Working with you to make Sheffield
HEALTHIER

Sheffield Local Digital Roadmap

June 2016

Co-ordinated by Sheffield CCG with contributions from the following Sheffield Health and Care Organisations:

Sheffield Teaching Hospitals NHS Foundation Trust

Sheffield Health and Social Care NHS Foundation Trust

Sheffield Children's NHS Foundation Trust

Yorkshire Ambulance Service NHS Trust

Sheffield City Council

NHS Sheffield Clinical Commissioning Group

NHS Sheffield CCG Digital Roadmap – Narrative

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1 General

1.1 The NHS Sheffield CCG Digital Roadmap outlines a compelling vision for the transformation of local digital and technology capability to meet the needs of our local community. This vision has been developed through ongoing engagement across our Sheffield community and wider Sheffield City Region over the past 6 months and is testament to our well established partnership arrangements and collaborative approach.

1.2 The development of the Sheffield Local Digital Roadmap (LDR) has been generated through ongoing formal governance mechanisms with key partners across the city. These have included Sheffield Hospitals NHS Foundation Trust, Sheffield Health and Social Care Trust, Sheffield Children's Hospital, Yorkshire Ambulance Service, Sheffield City Council, Primary Care Sheffield and eMBED Health Consortium (providing CCG commissioning support for IT). Collaborative groups established to facilitate these discussions have included a monthly Digital Roadmap Development Group and an Information Sharing Framework Group. These groups comprise senior technical IT leads, senior managerial representatives as well as information governance leads. Senior clinical leadership from the CCG has been provided by the NHS Sheffield Clinical Director with responsibility for IT and Informatics who is also the organisational Caldicott Guardian.

1.3 To ensure there is absolute alignment with our wider South Yorkshire and Bassetlaw Sustainability and Transformation Plan (SYB STP) Digital/IT workstream, there has also been close collaboration in the development of LDRs across the five SYB Clinical Commissioning Groups (CCGs) via an established forum coordinated by NHS Sheffield CCG. Consequently, whilst all five 'place based' LDRs clearly reflect specific priorities based on local 'place', there is a high level of consistency in relation to the overall vision and ambitions for increased digital maturity across the SYB footprint. Key CCG leads for the development of the SYB STP Digital Chapter and

local Digital Roadmaps have therefore ensured a high level of strategic consistency. This leadership has comprised both clinical and non-clinical leaders across the SYB footprint.

1.4 NHS Sheffield CCG has played a key role in the development of the SYB STP Digital Chapter and constituent programme requirements in a Workstream Lead capacity. This has supported consistency of approach in terms of scope and delivery expectations across these key strategic documents.

1.5 The Sheffield LDR has therefore had a significant level of engagement and scrutiny throughout its development. Formal consideration and approval of the Sheffield LDR has taken place within the CCG and our partner organisations via the following mechanisms:

Mechanism of Approval	**Organisation**	**Date of meeting**
Governing Body	NHS Sheffield CCG	5 May 2016
Commissioning Executive Team		21 June 2016
Health and Wellbeing Board		9 June 2016
Chief Operating Officer and Medical Director	Sheffield Children's Hospital	22 June 2016
IM&T Strategy Board		May and June 2016
Exec Management Team (EMT)	Sheffield City Council	July 2016 (Provisional)
Trust Executive Group	Sheffield Teaching Hospitals	29 June 2016
Executive Directors Group	Sheffield Health and Social Care Trust	24 June 2016

2 Vision

2.1 Our strategic ambitions for Sheffield demand a more mature digital and technologically enabled environment. These ambitions, at set out in our NHS Sheffield CCG Operational Plan 2016/7 and our Sheffield STP (Shaping Sheffield), include a fundamental shift in the way care is delivered.

2.2 We wish to move from a secondary health care focussed system to one in which it is the norm for health and care to be delivered within communities, closer to where people live, and which support people to stay healthier for longer. Prevention plays a key role in this vision, recognising the primary and secondary determinants of health and wellbeing as well as the need to develop our community assets in order to enable citizens with long term conditions to remain independent for as long as possible. We want to develop a strong neighbourhood approach to designing local comprehensive health and care communities; the GP practice will be a coordinator of community assets, working in partnership with other sector organisations as well

as with the citizen, patient, their carers and families to ensure that not only does the responsibility for health and wellbeing remain with the individual, but that when support is needed it is appropriate and proportionate to that need.

2.3 Our strategic approach has been generated by actively listening to our local community and stakeholders. But we have extended our scope of engagement to focus not only on questions of system design but also on the specific aspects of digital and IT development that will enable it.

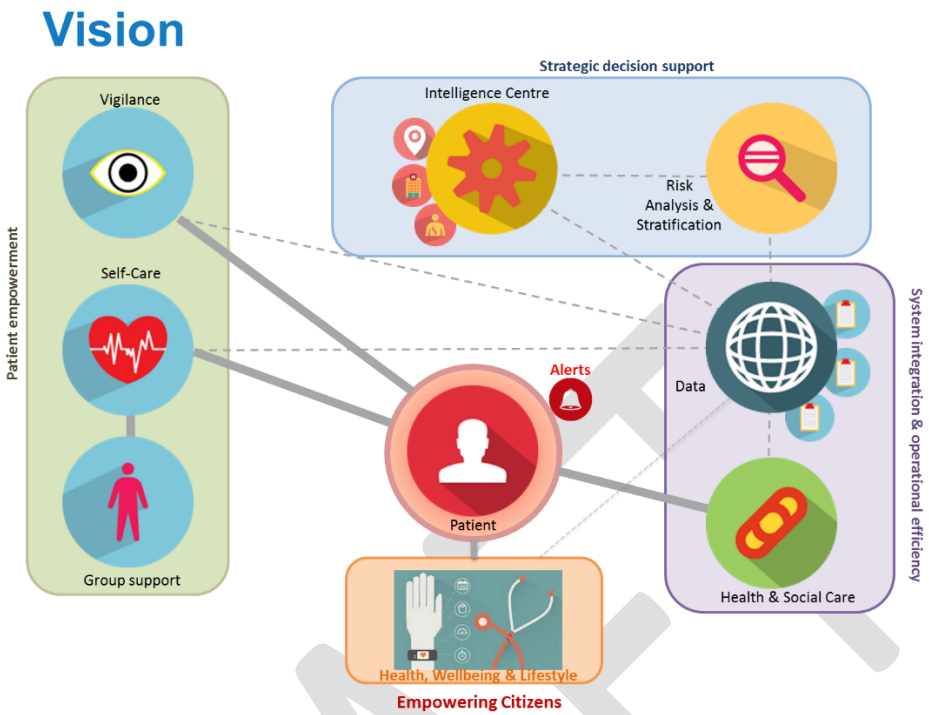
2.4 Specific engagement initiatives linked to our digital and technology capability elicited some of the key challenges experienced by patients, clinicians and health and care practitioners across our current environment. This feedback supported our understanding of the specific issues that our LDR and SYB STP Digital Chapter need to address. These events, stimulated by the development of our LDR and our Test Bed Programme, have engaged over 150 stakeholders over the past 6 months across patient, public, voluntary, charitable, commercial, provider and commissioning sectors including a wide array of clinical and non-clinical staff across acute and primary care sectors. Key requirements emerging from this engagement include the need for shared health and care records, mobile working (including WiFi and remote devices for staff) and accelerated use of technology to promote ill-health prevention and support people to look after their own health and wellbeing (e.g. risk stratification). Further detail on our engagement initiatives and feedback can be found in Appendix 1.

2.5 Consequently we know that our communities need to facilitate people working fluidly, across organisational silos – this includes all those involved in supporting the health and care needs of citizens as well as organisations and individuals supporting people to live healthier, happier lives impacted by issues such as employment, housing, education etc. We also need to identify those people who need support as early as possible so that we can target resources where they will have maximum impact. This could be via predictive analytics as well as system alerts for when individual health metrics deteriorate outside acceptable parameters. These services therefore need to be based on real-time data, from multiple potential sources including patient owned data. Data must be appropriately secured and managed, with 7 day access to records made more simple and comprehensive for those legitimately involved in the care and wellbeing of the individual. In order to support all of the above, we have also recognised the need for shared governance arrangements, with a single operating framework governed by shared information and IT standards and policies.

2.6 Our vision for a technologically and digitally enabled health and care system across Sheffield (endorsed through our SYB STP Digital engagement processes) is therefore comprised of three elements:

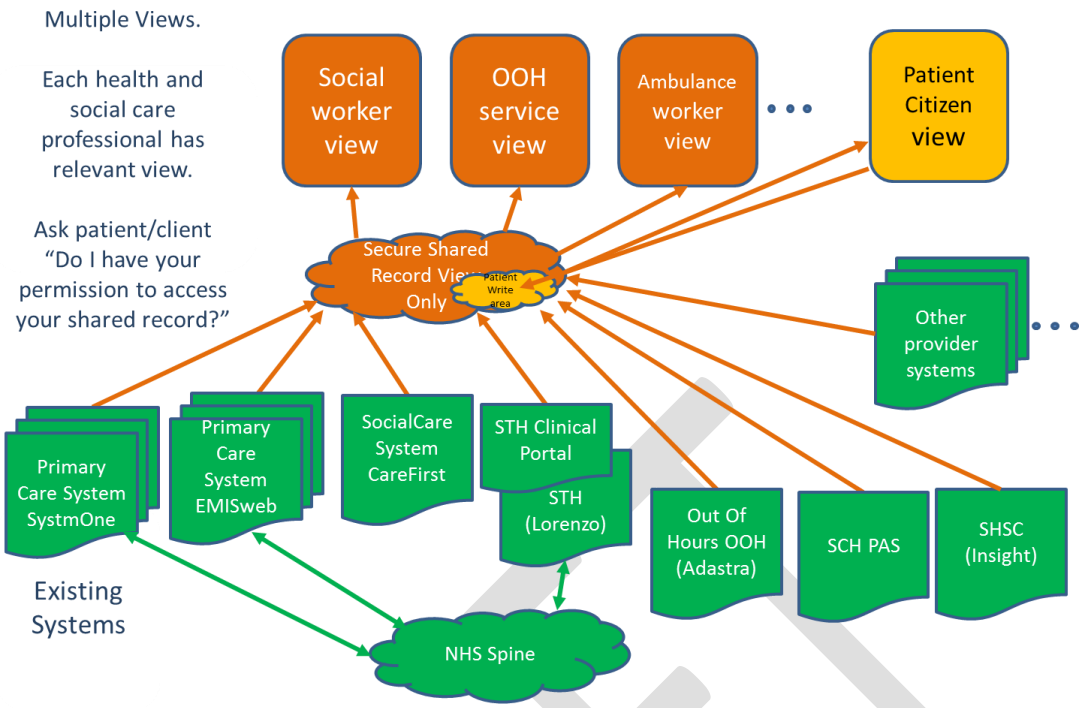
- Citizen and Patient Empowerment
- System integration and operational efficiency
- Strategic decision support

2.7 A diagrammatical representation is given below:



2.8 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.

