

Board of Directors Meeting in Public - Cover Sheet

Subject:	Digital Strategy Review		Date: 6 <sup>th</sup> July 2023		
Prepared By:	Richard Walker, Chief Digital Information Officer				
Approved By:	David Selwyn, Medical Director				
Presented By:	Richard Walker, Chief Digital Information Officer				
Purpose					
The purpose of this report is to provide The Trust Board with an update on high level objectives published in the Digital Strategy in 2020, and as background to the Digital workshop.				Approval	
				Assurance	
				Update	X
				Consider	
Strategic Objectives					
Provide outstanding care in the best place at the right time	Improve health and well-being within our communities	Empower and support our people to be the best they can be	To continuously learn and improve	Sustainable use of resources and estate	Work collaboratively with partners in the community
X	X	X	X	X	X
Principal Risk					
PR1	Significant deterioration in standards of safety and care				X
PR2	Demand that overwhelms capacity				X
PR3	Critical shortage of workforce capacity and capability				X
PR4	Failure to achieve the Trust's financial strategy				X
PR5	Inability to initiate and implement evidence-based Improvement and innovation				X
PR6	Working more closely with local health and care partners does not fully deliver the required benefits				X
PR7	Major disruptive incident				X
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change				X
Committees/groups where this item has been presented before					
Digital Strategy Group Executive Team					
Acronyms					
ePMA – Electronic Prescribing & Medicine's Administration EPR – Electronic Patient Record PAS – Patient Administration System					

## Executive Summary

The purpose of this report is to provide The Trust Board with an update on high level objectives published in the Digital Strategy in 2020, and as background to the Digital workshop.

17 out of 32 objectives have been achieved. The Covid-19 pandemic and the EPR restart have delayed several others. The strategy is still relevant, and a review should be commissioned once the EPR contract has been signed – as knowing the supplier and approach will be essential to future planning.

## Digital Strategy Objectives Review

The purpose of this document is to review the achievements against the SFH [Digital Strategy](#). The review is timely considering the Trust's ePMA (Electronic Prescribing and Medicine's Administration) programme status, EPR (Electronic Patient Record) procurement re-start, financial constraints whilst recognising significant national support for digital transformation and the fast-moving pace of the digital agenda. It is appropriate to check and challenge that the objectives remain relevant and appropriate.

The Digital Strategy was launched in Spring 2020 following significant engagement with staff and patients and system partners. Whilst the Covid 19 pandemic significantly affected capacity and influenced priorities, there is a need to review the achievements to date, and review timescales, given we are 3 years in.

### Context

The national context requires a core level of digitisation – a key element of this is:

***80% of Trusts will have achieved an EPR implementation or a significant implementation by March 2025 with the remaining Trusts achieving EPR completion by December 2025.***

It should be noted that the Trust's potential to achieve this target is at risk due to the procurement re-start.

A digital by default approach at scale is also developing nationally, with the NHS App as the front door to patient content (correspondence, results, appointments, prescriptions, and interactions).

The Nottingham & Nottinghamshire Integrated Care System Strategy<sup>1</sup> has a principle of 'integration by default'. This includes areas relating to workforce and the use of data. As a priority, the strategy will 'bring our collective data, intelligence and insight together.' The ICS Digital, Analytics, Information, and Technology (DAIT) Strategy and the Patient facing Digital Strategy are both currently being reviewed. However, the strategic priorities are unlikely to change.

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<sup>1</sup> [Integrated-Care-Strategy-2023\\_27.pdf \(healthandcarenotts.co.uk\)](#)

DAIT Strategic initiative
1. Develop our Public Facing Digital Services
2. Develop our Population Health Management capability, aligned with powerful Analytics and Intelligence to support all initiatives
3. Complete the digitisation of providers by 2024
4. Develop a single summary health and care record and supported workflows, by interoperability of our health and care data and systems
5. Improve the digital literacy of the workforce and the capability and capacity of our digital and informatics specialists and develop our culture, investment and governance

### Vision & Strategy

In April 2019, the Trust launched its new vision and strategy, 'Healthier Communities, Outstanding Care'. The Digital Strategy addresses how we will achieve objective 4 – *make the best use of information and digital technology.*

The alignment between the Trust Digital Strategy and the wider ICS strategies is testament to the cooperative working across partners.

