

Digital and Data Transformation Strategy

2025–2030



Becoming a clinically driven, digitally outstanding Trust.



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Bradford Teaching Hospitals
NHS Foundation Trust

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our CDIO**

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Executive Summary from our Chief Digital & Information Officer



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Chief Digital & Information Officer

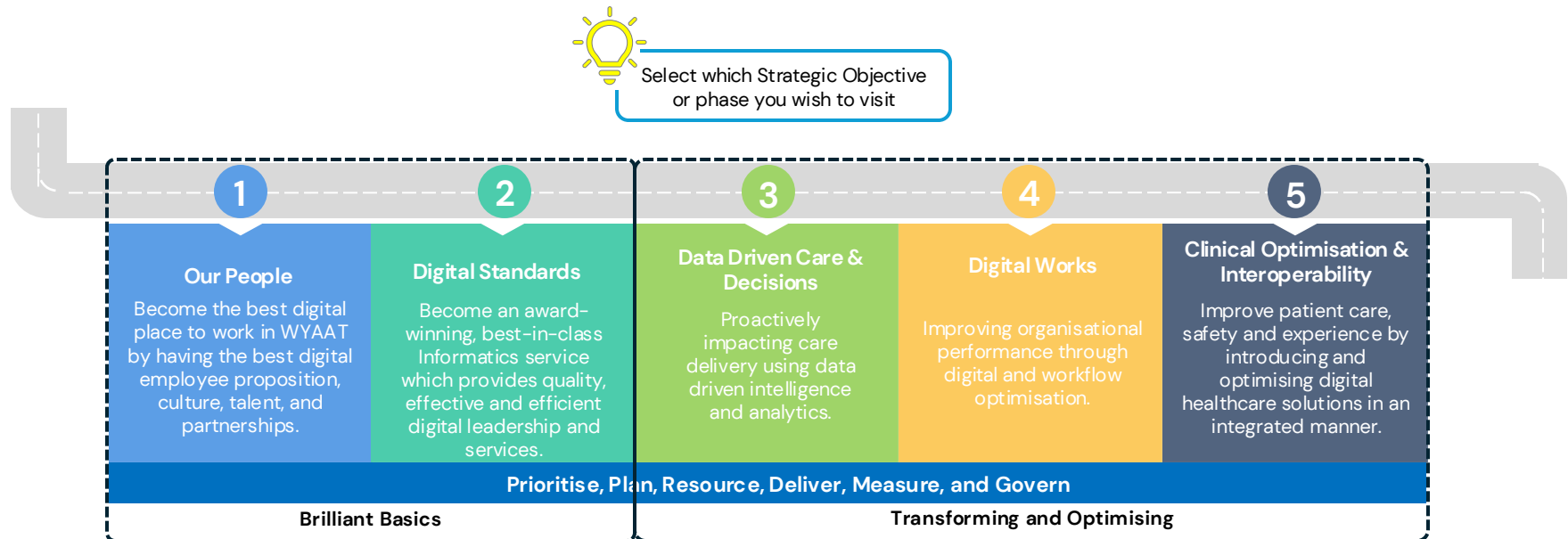
Bradford Teaching Hospitals NHS Foundation Trust is rightly proud about its achievements of placing Digital at the centre of how we organise and deliver care. Our adoption of an enterprise Electronic Patient Record, the delivery of an award-winning Command Centre, and our early pioneering work on Virtual Wards all speak to this ambition and acumen.

Now wishing to go further, this Strategy sets out how we shall become a **clinically driven, digitally outstanding Trust** by exploiting digital, data and transformation to support clinical outcomes, and overall organisational effectiveness and performance.

This strategic vision shall be achieved through a comprehensive set of engagements, plans and programmes which span 5 strategic objectives which align to the needs of our patients, people, place and partners.

This strategy and plan is rightly ambitious and is grounded in our priorities to provide the very best care for our patients.

We welcome your feedback and suggestions to enhance our digital services and capabilities, and we look forward to collaborating with you to realise our digital and data vision of becoming a **clinically driven, digitally outstanding Trust**.



Context and Drivers

Why we need to change



Context and Drivers for Change – National, ICB and System Perspective

The need for digitally led, clinically driven change and transformation

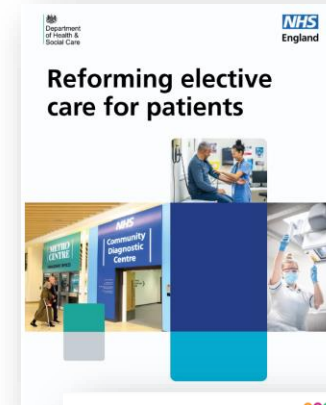
The Government is embarking on a 10-year plan to improve health through three main shifts: preventing illness rather than just treating it, delivering care closer to home instead of in hospitals, and encouraging the use of digital and data within service delivery. This is emphasised within NHS England's recently published national planning guidance for 2025/26¹ which puts forward a series of digital principles and ambitions to better enable providers to transform services, cut waiting times and improve care for our patients across England.

Notably, Lord Darzi's 'Independent Investigation of the National Health Service in England'², and the Department of Health & Social Care's 'Reforming elective care for patients'³ make the case for greater digital access for patients, streamlined systems for staff, solid technological foundations, and better data utilisation to support care both in an acute, and community setting.

Regionally, the West Yorkshire Integrated Care Board (ICB) established a digital strategy⁴ with partners from across the local health and care system⁵. The ICB's digital strategy – which is undergoing a period of refresh – is aimed at reducing health inequalities and improving population health and wellbeing for the people of Bradford District and Craven, and places significant emphasis on integration and interoperability between systems to allow data to flow across the region – a key enabler in its strategic ambitions.

In a digital context, these drivers for change can be summarised as follows:

- Clinical pathways must be compatible and interoperable with other care providers whereby care, and patient data must reach into the community, and span across organisational boundaries
- A systems-thinking approach should be adopted to optimise and transform clinical pathways, and operational activities with a digital and data first set of principles
- Modern solutions, including AI and automation, should be adopted to improve operational efficiencies as well as patient care
- Patients must be able to interact, participate and coproduce their care plans
- Providers should exploit data to support predictive and intelligence-led analysis, and decision making to contribute to clinical, operational and patient outcomes



Context and Drivers for Change – Local and Trust Perspective

Bradford's Population and Health

Bradford is the fifth largest local authority in England in terms of population size – after Birmingham, Leeds, Manchester and Sheffield – and according to the '2024 Joint Strategic Needs Assessment for Bradford' ⁶, is one of the most deprived local authorities in England with health inequalities and levels of deprivation cited as a major challenge.

As with the national and regional context, Bradford's 'District and Craven Digital Divide analysis' ⁷ and 'District Plan 2021 – 2025' ⁸ emphasises the need for proactive health interventions, collaborative care services and distributed care models between providers, and care settings. The District Plan also highlights that digital poverty is a barrier to accessing care and social services.

With such a mix of societal and population attributes, health and wider social inequalities, the Trust has recognised the importance of safe, well-led and quality clinical services within its corporate strategy and sub-strategies which continue to evolve as we strive to meet the care needs of our patients and community. Examples of this appreciation of change include the 'Virtual Royal Infirmary', 'Faster Further', and 'Transforming Emergency Department' programmes, and notably the internationally-recognised 'Born in Bradford' research programme which aims to find out what keeps families healthy and happy.

To minimise the impact to our environment, BTHFT is refreshing its 'Green Plan' which will offer a comprehensive framework for integrating sustainability into all aspects of their operations, with a focus on reducing carbon emissions and improving the environment.

In a digital context, these drivers for change can be summarised as follows:

- The use of digital must ease, and not prohibit the way in which our patients, and partners access our services
- Digital and Data must continue to underpin and support the Trust's ambitions
- As with the national and regional context, clinical and care services must be able to extend beyond the walls of the Trust and into local and home settings
- Data must continue to be exploited to support Bradford's research strategies to complement population health understanding and improvements
- The digital literacy and confidence of our population and staff must be supported and developed to better enable clinical outcomes via digital and data means
- Environmental and carbon emission considerations need to be assessed during the design of digital solutions to complement the Trust's Green Plan.



Context and Drivers for Change – An Informatics Perspective

Future proofing Digital and Data services

Informatics has invested into its core technical services to ensure strong and stable digital and data foundations for the Trust.

Looking to the future, Informatics undertook an assessment of its digital and data services to determine how well future-proofed they are in the context of national, system, and local demand. This assessment was complimented by the NHS's Digital Maturity Assessment, 'One Digital Estate' ambitions and other industry benchmarks.