2.9 Our vision responds to our key challenges as a local health and care community within Sheffield. As indicated in Appendix 1, having a Shared Health and Care Record in place, accessible to clinical staff or those who need it wherever they are, is the most urgent challenge our stakeholders have requested we respond to. An illustration of shared care capability for Sheffield is given below.



Potential Shared Record Diagram - MW 4 May 2016

2.10 Other key challenges that need for focus in 2016/7 onwards include:

- Development of up to date hardware and wireless networks (including WiFi) so that access to data is fast and easy for our citizens, patients, carers, staff or wider health and care communities; and includes increased deployment of mobile devices for staff operating within and across our local communities
- Development of 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
- Promoting self-care and management, ensuring data from multiple sources (including citizen generated data from citizen controlled devices and innovations (e.g. Apps) that emerge from our Test Bed Programme) helps build a comprehensive understanding of the health and care needs of our population. This will enable our citizens to take greater ownership for their health and wellbeing and support to do so through technology which promotes risk prediction, prevention as well as self-care and management.

2.11 Within the next five years our system will therefore 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 that go beyond current LDR competency expectations. The seven Paper Free at Point of Care (PF@PoC) capabilities, as well as the 10 universal capabilities, will underpin many aspects of the above but we will go further and faster where our local priorities dictate that this is necessary.

2.12 In seeking to deliver these capabilities, and accelerating where appropriate to meet our local ambitions, we will address the three national challenges of closing the health and wellbeing gap, closing the care and quality gap and closing the finance and efficiency gap as follows:

Gap	How we will address the Gap
Care and quality	• Shared records offering increased access to relevant, real time, information about a patient by health and care providers as well as patient authorised viewers • Improved interoperability to enable more effective and efficient transfer of care across providers (e.g. through e-referral and discharge processes) supporting reduced waiting times and access to appropriate support • Promote mobile working of practitioners through Wi-Fi accessibility and roll-out of remote working solutions for practitioners • Use population data to help identify and provide evidence for best practice and quantitatively assess quality outcomes • Ensure better informed clinical decisions enabling more appropriate cost effective and safe care (e.g. avoiding drug contra-indications) as well as support for safeguarding • Improved patient experience through not having to repeatedly provide clinical details and not having to undergo unnecessarily repeat clinical tests
Health and wellbeing	• 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 • Increased citizen, patient and carer awareness of, and involvement in, health and care support and delivery will result in better knowledge about condition management, better self-care and achievement of patient determined outcomes • Increased interoperability and strategic system intelligence will support proactive care. This will reduce the frequency of exacerbation, and support co-ordination of care to address health and care needs holistically - including mental health • Promotion of remote monitoring, new forms of consultation (e.g. video, phone) and mobile health (mHealth) will also support care based in the citizen's own home, reducing the burden of routine care on patients, their carers and families, and health professionals
Finance and sustainability	• We will develop combinatorial innovations (including technologies as well as service changes) 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 and resources will enhance operational efficiencies (e.g. via OrderComms, e-rostering, e-prescribing etc.) • Reduced DNAs through easy access to GP booking systems, reminders, patient self-reporting/recording and active self-management • Clinicians able to use their time more effectively through the use of technology.

2.13 As a key enabler for generating commercial partnerships and promoting innovation in order to meet our priorities across Sheffield and the wider Sheffield City Region our Test Bed Programme offers a unique opportunity. Through the Test Bed, and by identifying good practice across our SYB partners, innovation and learning will be part of our DNA for digital maturity. The Test Bed allows us to translate 'early wins' in Sheffield into rapid deployment of technology across our wider footprint where it makes sense to do so (e.g. related to access, devices, apps etc.).

2.14 However, as well as IT innovations, working with our Sheffield partners will enable us to develop more sophisticated signposting for citizens and patients where helpful to achieve improved health and wellbeing outcomes. In order to maximise the potential of this, as well as ensure sustainable change for the way in which our staff work collaboratively across and within Sheffield communities, we will need to also concentrate on improving digital literacy so that interventions help to bridge, not exacerbate, the digital health divide and health inequalities across our population. 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 the benefits of such developments. We recognise that we must ensure no sections of our community are disadvantaged as a result of our technological development and that we remain consistent in meeting our statutory equality duties.

2.15 More work is underway to define the specific digital and IT developments necessary across our transformational programmes beyond the immediate period. Hence, our LDR is more granular within year (2016/7) based on existing delivery expectations. A summary of the benefits we expect to realise as a result of our enhanced digital and IT maturity across SYB are indicated below:

	Main Beneficiaries	Benefits description
Health and Care	Patients	• Increased achievement of citizen self determined outcomes. • Increased health and care support delivered out of hospital. • Improved digitally enabled and engaged individuals.
	Patients, carers, families	• Holistic, person centred and co-ordinated care. • More responsive system, using data analytics to identify need and appropriate interventions to maximise outcomes • More digitally enabled and engaged carers, families and communities to support patients in their self care and management
	Health and care professionals	• Increase in digital/technology engagement supporting care delivery. • Increased efficiency in deployment of health and care resources. • Reduced administrative burden on health and care providers. • Increased job satisfaction.
Economic	NHS and social care providers and commissioners	•Reducing unnecessary activity. •More effective use of resources. •Potential savings from reduced NEL. •Improved citizen independence and ability to engage in economically productive activity and employment
	Innovators / healthcare industry	• An 'eco-system' for testing / refining of technologies in a 'real world' environment. • Growth of technology within our local NHS with potential for spread. • Growth of innovator organisations. • Growth in commercial/public sector partnerships.
	SYB	• Increased labour productivity. • SME growth potential as part of our Social Value agenda.
Social	People with LTCs	• Increased empowerment, self management and control evidenced through patient activation and other measures or person reported outcomes. • Reduced social isolation. • Improved quality of life.
	All citizens	• Reduction in health inequalities within as well as across our region. • Reduction in premature/avoidable deaths.

2.16 We are currently consolidating the establishment of more robust pan-Sheffield governance arrangements through the Sheffield Transformation Board. Under current arrangements, our Digital/IT Work stream will be a key delivery body reporting into the Board. The work stream, represented by a senior level multi-stakeholder group of IT/digital leads from across Sheffield (including Chief Information Officers) will act as the primary force for driving and enabling digital and technology maturity as part of our wider system transformation programme as well as providing oversight of delivery of our LDR and associated milestones.

2.17 A similar 'parent' governance arrangement will apply to our strong partnership arrangements across our wider SYB footprint. The Digital/IT Work stream within the SYB STP governance architecture brings together Executive level representation from across commissioner and provider organisations within the geographic patch. This will ensure ongoing strategic review of delivery of IT and digital maturity as indicated across the current 5 LDR footprints (Barnsley, Bassetlaw, Doncaster, Rotherham, and Sheffield) and our SYB STP Digital Chapter in order to make the progress we need to deliver sustainable transformation beyond 2016/7. Following submission of the SYB STP on 30th June, feedback will support our review of these arrangements to ensure they remain fully inclusive and representative of the communities we seek to represent and serve.

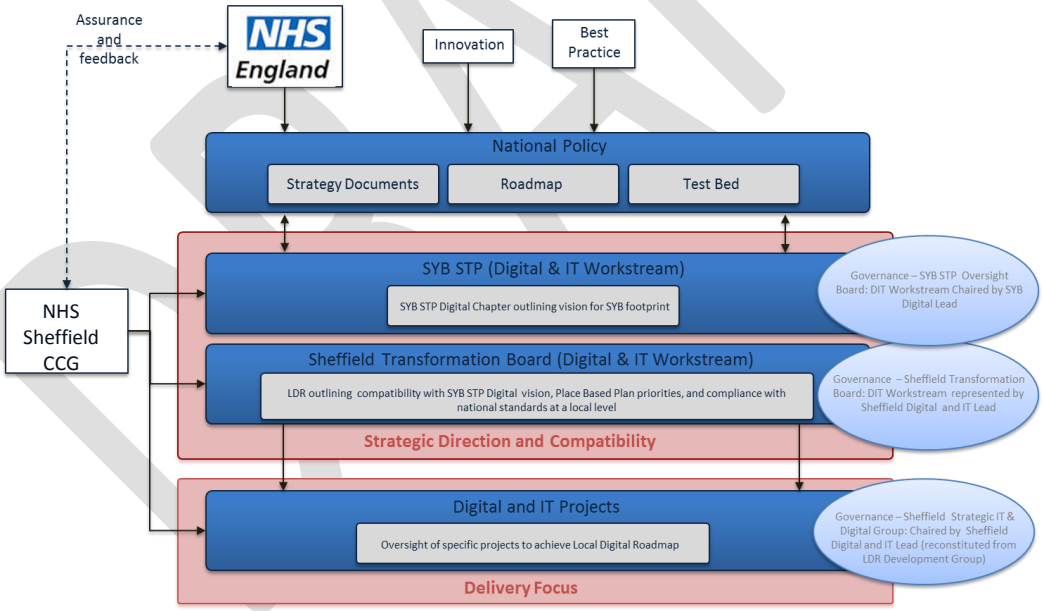
2.18 The importance of digital/IT development to achieve sustainable transformation is fully appreciated by senior leaders. Indeed there is already a strong history of collaboration and leadership across provider organisations to promote inter-organisational interoperability via the Working Together Provider (WTP) and Working Together Commissioner Collaborative groups. The WTP group has continued to support a dedicated work stream looking at IT provision across

the 7 acute trusts within the collaboration. It is anticipated that such a collaborative approach will continue under the auspices of the newly constituted SYB STP governance arrangements.

