

#### **Headline Sponsors:**







## **Dylan RobertS**

CDIO, Betsi Cadwaladr **University Health** Board









# The unique collaborative approach to EHR development in Wales to achieve best fit and value

Dylan Roberts
Chief Digital and Information Officer







Integration

Information transfer

Unrestricted licences

Effectiveness

Time-saving

Cohesion

Pragmatism

transparency efficient optimisation

Quality Waiting lists Interoperability

One digital health record

Supportive

security

Less Duplication

Accuracy Enabling Wellbeing

Reliability Interoperable

Codified Record Effective Usability

collaboration obsolescence

availability-info pace Patient Clear direction

User-friendly

**EPR** Patient-centred

Accessibility

Compatible devices- multi

# 425 applications – estimated 116 not supported and present risk Example of 30 Risk of Major ICT Failure and Large Cyber Attack Vector.



- Would recommend immediate further investigation.
- Would recommend further investigation soon.
- Investigate over the next 6 to 12 months.
- Looks broadly OK.



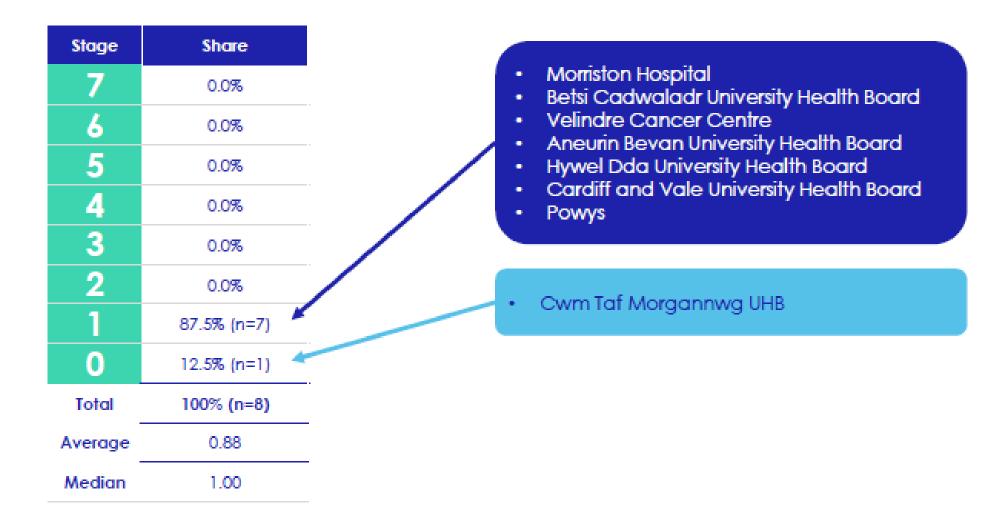
National Applications - siloed approach with locked in data and legacy challenges





BASIC BASELINE: PARALLEL HIMSS AND KLAS ASSESSMENTS ACROSS ALL OF WALES

## EMRAM Scores Distribution



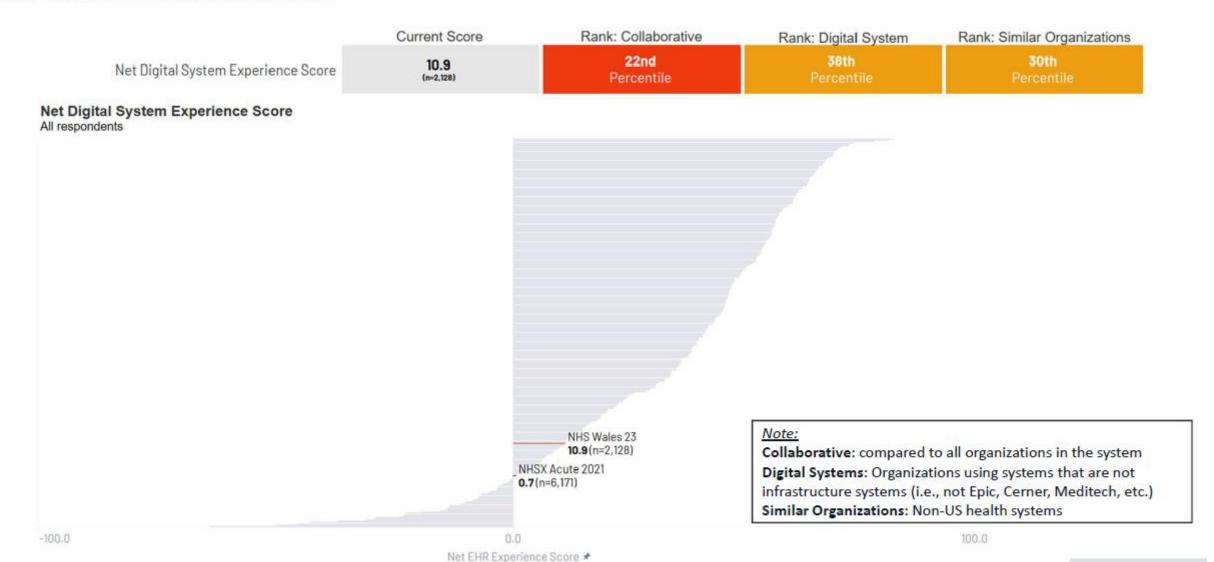
CDR: A COMBINED CODIFIED CLINICAL DATA REPOSITORY THAT ALL CLINICANS CAN EASILY ACCESS AND INTERROGATE

