

**What are the key objectives and priorities?**

- Create a digitally enabled organisation – linking people, process and technology
- Allowing staff to work in more efficient ways to support the improvement in quality of care
- Upgrade our infrastructure and develop digital health solutions
- Deploy Trust wide Digital Clinical System (DCS)
- Adopt the Digital Hospital Blueprint in support of the new Hospital Build
- Leverage Place and system wide technologies and solutions
  - Patient have access to their data
  - Safe regional patient data sharing to facilitate effective, integrated planned and unplanned care across the Place
  - Population health management - support service developments based upon intelligence

**How does this support the delivery of the Trust strategy?**

- Digital health service will allow patients be more actively involved in their own health and care
- Use data to support a population health management approach to service designs and delivery
- safer care as a result of the DCS and core clinical system implementations;
- delivery of a digital first culture;
- enablement of the QI programme through better data / information provision and data sharing / shared learning;
- A digitally enabled new hospital build;
- Place based digital solutions to maximise patient care / experience

**Why does this matter to us?**

- Creating a truly digitally enabled organisation, linking people, processes and technology, will enable our staff to work in new and more efficient ways and support the improvement in quality of care.
- The use of latest technology will
  - Improve patient experience and allow them to be actively involved in their care
  - Improve staff experience and help attract and retain high calibre staff
- Developing and managing effective services with the best outcomes and experience for patients requires effective leaders who have access to meaningful, impactful information.

**Where are we now?**

- Digital investment has been constrained due to challenges in the hospital estate
- Paper based medical records with multiple aging systems which are not integrated which provide specific patient and service need but do not provide share data effectively not aligned.
- Limited real time data and poor data quality which does not provide actionable data
- Data does not flow effectively across partnership boundaries
- Data is not readily available and easy to navigate – it often needs specialist skills to develop new or amend existing reports
- High variation in technical and data skills but a real appetite to embrace technology throughout the organisation
- An inability to fully respond to the new hospital opportunity

**What does success look like?**

1-3 Years	3-5 Years
<ul style="list-style-type: none"> <li>• Operational Digital Clinical System with data collected as byproduct of routine care</li> <li>• Electronic prescribing as a routine</li> <li>• High scoring What Good Looks Like digital maturity</li> <li>• Robust digitally integrated pathways</li> <li>• Clinicians have easy access to patient data to support the care processes</li> <li>• Digital Infrastructure that supports the new hospital design</li> <li>• High usage of Place shared patient record</li> <li>• Hi uptake of patient facing applications/data</li> <li>• Paper medical records dramatically reduced</li> </ul>	<ul style="list-style-type: none"> <li>• High level of digital clinical maturity (HIMSS level 7)</li> <li>• Patient having direct access to their data (letters, results etc.) is the norm</li> <li>• Patient pathways are monitored digitally</li> <li>• High quality patient data and intelligence shared safely across the Place</li> <li>• Population health Management is routine</li> <li>• MEASURES:               <ul style="list-style-type: none"> <li>• Virtual clinics and wards</li> <li>• Improved Outcomes – quality of care and safety</li> <li>• Demonstrable staff digital capabilities</li> </ul> </li> </ul>

**How are we going to measure success?**

Digital Maturity assessment	Digitally enabled regional care pathways	Engagement: Patient Surveys and feedback/Staff Survey
Data Security and Protection Toolkit	Sustainable multi year investment plan	Workforce digital competency assessment

**How will we get there?**

Year 1 (21/22)	Year 2 (22/23)	Year 3 (23/24)	Year 4 (24/25)	Year 5 (25/26)
<ul style="list-style-type: none"> <li>• Upgraded network and core infrastructure</li> <li>• Cyber security arrangements reviewed</li> <li>• DCS business case approved by the Board</li> <li>• Improve quality of reporting - divisional dashboards.</li> <li>• Establish digital clinical leads</li> <li>• Identify key digital hospital requirements in readiness for the new hospital build</li> <li>• Increase digital ways of working on the wards</li> </ul>	<ul style="list-style-type: none"> <li>• DCS Implementation started</li> <li>• Agree DCS business continuity plans</li> <li>• Digital Dictation and Speech Recognition system deployed</li> <li>• Develop a data and analytics strategy with the Place</li> <li>• Pilot AI and automation technologies</li> <li>• New laboratory system implemented</li> <li>• New radiology systems implemented</li> <li>• Develop a Digital Workforce plan</li> <li>• New hospital digital business case (s) developed</li> <li>• Increased use of shared care record across the Place</li> <li>• Increase use of Place patient held record</li> </ul>	<ul style="list-style-type: none"> <li>• <b>DCS GO LIVE</b></li> <li>• Deliver Digital Workforce plan: Ensuring all staff are fully digitally enabled with the skills and equipment to do their roles in a digital world</li> <li>• Implement new ways of working / new roles across health and social care to support new patient pathways</li> <li>• Develop patient flow plans across Place</li> <li>• Establish federated population health management service (Place based)</li> <li>• Data and analytics strategy implemented</li> </ul>	<ul style="list-style-type: none"> <li>• Develop a fully integrated digital operating plan across health and social care</li> <li>• Shared data and analytics across health and social care for the Place</li> <li>• Decision support and automation embedded in digital clinical processes</li> <li>• Digital hospital ( automated tracking of patients, decision support linked to population health )</li> <li>• Patient routinely and securely accessing their own record</li> <li>• Patients able to communicate with the service digitally e.g. online appointment booking, virtual clinics</li> </ul>	<ul style="list-style-type: none"> <li>• Integrated digitally enabled health and social care teams working together the Place – one workforce</li> <li>• Integrate business intelligence systems to provide robust clinical, financial, performance and workforce data</li> <li>• Fully agile digitally enabled workforce across health and social care – one workforce.</li> </ul>

**What are the key dependencies and risk?****Key interdependencies:**

- Funding
- Ability to release people for training and development
- Buy in from system partners for the new ways of working
- Place and ICS digital and data strategy
- Successful implementation of QI methodology
- Business intelligence Unit capacity and capability
- Competing complex capital programmes
- New hospital build

**Key risks:**

- Escalation beds remain open outside of winter planning
- Burn out of the workforce and loss of key individuals
- Capacity of current workforce to deliver the changes required
- Lack of skilled talent across the system and failure to attract
- National shortage of key roles (e.g. acute physicians)
- Cost improvement plans reduce ability to invest