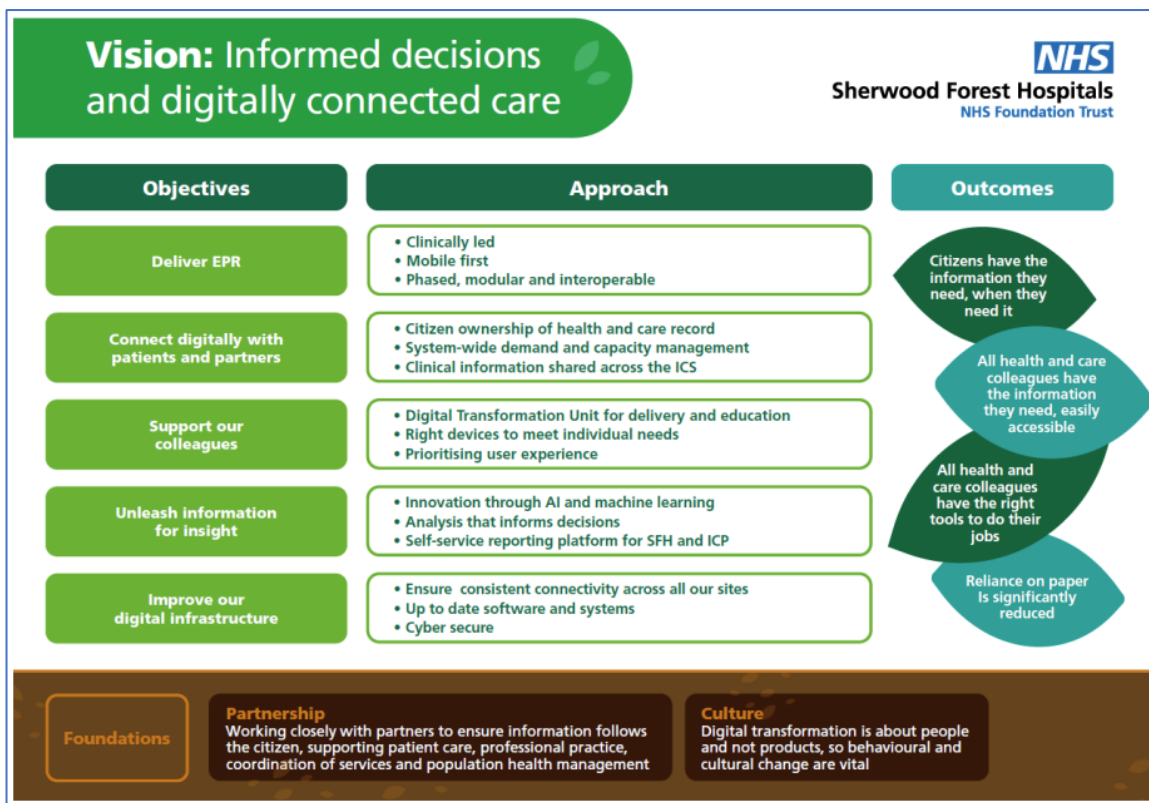


Figure 1: Digital Strategy on a page

### Timescale review

The digital strategy is a very accessible document, not unduly technical, or focussed on specific technologies. The strategy is based on 5 pillars or key objectives:

- Deliver EPR
- Connect digitally with patients and partners
- Support our colleagues

- Unleash Information for insight
- Improve our digital infrastructure

For each objective, the strategy notes what will need to be achieved to deliver the desired outcome. Appendix 1 contains a review of the actions and timescales.

Given the drivers above and review by clinical, operational, and technical leads the strategy is still valid and should continue to be the benchmark for evaluating digital investments. 17 out of 32 actions have been completed. It should be noted that whilst the Covid-19 Pandemic will have delayed many things, it did lead to progress in others (agile working, Office 365/Teams, video consultations).

The restart of the Trust's EPR programme is the key delay to our digitisation plans. Re-profiling these activities cannot begin until the contract has been signed with the preferred supplier.