The outcome of this assessment highlighted a variety of services within the Informatics provision requiring ongoing development, optimisation and incorporation into our workplans:

- Clinical systems and technologies must be developed and optimised to support clinical outcomes, remove duplication and ensure a return on investment
- Enterprise and integration architecture capabilities must be established to enable the convergence of clinical systems, data and services
- Formal methodologies and platforms should be developed to encourage the way in which data is used to full effect within the Trust (Making Data Count Methodology and the Federated Data Platform)
- Digital leadership, skills and resources must maintain pace with the increased complexity of digital and data systems, and how they can be exploited to benefit the Trust and its patients
- Resources and expertise pertaining to AI and Automation must be grown and developed
- Digital services and support must be proactive, and focused on continuing improvements to reduce 'digital disruptions' in clinical areas
- Core technology, digital and data services must remain compliant with all necessary standards and industry best practice

Key	
0	Not in place, but required.
1	Reactive
2	Managed, but inconsistent
3	Working Well and Proactive
4	Best in Class (NHS), and predictive
5	World Class, and optimising

Technology Management					
	Strategic Priority	2023 Maturity	2024 Maturity	2025 Target	2030 Target
IT Strategy and Plans	High	1	2	3	3
Applications Portfolio Management	High	1	2	3	3
Solution Architecture Management	High	0	1	2	3
Enterprise Architecture Management	High	0	0	1	2
Information Security Management	High	2	3	4	4
Service Management	High	1	1	3	4
Development and Maintenance	Medium	2	2	3	3
IT Solution Deployment	Medium	2	2	3	3
Delivering and Supporting IT Services	High	2	2	3	3
Solution Development	Medium	1	1	2	3
Disaster Recovery / Business Continuity	High	2	2	3	3

Change and Optimisation					
	Strategic Priority	2023 Maturity	2024 Maturity	2025 Target	2030 Target
Business Analysis	High	1	2	3	3
Change Management	High	2	2	3	3
Continual Service Improvement	High	0	0	2	3
Portfolio Management	High	1	2	3	3
Business Process Management	Medium	0	0	2	3
Benefits Realisation Management	Medium	0	0	2	3

Data & Information Management					
	Strategic Priority	2023 Maturity	2024 Maturity	2025 Target	2030 Target
Data Management	High	1	1	2	4
Master Data Management	High	0	0	1	3
Data Architecture Management	High	1	1	2	3
Information Governance	High	3	3	3	3
Reporting & Analytics	High	2	2	3	4
Content Management	Medium	0	0	2	3



Context and Drivers for Change – A Stakeholder Perspective

What people say about Digital and Data at BTHFT

Digital and Data services must cater for a rich, diverse and complex arrangement of stakeholders and requirements.

To understand how we can support their needs, we spoke to a variety of stakeholders during the creation of this strategy.

Patient Engagement, BTHFT (2024)

"A&E is always busy, I wish we knew how long we have to wait"

"I sometimes receive letters for my appointment after my appointment has happened"

"I don't want to feel disadvantaged because I don't have a smartphone"

"I want to benefit from technology, and avoid coming into hospital"

"I arrive on time, but often wait for ages for my appointment – I am asked the same questions, can this be done better?"

"Can I be treated at home, rather than in hospital?"

Clinical Stakeholder Engagement, BTHFT (2024)

"It takes too long to get changes within EPR – I need EPR to work better for me"

"We have so many clinical systems, I am unsure we are making the best use of them"

"We need to simplify our processes prior to applying technology – technology is not always the answer."

"There are too many clinical systems which don't talk to one another"

"We have so many ideas we want to explore which will make a positive impact"

"I want to spend more time with the patient than at my computer"

Informatics Stakeholder Engagement, BTHFT (2024)

"We focus too much on 'IT', and not enough on using it to make a bigger impact to change how the Trust treats patients, and conducts its services"

"We need a priority set of clinically and operationally prioritised activities which can be delivered; we try and do too much"

"It is hard to recruit the skills and resources we need for the changes we need to make"

Maternity Stakeholder Engagement, BTHFT (2024)

"We are restricted in our ability to provide adjustable birth plans for our patients"

"We need to be better in our ability to share information across WYAAT"

Operations Stakeholder Engagement, BTHFT (2024)

"We need to do so much more with our command centre"

"There are some issues which never go away"

"Why aren't we doing more with what we have got?"

"I do not know what Informatics are working on"

"We need to make better use of our EPR, when we put it in we did not optimise enough of what we were doing"

"We are too focused on reporting, and not using our data to make better decisions"

"I want to be more proactive with my planning, using data and modern IT to support me"





Our Strategic Priorities

















What we need to do, and why



Our Strategic Priorities – *What we need to do, and why*

What we need to focus on

When summarised, the preceding contexts and drivers for change pose a complex, yet positive set of targeted priorities for the Trust as well as Informatics:

Increase Hospital Utilisation & Performance 	Improve health and digital inequalities 	Optimise Clinical Systems 	Develop our People and Digital Literacy 
Support Patient Care and Clinical Outcomes 	Drive Data Driven Decisions and Predictions 	Increase the use of the Command Centre 	Transform and Optimise our Outpatient Pathway 
Ensure interoperable care pathways and systems 	Enhance & Modernise Digital Services 	Reduce Trust Operating Costs 	Transform and Optimise our Emergency Department 
Increase the use of AI and Automation 	Digitally Optimise and Enable Clinical environments 	Encouraging and Enabling patient engagement for care 	Enable productivity across the Trust 

Why these are important

The provision of **clinically driven, digitally outstanding** leadership and services across the Trust can be realised and measured across a variety of clinical, operational and corporate outcomes which in turn benefit our patients:

Empowering and Enabling Patients to contribute to their care plans 	Improved convenience, flexibility and efficiency 	Better demand management, capacity and flow 	Improved staff wellbeing and morale 	Care in the right place at the right time 	Ensuring best use of limited resources 	Staff productivity and efficiency gains 	Safe and effective care 
Improved accessibility and inclusion 	Reductions in avoidable harm 	Improved patient experience 	Reductions in avoidable attendance and admissions 	Improved health outcomes 	Reduced length of stay 	Minimise carbon footprint 	Reduced impact on physical estate 
Improved Elective Recovery Times 	Reduction of paper and manual processes 	Increased use of AI and Automation 	Convergence of Clinical Systems 	Reduced Operating Costs 	Risk Reduction 	Improved Capability Scores 	People Development and Attraction 



Delivery

How we will be clinically driven, and digitally outstanding



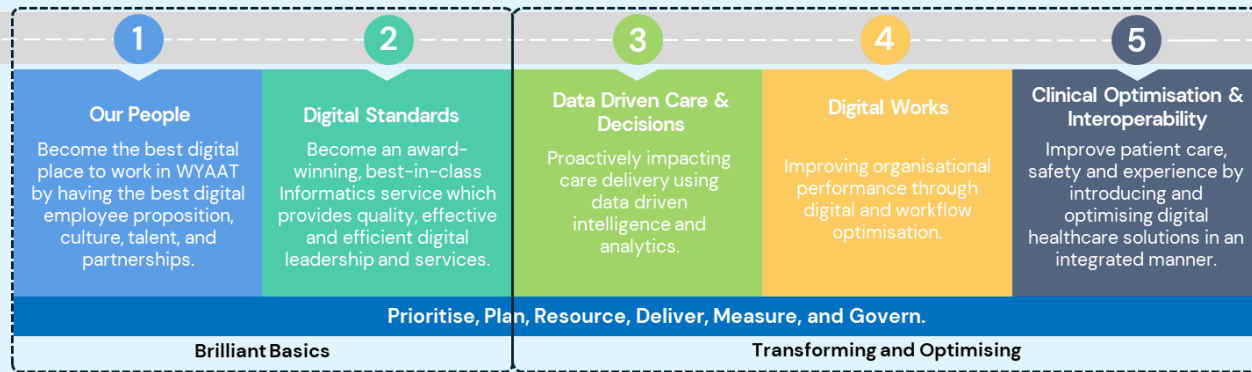
Delivery – How we will be a clinically driven, digitally outstanding Trust

Increase Hospital Utilisation & Performance	Improve health and digital inequalities	Optimise Clinical Systems	Develop our People and Digital Literacy
Support Patient Care and Clinical Outcomes	Drive Data Driven Decisions and Predictions	Increase the use of the Command Centre	Transform and Optimise our Outpatient Pathway
Ensure interoperable care pathways and systems	Enhance & Modernise Digital Services	Reduce Trust Operating Costs	Transform and Optimise our Emergency Department
Increase the use of AI and Automation	Digitally Optimise and Enable Clinical environments	Encouraging and Enabling patient engagement for care	Enable productivity across the Trust

