Universal Capability Delivery Plan templates in Appendices 2 and 3. The delivery plan details the baseline, ambition, key activities and approach to evidencing progress for each of the capabilities.

## **INFORMATION SHARING**

Bassetlaw CCG participates in the Nottinghamshire Records and Information Group which has been established since 2013 and has brought together the Information Governance leads from all Health and Care providers and commissioning leads. Led by a GP and Caldicott Guardian and with additional clinical support this group has made significant progress in supporting the improvements in information sharing needed for direct care. Through the production of system wide Guidance Notes the Group supports whole system change under the overarching framework of the Nottinghamshire Information Sharing Protocol.

The CCG has also signed up to the Yorkshire Inter-Agency Information Sharing Protocol. This protocol covers the sharing of person-identifiable confidential data, with the individual's express consent, unless a legal or statutory requirement applies.

One of the projects Bassetlaw CCG is looking at implementing is the roll out of the Medical Interoperability Gateway (MIG), which is already in place in the rest of Nottinghamshire and Doncaster are looking to roll this out this year. Therefore to ensure consistency, Bassetlaw CCG will work with both these areas to introduce a common approach, aligned to the process that the areas have put in place.

As part of our work within the wider SYB footprint we recognise the need to have a shared approach to information sharing (through both an information governance framework and technical solutions). Our intention is to engage in a wider joint approach across all SYB (or wider) health and care organisations and we will be seeking to take this work forward within the SYB STP governance arrangements.

In order to extract the most value from the sharing of information, the SNOMED-CT and Dictionary of Medicines and Devices (dm+d) information coding standards will have to be rolled out across the health and care systems.

The National Information Board (NIB) has specified that SNOMED CT is to be used as the single terminology in all care settings in England in order to support a single common terminology in electronic integrated care records moving forward. To support this work Connected Nottinghamshire has commissioned a data quality business analysis exercise across Nottinghamshire (currently in progress) to confirm the current position in relation to data quality and records management. The output from this work and its recommendations for improvement will identify the work that is required in order to be ready for the adoption of SNOMED and the standardisation of systems to the NHS Dictionary of Medicines and Devices (dm+d) before 2020. Moving

forwards all system procurements and developments will be in line with this set of standards. In order to meet the SNOMED standard in the initial phases of delivery it is expected that translation from one coding nomenclature to another is likely to be required.

The current level of adoption of the NHS Number across health and care providers in Bassetlaw is shown in the table below:

Provider	% records in key systems	Action Plan
DBHFT	84.2%	Since the Trust adoption of their new spine connected PAS in October 2015 the % of records with a verified NHS number has risen to 98% for records with activity since system implementation.
NHTFT	IP & OP records 99% +	
Nottinghamshire County Council	85% + active caseload	Projects in place to move to real time matching

## INFRASTRUCTURE

In 2015/16 the CCG began to develop its Wi-Fi potential across its constituent practices with the rollout of a number of wireless access points into each general practice. This provides corporate access to the N3 network for IT managed devices. At the same time trusts within the Working Together Programme (WTP) have piloted a reciprocal wireless roaming project, referred to as 'NHSroam', that enables member trusts to access Wi-Fi in other member trusts' sites across the South Yorkshire and Bassetlaw footprint.

At present there are only a relatively small number of wireless devices that are able to take advantage of this enabling technology and the CCG is looking to extend this during 16/17 and beyond. A bid is currently being prepared to develop mobile working with the purchase of additional laptops and/or mobile devices to facilitate agile working.

Work is also underway across some of our partners to review the wider requirements of wireless interoperability leading up to the provision of a public wireless solution in line with the 2020 digital vision. Outputs from this will help shape our future vision and roadmap for Wi-Fi.

NHSmial is widely used across Bassetlaw and we await further developments with NHSmial2 as we see the additional collaboration features, such as IM, conferencing and potential file sharing elements as essential tools to save valuable clinical time as well as increase the quality and care delivered to patients.

## **MINIMISING RISK ARISING FROM TECHNOLOGY**

All partners within the Bassetlaw LDR footprint have their own well established Information Governance functions and will remain responsible for minimising risks associated with data security, clinical safety, data quality, data protection, privacy, business continuity and disaster recovery.

The routine reporting of risks and issues has been established at the Doncaster Interoperability Group and we will use this process to ensure that key risks to LDR delivery and operation are communicated across the footprint and mitigated as appropriate. In addition as part of our LDR development we have commenced discussions on the establishment of a footprint wide Information Governance Group, operating as sub-group to the Interoperability Group.

We have also recognised that there is the opportunity for working more collaboratively on the wider STP footprint to support this agenda and we will continue to engage with partners across this wider area. DBH have confirmed that they intend to implement GS1 standards on patient wristbands during 2016/17.

Undoubtedly there will be several risks and opportunities inherent in such a complex programme as the digital roadmap spans several organisations within a health and social care economy. The following are the initial risks identified which will require further analysis to provide control mechanisms and mitigations:

- Capacity
- Lack of engagement
- Project fatigue
- Duplications
- Financial management
- Too many changes also change on top of change
- Stakeholder resistance
- Benefits realisation

## **CONCLUSION**

Bassetlaw's LDR straddles both the Connected Nottinghamshire and South Yorkshire and Bassetlaw boundaries. All Bassetlaw partners support the digital vision and that interoperability is vital for service integration, and there is a continued desire and willingness to work together across the organisational boundaries under the mature governance arrangements that are in place to deliver our vision.