

Our Digital Plan

2022-26

Executive Summary

The Digital Plan looks to build on the progress made over the last three years of our Digital Strategy and refreshes our focus, factoring in the changes in the environment we live and work. The Trust's Strategy highlights three priority areas in Population, Partnerships and People, all of which have a dependence on interacting with technology and other digital areas such as the use of high quality information and having a progressive digital culture.

The Digital Plan will continue to take a clinically led 'digital first' approach on our journey to working paperless. Fundamental to this is the introduction of a new shared acute Electronic Patient Record (EPR) across our Integrated Care System (ICS), capable of interacting with wider specialist systems. This objective is to provide a platform that can digitise patient interactions and processes, deliver on the need for high quality information at the point of care and create a solution to empower clinicians and ICS partners to transform the way we work now to support the future needs of our population. For this Digital Plan to be successful a strong digital culture and engagement alongside a resilient and modern underlying technical infrastructure will be required. These are therefore core priorities.

How we collaborate and innovate with our ICS partners and peer networks is vital to ensure we progress in reducing variation and increasing standardisation of practice. Alongside the implementation of a Shared EPR, we will look to increase the standardisation and convergence of systems and technology where possible and maximise the collective technical skills and knowledge across the ICS in areas such as Cyber Security and Business Intelligence, applying the "do once share many" principle both within the Trust, across the ICS and beyond boundaries.

The digital plan will also seek to deliver the most appropriate technologies to enable patients to co-own their care through the use of technology and information, recognising the increasing desire for virtual interactions with health professionals and informed decision making.



Naginder Dhanoa
Chief Digital Officer



Stacey Hunter
Chief Executive Officer

Our strategic context

Since we published our Digital Strategy in 2019, the landscape in which we work has shifted significantly towards a focus on working approaches that cross organisational boundaries. The recent national Digitise, connect, transform: Digital transformation in health and social care strategy builds upon the NHS Long Term Plan and reviews such as the Watcher Report (Making IT Work). The national strategy has a series of policies and guidance coverings aspects such as using the NHS App the front door for NHS services, standardising on good practice activities to empower citizens and using data to inform care planning. There is a particular emphasis on local health and care integration, working as one across the ICS geography. Digital will also play a part in how we respond to wider national strategies, such as the NHS People Plan to improve the experience of people that work in the NHS and our responsibilities within the Green Plan 2022-26. Some of the key documents are below:



The Digital Plan seeks to respond to the asks set out in the national strategies whilst ensuring the primary focus is supporting the delivery of our Trust Strategy. The Trust Strategy highlights the importance of collective responsibility with the ICS to improve the health and care of our population. We work closely with our ICS partners to challenge how we can collectively support the improvement journey through providing consistent digital services across the ICS, ensuring all people across the ICS have the same positive experience using systems and data platforms. The three strategic priorities to help realise the Trust Strategy are:

- Improving the health & well being of the Population we serve
- Working through Partnerships to transform and integrate our services
- Supporting our People to make Salisbury NHS Foundation Trust the Best Place to Work

Our Digital Vision and Priorities

Our Digital Vision is:

To provide our citizens and staff with an outstanding experience of using technology and information, when and wherever they need it

There are five priority areas that will collectively help make this vision a reality. Each priority responds to at least one of the Trust's strategic priorities.

Priority Areas and how they align with the Trust Strategy	Population	Partnerships	People
1) Our Electronic Patient Record: the journey to an ICS wide solution, interacting with health and care partners seamlessly	✓	✓	✓
2) Digitally enabled partnership working: maximising the potential of closer working with ICS peers and clinical networks		✓	✓
3) Supporting the people we serve: systems and support to improve how people interact with our service digitally	✓		✓
4) Empowering a digital workforce: tools to help staff work effectively and use data to make informed decisions			✓
5) Modern and Secure Infrastructure: maintaining the technology that means we can work digitally. Reducing cyber attack risks	✓	✓	✓

What the plan will mean to people

The Digital Plan will benefit people in different ways depending on your role if a member of staff and/or how you interact with our services if you are a member of the public. Here are some examples of what we aim to achieve through delivering the Digital Plan:



Nursing/AHPs

Having patient observations alongside information such as care plans and allied health professional assessments will help team working, reducing delays and ensure patients have a safe and enjoyable experience with us. Getting alerts and prompts when prescribing drugs alongside seeing key information from primary care will reduce the risk of incorrect prescribing.



Admin and Management

I will have the skills and confidence to use the systems I require to undertake my role, removing printing needs, freeing my time to undertake to complete more useful tasks. I will have access to information electronically enabling me to answer patient and clinical queries more quickly and help make quicker and more informed decisions.