#### Overall Benchmark Net Digital System Experience Score NHS Wales 23

Included Clinical Backgrounds: All respondents at 300 Organisations

Digital System Benchmark: 95 Other Organisations Similar Organisations: 27 Non-US Health Systems





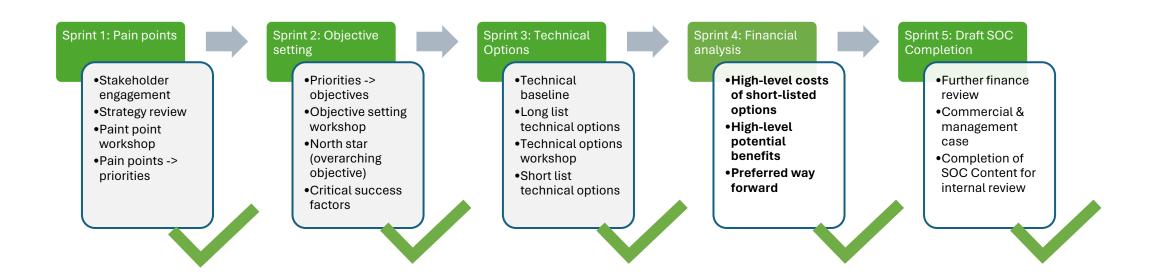




BCUHB AS A MICROCOSM OF WALES
STRATEGIC OUTLINE CASE

## **EHR SOC+ Development**

- Strategic Outline Case developed to HMRC Green Book standards
- Delivered over 10 weeks (5 sprints)



## **BCUHB** North Star

The 'North Star' for the BCUHB investment is based on the ambitions set out in A Healthier Wales, local strategies including digital and data strategy and the priorities identified through stakeholder engagement during the SOC development. It was created collaboratively and serves as the overarching objective.

#### Safety

- A single view of a person agross their health, mental health, and care journey
- Fasily accessible and comprehensive records for timely dinical decision-making.
- Accurate data recording and interpretation.
- Data for mandatory reporting, clinical audit, clinical effectiveness

- Systematic waiting list management.
- Improved staff safety.

Patient

## Experience

- Better patient understanding of where they are in their nealth and care icumey.
- · No need for patients to repeat hemselves at each step
- Increased possibility for patient engagement in their health and care.
- More options for care doser to home.
- More time for clinicians to spend with patients.
- Greater patient and carer satisfaction.



#### Efficiency

- Less time writing, transcriping and locating dinical notes.
- Reduction in system loc-insland 'double data entry'.
- Reduction in duplication of tests and procedures.
- Seamless referrals and care transfer.
- Smoother appointment booking and other administration.
- Targeted interventions and preventative care.





#### Recruitment & Retention

- · Reduced staff frustration and 'burn out'
- Batter working environment
- · Easier to attract new staff
- Easier to proposed and train new staff.
- · Better equipped to train future workforce.
- Improved staff morale

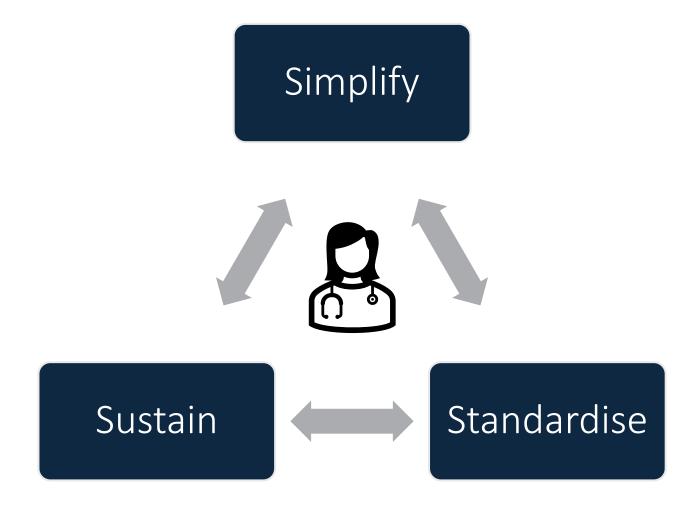


#### **Collaborative Working**

- Consistent processes and decision. making across and within services
- Consistent and comprehensive data collection processes. analysis, and review
- Enable effective multi-disciplinary team working.
- Hasy access consistent guidance, policies, processes.
- Tools for service improvement, research, and innovation.