In the interim there will be several related or follow-on objectives that the Trust may wish to prioritise including:

- Further roll out of EPMA.
- Continued digitisation of clinical assessment documentation
- Delivering on the "right tools for the job" mandate
- Continuing the digital integration of ED
- Targeted EPR preparation (e.g. PAS data quality, further clinical process digitisation)
- Targeted use of Office 365 (e.g. Robotic Process Automation)
- Lifecycle Asset management
- Digital by Default for patient correspondence
- Wi-fi and core network upgrade in preparation for EPR
- Business Intelligence
  - o Acquisition of more data sources (e.g. Datix, ICNET)
  - o Focus on Quality & Improvement data for Nursing

The above list is illustrative, not exhaustive, or prioritised. It does not take account of planned work by the Trust, NHIS. Future plans must be inclusive of other services, such as Radiology, Pathology or the ICS.

At present the implementation of digital solutions is limited by the resources (people and funding). DIAG manages the approval and prioritisation of work. There is unfulfilled demand should further resources become available.

## **Recommendation**

Digital Strategy Group and the Executive Team have received this paper. The recommendations were to:

- note the content of the report.
- Comment on their priorities for the coming 1-2 years.
- Request a review of existing Digital related plans for the next 1 – 2 years, to form the basis of a Digital operational plan, to include:
  - o DIAG (Digital Innovations Approval Group) approved work.
  - o Include a short review of unmet demand (projects/ideas that have yet to be prioritised or submitted).
  - o NHIS planned work on behalf of the trust.
- Commission an update of the Digital Strategy, to begin once the EPR contract is signed.

Trust Board are asked to note the content of the report and consider in the context of the Board workshop.

## Appendix 1: Actions Timescale review

EPR	By when	% Complete	Revised Date
Complete implementation of e-obs phase 2 (ED and Maternity)	Q3 2020/21	100%	-
Fully optimise bed management, capacity and flow	Q2 2021/22	100%	-
While complete, this work is being revisited due to added requirements driven by the ICS and SFH Chief Operating Officer.			
Complete implementation of e-obs phase 3 (ICU, Neonates and Theatres)	Q4 2021/22	66%	Full EPR
Although Nervecentre has been introduced to ICU and Theatres, the ask has evolved, where e-Obs was not the priority, rather visibility of clinical information and EPMA.			
Patient assessments fully digitised (For in-scope assessments)	Q4 2021/22	100% (of in-scope assessments)	
Implement a new care pathways and workflows solution (SDM replacement)	Q4 2021/22	50%	Q3 2023/24
Review the future requirements for our Patient Administration System (PAS)	Q4 2021/22		EPR programme
PAS requirements to be scoped as part of EPR programme			
Review the future requirements for Order Communications	Q4 2021/22		EPR programme
Requirement to be included in EPR requirements			
Implement ePMA	Q3 2022/23	100% adult inpatient wards	

Further roll-out expected in next 12-18 months			
Ensure all correspondence (patient and clinician) is digital	Q3 2022/23	100% for maternity - Badgernet	EPR programme
Digitise patient notes (captured and viewed electronically for all pathways)	Q2 2023/24		EPR programme
Integrate digital imaging with EPR	Q2 2023/24		EPR programme
Integrate Infection Prevention and Control with EPR	Q2 2023/24		EPR programme
<b>Patient Facing Digital Services</b>	<b>By when</b>	<b>% Complete</b>	<b>Revised Date</b>
PFDS roadmap developed (ICS)	Q1 2020/21	100%	
Digital correspondence with patients to begin	Q3 2020/21	100%	Q4 2025/26
Outpatient and radiology letters are delivered digitally to 16% of patients, with plans being developed to significantly increase take up. The Trust should adopt a Digital by Default approach to patient communication as a platform for future engagement.			
Secondary care data sharing infrastructure development	Q3 2020/21		
The Notts Care Record programme (previously called Ecosystems platform) will deliver the next generation care record to replace the existing Care Centric Notts Health and Care Portal. The project is progressing well, and the target is to be able to deliver clinical safety testing in June/July 2023.			
System-wide demand, capacity, and flow information available	2021/22	50%	To be reviewed
The Trust is working with the region and ICS SAIU (System Analytics Intelligence Unit) to supply data once and support the development of interactive dashboards at a system level. Automated national FDF data flows are being used by the SAIU to populate the capacity and flow solution.			
ICS interoperability fully functional	Pending ICS DAIT Strategy	Complete	-
The DAIT strategy has been developed and driven forward by the ICS. The ICS partnership has been successful in a S251 application. This allows patient level data to be linked and used for secondary uses (i.e. non-clinical) – with appropriate governance. System level BI technology has been implemented, and data flows are being developed. The Strategy is currently being reviewed for the next stage of development.			