Doctors

I will be able to access electronically all the relevant information on my patients collated both inside and outside the hospital. This will enable me to deliver the best possible continuity of care. Having electronic notes will reduce the time I spend behind a desk, allowing me to interact better with patients and families both face to face and virtually.



Patients and Carers

Having control of my own health and care records, monitoring my health issues using apps at home and speaking to clinical professions about my care without the need for face to face appointments will help me manage my health concerns more effectively. Supporting me to use technology and understand my health information will help me make better decisions about myself.

Underlying Principles

There is an expectation for all activities being undertaken to deliver the digital vision, that they will continue to comply with the underlying principles originally agreed in 2019. These principles are used to challenge our thinking when developing, implementing or optimising systems and processes. Adherence to the principles through our work will ensure our systems work together to streamline working practices, we spend money on tools we truly need and that fit into our overall systems plan and everyone will understand the importance of timely and high quality data entry.

High data quality

Maintain compliance with national data definitions and set consistent local definitions where appropriate. Ownership of data quality compliance by the clinical teams

Maximising Value

Maximising investments in digital including the full use of system functionality with staff effectively trained. Ensure systems are stable and available whenever required

Do once share many

Reducing duplicate data entry and where possible enable information to be shared between systems securely

Interoperability

Adherence to the national expectations around interoperability, ensuring procurement and contracts support this agenda

Collaboration

Wherever possible consider opportunities for collaboration to ensure solutions work at scale locally and regionally. Ensure legislation is an enabler for this (e.g. UK GDPR)

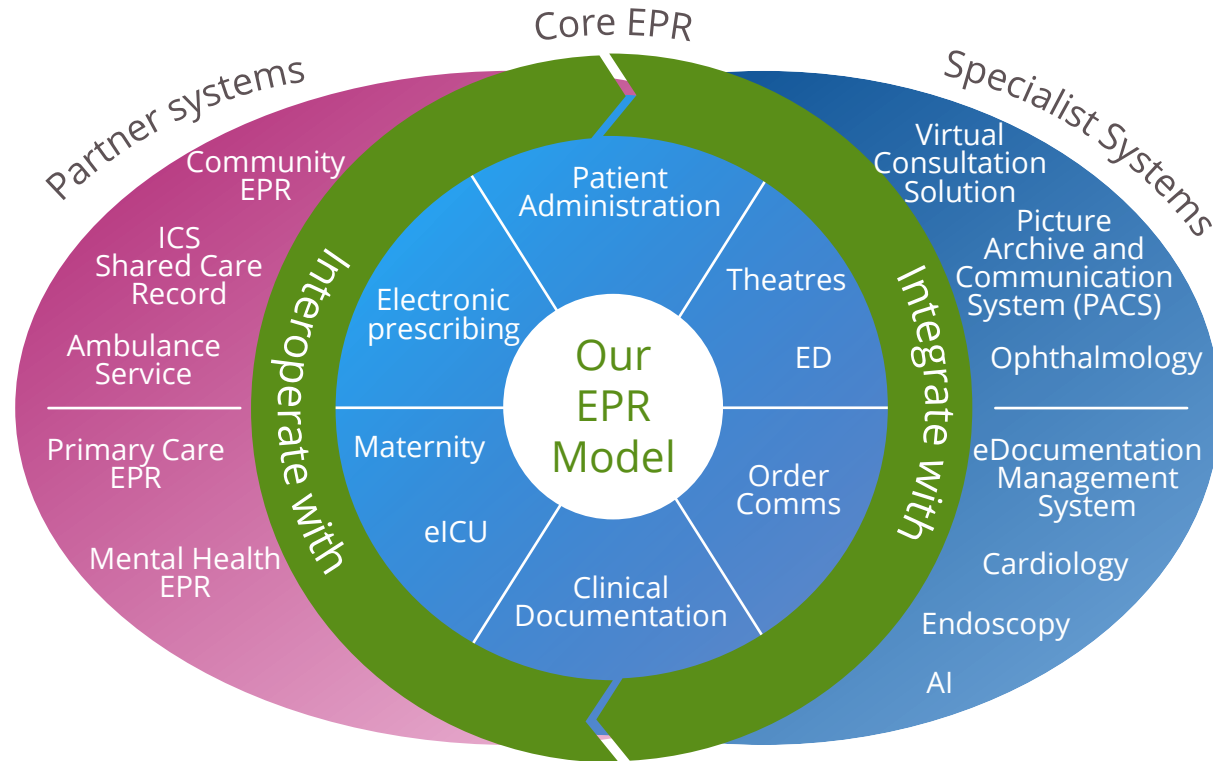
1) Our Electronic Patient Record

Over the next three years we will be procuring and implementing a new Electronic Patient Record (EPR), replacing the current version of Lorenzo and a number of standalone systems with go live expected in early 2025. This is a pivotal programme which will see us migrate away from our dependency on paper based working, significantly increasing the Trust's digital maturity. Being a shared procurement with the two other acute Trusts, this will provide the opportunity to consider how we can work differently with the systems provided both locally and across the ICS, aligning our working practices with our ICS acute partners where appropriate.

