

**Board of Directors Meeting in PUBLIC- Cover Sheet**

<b>Subject:</b>	Digital Update		<b>Date:</b>	4 <sup>th</sup> July 2024	
<b>Prepared By:</b>	Paul Moore, Acting Chief Digital Information Officer				
<b>Approved By:</b>	David Selwyn, Acting Chief Executive				
<b>Presented By:</b>	Paul Moore, Acting Chief Digital Information Officer				
<b>Purpose</b>					
The purpose of the paper is brief the Trust Board on progress on the Digital Strategy since the briefing in July 2023.			<b>Approval</b>		
			<b>Assurance</b>		
			<b>Update</b>	X	
			<b>Consider</b>		
<b>Strategic Objectives</b>					
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community
X	X		X	X	
<b>Principal Risk</b>					
<b>PR1</b>	Significant deterioration in standards of safety and care				X
<b>PR2</b>	Demand that overwhelms capacity				X
<b>PR3</b>	Critical shortage of workforce capacity and capability				X
<b>PR4</b>	Failure to achieve the Trust's financial strategy				X
<b>PR5</b>	Inability to initiate and implement evidence-based Improvement and innovation				X
<b>PR6</b>	Working more closely with local health and care partners does not fully deliver the required benefits				X
<b>PR7</b>	Major disruptive incident				
<b>PR8</b>	Failure to deliver sustainable reductions in the Trust's impact on climate change				X
<b>Committees/groups where this item has been presented before</b>					
None					
<b>Acronyms</b>					
<p>CROG: Capital Resource Oversight Group                  DTU: Digital Transformation Unit                  EPMA: Electronic Prescribing Medicines Administration                  EPR: Electronic Patient Record                  EPRIB: EPR Investment Board                  FBC: Full Business Case                  ITT: Invitation to Tender                  LHCR: Local Health Care Record                  OBC: Outline Business Case                  PFDS: Public Facing Digital Services                  PKB: Patient Knows Best                  SAIU: System Analytic Intelligence Unit                  SFH: Sherwood Forest Hospitals NHS Foundation Trust                  SRO: Senior Responsible Officer</p>					

## Executive Summary

### Digital Strategy

Progress has continued to finalise the remaining objectives in the Digital Strategy 2020-2025, resulting in 22 of the 32 milestones being achieved.

Work will commence in Q3 to initiate the new strategy, aligning to the timeline of the award of the EPR supplier recognising the importance this will have on all components of the strategy.

### EPR

The outline business case (OBC) for the EPR has been approved and the trust is due to initiate an Invitation to Tender (ITT) on the 1 August subject to cabinet office approval and adherence to purdah. The organisation plans to award to the successful supplier in Q4 24/25 following a competitive tender process. This will be followed by the sign off the full business case (FBC) shortly after, in conjunction with the NHS England Frontline Digitation programme governance.

### PFDS

Key work continues to improve the use of the NHS app across the Sherwood population. The organisation has the capability to send all letters digitally. Between April 23 and March 24, a total of 477,159 letters were sent for Outpatients and Radiology. The current uptake by patients accessing them digitally is 24%: this continues to be a key aim to increase the %, to achieve additional improvements.

### Other Updates

Work has taken place to review and refresh the digital governance arrangements. This has included the creation of an EPR Programme Board chaired by the SRO (Medical Director).

### Recommendations

1. Note the work on the delivery and completion of the 2020-2025 Digital Strategy
2. Note the continued progress on the EPR and PFDS programmes.

## 1. Digital Strategy

In July 2023, 17 out of the 32 had been completed, a further 5 have now been completed. The appendix outlines the detailed review of all objectives and the final position on the 2020-2025 digital strategy. This does not demonstrate the scale of work in its entirety completed by Digital and Information during this period but provides the basis to which to build the next strategy upon.

Area of Strategy	Objectives	Objectives Achieved	% delivered
Electronic Patient Record	12	7	58%
Public Facing Digital Services	6	5	83%
Support our colleagues	6	4	67%
Unleash Information	5	4	80%
Improve our Digital Infrastructure	3	2	67%
Overall	32	22	69%

\*note an objective has been deemed achieved if it has 75% or more of the work completed

## 2. EPR

The Outline Business Case (OBC) was developed collaboratively through engaging with colleagues across all levels and all areas of the Trust, and following internal and regional sign off, has been approved via NHS England EPR Investment Board (EPRIB).

The financial assessment of the OBC is summarised below.

This will be refined as we work through the full business case and complete the procurement and award to a supplier. Detailed preparation activities have begun including analysing current ways of work, baselining our understanding of our system application landscape and recruitment and appointment to key delivery roles.

