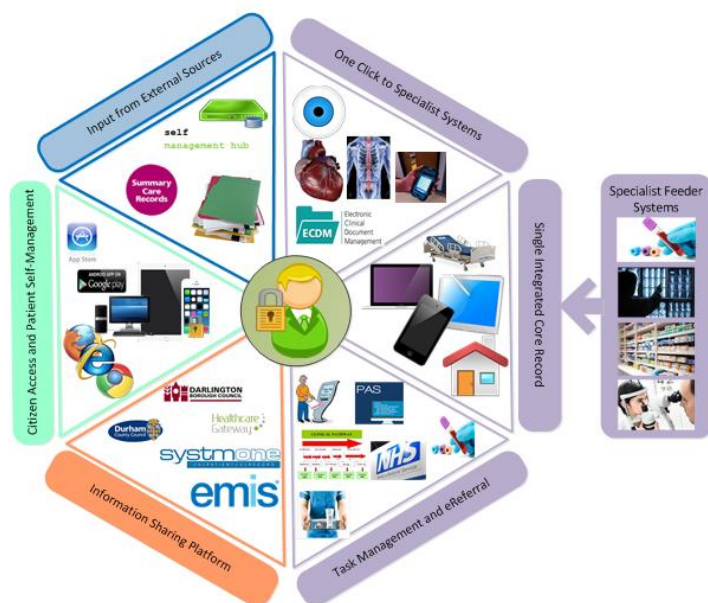# CDDFT Digital Health

Andrew Izon
February 2022

CDDFT Digital Strategy 2016-2022 (extended)

- CDDFT's strategy is approaching the end of its lifespan (including an extension to delivery due to COVID).

- We have achieved many of the strategic aims we set out to deliver within this period, and have welcomed new and emerging technology as a means to deliver against the core themes.

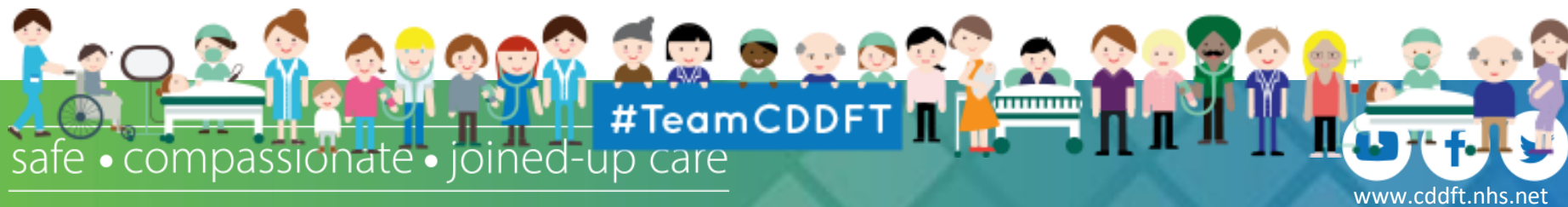- Our EPR implementation is due to complete Phase 1 in July 2022

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CDDFT Strategy Delivery Status

NHS
County Durham
and Darlington

Strategic Theme	Aim	Status
Working Together	• **shared resources** across the Local Health Economy • **access to relevant information across partner organisations** • facilitate **partnership working.** • Information flows across **multiple organisational boundaries** • **common** digital platform • **clinically driven**	🟢 ✓ GNCR/HIE ✓ CDDFT Digital Governance ✓ Regional Schemes ✓ ICS and ICP Partnerships
Working Smarter	• access to **complete contemporaneous records** • **single source** of high quality clinical and operational information • **enabler for innovative ways of working** • enhanced use of **mobile technology**, providing care providers with access to contemporaneous information at the point of care and enabling real-time record keeping and management.	🟠 ✓ EPR Procurement ✓ Single system for community ✓ Healthcall enhancements X EPR Implementation (Jul 2022)

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CDDFT Strategy Delivery Status