We aim to integrate key specialist systems into our new EPR, creating a more seamless experience for our staff. We will also work with our clinical network peers, mental health, primary, community and social care partners to ensure appropriate sharing of information with improved decision support.

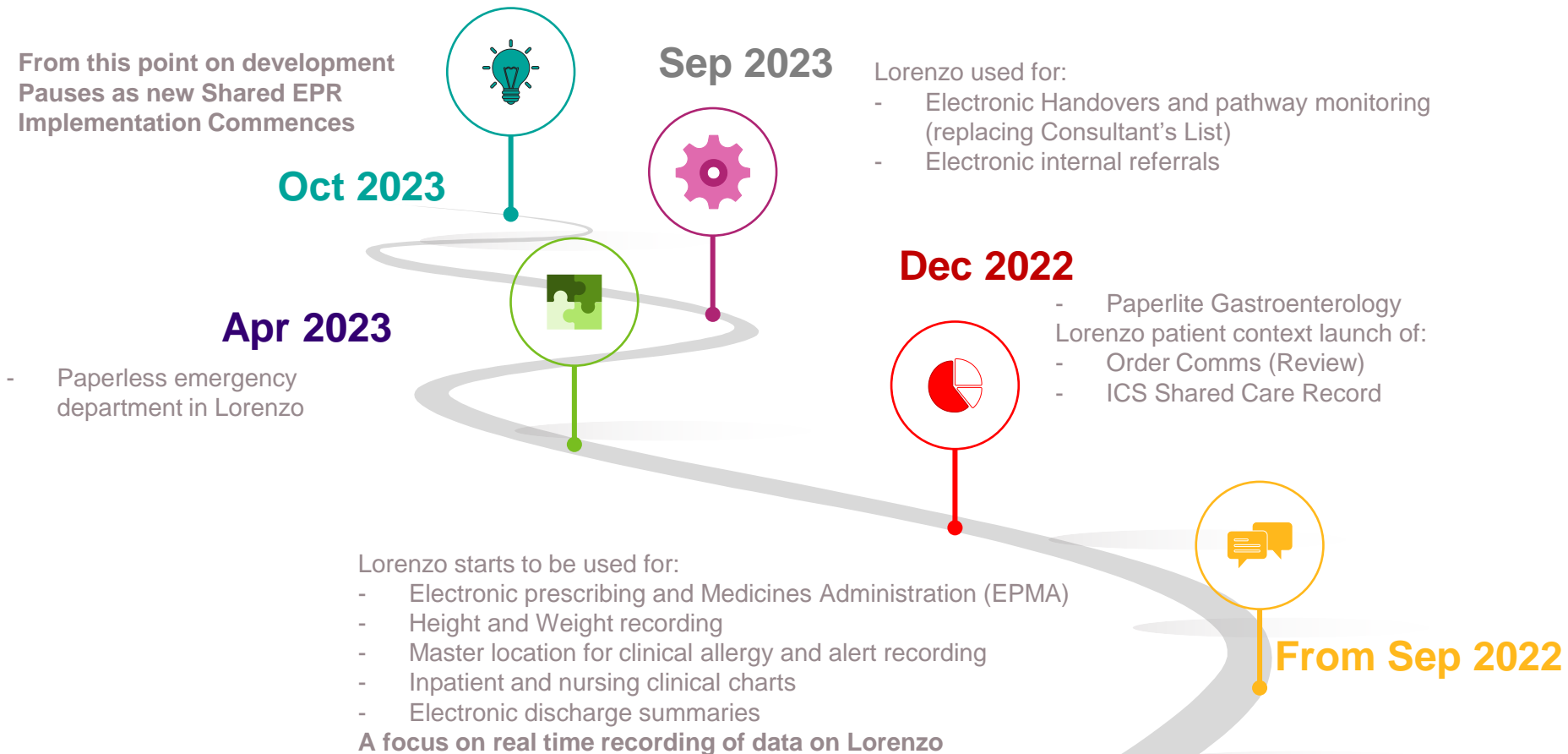
The Shared EPR will provide the platform to build upon established pathways of care, standardising processes and improving the equitability of outcomes across our ICS. It will provide the opportunity to consider different workforce models across both the ICS and more widely with regional peers through creating a solution that staff can engage with remotely.