<b>Summary</b>		
<b>Costs</b>		
Capital	£	21,740,478.96
Revenue	£	32,776,228.32
<b>Total</b>	<b>£</b>	<b>54,516,707.27</b>
<b>Funding</b>		
Capital	£	20,858,000.00
Revenue	£	5,729,000.00
<b>Total</b>	<b>£</b>	<b>26,587,000.00</b>
<b>Benefits and cost avoidance</b>		
Cash-releasing benefits	£	23,845,645.51
Non-cash-releasing benefits	£	78,741,453.53
Societal benefits	£	5,502,485.29
Cost avoidance (displaced IT systems)	£	8,737,475.10
Cost avoidance (early mobilisation)	£	981,414.58
<b>Total</b>	<b>£</b>	<b>117,808,474.02</b>
<b>Optimism bias (14.1%)</b>	<b>£</b>	<b>5,503,659.71</b>
<b>Return on investment (with OB)</b>		
(Funding + all benefits + cost avoidance) - costs	<b>£</b>	<b>90,335,608.41</b>
(Funding + CRBs + cost avoidance) - costs	<b>£</b>	<b>6,091,669.60</b>
<b>Return on investment (Without OB)</b>		
(Funding + benefits + cost avoidance - costs)	<b>£</b>	<b>84,831,948.71</b>
(Funding + CRBs + cost avoidance - costs)	<b>£</b>	<b>11,595,329.30</b>

## 3. PFDS

In April 2023 the Mobile First strategy was initiated by NHS England with funding primarily to support acute trusts to share core functionality and information into the NHS app.

The national target was for 80 acute NHS trusts to be live on the NHS app by March 2024. This target was achieved at SFH with us being one of the first trusts live using the NHS app.

The Trust uses the application Patient knows Best (PKB). This application allows appointment information, clinical letters, and contact with clinicians directly through messaging services. It also supports long term condition management through functions such as digital questionnaires completed at home instead of routine outpatient appointments. The technology connects directly to the NHS app as a digital front door allowing patients to view this information alongside primary care information from GP practices across Nottinghamshire.

This does and will continue to provide significant benefits to the trust including reduced cost for the publication of letters, reduction in carbon and improved DNA rates.

The organisation has recently published an internet site to provide more information and guidance to support the use of the NHS app for our patients. <https://www.sfh-tr.nhs.uk/for-patients-visitors/nhs-app/>

In addition, the Nottingham and Nottinghamshire system was one of seven ICS' to be awarded funding to deliver e-meet and greet capability which aims to develop a model of digitally enabled pathway optimisation for patients with high volume low complexity surgical conditions.

24% of Sherwood Forest Hospital are registered with PKB. Some trusts use a smaller cohort of targeted patients but during Covid, SFH uploaded all patients to the service to support communication needs of the trust.

Further functionality is being used weekly by the Inflammatory Bowel Disease and Paediatric Epilepsy teams to contact patients directly with specialised messaging options, with over 70% of messages read by clinicians in under 24hrs. The teams use the built-in, secure messaging functionality in PKB. This allows media to be sent (for example epilepsy patients can use it to add videos). Patients are added to 'teams' in PKB which allows some focussed communication and information support (library, careplans etc). Plans are progressing to expand this use across other services.

#### **4. Recommendations**

Note the work on the delivery and status of the 2020-2025 Digital Strategy  
Note the continued progress on the EPR and PFDS programmes.

## Appendix- Detailed review of Digital Strategy 2020-2025 Objectives.

Each of the milestones have been classified as below.

Represents milestones that are 100% completed or no longer applicable	Represents milestones that are less than 100% achieved but above 75% and classified as achieved	Represents milestones that are less than 75% completed and classified as not achieved
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Updated comments have been provided for those items that have changed since the last report.

Objective	By when	% Complete	Revised Date	Comments
<b>EPR</b>				
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	85%		Although Nervecentre has been introduced to ICU and Theatres, the ask has evolved, where e-Obs was not the priority, rather the visibility of clinical information and EPMA.
Patient assessments fully digitised (For in-scope assessments)	Q4 2021/22	100%		
Implement a new care pathways and workflows solution (SDM replacement)	Q4 2021/22	90%		Most work for inpatient pathways has been completed with an update on the application needed for the final two. Outpatient pathways require purchase of functionality through the EPR programme and is logged as a risk.
Review the future requirements for our Patient Administration System (PAS)	Q4 2021/22	100%	Q4 2023/2024	A full revised set of requirements have been documented in the trust Output based specification (OBS)
Review the future requirements for Order Communications	Q4 2021/22	100%	Q4 2023/2024	A full revised set of requirements have been documented in the trust Output based specification (OBS)
Implement ePMA	Q3 2022/23	95% (Inpatient wards)		Excluding intensive care, the completion of the remaining EPMA areas will be dependent on the EPR procurement due to timescales and resources.