2.19 Consequently, we will continue to work collaboratively across Sheffield and in partnership with our wider constituency of interest across South Yorkshire and Bassetlaw in order to ensure we achieve the right scale for digital/IT innovation without losing sensitivity to addressing local priorities. Our Test Bed Programme will be critical in this respect.

2.20 The level of maturity within and across our geographical boundaries means we need to ensure we deploy limited resources where impact will be greatest. Technology and digital developments are best supported where organisational and geographical boundaries are secondary considerations when seeking to solve patient focussed challenges. In this respect we have designed governance arrangements that facilitate a collaborative approach to ensuring future investment decisions, whether linked to leadership, technical expertise, project management, system architecture design, infrastructure financial investment etc. are fully aligned to maximise opportunities for benefits realisation across our wider region as well as locally.

2.21 A high level representation of this proposed overarching governance structure for oversight of digital/IT delivery is below:



2.22 As part of these processes, the need to ensure that digital and IT development is considered within a wider transformational change programme with sufficient focus on organisational development and workforce initiatives (e.g. leadership, coaching, change management and resilience, team working, skills development, training, talent management, digital literacy etc.) is well recognised.

2.23 Cross cutting workstreams related to workforce development and Organisational Development support have been built into each of the Sheffield Transformation Board as well as the SYB STP governance architecture. These are in addition to dedicated Communications and Engagement expertise which will be another key element in supporting information governance frameworks to underpin future digital/IT maturity.

3 Baseline Position

3.1 Our capability plans for 2016/7 to 2020 are informed by the baseline assessments of digital maturity undertaken by our key provider organisations in January 2016. A summary of the baseline assessments for Sheffield is indicated below.

Question	National (Dataset)	Acute (Subset)	Mental Health (Subset)	Community Health (Subset)	Ambulance (Subset)	Social Care (Subset)	SYB average	Sheffield average	Sheffield Children's NHS Trust		Sheffield Health & Social Care NHS Foundation Trust		Sheffield Teaching Hospitals NHS Foundation Trust		Yorkshire Ambulance Service NHS Trust	
	Average Score	Average Score	Average Score	Average Score	Average Score	Average Score	Average Score	Average Score	Score	Answer	Score	Answer	Score	Answer	Score	Answer
Records, Assessments & Plans	44%	45%	45%	43%	44%	38%	40%	42%	21%		78%		29%		39%	
Transfers Of Care	48%	43%	51%	47%	56%	52%	35%	28%	15%		44%		21%		30%	
Orders & Results Management	55%	54%	56%	55%	64%	69%	35%	33%	41%		19%		62%		11%	
Medicines Management & Optimisation	30%	31%	26%	29%	31%	22%	24%	32%	25%		67%		18%		16%	
Decision Support	36%	35%	35%	36%	38%	40%	35%	27%	13%		50%		17%		28%	
Remote & Assistive Care	32%	32%	32%	32%	38%	36%	22%	36%	8%		17%		42%		0%	
Asset & Resource Optimisation	42%	42%	42%	42%	52%	49%	32%	50%	0%		45%		55%		50%	

3.2 This demonstrates a mixed picture in respect to the average baseline scores for providers in Sheffield across the seven capabilities for operating PF@PoC. Whilst Sheffield has made above national average progress in respect to Asset and Resource Optimisation, Remote & Assistive Care and Medicines Management, there is clearly a lower level of average capability in respect to Transfers of Care and Orders and Results Management. There is also considerable variation across our provider landscape with the potential for the average to be increased on the basis of a single high level of reported assessment, for example Medicines Management.

3.3 Notwithstanding the need for individual providers to accelerate internal organisational efficiencies and investment in their own digital/IT infrastructure – especially where they benchmark poorly in relation to their national peers – there is evidently a role for our wider collaborative approach to identify where future investment (time/resources) might be best directed to support our shared transformational objectives.

3.4 For the purposes of supporting our Sheffield transformation agenda, remaining consistent with our local priorities as well as the achievement of national standards, we consider the need for increased focus for the immediate period on:

- Shared records
- Remote working (incorporating Wi-Fi and Mobile devices)

- Transfers of Care
- Medicines Management
- Prevention (incorporating Risk Stratification and data analytics)

3.5 There is evidently also considerable variation in capability across each of our key provider organisations, with some significant areas for progress in respect to Remote and Assistive Care (YAS), Asset and Resource Optimisation (SCH) for example.

3.6 **Primary Care**

3.7 Current baseline assessment: There are 85 GP Practices in Sheffield, affiliated to four Locality bodies based upon a geographical distribution of the city. There is a range of digital maturity across these practices. There are currently 2 dominant clinical systems in use (EMISweb-25% and TPP SystmOne-75%) with a range of document management systems. There is currently a move towards paper light and paperless working in some practices. Most practices are already operating 'paper free at the point of care' with no reference to paper based notes during patient consultations. Despite developments towards paper light and paper less working, there is still a reliance on fax communication in some areas.

3.8 Key recent achievements within primary care include;

- 99% of practices have taken up use of the Medical Interoperability Gateway (MIG) to enable real time sharing of clinical data
- STH has live access to primary care records via MIG links to their Clinical Portal
- Primary Care have access to Secondary Care test requests and results reporting via ICE
- More than half of practices achieved 90-100% of tests transferred electronically for Pathology and Cytology in January 2016
- Some practices have moved towards paperless/lite running
- Approximately 67% of referrals to STH are via e-Referrals as at April 2016 (based on CCG reporting)
- 66/83 practices using EPS2
- 16.9% of patients enabled to electronically view/order repeat prescriptions
- 1,119 patients were registered for detailed coded record access for SystmOne practices as at April 2016

3.9 Current initiatives within primary care for 2016/7 include:

- Plan to share Primary Care Records between practices / multidisciplinary team in shared Neighbourhood working areas via EMIS web / TPP SystmOne interconnectivity, or by extending use of MIG
- Roll out of MIG record viewer to wider system including SCH, SHSC, and SCC
- Development of practice reporting system including validation/expansion of risk scoring algorithms and case finding; management of citizen health and care demand and resource utilisation efficiencies through robust neighbourhood business intelligence systems
- Plan to support remote working through the purchase of additional laptops, and the installation of Wi-Fi in practices
- Minimum 10% of patients registered for online services at each GP Practice for 2016/17 (rising to 20% in 2017/18)
- Develop a collaborative approach towards paperless/lite running across all Practices
- Development of a single consent model across all Sheffield practices with associated data sharing agreements

- CCG Prescription Ordering Line (POL) pilot live with 5 practices as Jun 2016. To be extended to 3 more practices. This provides the central handling of repeat prescription requests on behalf of practices (the overall aim is to reduce the number (and cost) of items prescribed).

3.10 **Sheffield Children's Hospital NHS Trust**

3.11 Current baseline assessment for PF@PoC capabilities is as follows:

Core Capability	Maturity Q1 2016/17 Status
Records, assessments and plans	Immature
Transfers of care	Very Immature
Orders and results management	Immature
Medicines management and optimisation	Immature
Decision support	Very Immature
Remote care	Very Immature
Asset and resource optimisation	Very Immature

3.12 However, the Trust is keen to accelerate its digital maturity and has already embarked upon a large programme of initiatives in order to improve its internal infrastructure. Key recent developments are highlighted below:

Area of work	Action for 2016/17
EDMS clinical currently underway	Implement
EDMS corporate	Consider
Public WIFI	Extend
Erostering	Implement
Virtualisation of desktop/ virtualisation of applications	Extend/accelerate
Core network infrastructure/WIFI	Upgrade
Analogue phone replacement	Finish project
Mobile device management	Implement
Shared care record for SCH internal use (a core enabler towards the Sheffield wide shared record)	Commence implement
Shared care record with Sheffield / extend Medway functionality	Consider/ Bcase construction
Alerting for the sick child	Nurse dependency, PEWS create
Order comms	Bcase construction

Scheduling	Consider
Eprescribing/Med Management	Bcase construction
Discharge summaries	Implement
Link Theatre system to PAS	Implement
Cancer data set system	Procure/implement
Laboratory system	Consider
TPP reprocurement	April 2016
MIG/CP-IS/PDS/SCR/Prescriptions consolidated view	Consider/Implement
PACS re procure	August 2016
E-Observations / Alerting	Consider/Implement
Patient portal / apts. / records	Consider
NHS Roam	Finish
Social services data sharing	Finish
Consolidation of TCS service	Commence
Mobile working expansion	Continue
Single sign on	Commence
Innovation hub	Commence
Transformation projects	Commence
Bedside devices	Commence
Telephony links	Leave until 2017/18
Refurbish Old Build	Consider
Windows 10 migration	Consider
Data centre move /upgrade	Consider
Cyber security programme	Commence
Electronic referrals	Consider
Software as a service	Leave until 2017/18
Cloud data storage	Leave until 2017/18
External telephony service	Leave until 2017/18
Video appointments / long term patients	Consider /plan
Direct care technology / Self care tools	Consider /plan
Unified communications system	Consider/Plan Options possibly via EOBS/Care flow
Working together procurement programme	Consider

3.13 **Sheffield City Council**

3.14 Our Local Authority has also undertaken a self-assessment of its digital maturity. This, again, suggests considerable opportunity to improve sharing of records between health and care professionals in Sheffield. For example, whilst there has been progress in respect to Transfers of Care, there is still limited systematic electronic transfer of data/documentation by the local authority (typically only 21-40% of cases transferred by fax or email for adults) or from other health and care providers to the local authority (again, typically 21-40%). There are also minimal electronically notified alerts to social care professionals of client preferences or levels of risk or indeed remote/virtual advice or communications.

