

Trust Board – 27th October 2020

LPT Digital Plan 2020 - 24

Purpose of the report

The purpose of this paper is to introduce the Digital Plan to the Trust Board and to ask for approval.

The aim of the Digital Plan is to identify why things need to change, to identify what strategic objectives will need to be agreed to deliver that change and confirm to the Trust the cost of delivering that programme of work.

Analysis of the issue

The requirement to have an up to date Digital Plan has never been so important to LPT than in 2020. LPT is about to reach the end of its journey to consolidate down to a single Electronic Patient Record, however working within an agenda very much driven by new NHS Digital leadership through NHSx and the rapid channel shift to Digital in response to the COVID-19 pandemic. This revised plan consolidates these opportunities and drivers down into a plan until 2024 seeking the ultimate approval of the Trust Board.

This Digital Plan has been received by the IM&T Committee, Trust Executives Directors, Finance and Performance Committee and the Trust Board Development Session where a significant presentation was undertaken. The plan has evolved in this journey to this final document now seeking approval.

The key priority for this plan is to exploit all the opportunities that having a single EPR will bring the Trust, supporting greater record sharing and patient pathways, combined with putting the patient first in terms of their digital access to their information and their transactions with the Trust. This plan will act as a real enabler for the digital channel shift that will now take place within the Trust to support a post COVID-19 response in how staff and patients now deliver and access service.

This plan is not without challenge especially in empowering service users to use digital challenges and considers how the Trust can play an active plan in increasing its digital presence but also ensuring it is done in an equitable way.

Proposal

The Digital Plan is developed with the assumption that the single EPR migration has taken place and been successful. There is new local CCG leadership working towards developing an Integrated Care System, the NHS Long Term plans digital ambitions are still requiring delivery and the digital response to the COVID-19 pandemic needs to be mainstreamed where real benefits in care, safety or efficiency have been demonstrated. The plan broadly fits into strategic themes, each of which will have multiple objectives to deliver. There are:-

- a. To have a successful go-live of the single EPR and to deliver the associated work programme of driving out benefits from this opportunity and general tidying up of patients records where they are held on system outside of the EPR or on paper.
- b. To evaluate what digital transformations delivered at pace and often without full consideration for normal governance timescales can be kept and improved upon so they move from a temporary implementation to a permanent feature of LPTs digital toolkit.
- c. To increasingly support digital as a supported channel of communication for service users, and indeed where appropriate the default offer by LPT.
- d. To empower service users to have greater access to information about them through the Single EPR App, Airmid and uptake of the NHS App.
- e. To ensure that the IT Infrastructure is more resilient to failure and high usage demands by shifting from on-premise capital funded systems and storage to Cloud and revenue-based IT.
- f. To contribute to the sustainability agenda by reducing LPTs carbon footprint, resource consumption and ultimately running costs by encouraging a much more agile workforce, blending home and office as a supported choice.
- g. To ensure that the computer equipment LPT owns and the software we ask our staff to use is of a modern standard.
- h. To ensure that the channel shift to Digital does not exclude some of our population and together with our partners in LLR to tackle this problem.
- i. To ensure that the biggest IM&T risk to the delivery of IT Services and the data we hold, a Cyber-attack, is mitigated by ensuring our data is safe by robust protection both at a technical and human level.
- j. To provide the Trust with reliable information by investing in data quality and new information reporting tools.

The financial ask associated with the Digital Plan will be subject to the annual Capital Programme, the plan itself is a product through the work of the IM&T Committee and will be kept a live document by this 3rd level group and will upwardly assure the Finance and Performance Committee. The delivery of individual projects or objectives will be overseen by the IM&T Delivery Group.

Decision required

The Board is asked to approve the Digital Plan

Governance table

For Board and Board Committees:	Board	
Paper sponsored by:	David Williams	
Paper authored by:	Ian Wakeford	
Date submitted:	16/10/2020	
State which Board Committee or other forum within the Trust's governance structure, if any, have previously considered the report/this issue and the date of the relevant meeting(s):	IM&T Committee 17/07/2020 Combined Executive Board 04/09/2020 Finance and Performance Committee 29/09/2020 Trust Board Development Session 6 th October 2020	
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:	Assured at all levels	
State whether this is a 'one off' report or, if not, when an update report will be provided for the purposes of corporate Agenda planning	One Off for three years	
STEP up to GREAT strategic alignment*:	High Standards	
	Transformation	X
	Environments	
	Patient Involvement	X
	Well Governed	
	Single Patient Record	X
	Equality, Leadership, Culture	
	Access to Services	X
	Trust Wide Quality Improvement	X
Organisational Risk Register considerations:	List risk number and title of risk	Risk 22 - Information systems and processes are not robust enough to militate against cyber-attacks and information breaches. Risk score reduces from 12 to 8. Risk 23 - Failure to deliver the benefits stated in Risk 23 regarding the Single EPR reducing the risk from 8 to 4.
Is the decision required consistent with LPT's risk appetite:	Yes	
False and misleading information (FOMI) considerations:	None	
Positive confirmation that the content does not risk the safety of patients or the public	Confirmed	
Equality considerations:	Digital Exclusion to be mitigated by this plan	