Moving to a new EPR provides us with an opportunity to reflect on the appropriateness of current inhouse developed applications. We will no longer build clinical applications, focusing on amalgamating appropriate applications into the new EPR or other existing solutions. This will then enable our skilled staff to focus on interoperability and integration of our systems and data.



Improving the use of Lorenzo

Our longer term focus on successfully implementing our Shared EPR procurement and the benefits this will bring means that from October 2023 any developments on Lorenzo will stop. From now until that point however we still plan to help improve our working practices through increasing the use of Lorenzo, including the implementation of EPMA. Below describes what we aim to achieve before October 2023.



2) Digitally enabled partnership working

Both national and local strategies highlight the importance of partnership working in furthering the patient experience and improving outcomes. This can be seen through our ICS Health and Care Model and ICS Digital Strategy.

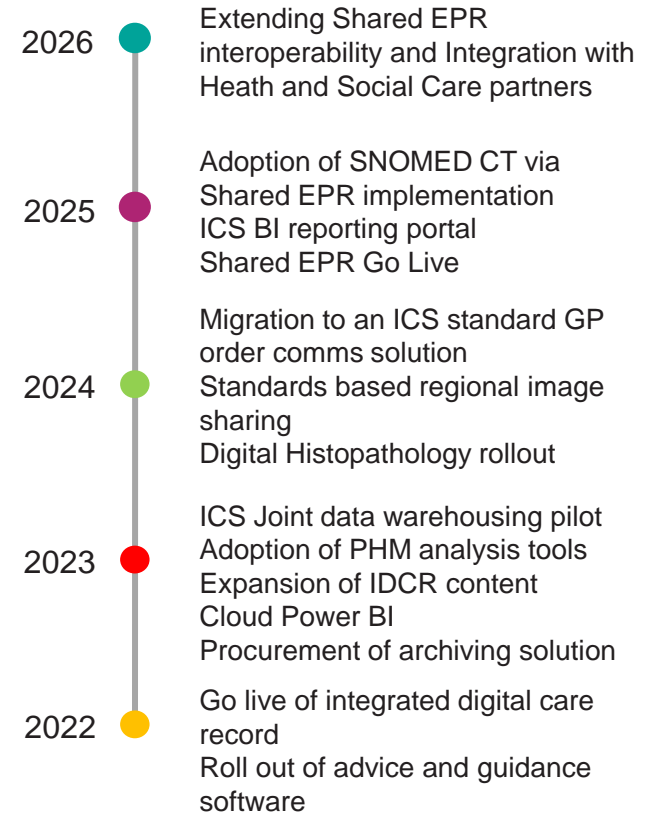
We will continue to expand the close working relationships with our ICS digital partners, considering how we can collectively create an environment where partnership working can flourish. This may be through joint procurements, improved information sharing or ensuring there is visibility of data. The most high profile programme is our Shared EPR procurement however this is only one strand of partnership working planned. In 2022 we will go live with our ICS Integrated Digital Care Record (IDCR), having Health and Social Care partners all contributing to provide clinicians with a single access point for key patient information such as care plans.

We will provide technology to help staff get the advice and guidance they require for effective decision making on treatments and onward care requirements.

The ICS Business Intelligence (BI) strategy sets out a vision of a single data warehouse and aligned reporting using cloud Power BI software to aid more effective planning. The roll out of our Shared EPR will see increased adoption of SNOMED CT coding improving standardisation across care settings. Our BI team will also support the use of population health management (PHM) tools across the ICS, helping clinicians to prioritise and coordinate care.

Through engagement with clinical networks, we will support finding technological solutions to key challenges such as rolling out digital pathology enabling our pathology network to share results and reporting capacity. Image sharing is a priority across the South West. We will work to implement solutions that are vendor neutral, providing clinicians with a single approach to requesting images and seeing results, reducing duplication of diagnostics for patients.

Some key deliverables are as follows:



3) Supporting the people we serve

The expectations of people to be able to manage their healthcare and interact with professionals at the point of need continues to grow. We do however need to remember that whatever solutions we provide to respond to this ask considers those less digitally aware or within access to supportive technology.