Sheffield City Council (SCC) are engaged with exploring a technical option which should hopefully

provide an opportunity to connect to the CPIS (Child Protection Information System) without an N3 Connection. They are also committed to piloting the Information Sharing Gateway with Partners which should make stages around Information Governance more effective and efficient.

3.15 **Sheffield Teaching Hospitals**

3.16 The Foundation Trust covers 2 main campuses and 5 main hospital sites, as well as Community Services across the city. The Trust has established significant IT governance arrangements and maintains a current clinically focused technology strategy. It has an advanced order communications solution and recently re-procured its PACS solutions system. In the last 12 months, Sheffield Teaching Hospitals (STH) has gone live will significant new foundation technologies and will leverage these in its path to attaining PF@PoC. These technologies are based on the Lorenzo electronic patient record, Orion clinical portal and electronic document management solutions.

3.17

Core Capability	Maturity Q1 2016/17 Status
Records, assessments and plans	Very Immature(The capability will be configured within EPR)
Transfers of care	Immature (Capability needs refining and widening in use)
Orders and results management	Fairly Mature (Room to incorporate less common tests and results)
Medicines management and optimisation	Very Immature (Deployment planned within EPR during 16/17)
Decision support	Very Immature (will be deployed within EPR)
Remote care	Immature (Missing some capabilities)
Asset and resource optimisation	Immature (Missing some capabilities)

3.18 Key recent achievements within STH acute care include;

- Delivered Clinical Portal with 9 acute core systems sharing information and MIG information from Primary Care
- 2nd highest user of SCR in England
- Enabled regional wide sharing of laboratory and radiology results across acute and primary care.
- Deployed new ED EPR
- Implemented phase 1 of Trust wide EPR
- Project digitising all current patient notes
- Deployed 750 mobile devices to community workers enabling full systems access across the city.
- Managed transition from LSP contacted services to local agreement

3.19 Current initiatives within STH Acute care 2016/17 include:

- Implement Electronic Prescribing and Medicines Administration system for all inpatients
- Managing transition of 1500 community staff IT services in house from the old CSU to facilitate improved care pathways
- Developing Service Requesting solutions

- Re-procuring Digital Dictation to enhance capability and maturity.
- Replacing Trust email solution
- Exploring Video conferencing opportunities.

3.20 **Yorkshire Ambulance Service**

3.21 Current baseline assessment in comparison to national average benchmarking for PF@PoC capabilities:

Core Capability	Maturity Q1 2016/17 Status
Records, assessments and plans	Requires maturing further
Transfers of care	Immature
Orders and results management	Very immature
Medicines management and optimisation	Immature
Decision support	Immature
Remote care	Very immature
Asset and resource optimisation	Requires maturing further

3.22 Key recent developments include the implementation of a new digitally enabled model of care ensuring the right care to patients close to home following their first contact. Inclusion within the Urgent and Emergency Care Vanguard in West Yorkshire Urgent and Emergency Care Network has meant that this new "Hear, See and Treat" model can be deployed across the wider Yorkshire and Humber Region. The "Hear and Advise" element of the service (or the Clinical Advisory Service) can be broken down into two elements:

- ***Clinical Advice*** focuses on the development of a multidisciplinary team to provide specialist clinical advice to patients and frontline staff.
- ***Care co-ordination*** ensures that patients are proactively and appropriately navigated/signposted to key services by booking and liaising with the relevant services.

The "See and Treat" element of the model 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. The development of both elements requires mobile working in combination to access to data and records that support our practitioners to understand the needs of the patient better and sign-post them appropriately.

Further detailed information in respect to current and future digital maturity for YAS is included separately as annexes to the LDR submission.

3.23 Current baseline assessment:

Core Capability	Maturity Q1 2016/17 Status
Records, assessments and plans	Fairly mature
Transfers of care	Immature - the main patient information system does not offer electronic referrals or real-time sharing of care summaries. Plans are in development to offer this facility.
Orders and results management	Fairly mature due to receipt of electronic lab test results as part of a city-wide system.
Medicines management and optimisation	Mixed picture – a new interface between our electronic prescribing system and main patient information system will improve the robustness of prescription information in electronic discharge summaries.
Decision support	Fairly immature – systems do no currently incorporate the monitoring and alerts that may be available in other branches of medicine.
Remote care	Fairly immature – remote/virtual consultations are available in only a small proportion of services; scope for expansion in this area.
Asset and resource optimisation	Fairly immature - asset tracking system and patient monitoring equipment need improvement. Electronic bed management an e-rostering systems in place.

3.24 Key recent developments include the Mental Health & Learning Disabilities patient information system which provides a paperless record for all SHSC services using that system. A mobile version of the system has been successfully rolled out to community teams and electronic discharge summaries which were piloted on inpatient wards are now available to other teams. A review of the system is being planned to assess the direction and scope of future developments. A secure remote access system allows staff to log in to the Trust network from elsewhere. Planned restructuring of the Information Management Services directorate and realignment of the executive portfolio will also allow the Trust to enhance its digital capabilities.

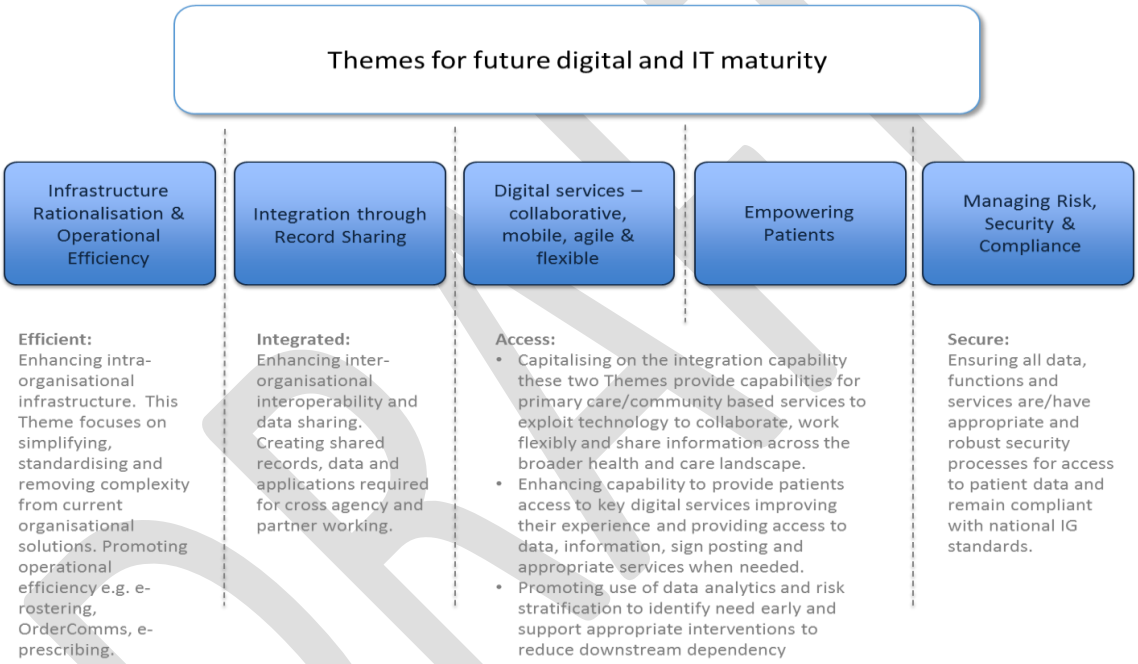
3.25 **Test Bed (Perfect Patient Pathway)**

3.26 Sheffield Teaching Hospitals successfully led a bid to develop a Sheffield City Region Perfect Patient Pathway (PEPPA) programme commencing May 2016. This two year programme has attracted a NHSE investment of £1.8m to establish an initial programme infrastructure and mobilise and evaluate concept innovations directed at supporting people with multiple long term conditions to self-manage their condition. One key innovation is the development of a central data platform across Sheffield supporting a care coordination centre. If deployed, this could have the potential to support organisational demand and capacity management, as well as remote monitoring and alert management across multi-disciplinary teams. Another major stream of work is in the development of individual technology innovations. The Programme is currently reviewing technology compatibility with a range of potential commercial suppliers who can, through their innovations, support the overall priorities of the Programme. Whilst still at an early stage, it is envisaged that innovations developed through this Programme will directly

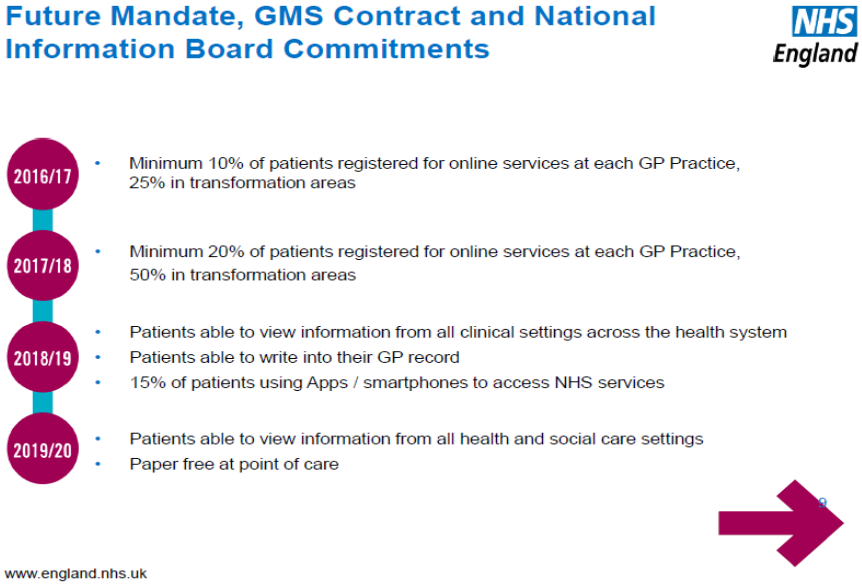
impact on the escalation (or otherwise) of technology and digital developments across the SYB footprint and prove invaluable to future business case and investment decisions.