Strategic Theme	Aim	Status
Working Securely	• continue to **protect our information** • cyber security and threat management; we will be able to effectively monitor the status of all systems and proactively manage threats. • Access to information will be via a continuous secure platform, both from within the organisation and externally.	🟢 ✓ DSP Toolkit assessment and Compliance ✓ Cyber Security Refresh ✓ VPN Provision
Citizen Access	• patients, carers, families and citizens who want it will have access to relevant national and local data services • **see and manage their own records** • undertake transactions with healthcare providers to support the management of their health and wellbeing.	🔴 ✓ Awaiting development aligned to GNCR

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CDDFT Strategy Delivery Status

Strategic Theme	Aim	Status
Paper-light to Paperless	**exploit the benefits** achieved through the utilisation of the systems we currently have in place - maximise the investment already made by the Trust **remove paper** based processes from the organisation, replacing them as required with secure digitised workflows	✓ Continual improvement programmes for retained systems. ✓ New Development request process via CIG.
Quality Services	- services provided by Health Informatics are **measurable** in terms of quality - compliance with national information standards - utilisation of best-practice methodologies and frameworks **Service Level Agreements** are be in place - performance data will readily available and published to the organisation. **Value** of service provision is benchmarked against national data.	✓ Continue to benchmark our services (CIPFA etc) ✓ Service Delivery and Performance Boards Established

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CDDFT Digital Maturity

- In 2021 we undertook a baseline assessment **(pre EPR)** using the HIMMS Electronic Medical Records Adoption Model:
  - CDDFT Achieved Stage 1 in this assessment
  - The assessment highlighted known gaps in provision – the operational silos outlined within the trusts strategy
  - Many of the key gaps will be met through the adoption of our Cerner Millennium EPR and supporting technologies taking us to an **anticipated Stage 5**

HiMSS *Analytics* **EMRAM**
EMR Adoption Model Cumulative Capabilities

STAGE	
7	Complete EMR; External HIE; Data Analytics, Governance, Disaster Recovery, Privacy and Security
6	Technology Enabled Medication, Blood Products, and Human Milk Administration; Risk Reporting; Full CDS
5	Physician documentation using structured templates; Intrusion/Device Protection
4	CPOE with CDS; Nursing and Allied Health Documentation; Basic Business Continuity
3	Nursing and Allied Health Documentation; eMAR; Role-Based Security
2	CDR; Internal Interoperability; Basic Security
1	Ancillaries - Laboratory, Pharmacy, and Radiology/Cardiology information systems; PACS; Digital non-DICOM image management
0	All three ancillaries not installed

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CDDFT Digital Maturity

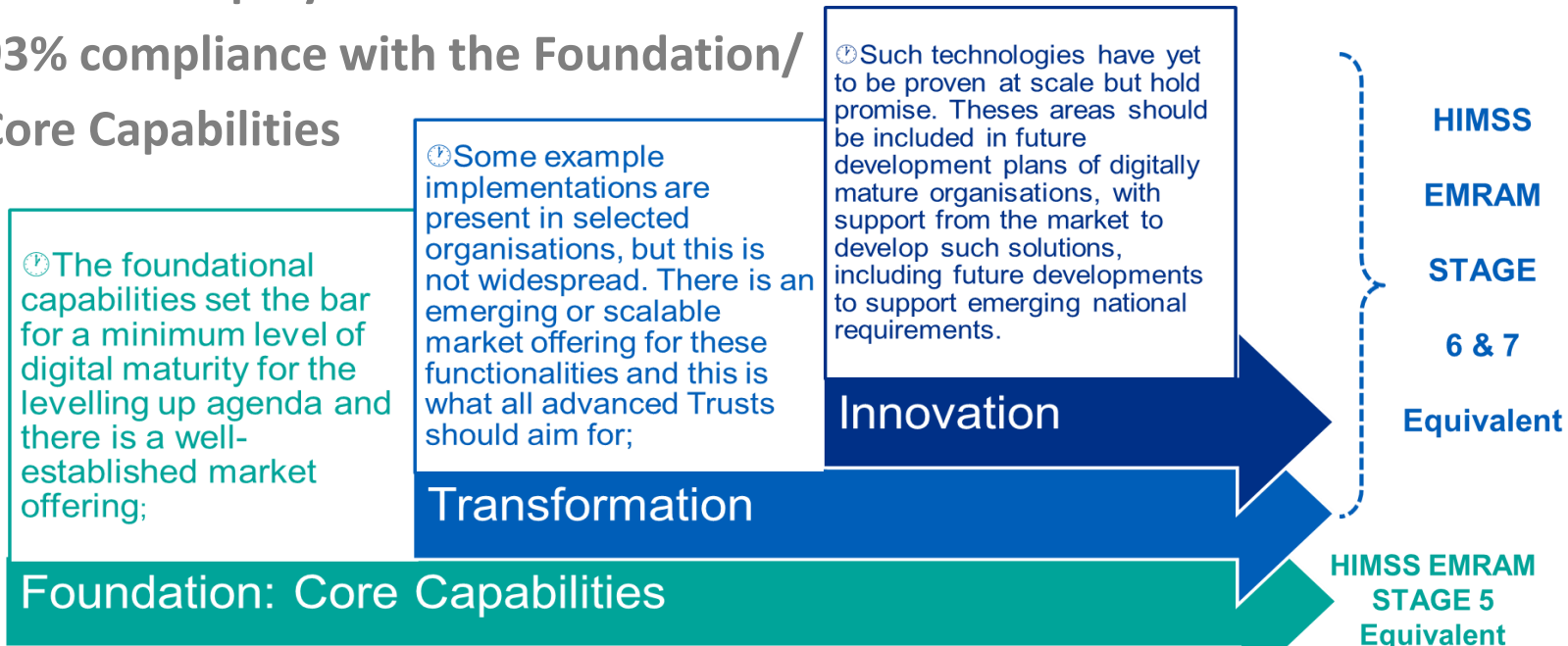**NHS**
County Durham and Darlington
NHS Foundation Trust