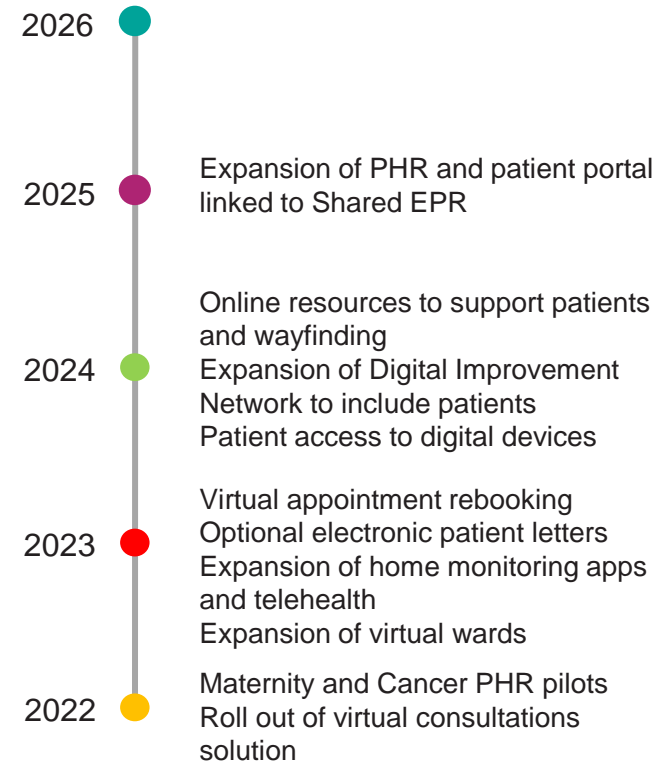
The NHS App is now used by over 27 million people. The NHS App has a vision to be the single access point for people for NHS services in the future, therefore our objective is to ensure appropriate applications will link seamlessly with this application.

There are several programmes already underway which will help improve patient self care and virtual interactions. These include the development of personal held records for cancer and maternity, virtual consultations and virtual wards. We are working with ICS partners on creating a comprehensive personal held record and patient portal for patients to see their patient record, update key personal information and use this platform to communicate with clinicians regarding their care. This will include the option to receive previously written communication digitally.

Virtual wards and home monitoring applications have increasing uses to support patient self management and keep people out of hospital. We will seek to expand how we use these approaches in our clinical services, integrating them where possible with our patient portal future.

To ensure our population can all have equal opportunity to access services digitally, we will work with the ICS to understand and remove any barriers to inequality such as access to a mobile device. We will increase online guidance and training materials to improve utilisation of the online tools on offer. We will also look to expand our internal Digital Improvement Network to include citizen champions to help us hear the voice of our community to digital development and aid our local communities to support one another.

Some key deliverables are as follows:



4) Empowering a digital workforce

The electronic patient record is the principal IT system the majority of our staff use and will be the main focus of our resources in the coming years. However our staff undertake a range of other activities which often are either paper based or are digital but how we use the technology needs optimising.

The introduction of Microsoft 365 and the use of Microsoft Teams has provided us with the opportunity to increase our virtual communication and collaboration. These programmes will allow us to securely collaborate on documents seamlessly across organisations, access our corporate filing from any device and increase efficiency on joint improvement programmes.

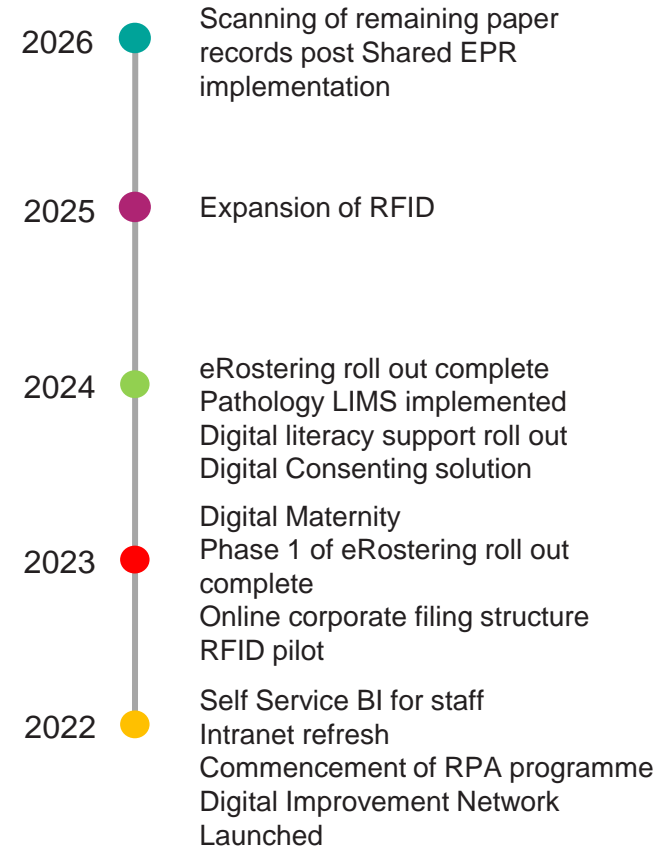
Our use of Artificial Intelligence (AI) has increased in areas such as imaging and stroke. Over the lifetime of the digital plan, we will assess the benefits of piloting and/or rolling out new AI solutions to ensure we progress with those that have the greatest impact in the work we do. In 2022 we will commence the use of robotic process automation (RPA) to help reduce the routine repetitive activities so our staff can focus on areas that improve patient care.