Objective	By when	% Complete	Revised Date	Comments
Ensure all correspondence (patient and clinician) is digital	Q3 2022/23	25%		Work has progressed to digitise the Maternity processes successfully. Further work across the organisation, will take place as part of the EPR programme and into the next digital strategy Except for Maternity, this will not be achieved within this strategy but will progress into the next strategy as part of the EPR programme
Digitise patient notes (captured and viewed electronically for all pathways)	Q2 2023/24	10%		
Integrate digital imaging with EPR	Q2 2023/24	33%		This has been part achieved with a range of images made available and will not be fully completed within this strategy but will progress into the next strategy as part of the EPR programme.
Integrate Infection Prevention and Control with EPR	Q2 2023/24	0%		This will not be achieved within this strategy but will progress into the next strategy as part of the EPR programme.

Objective	By when	% Complete	Revised Date	Comments
<b>Patient Facing Digital Services</b>				
PFDS roadmap developed (ICS)	Q1 2020/21	100%		
Digital correspondence with patients to begin	Q3 2020/21	100%		
Secondary care data sharing infrastructure development	Q3 2020/21	80%		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 Q2 2024.
System-wide demand, capacity, and flow information available	2021/22	50%		The Trust has continued to work with the ICS SAIU (System Analytics Intelligence Unit) as part of the Capacity and Flow System project which has now closed. Further work will take place as part of a Data strategy in the revised Digital Strategy.
ICS interoperability fully functional	Pending ICS DAIT Strategy	100%		There is a system wide programme board in place to have oversight of the interoperability priority across the system with a focus on migration from current shared care record to the second-generation shared care record which will improve the sharing of and access to clinical information in the right place at the right time.
LHCR	Pending LHCR strategy	No longer applicable		The Local Health Care Record programme is no longer an initiative, but the principles of shared records is incorporated in the interoperability item above.

Objective	By when	% Complete	Revised Date	Comments
<b>Support our colleagues</b>				
Establish Digital Champions Network	Q1 2020/21	100%		An initial network was completed but further work is required.
Establish Digital Transformation Unit	Q1 2020/21	100%		
'Tap and go' delivered in urgent and emergency care	Q3 2020/21	100%		Although delivered, the benefits have not been realised, and the solution didn't evaluate well with clinical users. Plans are in place to review the requirement with support from the supplier and undertaken in the context of the EPR and device strategy.
Communications optimisation project (including intranet review)	Q4 2020/21	100%	Q4 2023/24	Scoping activities took place and as a result, a third party was commissioned in February 2024 to provide an external review of our communication methods and approaches. A review has taken place and will be further validated as part of the updated Digital Strategy.
Ensure mobile devices are available in all relevant clinical areas	Q4 2021/22	100%		
Wider rollout of single sign on	Pending national solution	0%		Delayed, subject to Tap and Go review, and the EPR procurement.



Objective	By when	% Complete	Revised Date	Comments
Coproduce ICS DAIT strategy	Q2 2020/21	100%	Q3 2023/24	The Trust has taken part in the co-production of the ICS DAIT strategy and continues to support the implementation. SFH inputted into the refresh of the system digital strategy through stakeholder events approved in October 2023.
Develop proof of concept for visualisation platform, test and refine Develop suite of interactive SFH reports through a visualisation platform	Q3 2020/21 Q2 2021/22	100%		The trust has since implemented a permanent solution as per the initial strategy utilising PowerBI and Sharepoint as a basis for data visualisation, with the QlikSense solution being decommissioned in June 2024, and existing reports being migrated to the new platform. The development and curation of our future suite of data products is underway and will be managed through a continuous improvement model accountable to the Data Assurance Group. Development of a trust data strategy will also set out the future roadmap and operating model for the development of data products into the future.
Develop suite of interactive ICP reports through a visualisation platform	Q4 2021/22	100%		This has been achieved via the ICS SAIU work.
Share learning across the ICS	Q2 2022/23	100%		Continued collaboration work in place with the SAIU.

Objective	By when	% Complete	Revised Date	Comments
HSCN migration	Q2 2020/21	100%		The joint HSCN contract was extended by a further 3 years in June 2023, to support a full review, re-procurement, and the delivery of an ICS wide Community of Interest Network (COIN) fit for the next 5-10 years.
Complete rollout of Office 365.	Q2 2021/22	100%		Office 365 is available across the organisation however further work is required to embed this within working practices to improve productivity and maximise the investment.
Resolve Wi-Fi blackspots at King's Mill Hospital	Q4 2020/21	50%		Work was completed at Newark and Mansfield sites and a number of improvements have been resolved at Kingsmills. There does remain further blackspots to resolve which are part of a continued programme to upgrade Kingsmills wireless infrastructure in preparation for EPR.
Replace Wi-Fi at Newark and Mansfield Hospitals	Q4 2021/22			