3.27 **Summary**

3.28 Whilst we recognise there are opportunities for development in our digital maturity, we understand as a community where the greatest resource and effort needs to be applied in order to support delivery of our transformational agenda. This understanding is reflected in our strategic intentions to promote shared care records, develop improved remote working functionality and supporting improved intelligence gathering to understand resource deployment both within organisations as well as across our city footprint. A summary of the main themes for focus is indicated below:



3.29 Our capability trajectory (see Section 5) nonetheless demonstrates a clear intent for how each organisation will develop its seven PF@PoC capabilities over the next 3 years and achievement of the National Information Board commitments by 2020.



3.30 Our vision and our specific digital and IT priorities are clear. However, we remain heavily reliant upon future financial investment in order to fully achieve our ambitions. We are making strenuous efforts in order to ensure we make maximum use of available resourcing opportunities including IT Capital and Revenue budgets, working closely with our newly appointed commissioning support service for IT (eMBED). We will therefore be seeking additional/further funding from external sources that will be critical to future success including:

- National Transformation Funding including the Driving Digital Maturity Investment Fund
- NHSE Estates and Technology Transformation Fund
- Prime Minister's Access Fund
- Additional funding opportunities e.g. through social investment opportunities

4 Readiness

4.1 Providers responding to the self-assessment indicated a mixed level of 'readiness' to progress with digital and technological development as defined by the assessment process.

4.2 A summary of this assessment is indicated below:

Organisation Information	Readiness	Capabilities	Infrastructure
Sheffield Teaching Hospitals NHS Foundation Trust Northern General Hospital, Herries Road, Sheffield, South Yorkshire, S5 7AT Tel: 0114 271 1900 Add to shortlist	Very good progress with a score of 82%	Some progress with a score of 35%	Good progress with a score of 68%
Sheffield Children's NHS Foundation Trust Western Bank, Sheffield, South Yorkshire, S10 2TH Tel: 0114 271 7000 Add to shortlist	Good progress with a score of 55%	Some progress with a score of 23%	Some progress with a score of 39%
Sheffield Health and Social Care NHS Foundation Trust Fulwood House, Old Fulwood Road, Sheffield, S10 3TH Tel: 0114 271 6310 Add to shortlist	Some progress with a score of 38%	Good progress with a score of 43%	Good progress with a score of 55%
Primary Care Sheffield (HQ) 1 Carter Knowle Road, Sheffield, South Yorkshire, S7 2DW Add to shortlist	n/a Data not available	n/a Data not available	n/a Data not available
Yorkshire Ambulance Service NHS Trust Springhill 2, Wakefield 41 Industrial Estate, Brindley Way, Wakefield, West Yorkshire, WF2 0XQ Tel: 0845 124 1241 Add to shortlist	Very good progress with a score of 73%	Some progress with a score of 28%	Very good progress with a score of 83%

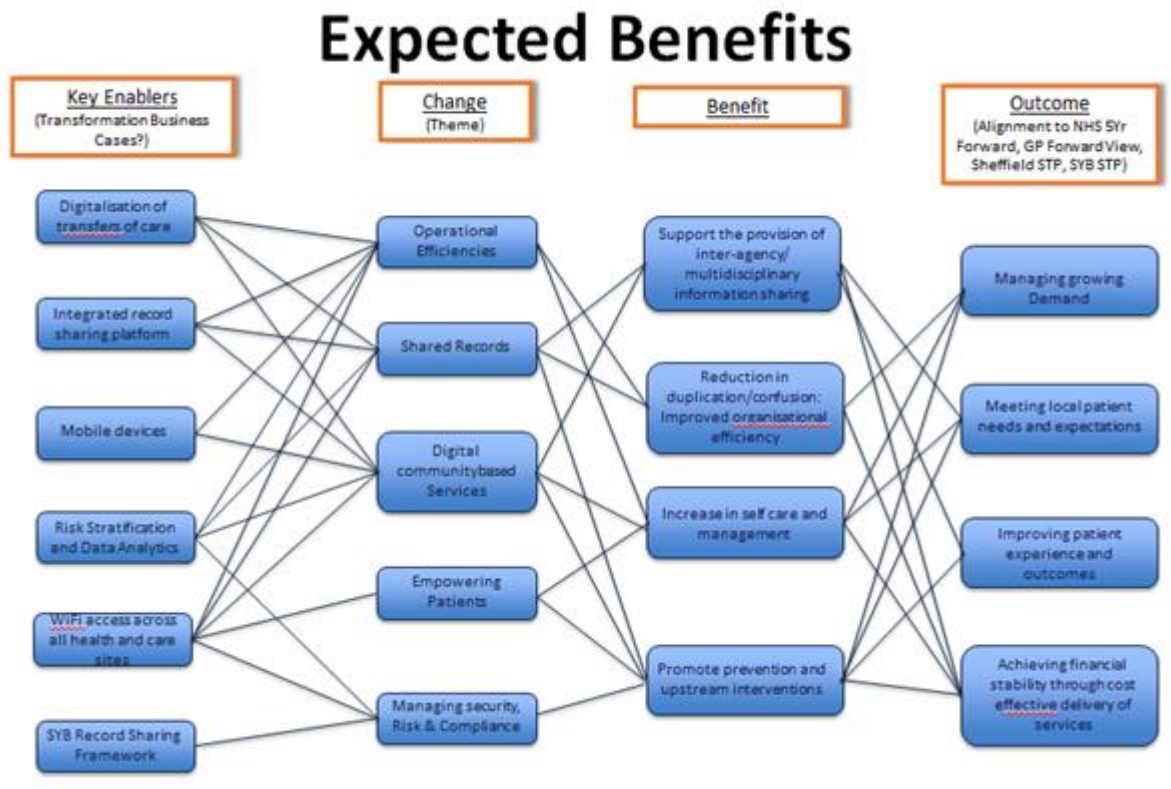
4.3 Overall, readiness appears to be at an acceptable or 'OK' level (average rating of 62%). However, there is significant variation across organisational readiness scores. For example, Sheffield Health and Social Care Trust has indicated there is still improvement to be made, identifying key issues related to internal resourcing and governance of IT projects. However, further examination of scoring suggests that assessment is based on current 'as is' state and fails to take into consideration the ambitions of providers within 2016/7 to make accelerated progress across 'Readiness' domains. Therefore, we expect to make rapid progress towards a healthier state of readiness within the immediate period.

4.4 Leadership, through the established framework highlighted above (Section 2), has been and continues to be clearly demonstrated across the Sheffield health and care landscape. Leadership has been evident from clinical as well as non-clinical, technical and as well as general senior managerial representatives from across Sheffield commissioner and provider organisations. The

CCG's Clinical Director for IT (also our Caldicott Guardian) has maintained an active role in shaping the development of the Sheffield LDR and associated information governance framework. As our wider SYB and Sheffield governance systems mature clinical and non-clinical leadership will be maintained, but will evolve in tandem with our wider leadership arrangements for the SYB and Sheffield STPs. These governance arrangements will serve to galvanise organisational leadership teams to focus on future digital maturity and delivery of the Sheffield LDR.

4.5 Delivery of our Sheffield STP will be achieved through the use of a change model consistent with the methodology to be applied within the SYB STP and Sheffield STP governance arrangements. We are keen to fully exploit the knowledge and skills of our Organisational Development staff from across provider and commissioner organisations to help define and shape this transformational programme of work which will be led by the Leadership/OD workstreams.

