

Board of Directors - Public

SUMMARY

Meeting Date: 24/11/2021
 Agenda Item: 11

Report Title:	Digital Strategy	
Author(s):	Andrew Male, Chief Digital & Information Officer	
Accountable Director:	Phillip Easthope, Executive Director	
Other meetings this paper has been presented to or previously agreed at:	Committee/Tier 2 Group/Tier 3 Group	Draft v1 - Digital Strategy Group (tier 2) – 17.08.2021 Draft v2 - Trust Board – 22.09.2021 Draft v3 - FPC (tier 2) – 12.08.2021 Draft v4 – Digital Strategy Group – 02.11.2021 Final Draft – FPC (Committee) – 11.11.2021
Date:	Dates of each meeting provided above	
Key points/ recommendations from those meetings	<p>Draft 1 – Recognised that the content was developed with the Clinical and Social Care Strategy (CSCS) in mind and early feedback lifted digital skills up to be a key priority.</p> <p>Draft 2 – The Board was positive that the content set a strong direction for further development, showing how it supported the CSCS. The Board pointed to recent national guidance ‘data saves lives’ that could also be referenced.</p> <p>Draft 3 – Feedback that emphasis was required on inclusion, hybrid working and Service User views.</p> <p>Draft 4 – Summary section that follows covers the views of the most recent Digital Strategy Group (DSG) meeting.</p> <p>Final Draft – Feedback from FPC on positive engagement with partners and stronger references and information to national guidance regarding service user views. Some minor updates were requested, detailed in the summary below.</p>	

Summary of key points in report

The Digital Strategy is presented to Trust Board for approval. This version has incorporated updates from discussion at FPC on the 11th of November. FPC endorsed the strategy with the following minor updates:

1. To include a statement which outlines the programmes which have a clearly defined financial case and those that do not. The intention is to ensure that there is a shared understanding of the work that remains to fully understand the resource implications of the strategy.
2. To update the strategy to reference how work undertaken through the pandemic has accelerated digital change and how we retain those changes, which have been beneficial.

Staff engagement has taken place with clinical and corporate colleagues through small groups discussions and a survey shared with both Staff and Service Users. These engagement plans and findings have been presented to various governance groups and suggestions for further engagement considered at each stage. The voice and views of Service Users has primarily been distilled through national guidance and documentation, with the NHS Confederations publication “Digital inclusion in mental health: a guide to help increase choice and improve access to digital mental health services”, being particularly valuable in this regard.

Our local engagement has reinforced our analysis of national guidance and showed that programmes already underway are set to deliver the outcomes and improvements many are looking for, with the obvious example being the change we will see with the introduction of a new EPR. As referenced in the strategy, digital skills and access to technology are the areas that have been most influenced by our engagement.

The version of the strategy presented to the November meeting of FPC was shared with partners from Sheffield Flourish and Primary Care Sheffield, some feedback from those discussions reinforced information already present in the strategy (e.g. access to data). Additional feedback that has been incorporated or emphasised in the final version of the document includes:

1. References to the accessibility of digital services, which is an extension to the intentions already stated on inclusivity.
2. Expand the potential for co-production through our partnerships, building on the capabilities they have in place.

DSG and FPC have been assured by the engagement that has taken place and plans for continued engagement.

The strategy is significant in scope and states our ambition, as such it represents a high-level view and plan that requires ongoing development to define detailed programmes and the associated business cases with the necessary funding requirements. While indicative costs and outline plans are in place for the EPR and Cyber Security Programmes the detail can only be developed after endorsement of this high-level strategic ambition. This work will form part of our ongoing monitoring of progress through DSG and FPC.

The current strategy document is based on the Trust template but is very much text based. The proposal is that this document be approved, and a separate more accessible graphical version be developed as the first point of reference, but with both documents being publicly available. This separate document will be presented to the Board for information at later date.

The next step after approval is to put in place the resources required to start the detailed planning and business case development that will secure the necessary funding for the initiation of the new programmes defined within the strategy.

Recommendation for the Board/Committee to consider:

Consider for Action		Approval	x	Assurance	x	Information
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1. Board to be assured of the strategy engagement that has taken place to date and the plans for ongoing engagement detailed in the monitoring progress section.
2. Board to approve the strategy with a short, easy reference version to be presented for information to the appropriate governance group.