- We are currently assessing what our capabilities will be against the Minimum Digital Foundation assessment:

Post EPR deployment we will achieve

93% compliance with the Foundation/

Core Capabilities

🕑Such technologies have yet to be proven at scale but hold promise. Theses areas should be included in future development plans of digitally mature organisations, with support from the market to develop such solutions, including future developments to support emerging national requirements.

🕑Some example implementations are present in selected organisations, but this is not widespread. There is an emerging or scalable market offering for these functionalities and this is what all advanced Trusts should aim for;

🕑The foundational capabilities set the bar for a minimum level of digital maturity for the levelling up agenda and there is a well-established market offering;
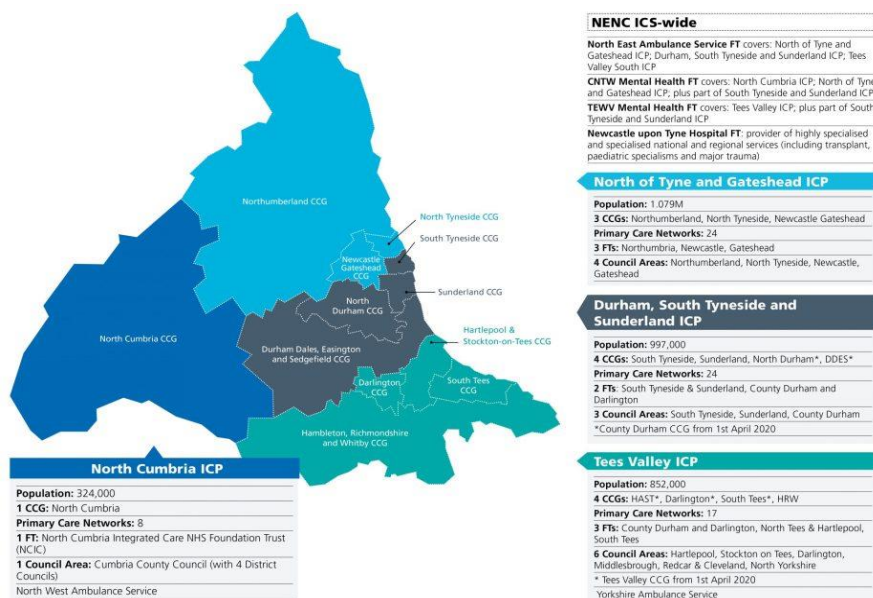
Innovation