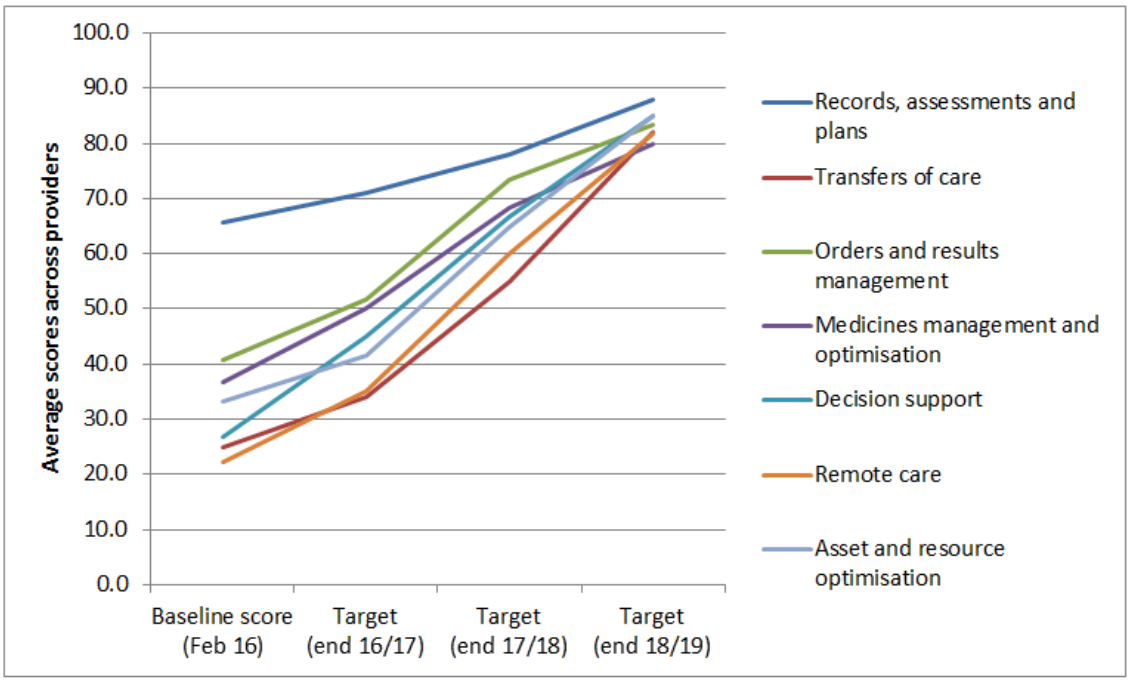
4.6 Our consideration of benefits to be achieved for delivery of the LDR specifically are below. Ongoing management to secure full benefits realisation with be through established governance arrangements.



5 Capability Deployment

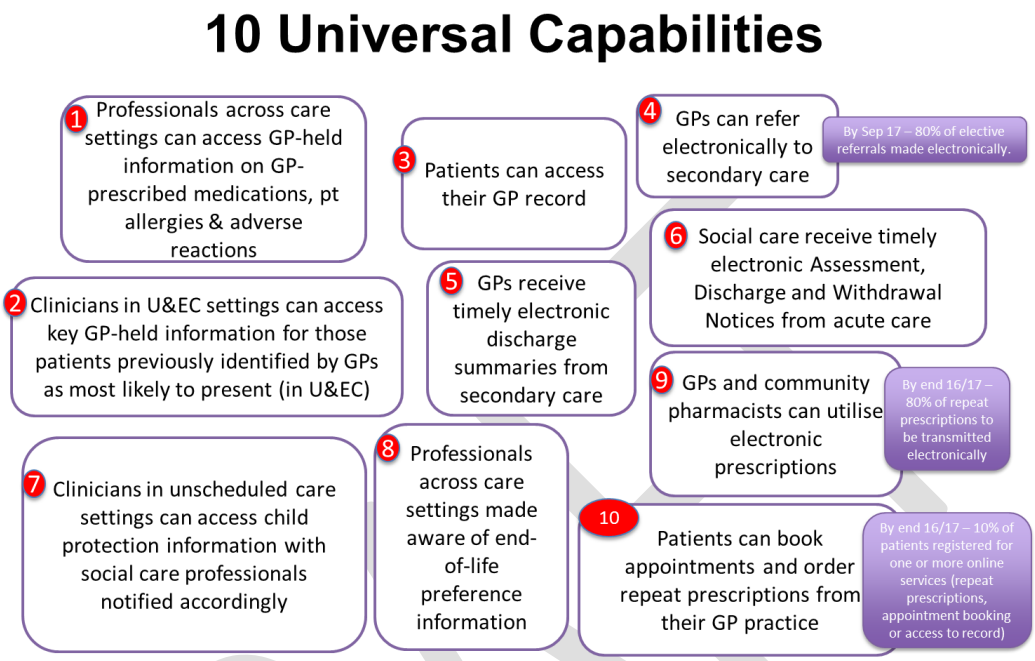
5.1 As expected, there is a mixed response in terms of organisational baseline assessment of PF@PoC capabilities across Sheffield providers. However, as demonstrated below, there is a clear commitment to achieve full compliance by the end of 2018/19 (subject to sufficient investment). The graphical representation of progress indicates an escalating capability with more rapid achievement of capability domains within the fourth year. Further detail on this can be found in our Capability Trajectory (Secondary Care) Annex submitted as part of our LDR response.

	Average scores across providers			
Capability group	**Baseline score (Feb 16)**	**Target (end 16/17)**	**Target (end 17/18)**	**Target (end 18/19)**
Records, assessments and plans	65.6	71.0	78.0	88.0
Transfers of care	25.0	34.0	55.0	82.0
Orders and results management	40.7	51.7	73.3	83.3
Medicines management and optimisation	36.7	50.0	68.3	80.0
Decision support	26.7	45.0	66.7	85.0
Remote care	22.3	35.0	60.0	81.7
Asset and resource optimisation	33.3	41.7	65.0	85.0



6 Universal Capabilities Delivery Plan

6.1 We have considered carefully how we intend to deliver the 10 universal capabilities over the next three years (to March 2019). These include:



6.2 Timelines for delivery are demonstrated in the Information Sharing Approach (Appendix 2). This diagram also indicates those capabilities which are National Information Board standards as well as those that are being led through work within our Test Bed Programme (the Perfect Patient Pathway (PPP)).

6.3 Many of these capabilities require cross organisational commitments in order to not simply achieve the capabilities but also the benefits to be derived from them in terms of patient experience as well as outcomes. We are confident that, with sufficient investment and with the strong leadership we have across our city, we can achieve these benefits.

7 Information Sharing

7.1 Sheffield has a proven track record of strong information governance, especially in relation to primary care data. We have established a core group of information governance leads, Caldicott Guardians and SIROs across health and care organisations within the city. This Sheffield Record Sharing Framework Group, chaired by NHS Sheffield CCG, has been meeting regularly since its establishment in January 2016.

7.2 This Group is creating the "Sheffield Record Sharing Framework" which lays out the city wide governance arrangements and includes the following topics – Data Controller / Data Processor responsibilities, IG standards, Role Based Access rules, Consent / Opt out arrangements, Proactive Audit approach, Exclusions, Training / Monitoring / Evaluation, and Patient / Public

Engagement. The framework covers what each organisation is responsible for, and if there was a breach who would do what. See Appendix 3 (Terms of Reference).

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

7.4 All health and care organisations in Sheffield are signed up to the Inter-Agency Information Sharing Protocol, managed by The Health Informatics Service. We are also working with our wider stakeholder community to support wider engagement in this, for example our Fire and Rescue Service.

7.5 This protocol supports common standards for data sharing and provides a platform for a consistent approach to record sharing across Sheffield and potentially the wider region. We will explore the potential for use of the Information Sharing Gateway for managing the governance and assurance for data sharing between organisations - as developed in Lancashire and Cumbria (http://info-sharing-sandpit.org.uk/).

7.6 99% of all GP practices in Sheffield have signed up to a Data Sharing Agreement which allows sharing of real time primary care records with other practices as well as STH, SHSCT, SCH and YAS. The Sheffield CCG Governing Body has delegated authority to approve any additional parties to this record sharing agreement on behalf of GP practices in the city. These may include, for example, care homes and St. Luke's Hospice.

7.7 Sharing between practices and hospitals is currently provided via the Medical Interoperability Gateway (MIG). We are aware of expectations that the implementation of the NHS GP Connect programme (as part of GPSoC initiatives) will enable record sharing and federated working between practices (EMIS/SystmOne) from autumn 2016.

7.8 STH now has live access to the MIG via its clinical portal. This will allow relevant primary care data to be shared with secondary care clinicians for direct patient care with explicit patient consent. There is an option for 'break glass' access to data where appropriate which can be fully audited. We plan to extend the MIG shared record viewer to other providers (including social care) over 2016/7 subject to additional investment.

7.9 The majority (98%) of patients have a Summary Care Record (SCR) and 2,260 (0.4%) have signed up to SCR+ as at June 2016.

7.10 We have already begun to explore the potential of a joint approach to a shared record solution across the SYB footprint. Again, this work will be taken forward within the overall governance of the SYB STP (including the Test Bed Programme) and will also be subject to future investment.

7.11 **Trust NHS numbering**

7.12 NHS Sheffield CCG has well established partnership working arrangements with our local authority via our Better Care Fund programmes. Considerable work has been undertaken to support marrying of NHS number as a unique identifier with adult social care data. This has

demonstrated a high level of consistency, with over 90% matching. We will continue to work closely with partners across the system to ensure that future data sharing exploits this ability to link data –especially in relation to future risk scoring and predictive analytical capability.

7.13 **DM&D**

7.14 DM&D is available in SystmOne (practices and community services) and built into Lorenzo (STH EPR). The current version of the SHSCT Pharmacy system (JAC) does not use DM&D - the next upgrade due in 2016/17 will be compatible. The current version of Medway (SCH) does not use DM&D.

7.15 **SNOMED**

7.16 SNOMED is available on EMIS Web, but not yet available on SystmOne (we await national SystmOne developments). SNOMED is built into Lorenzo (STH EPR). SCH have no plans to use SNOMED in the next year. SHSCT aim to meet the NHS Data Dictionary standards (http://www.datadictionary.nhs.uk/index.asp) in their Insight PAS System but do not currently meet SNOMED. The Substance Misuse list of drugs used comes from the NDTMS dataset specification, and their bespoke Substance Misuse Prescribing Module follows that. However, their review of their Insight system will include moving to SNOMED.