Please identify which strategic priorities will be impacted by this report:						
Covid-19 Recovering Effectively	Yes		No		No	X
CQC Getting Back to Good	Yes	X		No		
Transformation – Changing things that will make a difference	Yes	X		No		
Partnerships – working together to have a bigger impact	Yes	X		No		

Is this report relevant to compliance with any key standards ? State specific standard						
Care Quality Commission Fundamental Standards	Yes	X	No		Indirectly relevant as an enabler to 'premises and equipment' being safe and secure as more services are delivered using digital systems and technology	
Data Security and Protection Toolkit	Yes	X	No		Relevant to all 10 National Data Guardian Standards. The Digital Strategy its programmes are designed to make a significant improvement to our cyber security capability and improvements to the secure sharing of data to support patient care.	
Any other specific standard?						

Have these areas been considered? YES/NO					If Yes, what are the implications or the impact? If no, please explain why
Service User and Carer Safety and Experience	Yes	X	No		National guidance such as 'Data Saves Lives' has informed the development and further discussion with Flourish and Primary Care Sheffield has taken place to validate Service Users views
Financial (revenue &capital)	Yes	X	No		Well-developed financial view for EPR Programme with FBC to board in December. Initial work on a business case for Cyber Security has taken place. Plans and business cases for other programmes to be developed after approval of strategy. A mandate for resources to support our data infrastructure will shortly be presented to AIPG.
Organisational Development /Workforce	Yes	X	No		Some early discussions on the need for digital skills training have taken place. The need for new roles and technical skills with IT and Programme Project Management will be defined in the implementation planning phase that follows approval of the strategy.
Equality, Diversity & Inclusion	Yes	X	No		See section 4.3
Legal	Yes		No	X	No legal considerations currently. Implementation will consider standard legal concerns such as procurement, GDPR etc.

Final Draft - Digital Strategy

Section 1: Analysis and supporting detail

Background

- 1.1 The final version of the strategy is itself an analysis of our current context and a statement of the future direction recommended for digital service development. The strategy development has been undertaken in line with the approach defined by the ‘enabling strategies – review plan’, which outlines the development stages and recommended structure and content for all enabling strategies.

Section 2: Risks

- 2.1 In the first presentation of the strategy to FPC (12th August) we identified a risk that there may be insufficient user engagement to inform the strategy. While it has not been possible to obtain a great deal of direct, local service user, feedback we have mitigated this by using national research and guidance, validation of the strategy with local partners and through the development of a short-form document will continue this work through our engagement and experience team.
- 2.2 Discussion at Digital Strategy Group and FPC has noted the risk of approving a strategy without full knowledge of the funding implications. Digital Strategy Group concluded that the strategy defines ambition at a high-level and detailed planning and analysis will necessarily follow approval. The November meeting of FPC asked for an update to this final version of the strategy to include a clear statement about the programmes where the financial impact is not yet known.

Section 3: Assurance

Benchmarking

- 3.1 As referenced in previous updates, national guidance, local ICS digital strategy and policy on digital services has been considered and referenced in earlier drafts. Feedback through engagement and governance has seen additional guidance used to inform the strategy.
- 3.2 A brief discussion has taken place with an external consultancy and a proposal obtained for further work on the strategy, which could be valuable. Considering the current stage of development, we can still benefit from such an engagement, but after approval of the strategy and part of ongoing planning and development.

Engagement

- 3.4 Engagement with staff and other groups has been detailed in the summary section of this report and through previous reports to Digital Strategy Group and FPC.

National Guidance

- 3.5 From the start of the strategy development national guidance has been used to inform its development. These sources are referenced throughout the strategy and the intention is that frameworks such as the NHS Digital Service standard form the basis of the way we deliver services in the future.

Section 4: Implications

Strategic Priorities and Board Assurance Framework

1. Covid – Recovering Effectively
 2. CQC – Getting back to Good
 3. Transformation - Changing things that will make a difference
 4. Partnerships – Working together to have a bigger impact
- 4.1 The strategy starts to define the digital environment that addresses a range of technology and information risks. Replacing the current EPR (BAF0021) is a foundational part of starting any transformation, and it is therefore a key part of the strategy.
- 4.2 The strategy has implications for ‘Getting Back to Good’ and ‘Transformation’. A great deal of the work of the strategy will directly support clinicians in the provision of care and enables new ways of working which are essential to many of our transformation programmes such as our new HQ and Therapeutic Environments.

Equalities, diversity and inclusion

- 4.3 The issue of digital exclusion and how we will ensure our services are inclusive is addressed throughout the strategy. The emphasis on user research, developing everyone’s skills and choice in the way people access services are addressed in the strategy. The arrangements for ongoing engagement and monitoring the implementation of the strategy also define approaches for co-production, sharing progress and opportunities for continual feedback.