Over the next three years we will continue to ensure we increase the use of existing systems such as ESR, eRostering and education solutions. We will continue to support key priority upgrades of systems in particular the replacement of the pathology management information system and the piloting of technology (RFID) to help track and trace items like medical devices.

We must ensure our staff feel confident in using technology at work and make it easy for them to undertake their roles effectively. We will provide simple to use education material to help build up knowledge. Our recent launch of the Digital Improvement Network aims to provide our staff with support local to where they work from people in similar roles or teams. This will help create ownership to expand the use of technology and adhere to agreed best practice in using these.

Ultimately we will aim to remove the use of paper records within the lifetime of this Digital Plan.

Some key deliverables are as follows:



Digital Literacy

Our Digital Literacy programme builds on the Health Education England work and is aimed to:

- Ensure every role has the basic training necessary to use the systems and technology required to successfully undertake their role.
- Support staff in feeling confident to use systems and data in the ways they should be used, asking questions where there is any confusion
- Ensure all staff have parity of access to equipment and training materials to be able to develop
- Provide a network of like minded people to help proactively drive and encourage the use of technology

The programme has four main strands of focus. These will evolve as the programme builds up momentum, in particular as we look to implement the Shared EPR. The intent is to have a mature programme that supports the successful implementation of any new EPR in 2025. The four focus areas are:

Training and Education

Build up core digital learning resources (DLR) accessible through the DLR intranet page supplementing the Managed Learning Environment (MLE) training

Digital Improvement Network

Creating a network of digital champions and superusers to support staff in the use of core systems and build understanding of the digital agenda

Access to Training

Enabling staff to have the time and tools to undertake essential training through equipment provision and effective job planning

Digital Capability Assessments

Providing staff with digital capability self-assessments to help inform areas for professional and personal development as part of appraisals and job planning

5) Modern and Secure Infrastructure

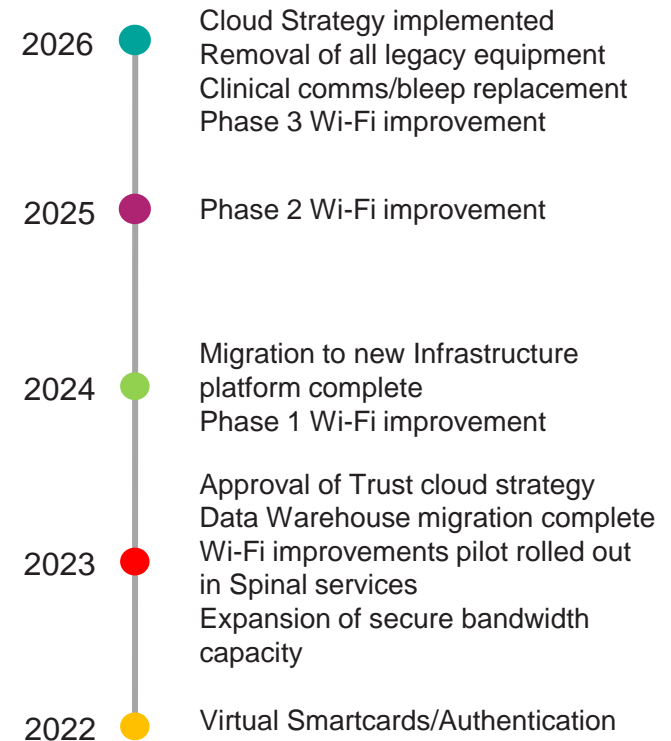
There has been significant progress made in improving core infrastructure over the last 3 years, bringing increased stability and new technology such as single sign on. We will build on this, working on programmes such as virtual smartcards and a Wi-Fi network which will be able to cope with the networking of medical devices, the use of RFID technology, patients streaming online and more. By the end of the Digital Plan the objective is to have removed all legacy software and hardware.