Transformation

Foundation: Core Capabilities

HIMSS EMRAM STAGE 6 & 7 Equivalent

HIMSS EMRAM STAGE 5 Equivalent

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CDDFT Digital Partnerships

North East and North Cumbria ICS Map

- CDDFT straddle two of the four ICPs within the ICS
- Played an active role in the development of the ICS digital strategy
- Engaged with the two ICP Digital Subgroups
- Established a 'Digital Durham Place' meeting, looking to duplicate this in Darlington in 2022

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ICS Strategy Delivery

- CDDFT along with partners from Local Authorities, CCGs, Mental Health Trusts, Primary Care and 3rd Party Organisations within each ICP have developed a Digital OGIM

- The OGIM outlines how the ICP's active and planned schemes contribute to the delivery of the ICS Digital Strategy and identify key areas for investment and activity within the region in the future.

- These OGIMs are currently being developed into the 5 year plan by the ICS.

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Digital Care in the Community

- CDDFT already had mobile working provision for our community teams

- As a response to COVID and to support our activity recovery programme we have extended our Agile working provision

- We have continued to meet the needs of our patients throughout the pandemic through the implementation of more digital solutions

- We have more capacity to flex services to meet the needs of our patients due to implementing agile methods of working

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Digital Care in the Community

Health Call Digital Care Homes

- The Health Call Digital Care Home has been deployed in all of the care homes for older people in Darlington.
- It is used to refer patients to the DN's and CSP's using the structured SBAR tool.
- There are on average about 350 referrals per month made using the app.
- It is also used for referring patients for wound care intervention where the home can take a picture of the wound.
- Dietitians use the Health Call Undernutrition Service to monitor their patients.

- There are further developments that will be deployed including a dietetic referral pathway and a SLT referral pathway.

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Digital Care - Outpatients

- The global pandemic required the trust to rapidly change the way in which outpatients services were provided to patients.

- We adopted the nationally procured solution for Video Consultations and offered this, alongside teleconsultations, as an alternative to face-to-face sessions.

- Using this opportunity we are supporting the development of a full digital outpatients solution with Health Call, this solution is currently being piloted by several services in CDDFT and allows patients to:

  - Receive and acknowledge their appointments digitally
  - Request virtual consultations as a preference
  - Access the virtual consultation through the Health Call platform
  - Receive correspondence regarding their sessions and any outcomes digitally

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The Great North Care Record

- CDDFT have adopted the GNCR are currently feeding significant amount of data to the Health Information Exchange (HIE) to support better care decisions for our patients.

- Information shared between organisations through this platform includes: Problems, Diagnoses, Procedures, Medications, Vital Signs, Allergies, Immunisations, Lab Results, Scans, Clinical Correspondence, Appointments, Physical Examinations, Family History, Visits, Social History

- This year the GNCR will be further enhanced with the development of the Public Engagement Platform (PEP) or *my*GNCR; CDDFT are supporting the development of this tool and ensuring the required systems are aligned.

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Digital Health and Digital Exclusion

For our colleagues:

- We will continue to **invest in the development of our staff** to ensure they have the right skill set to confidently deliver our digital services

- We will **provide training and access to resources** outside of the clinical 'toolbox'.

- We will continue to run **technology benefit schemes** for our staff to improve access to modern technology.

For our patients:

- Digital Health in CDDFT is **optional** and will always be run in parallel with traditional care provision.

- We will work with colleagues across the ICS to find new ways to reduce digital exclusion – through applying **'satellite services'** principles for our patients.

- We will support the development of **place level strategies** to meet the needs of our communities.

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CDDFT Digital Health – Next Steps

- Development of the trust's new Digital Strategy 2022-2027

- Complete the rollout of EPR Phase 1

- Plan the implementation of the emerging portfolio including:
  - EPR Phase 2
  - Health Call Developments
  - Digital Outpatients Solution
  - Regional Digital Pathology
  - Regional Radiology

- Implement changes as identified in the trust's Digital Governance Review

- Continue developing partnership strategic delivery plans at a place level

- Establish Digital Darlington Place meeting

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Any Questions?

Thank you.

For more information contact:
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