## Large complex clinical and business transformation



### Short list of technical options to meet the business need

Option A – Continue current roadmap: 'Do nothing'

Option B– Digital Data Entry + Document Store + fully utilise national systems: 'Do minimum'

Option C - Evolve national systems

Option D – Commercial (general) clinical management system + National System APIs

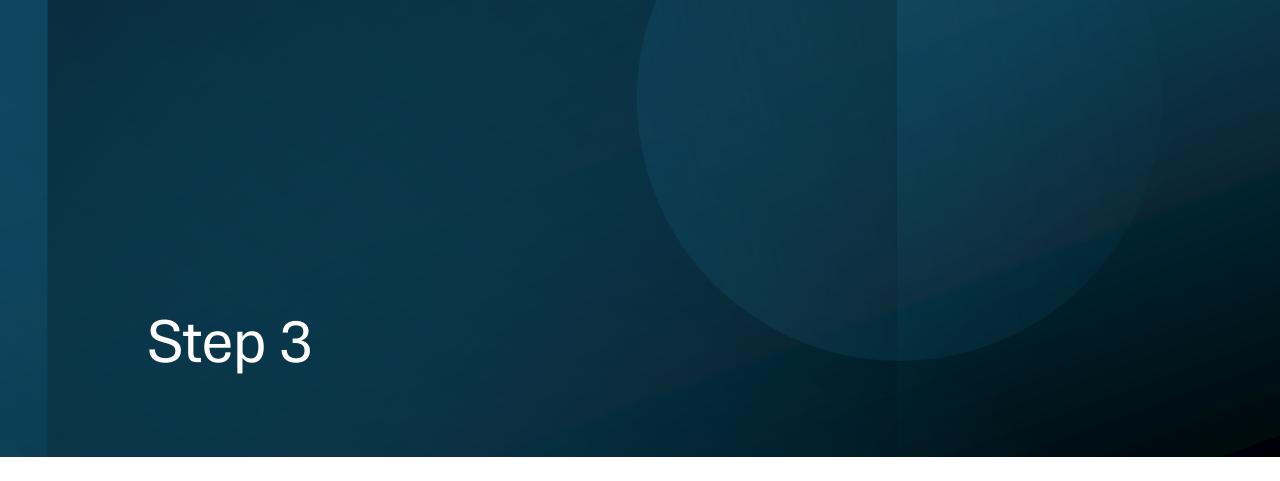
Option E – Open clinical platform + National System APIs

Option F – Modular EPR + National System APIs

Option G – Full commercial EPR + National System APIs

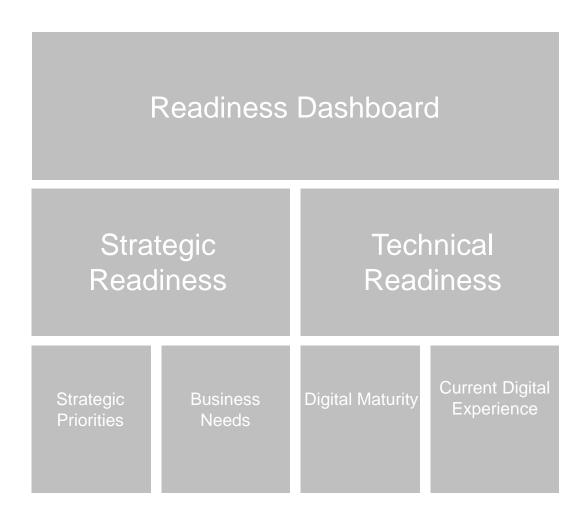
Option H - Build bespoke EPR + National System APIs





VALIDATE BCUHB SOC WORK ACROSS ALL HEALTH BOARDS

## Overview of approach



- Strategic and technical readiness
   assessment of each Health Board to
   provide an initial assessment of their
   individual and collective readiness to take
   forward an Outline Business Case for an
   EHR implementation.
- Four workstreams strategic priorities, business needs, digital maturity, current digital experience.
- The four workstreams will be used to develop a Readiness Dashboard for each of the 7 Health Boards and one for Wales as a whole.
- The Readiness Dashboards will inform a Strategic Workshop with the DMSG.
- A Final Report with recommendations will be produced in the form of a PowerPoint.



PRESENTATION TO MINISTER WITH A PREFERRED WAY, BASED ON EVIDENCE OF WHAT IS OPTIMAL TO DELIVER BEST OUTCOMES FOR WALES AND ITS HEALTH BOARDS

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