Culture and People

- 4.4 As referenced many times in the strategy and this summary document, the need for improving digital skills is a key implication for our people plan and addressing this has benefits for staff development and potentially retention. As we deploy more digital systems, and they continue to evolve and change rapidly the implication is that a culture of continuous improvement and ability to adapt to change is required if only to ensure staff do not feel overwhelmed.

Integration and system thinking

- 4.5 The detail of the strategy demonstrates the national and regional guidance/strategies that have been considered and the objectives of our digital strategy aim to ensure we can meet their expectations.

Financial

- 4.6 The financial implications are only partially known at this stage and further detailed work is required in the initial phase of planning and implementation.

Compliance - Legal/Regulatory

- 4.7 None



Contents

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Strategy approval

Date ratified by Board of Directors:	
Name of responsible Committee:	Finance and Planning Committee
Name of responsible Director:	Phillip Easthope
Name of author:	Andrew Male
Date issued:	24/11/2021
Review date:	24/11/2025



Introduction to the strategy

Welcome to our Digital Strategy 2021-2025. At SHSC, by 2025 we want to be ‘The Best We Can Be’, leading person-centred health and social care across Sheffield and supporting delivery of the Integrated Care System mental health and learning disability priorities. This aims of this strategy are to establish digital capabilities that can transform the way we operate and care for our service users, recognising that, today, technology and digital services are critical to the mission of every organisation.

Our Vision is to improve the mental, physical and social wellbeing of the people in our communities.

Our strategic aims are to

- Deliver outstanding care.
- Create a great place to work.
- Make effective use of resources.
- Ensure our services are inclusive.

Our clinical and social care strategy sits at the heart of all our delivery plans. It is focussed on reducing health inequalities, and delivering care that is **Person-Centred, Trauma-Informed, Evidence-Led and Strengths-Based**.

Our Digital strategy will ensure we can support the delivery of our strategic aims and our Clinical and Social Care Strategy. We recognise that currently, our digital maturity¹ does not serve our strategic aims effectively. Consequently, much of the hard work defined by this strategy is the building of strong foundations that will deliver short-term, but lasting impact, allowing us to accelerate digital change in the future.

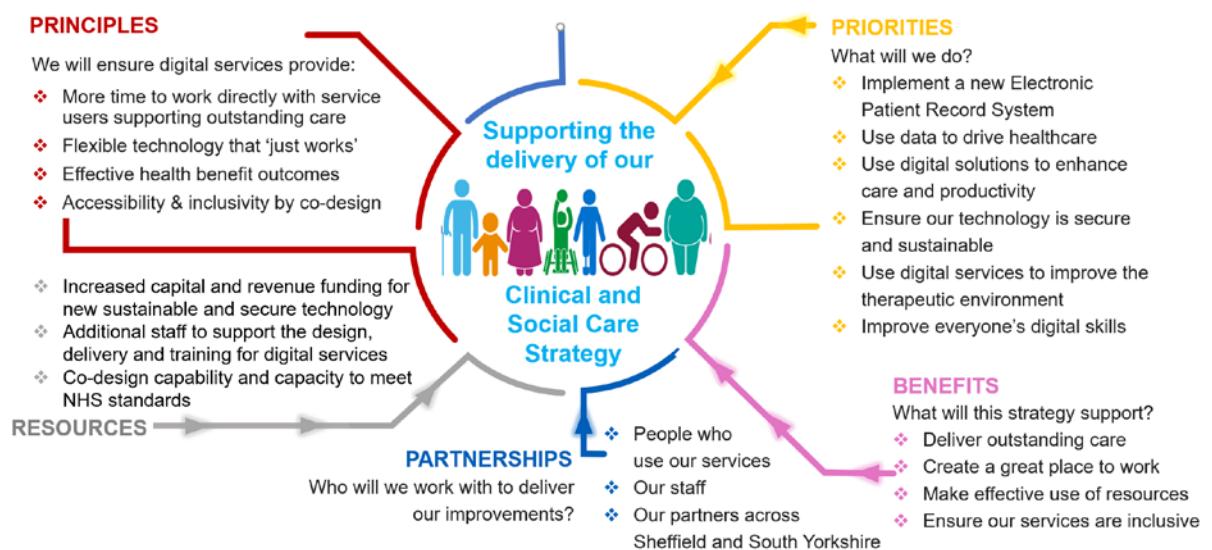
We will invest in and build the capabilities required to deliver digital services as described by the [NHS Digital Service Manual](#), which aligns with our strategic aims and the objectives of the clinical and social care strategy. By meeting these standards and following ICS and national policy we will improve our capability to use technology and digital services to:

- Provide staff with more time to interact directly with service users so they can deliver outstanding care.