Bridging Priorities to Outcomes

5 Strategic areas of activity shall be achieved in two concurrent phases:

- (1) Brilliant Basics and,
- (2) Transforming and Optimising



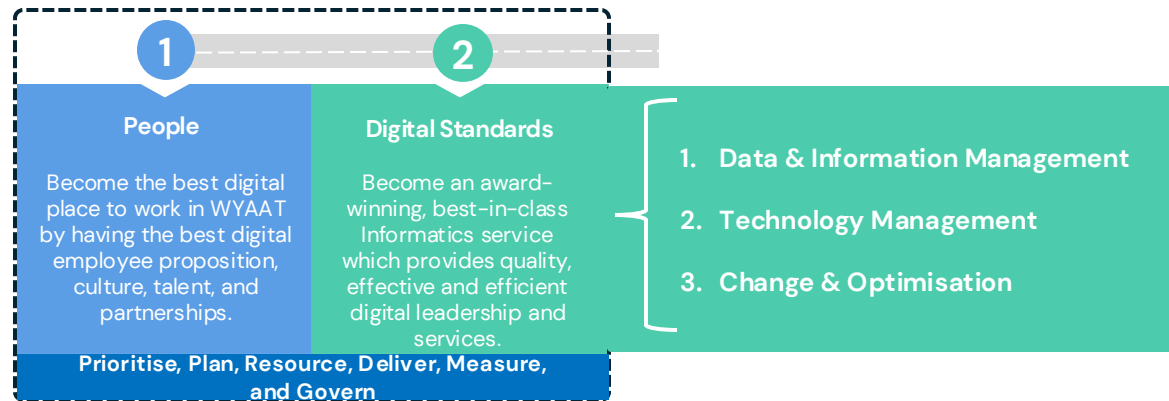
Empowering and Enabling Patients to contribute to their care plans	Improved convenience, flexibility and efficiency	Better demand management, capacity and flow	Improved staff wellbeing and morale	Care in the right place at the right time	Ensuring best use of limited resources	Staff productivity and efficiency gains	Safe and effective care
Improved accessibility and inclusion	Reductions in avoidable harm	Improved patient experience	Reductions in avoidable attendance and admissions	Improved health outcomes	Reduced length of stay	Minimise carbon footprint	Reduced impact on physical estate
Improved Elective Recovery Times	Reduction of paper and manual processes	Increased use of AI and Automation	Convergence of Clinical Systems	Reduced Operating Costs	Risk Reduction	Improved Capability Scores	People Development and Attraction



Brilliant Basics – *Strong foundations for success*

Preparing for the future by developing our digital capabilities and leadership

This section illustrates how we will develop our digital and data foundations across the elements of the Informatics Function: People, Data, Technology, Change and Optimisation.



Select which Strategic objective, or component you wish to navigate to

Examples of recent successes:

Focusing on People and Leadership – We have embarked on a programme of leadership development in partnership with the Trust's Organisational Development team. This development programme has already yielded positive outcomes, and positive feedback from those who have participated.

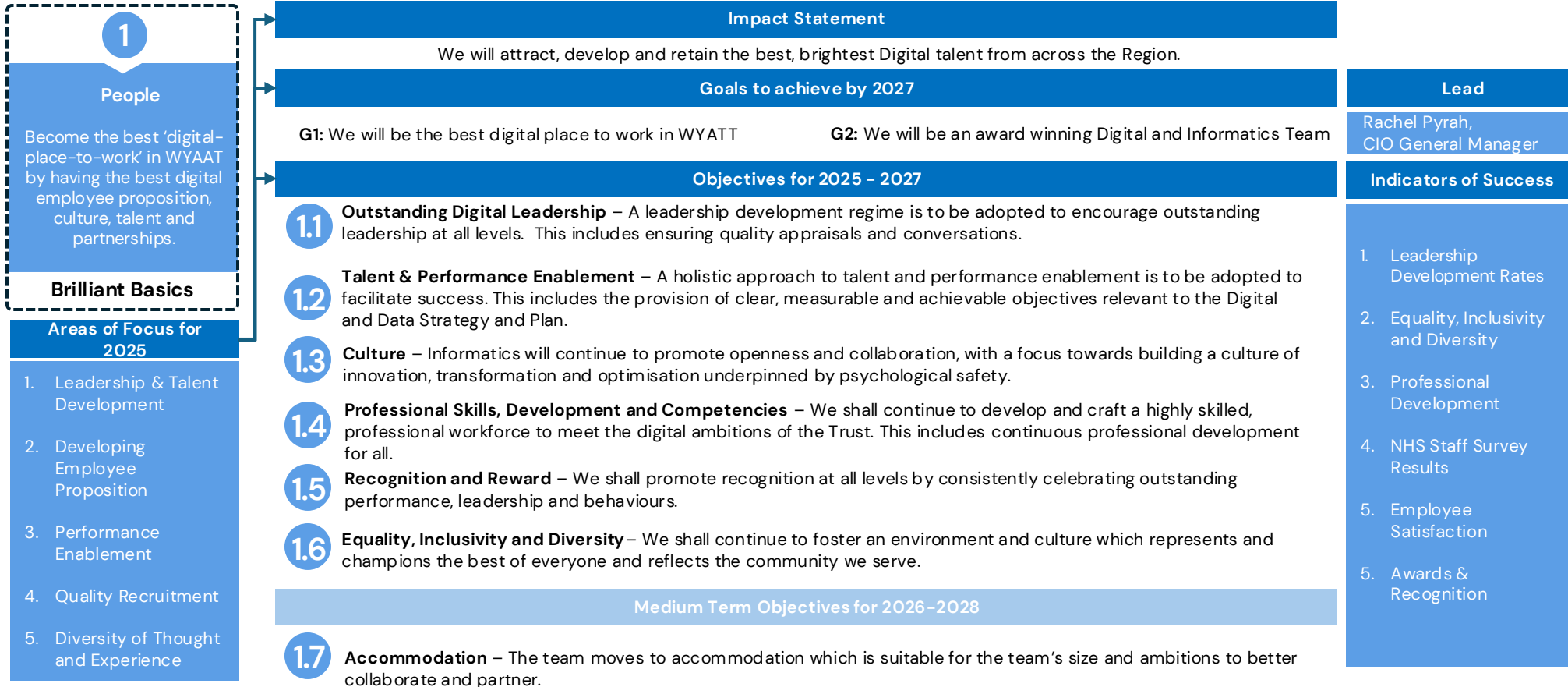
Strong and Flexible Technical Foundations – The Trust has invested into its technical capabilities to mitigate technical debt, and in anticipation of the increased use of devices, data and digital services.

Experience and Skills Development – Through a training and recruitment programme, new skills have been developed and introduced into our team to prepare us for the future.

Clinical Informatics Expansion – We have grown our team of clinical professionals who play a vital role in supporting safe and clinically driven digital change.