We remain committed to a cloud first strategy and will be developing our cloud strategy with ICS partners over the next 12 months. In the interim, we have commenced the replacement of our core infrastructure with a more modern, fit for purpose solution which will enable us to better migrate to cloud over the next 5 years.

It is important we are able to technically support both the increasingly flexible and mobile workforce as well as ensure there is swift access to the cloud based systems we use. We will increase our broadband capacity to support future working practices and continue to invest in our rolling replacement programme for devices, providing staff with the right equipment to undertake their roles. With bleep technology becoming increasingly dated, we will work with peers to consider options around secure clinical communication and the enabling infrastructure to support this.

We are nearing completion of our local data warehouse and BI platform. This will provide us with a strong platform to work with our ICS partners to develop the next stage of shared working whilst ensuring we can maintain essential statutory reporting requirements and facilitate the self service BI and BI convergence plans.

Some key deliverables are as follows:



Keeping SFT Secure

The biggest threat to the NHS is cyber attacks which we are now well versed in both monitoring potential threats and dealing with cyber risks as they arise. However, as the cyber landscape is constantly evolving it is imperative that we continue to develop our threat monitoring, management and response approaches.

We have expanded on the core set of solutions we have in place to protect us such as anti-virus and industry standard firewalls to introduce modern mobile device management, privileged access management and event logging products. These will help us better control access to our devices and network as well as investigate potential threats. We have also integrated with national security solutions to ensure that national bodies such the National Cyber Security Centre can support us in monitoring risks and dealing with any issues we might have. Our programmes to replace out of support hardware and software means we can apply new patches aimed at stopping any vulnerabilities identified.

Our greatest defense to cyber attacks is people's education, awareness and vigilance. We already undertake routine awareness activities to help with this. In 2022/23 we are introducing more targeted online education material to help breakdown and focus education into threats and what individuals can do to help reduce the risk of cyber attack.

Over the last 12 months we have refreshed all our policies relating to information governance, data security and cyber security to help improve and simplify the guidance to staff in a bid to keep us safe. With the increasing move to cloud-based systems and working from home, we will be considering how best to develop an appropriate bring your own device policy (BYOD) in the coming year with the aim to allow people to access our networks and systems in a more flexible and safe manner.

We will continue to consider other technologies to improve in this area and by achieving Data Security and Protection Toolkit (DSPT) compliance annually, we will meet the minimum standards expected of the NHS.



Emerging digital opportunities

The digital plan looks to introduce a range of new technologies and systems alongside building on what we have now. This includes a new Shared EPR, robotic process automation, telehealth and population health management. There will always be potential solutions not directly covered in our existing plans and/or can be expanded beyond the existing intended scope of use. Where funding and resources allow, we will consider which products could further our digital maturity, reduce emerging risks or provide added benefits. The table below outlines some areas which we know are evolving but are not currently in our strategy to give a flavour of opportunities which we may look at on a case by case basis:

Clinical Solution	Opportunity	How evolved is the market?	Benefits	Capital or Revenue
Infrastructure	Virtual Desktops Infrastructure	Mature	Less administrative overhead • Increased productivity • Cost savings	Capital & Revenue
	Use of drones	Immature	Swift transportation of organ transplants, small medical devices, medicines and vaccines and time sensitive diagnostic samples.	Capital & Revenue
Data Availability	AI supported advanced analytics	Growing	Undertake analytics or large datasets, providing insight and predicative analytics • Proactive scenario modeling based on trends/insights through machine learning	Revenue
Clinical Solutions	Secure Clinical Messaging	Growing	Significant time savings • Cessation of legacy bleep systems • Expedited communications enabling earlier discharge • UK GDPR compliance	Revenue
	Virtual Reality	Immature	Improving medical education • Delivering Chronic Pain Management • Supporting mental health therapy	Revenue
Patient Engagement	Remote Patient Monitoring	Growing	Improve quality of care • Timely interventions, reducing cost further down	Revenue
	Digital therapeutics	Immature	Prevent, manage, or treat behaviour-modifiable conditions such as diabetes, obesity and Alzheimer's disease.	Capital & Revenue
	Telehealth	Growing	Access to real time patient readings • Patients are not bound to NHS hours • Changes in treatment can happen sooner rather than later.	Revenue
Other Areas	Artificial Intelligence use in various services	Growing	Early detection of diseases such as cancer • Augments clinicians in their diagnosis process • Staff productivity	Capital & Revenue
	IoT Wearables	Growing	Accurate diagnoses at the point of care • More data collected for analytics purposes • Timely interventions	Revenue

Delivering the plan

Delivering the Digital Plan will require efforts from all staff as the majority of the plan requires ownership from clinical or operational staff to be successful. Our Digital Improvement Network is designed to help improve engagement, provide an initial point of contact with someone local who has the necessary training to support on some of the key systems such as Lorenzo. This will be expanded upon as we develop our plans to implement our new EPR. The launch of our Digital Care microsite will provide a platform for staff to understand the programmes underway, how they can be part of them alongside what the business as usual teams do and how to access training materials.