LHCR	Pending LHCR strategy	-	-
See Secondary care data sharing infrastructure development above.			
Support our colleagues	By when	% Complete	Revised Date
Establish Digital Champions Network	Q1 2020/21	100%	-
Establish DTU	Q1 2020/21	100%	-
'Tap and go' delivered in urgent and emergency care	Q3 2020/21	100%	Review Q1 2023/24
Although delivered, the benefits have not been realised, and the solution not well received. Plans are in place to review the requirement with support from Imprivata. This should be undertaken in the context of the EPR and device strategy – mobile, always on devices may fundamentally change the approach and solutions needed.			
Communications optimisation project (including intranet review)	Q4 2020/21	0%	
Reviewed, but no plans formulated. Requires further work. Unified Communications Strategy being commissioned April/May 2023		10%	To be reviewed
Ensure mobile devices are available in all relevant clinical areas	Q4 2021/22	100%	-
Wider rollout of single sign on	Pending national solution	-	To be reviewed
Delayed, subject to Tap and Go review, and the EPR procurement.			
Unleash Information	By when	% Complete	Revised Date
Coproduce ICS DAIT strategy	Q2 2020/21	100%	



The Trust has taken part in the co-production of the ICS DAIT strategy and continues to support the implementation. There has been a recent review undertaken, to which SFH contributed.

Develop proof of concept for visualisation platform, test and refine	Q3 2020/21	30%	Timetable to be reviewed
Develop suite of interactive SFH reports through a visualisation platform	Q2 2021/22		

The Trust implemented Qlik Sense as a tactical decision, rolling out several live, interactive dashboards. In 2022, a BI Strategy statement was approved, agreeing to align the Trust with the ICS strategy and technology infrastructure for Business Intelligence. This is based on Microsoft Power BI and SharePoint hosted by NHIS on behalf of the ICS. Access to the infrastructure was enabled in March 2023, along with shared learning content, and templates. The Trust is starting the process of training Information Analysts on Power BI, and spreading the capacity across its teams, with a view to automating where possible.

Develop suite of interactive ICP reports through a visualisation platform	Q4 2021/22	100%	-
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This has been achieved via the ICS SAIU work.

Share learning across the ICS	Q2 2022/23	100%	-
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Link to the Power BI decision, also link to DAIT and SAISOG

Improve our Digital Infrastructure	By when	% Complete	Revised Date
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HSCN migration	Q2 2020/21	100%	-
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This project was the replacement connectivity for the N3 NHS network. The ICS partners implemented 230 circuits. From an SFH perspective, this meant dual, resilient, and diverse connectivity for KMH, Newark and Mansfield. The infrastructure supplies high speed connections, and the ability to share infrastructure, including wi-fi. Discussions have already begun concerning the next iteration.

Complete rollout of Office 365.	Q2 2021/22	100%	-
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The Microsoft deal is currently being renegotiated by NHSE (for completion circa end of May 2023). The roll out of Office 365 is a significant piece of work. There is a need to review the plan going forward to ensure the Trust gains the maximum benefit. Process automation, the right use of Teams, Sharepoint and other tools should be reviewed.

Resolve Wi-Fi blackspots at King's Mill Hospital	Q4 2020/21	Awaiting Wi-Fi survey results	2023/24
Replace Wi-Fi at Newark and Mansfield Hospitals	Q4 2021/22		

There are several actions targeted at improving the wi-fi across the Trust sites. A detailed technical survey has been undertaken, with results awaited. The infrastructure is being replaced using Capital funding to prepare for the increasing traffic created by EPR applications. Access to wi-fi is being simplified, to support always on access and wi-fi calling. Staff are also being asked for their opinion via an online survey. 4G coverage is being reviewed with Vodafone.