Strategic Objective 1 – Our People

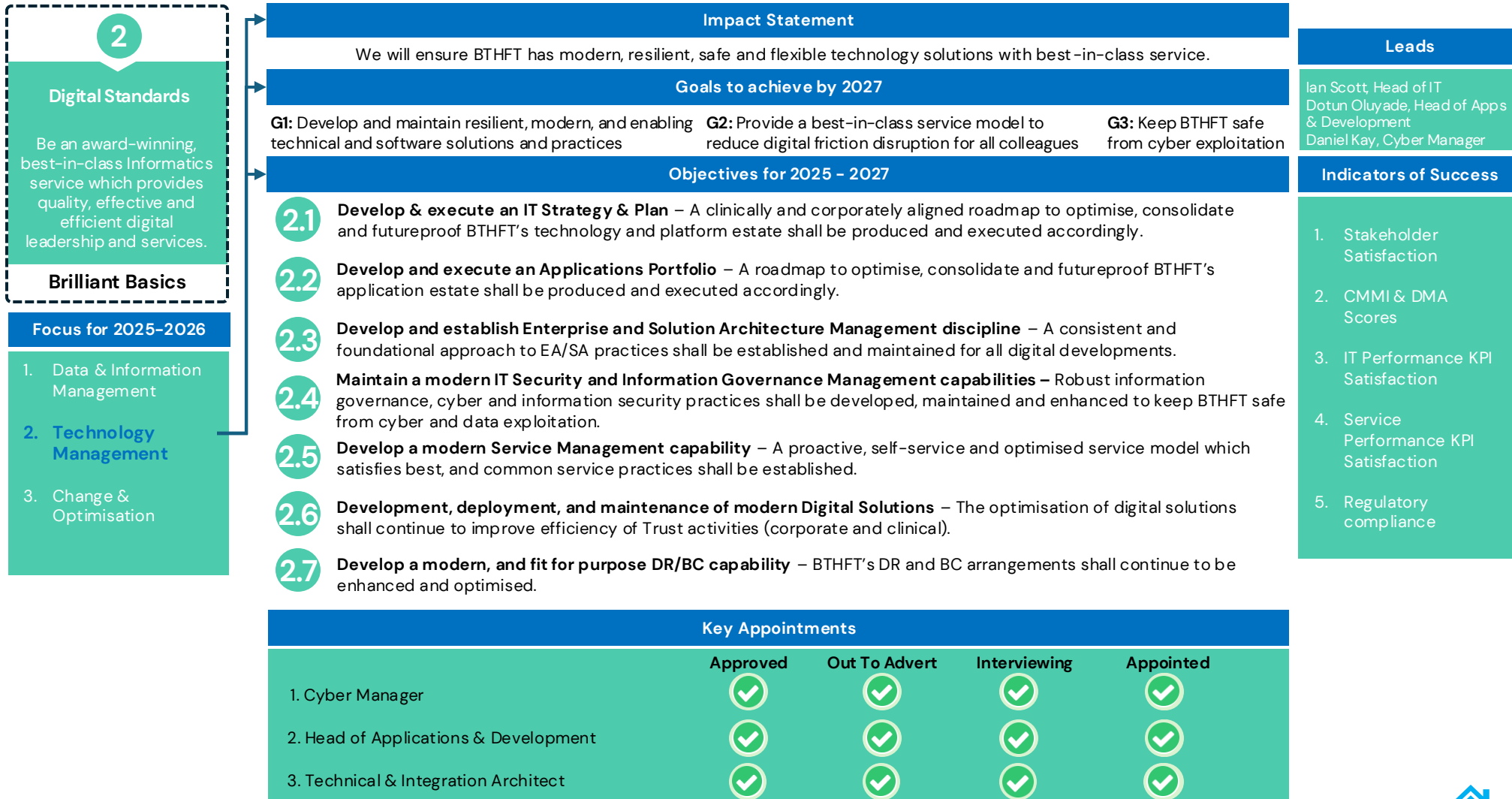


Strategic Objective 2 – Digital Standards (Data & Information)

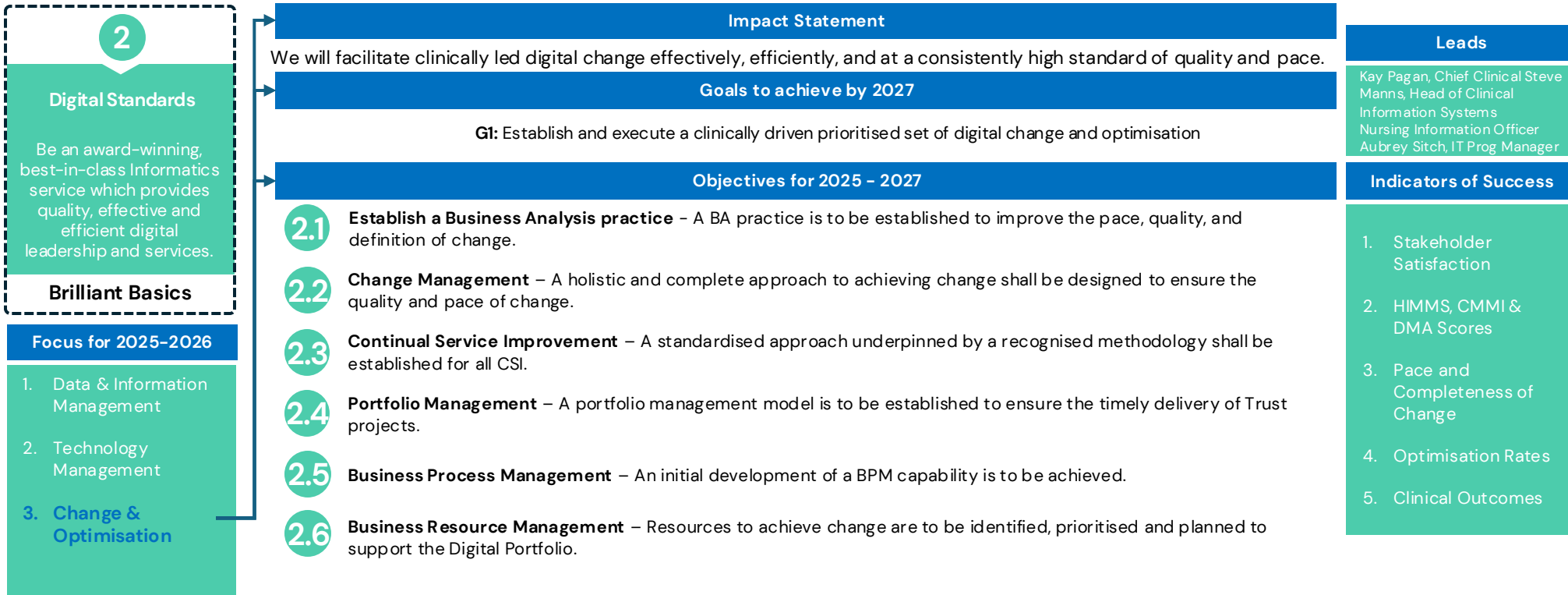
<div>2</div> <div>Digital Standards</div> <p>Be an award-winning, best-in-class Informatics service which provides quality, effective and efficient digital leadership and services.</p> <div>Brilliant Basics</div> <div>Focus for 2025-2026</div> <div><div>1. Data & Information Management</div><div>2. Technology Management</div><div>3. Change & Optimisation</div></div>	Impact Statement				Leads
	We will support the Trust in making proactive decisions to support clinical, operational and corporate outcomes.				Associate Director of Data, Analytics & AI Nick Dodds, Clinical Coding Manager
	Goals to achieve by 2027				Indicators of Success
	G1: Trust incorporates the 'Making Data Count' standard G2: The Trust can make predictive interventions in a clinical and operational context G3: Data and information is accessed in a self-served manner enabling timely analysis				
Objectives for 2025 – 2027					<div>1. Stakeholder Satisfaction</div> <div>2. CMMI & DMA Scores</div> <div>3. Data Usage</div> <div>4. Growth of Analysis and prediction capabilities</div> <div>5. Self Service capabilities</div> <div>6. Clinical Coding and Data Quality</div>
2.1	Data & Information Management – A clinically and corporately aligned Data and Information Management Strategy is to be created which supports the Trust’s Strategic goals, supported and enhanced by the ‘Making Data Count’ methodology and Federated Data Platform.				
2.2	Data Architecture Management – A sustainable and fit for purpose data architecture model for data and integration will be established to enable a self-service, predictive and meaningful data model which can also support AI, data science and machine learning.				
2.3	Data Quality – A data quality collaboration strategy and improvement programme will be established to support data quality governance, completeness and confidence across the Trust.				
2.4	Reporting & Analytics – A proactive, self-service reporting and analytics capability is to be established to enable proactive decision making using the MDC methodology, and other modern analytical means.				
2.5	Master Data Management – The appropriate governance, processes, policies, standards and tools to consistently define and manage critical data to provide a single data record shall be established and maintained.				
2.6	Development Methodologies & Tooling – A set of data development and design methodologies are to be established which supports the execution of the data strategy.				
2.7	Clinical Coding – An ambitious Clinical Coding collaboration and improvement strategy and plan shall be established to enable best-in-class clinical coding capability.				
Key Appointments					
1. Associate Director of Data, Analytics & AI					
2. Data Architect					



Strategic Objective 2 – Digital Standards (Technology)