8 Infrastructure

8.1 There is a range of mobile working infrastructure across Sheffield, as demonstrated by key partners such as Sheffield Teaching Hospitals NHS Trust (STH), Sheffield Health and Social Care Trust (SHSCT) and Sheffield Children's Hospital (SCH).

8.1.1 **STH** have delivered the first phases of an ambitious Transformation Through Technology programme (T3), providing an electronic patient record (Lorenzo), clinical portal and electronic document management, which has accelerated digital and IT maturity within the organisation over the past 2-3 years and enabled the road for delivering improvements over the next few years. At the same time STH has deployed more than 1100 mobile devices to clinical staff across both acute and community locations to make systems available at point of care, but the Trust recognises that all of this is the beginning of the journey, there will still be missing capabilities and is identifying these for focus over the coming months and years.

8.1.2 **SHSCT** has made extensive use of tablets (approx. 800 users) to make patient information available to mobile workers and supports remote and home working through VPN technology. Widespread wireless coverage is available at 31 sites throughout Sheffield which provides corporate, guest and NHSroam access. In order to promote increased interoperability, the Trust has reviewed its IT infrastructure. The current SHSC Patient Administration System (Insight written in-house) whilst functionally advanced and capable, needs a technical platform refresh (currently Access 2003 legacy) to support enabling the developments required to enable increased interoperability. This will be necessary to sustain performance for the capabilities it enables, primarily records assessment and plans, transfer of care, and decision support.

8.1.3 **SCH** provides a range of mobile working infrastructure across the Trust. SCH has deployed laptops to all health visitors and school nurses across the city. A programme of mobile devices

purchase and deployment is ongoing with approximately 12% of the workforce with the ability to be mobile. A full VPN remote access capability is in place for staff to work remotely. The Trust has some Wi-Fi enabled areas and the main site has partial coverage of Guest WIFI alongside the NHS Roam Wi-Fi solution. The Trust network is video enabled, with a handful of video enabled devices for point to point conferencing. The Trust is implementing a mobile device management tool to manage the 400 mobile devices.

8.1.4 **Sheffield City Council** - Our main mobile working capability will be delivered through the Whole Family Case Management Project which should provide offline and online working. (see slide below) (Est for delivery 18/19) This project within our Communities and Children & Young People and Families Portfolio's has undertaken an assessment of the future roadmap to support Social Care.

The vision for service delivery for vulnerable adults and children means that innovative and future proof ICT capabilities will be required to enable this vision to be realised. Requirements gathering has now been completed for over 175 teams across children's, adults service and finance services that relate to the 3 tiered scope. This work has also identified, at a lower level, a compelling need for change to address the many business problems that currently exist. Our ways of working have changed and we now need technology which will enable efficient, secure electronic partnership working, mobile working and customer self-service. A data model has been developed and high level capabilities identified. These have been tested with the market and we are confident that the market can meet the majority of requirements for tiers 0 and 1 and some of tier 2 (as defined by the Whole Family Case Management project, see slide below). We are confident that the market can provide what we need however, this will mean consolidating out of date solutions that have not been upgraded and introducing new technology. The investment cost of procuring an implementing new technology will be substantial.

8.2 Across primary care, there is a strong appetite to roll out mobile working for health care practitioners. This is supported fully by the CCG and a bid will be made to the 2016/17 Strategic Estates and Technology Transformation Fund (ETTF) for capital funding to support investment in achieving this capability. Funding requests will focus on the roll out of record sharing (initially record viewing via MIG implementation and/or GP Connect programme implementation), Wi-Fi access across primary care settings for health and care professionals as well as patients, and increased mobile working for staff through the deployment of mobile devices such as laptops (the preferred technology following consultation). Further investment will also be sought to develop local practice intelligence systems that will support future collation and sharing of data in respect to capacity and demand management and inform investment in service developments within our neighbourhood model.

8.3 We consider these capabilities are fundamental to the further evolution of our neighbourhood model which relies upon a multi-disciplinary, multi-agency approach to whole person health and wellbeing.

8.4 This approach is widespread across our SYB footprint, with CCGs pursuing transformational change premised upon a general theme of 'out of hospital' health and care service provision and promotion of self-care and management. There is therefore the potential opportunity to work more collaboratively to identify capability solutions that could offer economies of scale and cost effective investment across a wider geography. It is envisaged that the Test Bed Programme will support identification of such opportunities.

9 Risk Management

9.1 Management of risks associated with the delivery of our LDR will be critical in order to ensure delivery of intended benefits. A high level summary of current risks is given below:

RISKS IDENTIFIED	Key Mitigating Actions
Lack of financial investment	Maximise opportunities for accessing external funding e.g. Primary Care Estates and Technology Transformation Funding
Staff and citizen engagement	Develop effective Organisational Development initiatives; Communications and Engagement strategies; Digital Literacy programmes
Existing workforce skills and training	Development of effective OD initiatives supporting change management and digital literacy; undertake training needs analysis; deliver programmes for IT/digital skills development
Unintended negative impact on health inequalities	Robust development of business and technical requirements; identification of benefits; ongoing management/oversight of benefits/disbenefits and risk through PMO approach
Governance	Mature local and SYB STP governance arrangements related to digital/IT workstreams supporting ongoing coordination and collaboration across footprints.
HSCIC/national standards	Delivery of key programmes and deliverables currently within the remit of HSCIC

9.2 Minimising risks arising from new technology

9.2.1 Each organisation remains responsible for minimising risk in respect to data security, clinical safety, data quality, data protection and privacy, accessible information standards, and business continuity & disaster recovery. This includes progressing with the implementation of GS1 barcodes which are at the heart of the NHS drive to make UK healthcare safer and more efficient. Sheffield provider organisations have supported the requirement for barcoding and PPID within the Digital Maturity Index questions and delivering the roadmap to PF@PoC.

9.2.2 We recognised that there is opportunity for closer working to ensure a system wide approach to this agenda. Our collaborative approach to working on a SYB footprint, as well as Sheffield, will enable us to consider how we might take these issues forward on that collaborative basis via established governance arrangements.

9.2.3 Specific consideration has been given to the following key aspects of risk management and mitigation:

9.2.4 **Governance of digital and IT transformation** - Strong governance and programme management structures have been established for work at a Strategic level across Sheffield as well as across SYB. These PMO arrangements will naturally support ongoing risk management. This will apply for oversight of delivery and associated risks of the overall programme as well as individual work streams.

9.2.5 **Data Security** - We are working closely with our IT service provider (eMBED Health Consortium) to develop robust arrangements for data security within primary care –

which now forms a key work stream for 2016/7. We also await the outcome of the National Data Guardian review and will adopt best practice recommendations following this publication, working with eMBED and other partners as necessary.

9.2.6 **Data Protection and Privacy** - We are working collaboratively to develop a Sheffield Record Sharing Framework which will include a Privacy Impact Assessment. The Framework will set out the 'rules' for each participating organisation with regard to data protection, subject access requests and IG matters generally. This will take into account anticipated changes to EU Data Protection regulations, due in 2018. For example as part of this work we have a draft Sheffield wide Privacy Notice poster that is intended to be displayed in every health and social care outlet in Sheffield. The framework is currently planned to be completed by March 2017. At a June 2016 STP Digital workshop it was proposed that we share work on IG matters like this on an even wider footprint.

10 Appendices

Appendices Title	Appendices Number
Summary of Key Engagement Events re Digital Maturity Agenda	1
Information Sharing Approach	2
Sheffield Record Sharing Framework Group Terms of Reference	3

SUMMARY OF KEY ENGAGEMENT EVENTS RE DIGITAL MATURITY AGENDA*

Title and date of event	Lead organisation	Main theme / purpose of event	Key stakeholders present	Number	High level outcomes
9 December 2015 **Service Transformation and New Technologies**	NHS Sheffield CCG	Awareness raising event, looking at the range of overlapping transformation initiatives as we move to "Paper free at the point of care 2020". Key themes around new technology, inter-operability and shared client records.	Clinicians and managers from local Foundation Trusts; CCG commissioning staff, including lead GPs; CCG staff with technical IT , BI and prescribing expertise; Managers from Primary Care Sheffield (our primary care provider body); Sheffield Cubed (voluntary sector consortium); Sheffield City Council partners (social care; neighbourhoods). GE Health Care, Y&H AHSN and the Sheffield Test Bed	18	This event was welcomed by attendees as an opener to an ongoing conversation. Some clear themes emerged which shaped how we designed subsequent events: *Request to link events to concrete patient / client concerns and to "make it real"* *To address current IT architecture and to address the problems and gaps there* *Need to think through practical and governance issues around information sharing <u>in detail</u>* *Building in technical resilience* *Addressing digital inclusion issues* There was a clear commitment from the participants to ongoing dialogue; all delegates were invited to the follow-on events in April and May 2016.