All of our programmes will continue to follow the Trust's programme management approach which has been in place for a number of years and has successfully delivered a range of projects. This includes a clear governance approach for programmes with escalation to Digital Steering Group. This includes ensuring we comply with our commitments relating to the clinical safety of digital transformation, led by our Clinical Safety Officer.

We have worked closely with procurement and our Digital Clinical Safety Officer to improve the processes around procuring digital tools, ensuring we undertake all due diligence up front to keep us safe and compliance with UK GDPR. The intent is to continue with central procurement of all technology and systems enabling a single oversight of requests which provides the opportunity to check alignment with the Digital Plan's priorities.

Wherever possible our Digital Plan will be delivered against however, like Covid has shown, there are sometimes reasons why plans need to be reviewed and changed as it is difficult to predict what will impact our Digital Plan over the next 5 years. Alongside Improving Together, we will ensure we have an effective prioritisation process for new requests as part of annual planning. This will make sure our resources are used most effectively and redirected where emerging clinical risk needs responding to. We will not commence or continue any programme where there is insufficient resource to successfully deliver the required objectives.

With a joint Chief Digital Officer across our Trust and Great Western Hospitals NHS Foundation Trust, it provides an opportunity for closer working by Digital departments. We already work closely as part of the ICS on joint procurements and strategic planning however we will look to expand on this to help improve resilience and remove duplication where possible.

Recruitment of fixed term staff within Informatics is often difficult. We have successfully recruited and developed bank staff over the last few years, many of whom have become substantive staff. We will continue with this model alongside considering apprenticeships, joint partnership working and/or finding resource externally. Projects will consider any training/upskilling that staff require to successfully support the successfully deliver at the outset.

Strategic risks

The following have been identified as potential risks to delivery of the Digital Plan with proposed mitigating actions

Risk	Rating	Mitigating Actions to be taken
Delays in programmes due to the unavailability of hardware could delay delivery of programmes in the Digital Plan	High	Consideration of using different technology with reduced lead in times. Rearrange the use of existing network kit stock to support the more high risk programmes across the Trust (including estates builds). Engagement with suppliers and national NHS teams to provide influence in NHS organisations getting priority.
Insufficient commitment across the organisation to own the delivery of the digital agenda and associated benefits	High	Agreement from Board, executive team and senior management to champion the Digital Plan and adhere to consistent message. Improved engagement with staff on digital agenda (e.g. Digital Improvement Network). CIG to help ensure benefits identified are owned.
Insufficient commitment from ICS partners to deliver collaboration across the digital agenda to deliver potential benefits	Medium	Engagement on digital through ICS governance by CDO and CIO. CDO representation on ICS. Clinical pathway transformation agenda to support prioritisation of digital programmes, digital representation through ICS governance to support discussions. Joint procurements of systems/technology across the ICS.
Insufficient funding available to deliver Digital Plan	High	Strategy structured to be as realistic as possible. Bids to be put in for any available external funding where appropriate. Consideration of further funding options should external funding not be available for large programmes. FBC to clearly articulate the full resource needs for successful implementation to limit financial "surprises".
Increased revenue costs associated with movement to cloud based technology	High	Cloud Strategy to be developed for Board consideration in Year 1 of Digital Plan. Maximise nationally procured cloud based products (e.g. Microsoft 365). National guidance around use of capital for cloud based system purchases available (where Trust has a preferred appetite for capital purchase).
Skill set and capacity within Informatics insufficient to deliver programmes in the Digital Plan	Medium	Work to align and/or converge key teams across SFT and GWH. Some structures as part of Shared EPR procurement to be reviewed. 3 rd party partnerships with key suppliers in place for Infrastructure and networking. Upskilling of existing staff through professional development. Where appropriate seek partners to provide managed support (e.g. ICS cloud partner). Shared EPR programme developing resource plan for coming years including seating arrangements to ensure there is an effective approach to resourcing the programme successfully.
Trust unable to introduce emerging technology	Medium	Trust prioritisation process to be finalised for possible future investments from external funding streams and/or potential opportunities of funding for pilots. Connectivity improvement programme within Digital Plan a key enabler for networking medical devices, etc.