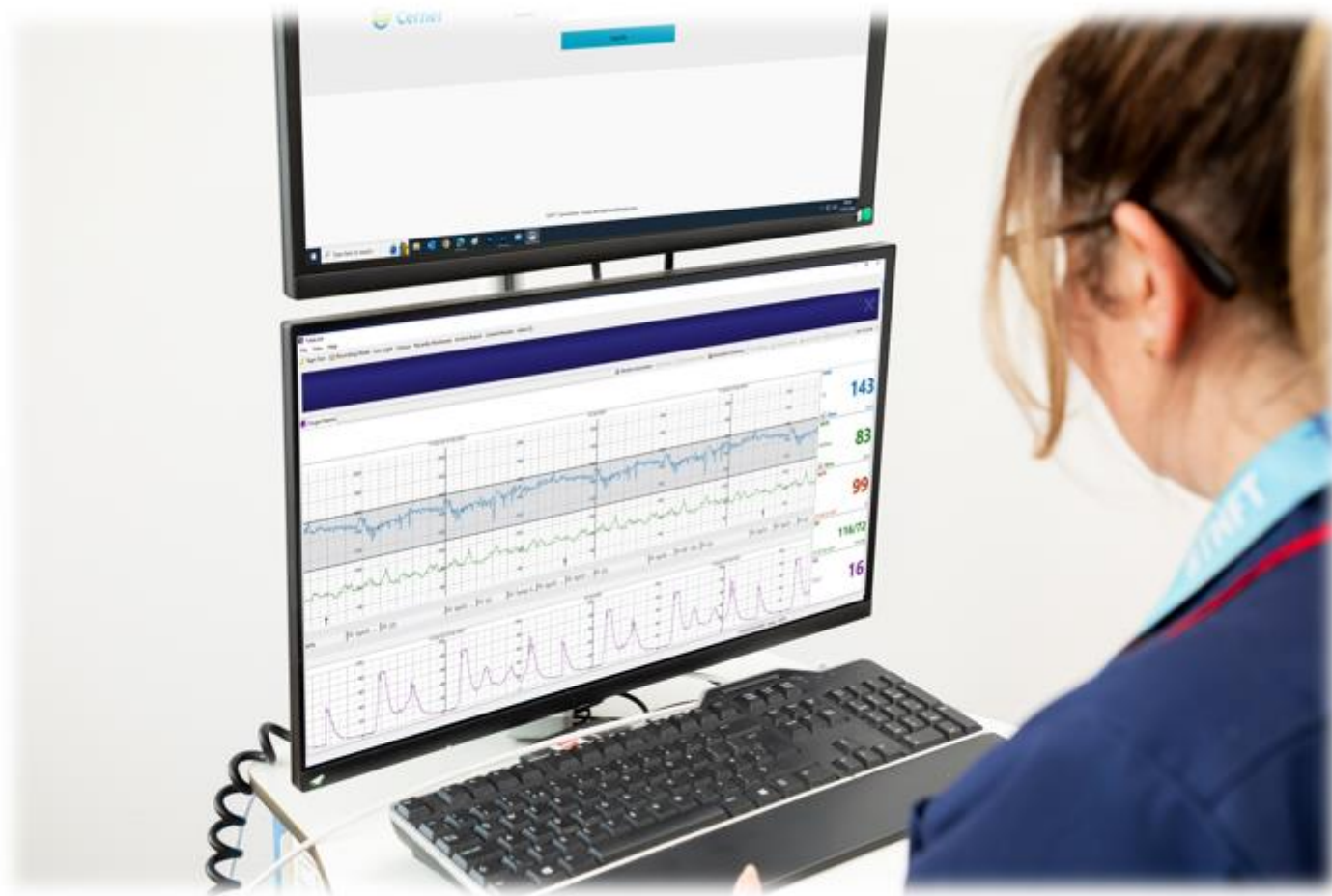


Strategic Objective 2 – Digital Standards (Change & Optimisation)



	Key Appointments			
	Approved	Out To Advert	Interviewing	Appointed
1. 2 x Business Analysts	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Senior Programme Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Portfolio Lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

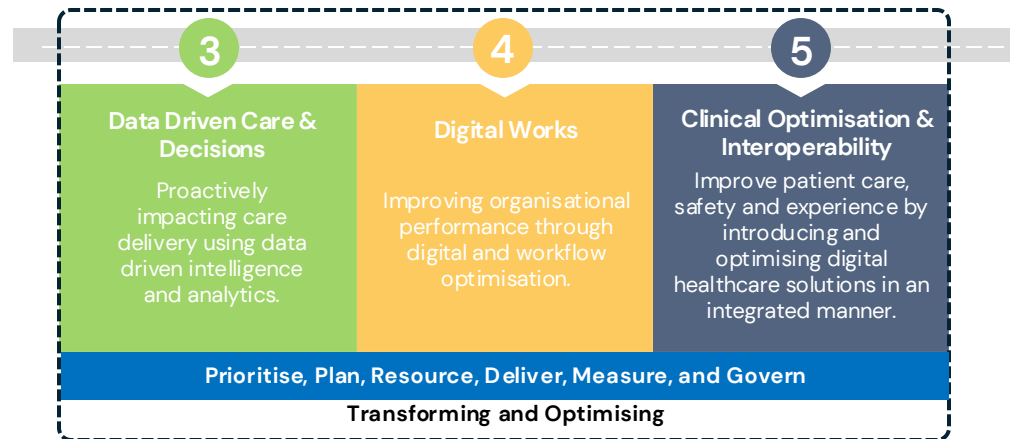




Transforming and Optimising – *Exploiting Digital and Data*

The key to becoming clinically driven, and digitally outstanding

This next section speaks to how Informatics will lead and enable the Trust to exploit digital and data to support clinical, operational and corporate outcomes.



Select which Strategic Objective or phase you wish to visit



Strategic Objective 3 – Data Driven Care & Decisions

3

Data Driven Care & Decisions

Proactively impacting care delivery using data driven intelligence and analytics.

Transforming and Optimising

Why is this important?

Every activity that is undertaken within the Trust generates data, and without the proper aggregation and analysis – vital information which can proactively influence hospital activities, patient care and utilisation is at risk of being lost.

Examples of recent successes:

Insights Centre – Provides all Trust staff with ready access to a large number of metrics utilising Making Data Count (MDC) principles, via Statistical Process Control (SPC) charts and configurable dashboard views.

Medication Reconciliation Dashboard – Provides full visibility on inpatient medication reconciliation to reduce medication errors, provide quality assurance and meet CQC recommendations.

Waiting List App – A comprehensive waiting list management and validation application providing transparency for all pathway waits and customisable workflow in conjunction with interactive visualisations and reporting had been implemented.

Estates and Facilities Dashboards – Provides detailed, useful and fully automated data on patient transfers and performance metrics.

Outpatient Procedures Dashboard – Monitors in near real-time outpatient procedure recording to ensure appropriate visibility of clinical activities.

Our plans and ambitions:

Moving to predictive analysis, rather than reporting – Using the analysis capabilities created, the Trust shall begin to develop ways and means to make decisions based on predictive analysis (e.g. relationship between weather, staffing, and hospital utilisation patterns), and only use reporting when appropriate. This includes the adoption of the new Federated Data Platform.

Refreshing the Command Centre – There is an exciting opportunity to refresh the way in which the Command Centre assimilates and actions the data which is fed to it. In doing so, the ability to enable data driven clinical and operational decisions can be greatly increased; this includes the facilitation of supportive Artificial Intelligence.

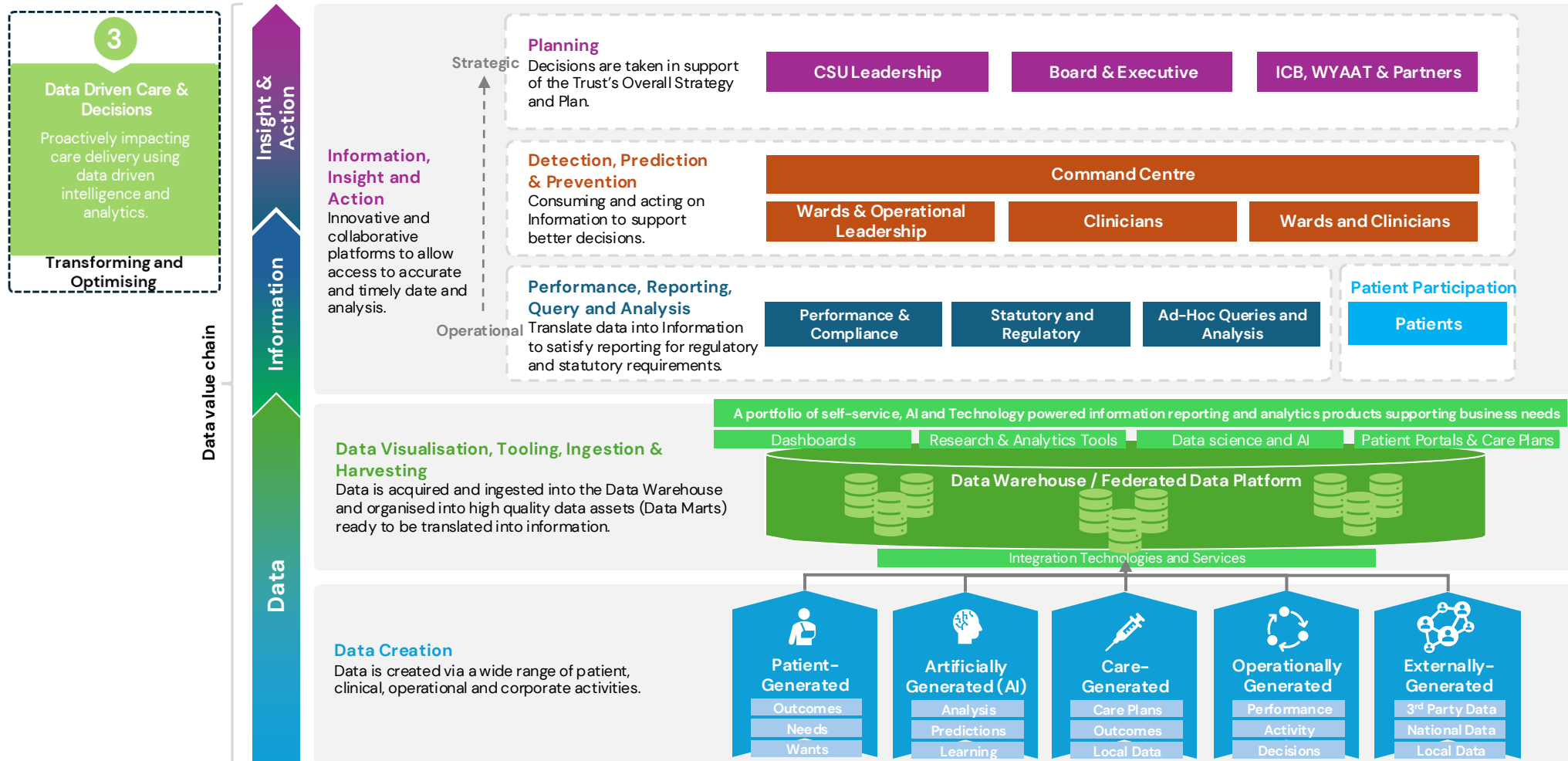
Realtime, self-service CSU Performance Dashboards – Work is already underway to establish a refreshed approach to capturing and articulating Clinical Service Units (CSU) performance in a self-service, on-demand fashion. This new approach will enable CSUs to actively manage their activities based on more-timely, and available information. Notably, this approach enables performance across the Trust to be easily aggregated into and Integrated Board/Executive Report.