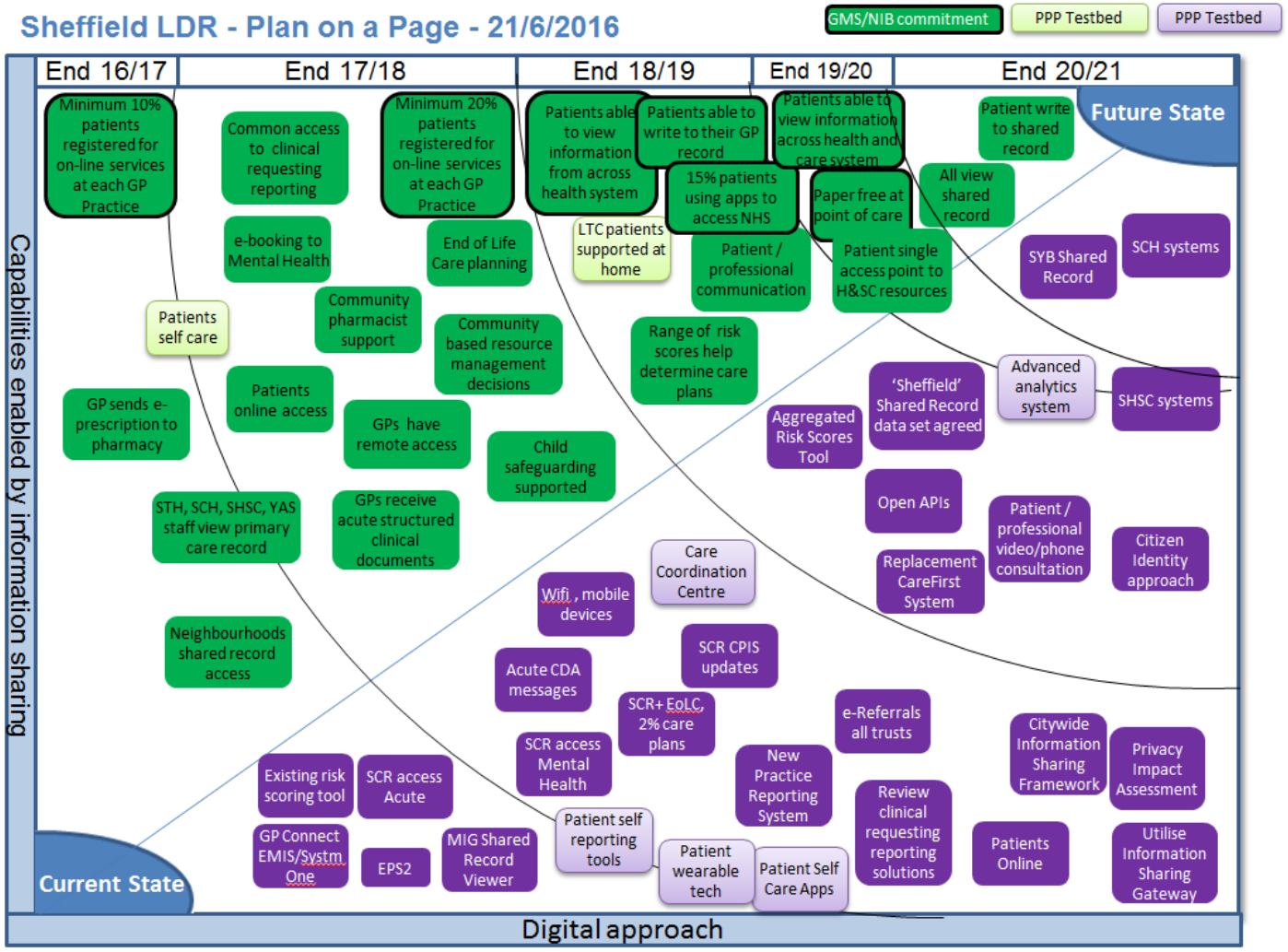
			were represented as speakers.		
5 April 2016 **Defining Priorities: Shape the Future of Technology Enabled Health and Care**	Joint event organised by NHS Sheffield CCG and University of Sheffield Research and innovation Services	Launch of the I3 approach: innovation, integration, inter-operability. Engagement with clinicians and commissioners around the key areas where they considered technology could make the most difference to patients / citizens. Highlighting barriers and enablers.	Sheffield GPs CCG Commissioning staff and Locality Managers CCG Public Health and Medicines management Sheffield Teaching Hospitals Primary Care Sheffield University of Sheffield Sheffield City Council GE Health Care, Liverpool CCG and the Sheffield Test Bed were represented as speakers	29	The workshop covered 4 themes: Leadership and Culture; Technical Enablers; Scale and Spread and Creating Pull and Demand. Participants provided a clear steer for future phases of our work and our engagement with digital innovators. Key messages included: The need for market research / segmentation; Initiatives which have been successfully piloted elsewhere should be implemented at pace; Technology must be attractive and easy to use; Technology needs to be able to use the NHS number to ensure inter-operability; We must prioritise culture, behaviours and leadership to ensure success.
12 May 2016 **Perfect Patient Pathway: Locality Engagement**	Joint event organised by NHS Sheffield CCG, University of Sheffield and	Two workshop sessions designed to engage with wide audience to generate ideas about issues / problems which	Patients, citizens, voluntary sector Rehabilitation services (combined health / social	55	The workshop participants worked in groups around four themes: mental health; active support and recovery; maintaining health and ageing and frailty.

Workshops	Sheffield City Region Test Bed	technology could solve, and an opportunity to meet digital innovators involved in the Test bed and to look at their products and services.	care) Sheffield City Council Secondary care clinicians from our three provider FTs Service managers Sheffield GPs Locality managers, General Practice managers and CCG managers Partners organisations e.g. private care providers Y &H AHSN		The delegates identified and then prioritised the key challenges in that area and then took these into dialogue with the digital innovators who were present. Working in groups, delegates then assessed the potential of each innovative service or product to address their most pressing issues, e.g. around supporting independence, promoting self –care, combatting isolation or empowering service users with information. These were then scored. Participants signed up to pilot technology in their service or locality and to share the learning.
			Primary Care Sheffield University of Sheffield and Sheffield Hallam University	14	

*****Excludes ongoing formal engagement through established mechanisms with key stakeholders to develop the Sheffield LDR and further engagement in the development of the SYB STP Digital Chapter.

Soundbites from engagement events

Information Sharing Approach



Sheffield Record Sharing Framework Group Terms of Reference

Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

Sheffield Shared Records Information Governance Steering Group

Terms of Reference

1. Purpose

To manage the citywide 'Sheffield health and social care Record Sharing Framework', intra-organisational matters arising, and investigate any complaints or breaches (and take remedial action).

Sheffield health and social care Record Sharing Framework

Lays out the city wide governance arrangements and includes the following topics – Data Controller / Data Processor responsibilities, IG standards, Role Based Access rules, Consent / Opt out arrangements, Proactive Audit approach, Exclusions, Training / Monitoring / Evaluation, and Patient / Public Engagement – the framework covers what each organisation is responsible for, and if there was a breach who would do what.

2. Scope

- Sheffield NHS providers (primary care, STH, SHSC, SCH), Local Authority, YAS.
- Currently out of scope: Independent Sector, Private patients.

3. Objectives

1. To manage the citywide health and social care Record Sharing Framework supporting appropriate use, and enabling safe/secure sharing.
2. To approve new organisations joining the Record Sharing Framework.
3. To act as a link point for any cross boundary records sharing matters (outside Sheffield, or with organisations not currently represented under the framework).
4. To advise on intra-organisational matters relating to shared records. Address issues between organisations where possible directly as a first course of action (only escalate to the group where required, or where there is shared learning).
5. To require & receive organisational audit reports on records access to/from external records.
6. To receive reports of any cross organisational record access complaints / breaches and advise on / require action accordingly.
7. Maintain close working relationship with the 'Sheffield Digital Roadmap Development Group' as needed.
8. To share learning and best practice.

4. Membership

CCG, PCS (including representing GP practices), STH, SCH, SHSC, SCC, YAS.
A mixture of Caldicott Guardians, SIROs and IG leads.

Role	Name	Deputies
CCG Caldicott Guardian	Dr Andrew McGinty	Kevin Clifford
CCG IG Lead / Deputy SIRO	Mark Wilkinson	YHCS Gershon Nubour
PCS	Stephen Knight	Dr Andy Hilton
STH	Peter Wilson	Stephen Stewart
SCH	Russell Banks	Isabel Hemmings

SHSC	John Wolstenholme	Chris Hone
SCC IG Lead	John L Curtis	Mark Jones / Mark Knight
YAS	Via Ola Zahran	
LMC	Consultation via LMC chair	

5. Chair

CCG Caldicott Guardian.

6. Administration

The group will be hosted by Sheffield CCG who will organise the meetings and provide administration.

7. Frequency of Meetings

Annually as a minimum.

8. Accountability

- Members report back to their own organisations via their internal Information Governance arrangements.
- Escalate issues requiring authority above the level of the members, or matters of conflict, to the 'Right First Time Management Executive' as necessary.

9. Level of Authority

- Once the Record Sharing Framework has been approved it is expected that group members will usually be able to commit their organisations to action within the role that they already have – it is expected that most actions arising could be addressed operationally.
- Actions requiring authority above the level of the members, or matters of conflict, will be referred to the RFTME.

10. Current Organisational Reporting Processes

Organisation	Reporting Process
CCG	IG lead will report to the CCG Information Governance Group (which is jointly chaired by the CCG Caldicott Guardian & SIRO and reports to the CCG Governance Sub Committee).
PCS	Caldicott Guardian to PCS Executive group which in turn reports up to the PCS Board
STH	IG Lead will report to the IG committee which report to the Trust Board of Directors
SCH	SCH representative reports to SCH Chief Operating Officer (SCH Exec IT lead)
SHSC	Representative reports to Information Governance Steering Group a Sub group of trust board.
SCC	IG Lead will update the Info Gov Board within SCC and attend and support these ToR
YAS	*To be completed by YAS*

11. Review

ToR version 1 agreed by: Sheffield Shared Records IG Steering Group on: 14/1/2016

ToR to be reviewed by the chair annually.

GLOSSARY OF TERMS

CCG Clinical Commissioning Group
CPIS Child Protection Information System
LDR Local Digital Roadmap
PF@PoC Paperfee at Point of Care
POL Prescription Ordering Line
SCC Sheffield City Council
SCH Sheffield Children's Hospital
SHSC Sheffield Health and Social Care Trust
STH Sheffield Teaching Hospitals NHS Foundation Trust
STP Sustainability and Transformation Plan
SYB South Yorkshire and Bassetlaw
WTP Working Together Provider Collaborative
YAS Yorkshire Ambulance Service