Near Real Time Auditing Tools – Near real-time documentation audits improve compliance by identifying gaps early and enhance EPR with accurate, up-to-date records. Work is underway on initial nursing assessments to ensure timely, complete data capture which supports clinical outcomes.

Federated Data Platform and NHS Secure Data Environment (SDE) – Engaging in the NHS Federated Data Platform pilot, and SDE will be a significant improvement as it enables seamless, secure data sharing across NHS services by leveraging nearer real-time insights and analytics, the platform enhances efficiency in resource allocation, supporting faster decision-making, and research insights.



Strategic Objective 3 – An outstanding Data Model



Strategic Objective 4 – Digital Works

4

Digital Works

Improve organisational performance through digital and workflow optimisation

Transforming and Optimising

Why is this important?

Digital Works speaks to the way in which digital solutions are used within the Trust, and is the formal methodology and agenda to support corporate, operational and clinical colleagues.

Examples of recent successes:

Digital Patient Consent – We have deployed a way to digitally collect patient consent across the Trust; this has subsequently removed a vast quantity of paper and administrative effort.

Printer replacement – The Trust has recently refreshed and replaced all printers with new, modern print solutions which has reduced printing volumes by 20%.

Network upgrade – A full upgrade of our underlying network is almost complete which has improved speed of access of data. This will allow us to future proof the network for the digital strategy, and the anticipated increase in mobile clinical devices and services.

Modern Tooling – We have upgraded all our email and Microsoft Office solutions to enable seamless coproduction of communications. This has been deployed in conjunction with a new solution (InTune) which allows for safe and secure access to these resources from personal, and mobile devices.

Automation – Robotic Process Automation (RPA) has been employed at the Trust in a variety of areas to automate repetitive tasks within a variety of services within the Trust. Notably, we have employed RPA within the Outpatient pathway to automatically – rather than manually – provision clinical codes within patient records.

Our plans and ambitions:

Digital Education and Engagement – We will work to improve digital and data confidence and literacy across the Trust to ‘democratise digital and data’, so as to encourage greater engagement and innovation around digital and data matters.

Artificial Intelligence and Automation – When systems and pathways are optimised, the application of AI and automation shall be explored and adopted as standard to streamline downstream clinical and operational activities (e.g. waiting list validation, hospital utilisation and waiting list management, ambient AI and clinical coding automation).

Supporting the ‘Transforming Outpatient Pathway’ Programme with a refreshed Patient Engagement Portal (PEP) – Digital disciplines and transformational methodologies shall be applied towards the refresh of the Trust’s outpatient pathway through an equally refreshed PEP capability. This programme includes the provision of personalised birth plans, pre-arrival screening, waiting list validation, patient initiated follow-up and ‘waiting well’.

Supporting the ‘Transforming Emergency Department’ Programme with Digital and System’s Thinking – As with the outpatient pathway, the application of our refreshed digital disciplines and transformational methodologies shall be used to support the ambitions of the Trust in improving the way in which its emergency department operates. A significant element of the digital transformation and innovation will be to increase the use of data and analysis to help inform patients of waiting times, and predict attendance so as to inform staff rotas.

Modern Tooling – We will deploy and manage modern tooling through the Microsoft 365 suite of products, such as PowerBI, PowerApps, OneDrive, which will enable the Trust to use data and information to make clinical and corporate decisions based on real time information. This tooling can also be developed to automate and streamline corporate activities.



Strategic Objective 4 – Digital Works – Automation & Artificial Intelligence

4

Digital Works

Improve organisational performance through digital and workflow optimisation

Transforming and Optimising

Innovating and doing more with Digital

The Trust is no stranger to utilising AI and automation. Radiology and Cancer services have for some time been using AI to aid clinicians in diagnosis and treatment support, and the Trust has developed and deployed Robotic Process Automation (RPA) solutions to alleviate repetitive and manual tasks.

The availability of these technologies, in conjunction with the Trust's appetite for change offers an ideal opportunity to exploit digital solutions to optimise clinical, operational and corporate activities.

Some examples of BTHFT's AI and Automation Opportunities (🔍) and success stories (✅) are as follows:

Clinical Activity & Coding



Outpatient Coding: We have automated a series of procedure codes which now no longer rely on manual intervention. Since October, nearly 25,000 procedure codes have been automatically applied.



Ambient AI for Clinical Notes: There is the potential for AI to act in a passive manner to record and transcribe conversations between patients and clinicians. This reduces administration, and enables the clinician to face the patient, rather than a screen.

Central Patient Booking Service



ERS to EPR: We have automated the booking of patients referred to the Trust from ERS direct into EPR.

A&E



Supporting Frequent Attenders: AI can be used to predict patients who are at risk of becoming frequent users of emergency services so staff can get them more appropriate care at an earlier stage. Initiatives like this have already helped reduce the number of frequent attendances by more than half in some parts of the country⁹.

Pharmacy



Homecare Prescription Processing: There is an opportunity to automate Homecare Prescription processing between nurses, homecare staff, and pharmacy teams which will provide automated validation, approval, integration with the EPR, and seamless dispatch to providers.

Corporate



Budget and Spend Management: AI-driven tools can analyse spending patterns, suggest budgeting strategies, detect potential areas improvement and commercial opportunity.



Time to Hire & HR Support: The prevalence of automation and AI driven processes in a HR context is commonplace as it can support the completion of repetitive and manual tasks e.g. employee onboarding, policy management, ad-hoc queries or support.



Invoice & Receipts Handling: A combination of AI and Automation can be used to automate and streamline invoice handling. A trial of this capability is already underway.

Outpatient Pathway



Hospital Utilisation and Waiting List Management: Tooling can be used to optimise elective recovery waiting lists, as well as us AI to predict DNAs using weather patterns, patient location and other such peripheral data sets to support patient attendance. This also includes the ability to 'fill' any cancelled appointments with patients statistically most likely to attend.

Patient Care & Command Centre



Prevention and Detection: AI tooling can help support clinical care and interventions in a timely manner based on patterns, patient monitoring (MEWS) and other such data.



Strategic Objective 5 – Clinical Optimisation & Interoperability

5

Clinical Optimisation & Interoperability

Improve patient care, safety and experience by introducing and optimising digital healthcare solutions in an integrated manner

Transforming and Optimising

Why is this important?

This element of the strategy speaks to a comprehensive programme of introducing new, and optimising current clinical systems for our clinicians, and patients.

Examples of recent successes:

Theatre, Anaesthesia and Critical Care (TACC) – The successful implementation of Theatre and Critical Care services to EPR in November '25, introduced fully digitised workflows alongside the integration of bedside medical devices and infusion management.

Pathology Upgrade – The implementation of a new WYAAT Pathology Laboratory Information Management System (LIMS), replaced an aging and poorly supported system. The new solution offers greater functionality and will be used as the bedrock for further Pathology service improvements.

ICE OpenNet – An upgrade of the results reporting system (ICE) and the implementation of new functionality to allow Radiology and Pathology reports from WYAAT and Harrogate hospitals has been implemented.

Digital Pathology – The implementation of a Digital Pathology system which will allow for optimised reporting of Histopathology and better sharing of work across the region.

Our plans and ambitions:

Establishing a clinically driven, digitally outstanding baseline – A new digital and data blueprint shall be established and piloted across a series of clinical domain which will provide a tangible examples of clinically driven, digitally optimised environments, systems, methodologies and data. This will include training, engagement and education to support the way in which colleagues can utilise digital and data to their advantage.

Prioritising Digital Interventions – A comprehensive assessment shall be undertaken across clinical specialities and CSUs to ascertain their digital and data maturity based on clinical safety, quality of care, effectiveness and performance. This will then provide a focused plan of support, optimisation and development.

EPR Optimisation – A refreshed approach to proactively identify, understand and prioritise EPR system optimisation – driven by clinical and operational priorities – shall be established, and routinely published to ensure maximum engagement.

Enhanced Clinical Partnering – A new approach to digital and clinical partnering shall be established between CSUs, and those clinical areas that require improvement and support.

Medanets and Clinical Mobility – We will seek to introduce handheld devices to support bedside observations, alerting & escalation, and nursing documentation. In doing so, we will significantly enable a mobile EPR capability which enables clinicians to spend more time with patients, as opposed to computer screens.

Clinical System Consolidation & Optimisation – A programme of work to reduce the complexity of clinical systems shall be undertaken to reduce duplication.



Strategic Objective 5 – Clinical Optimisation – Bringing it together

5

Clinical Optimisation & Interoperability

Improve patient care, safety and experience by introducing and optimising digital healthcare solutions in an integrated manner

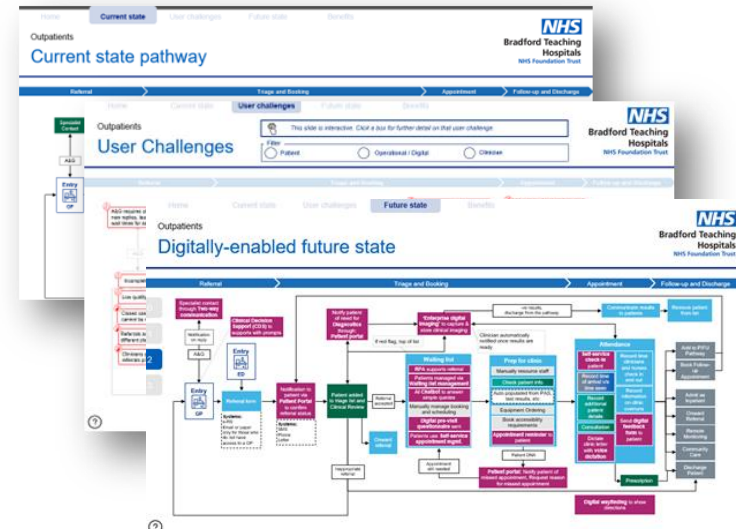
Transforming and Optimising

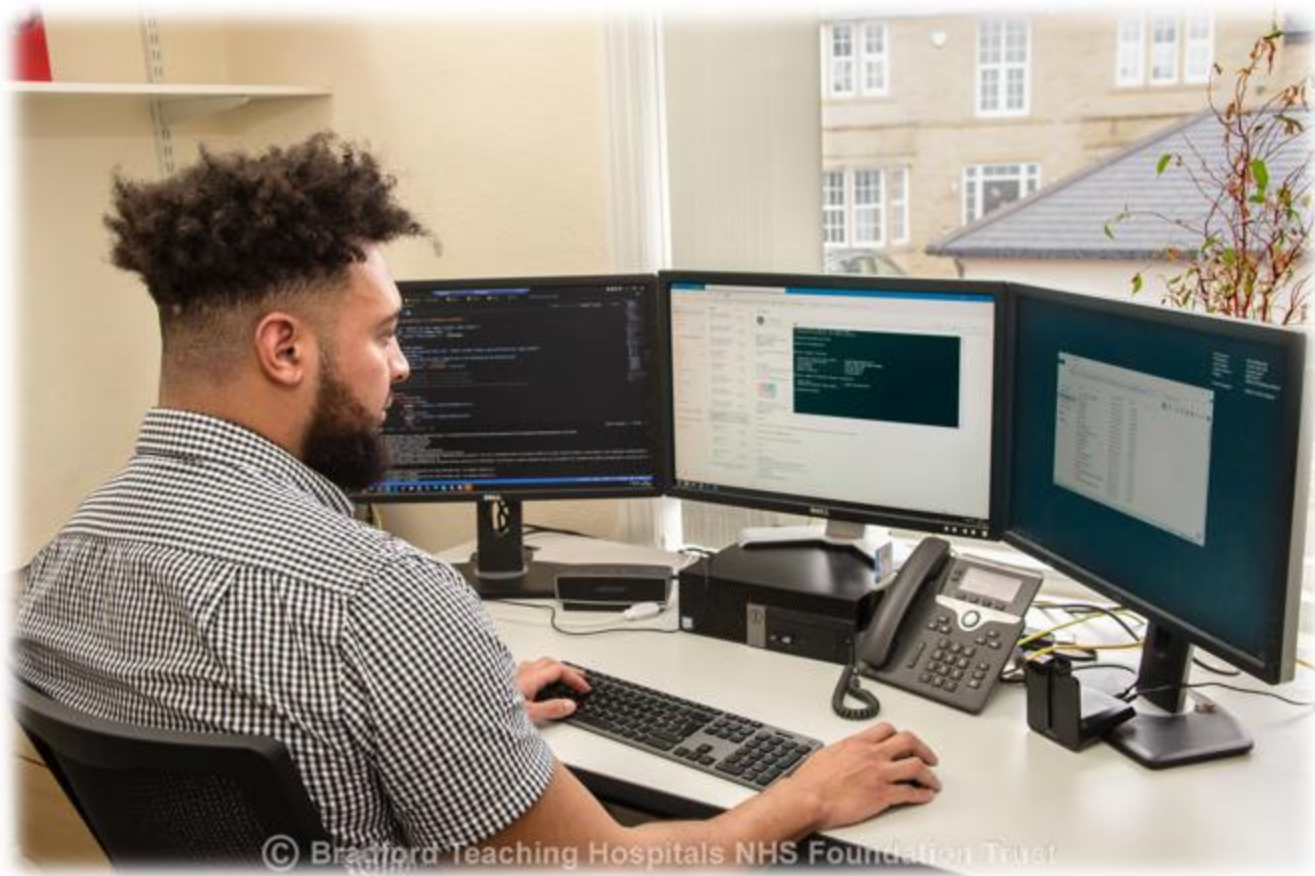
A fresh approach to clinical optimisation and change

Clinical Optimisation means making the most of what a Clinical System can do to support clinical outcomes. Optimisation can take many forms; it can be by way of an 'Everyday Approach' in the form of small fixes that make it easier to use (for example, a new field or form). Conversely, optimisation can mean undertaking significant change to implement, change or replace a new digital system or workflow.

Whatever the scale of optimisation and change, we will apply a refreshed end-to-end methodology which will ensure well-designed, coproduced and clinically driven change – and one which incorporates all our strategic objectives, with the patient at its heart. This will be enhanced with a comprehensive engagement plan towards the priority and sequencing of optimisation.

Our approach to delivering a variety of optimisation programmes, with EPR as a priority will be as follows:





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Success

How we will measure and govern success



Principles for Success

Operating Principles

Given the complexities of digital activities and services in a clinical context; principles to direct and guide leadership, behaviours, decision making and solution selection must be in place.

- **Effective and Efficient:** We will be effective and efficient in everything we do
- **Patient Focused:** The patient is at the heart of all we do, and we will ensure our efforts and activities contribute to enabling outstanding clinical outcomes
- **Leadership:** We will demonstrate the very best of digital leadership in our activities, and with our people
- **Trust Priorities:** We will support the Trust's goals and objectives
- **Digital Capabilities:** We will deliver digital capabilities and not simply IT solutions
- **Value Realisation:** We shall continue to enable and support clinical, operational and corporate outcomes
- **Information Exploration and Exploitation:** Information will be recognised and treated as a key asset
- **Stakeholder Focus:** User experience and accessibility will always be kept front of mind when designing solutions
- **Designing, Prioritising and Shaping Change:** We shall shape and prioritise change by consulting with our stakeholders
- **Flexible:** We shall ensure solutions are designed, and organised in a manner that gives optimum flexibility to accommodate future change
- **Governance Behaviour:** Informatics shall be governed without red tape, using industry standard best practice where appropriate, and by maintaining a balanced view of risk
- **Fail Fast:** We shall embrace managed-risk taking without fear of trying new and more effective ways of working

Technical Architecture Principles

Similarly to the operating principles, a set of technical architecture principles are required to ensure the proper design of clinical systems and solutions.

General Principles

- **Trust & IT Alignment:** Decisions are always made under the business alignment perspective to generate maximum benefits for the Trust
- **Business Continuity and Disaster Recovery:** Trust activities must be maintained, despite system interruptions
- **Convergence with Enterprise Architecture:** All initiatives will be strategically aligned
- **Adopt Best Practice & Industry Reference Models:** Digital, Data and Change activities must be aligned with best practice
- **Simplicity:** We shall not add more process or technology to what we remove

Information Principles

- **Information Treated as an Asset:** Information is an asset and will be managed accordingly
- **Shared Concepts, Terms and Data Definitions:** Data will be defined coherently throughout the Trust, and definitions are comprehensible and accessible by all stakeholders
- **Information Security based on the CIA Triad:** Information is protected based on integrity, availability, confidentiality, incontestability and authenticity
- **Application Principles & Technology Independence:** Applications do not depend on specific technological options and therefore, can function on different technology platforms
- **Easy to use Applications:** Focus on usability and accessibility when applications are designed
- **Component Re-use and convergence:** Build low-coupling, reusable, modular components that implement services
- **Adaptability and Flexibility:** Digital systems are conceived to generate and support positive change

Technology Principles

- **Changes based on Requirements:** Changes in applications and technologies are implemented only to meet business needs
- **Control Technological Diversity and Suppliers:** Technological diversity is controlled to minimise cost and complexity along with our supplier and partner-base
- **Interoperability:** Software and hardware must follow established standards that promote data, application, and technology interoperability



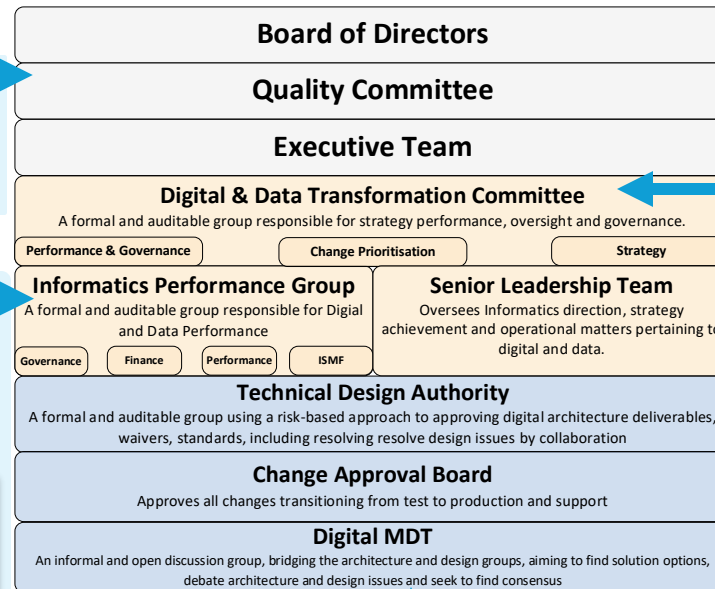
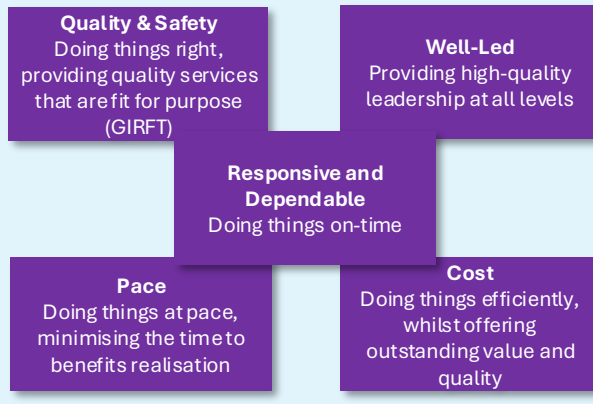
Oversight, Coproduction and Prioritisation

Trust Oversight and Assurance

The Board, sub-committees and executive team shall receive an enhanced set of routine updates and assurances towards the progress of the Strategy and performance of Informatics.

Performance and Governance

Digital systems and services must be highly governed and regulated to protect patients, privacy, data and operations from failure, or compromise. Informatics shall measure performance, and governance across 5 key lines of enquiry:



Participation & Coproduction

A Digital Multi-Disciplinary Team has been established to engage with clinical, operational and corporate SMEs to encourage innovation and coproduction of digital and data transformation, change plans and optimisation.

Clinical and Operation Alignment and Prioritisation

To ensure we are clinically driven and aligned to the Trust's priorities, we are refreshing our Digital and Data Transformation Committee to better align and prioritise digital and data plans in support of the Trusts clinical, operational corporate agenda.

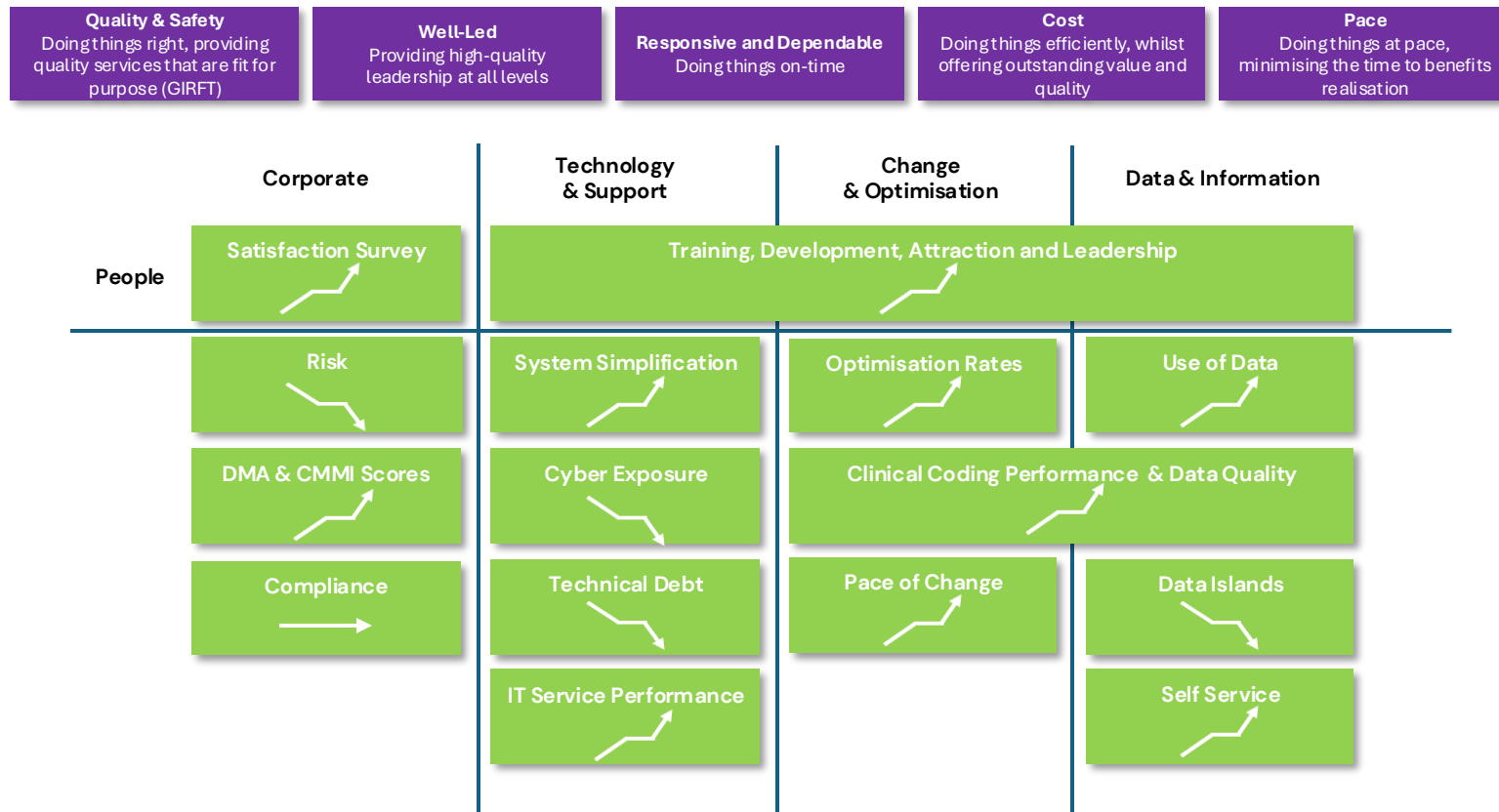
The membership of the DDTC will consist of senior leadership from clinical, operational, digital, transformation and corporate domains.



Indicators of Success

Informatics of Success

In conjunction with the Trust's performance indicators, there are a series of digitally-oriented KPIs and measurements which shall be monitored and further developed to enable Informatics to measure and manage success against our 5 key lines of enquiry:



References

- 1 – 2025/26 priorities and operational planning guidance: <https://www.england.nhs.uk/publication/2025-26-priorities-and-operational-planning-guidance/>
- 2 – Independent investigation of the NHS in England: <https://www.gov.uk/government/publications/independent-investigation-of-the-nhs-in-england>
- 3 – Reforming elective care for patients: <https://www.england.nhs.uk/publication/reforming-elective-care-for-patients/>
- 4 – West Yorkshire Health and Care Partnership Digital Strategy: <https://www.wypartnership.co.uk/our-priorities/digital>
- 5 – Bradford District and Craven Strategy: <https://bdcpartnership.co.uk/our-strategy/>
- 6 – 2024 Joint Strategic Needs Assessment (JSNA) for Bradford: <https://jsna.bradford.gov.uk/>
- 7 – Bradford District and Craven Digital Divide analysis: <https://bdcpartnership.co.uk/reducing-the-digital-divide/>
- 8 – Bradfords District Plan 2021 – 2025: <https://www.bradford.gov.uk/media/2312/bradford-district-plan-2021-2025.pdf>
- 9 – NHS artificial intelligence (AI) giving patients better care and support: <https://www.england.nhs.uk/2024/12/nhs-ai-giving-patients-better-care-and-support/#:~:text=The%20NHS%20is%20using%20AI,reducing%20demand%20on%20pressured%20A%26Es.>