¹ Digital maturity is an assessment of an organisations ‘Readiness’: the extent to which they are able to plan and deploy digital services, ‘Capabilities’: the extent to which they are using digital technology to support the delivery of care and ‘Infrastructure’: the extent to the underlying infrastructure supports these capabilities.

- Deliver a flexible, modern and collaborative working environment where technology ‘just works’.
- Continually assess how effective our digital services are in delivering health benefits and adapt them accordingly.
- Value and dedicate time to ‘user research’, which will ensure services are accessible, inclusive and are solving the problems our service users and staff will benefit from most.

These principles, the priorities for this strategy, how it has been developed and they way is supports our strategic aims and objectives are captured in the following high-level overview.



► SHSC and Sheffield

Sheffield Health and Social Care NHS FT (SHSC) employs over 3000 staff and has an annual income in 2021 of £131m. We provide predominantly secondary care mental health, learning disability and specialist services to the people of Sheffield.

Our [strategic direction](#) sets out where we aim to be as an organisation by 2025 and what we need to do to get there, in an increasingly changing world and NHS environment. During the short to medium-term we will be working hard to improve the CQC ratings of our services, whilst also delivering our key strategic transformation projects.

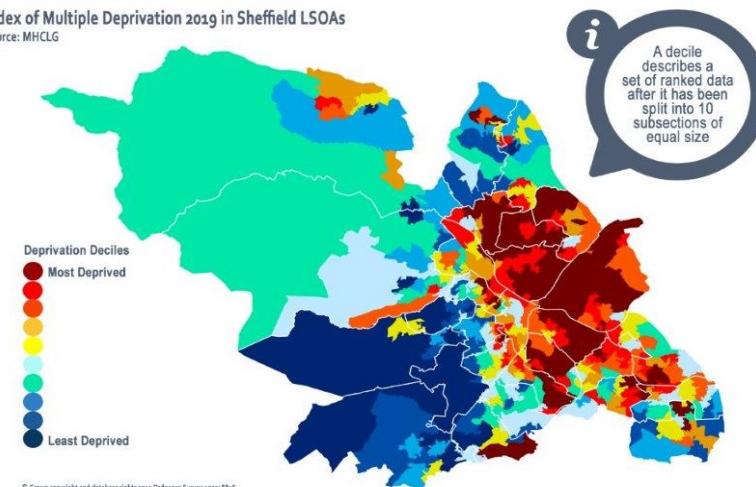
To get there our Clinical and Social Care Strategy and our strategic framework of aligned enabling strategies will build a coherent programme of year upon year of continuous improvement across all our services, departments and partnerships. Our

approach will be underpinned by a strong focus on living our values to support our cultural development and truly inclusive behaviours.

About Sheffield

Sheffield is an unequal city with an 8-10 year life expectancy gap between areas that fall within the 10% most deprived in the country (Burngreave, Firth Park, Southey, Manor Castle, and Park and Arbourthorne) and areas amongst the 1% most affluent in the UK (Fulwood, Ranmoor and Dore).

Index of Multiple Deprivation 2019 in Sheffield LSOAs
Source: MHCLG



We have a high concentration of people seeking asylum and refugee status living in the North of the city; a high population of people over the age of 65 years living in the South West of the city; and a high population of students living in the City centre.

We know that people in poorer parts of Sheffield live shorter lives and have worse health than those in more affluent areas. We also see similar disparities affecting groups with specific shared characteristics, such as people from BAME backgrounds, or people with learning disabilities. These differences and disparities are the health inequalities that exist in our city, which we see as unacceptable. We recognise that “one size doesn’t fit all” and our population requires different things of our services



What has informed our strategy

Our Digital strategy sets out where we aim to be by 2025 and what we need to do to get there. Our strategy is shaped by the national and local context, our current position and the views of service users, carers, our staff and partners.

Policy context

The imperative to transform health and care through the effective use of technology and data is made clear by the NHS Long Term Plan, The Topol Review and the recently published “Data saves lives” strategy. At a regional level, South Yorkshire and Bassetlaw ICS has published a four year ‘Digital Transformation Strategy’ that provides a framework and principles for collaboration across the ICS and ‘Sheffield

Place'. The common driver across all these calls to action is the ability to collect, curate and share data, securely, in ever more sophisticated ways. The management and use of data are a fundamental capability that enables all aspects of digital transformation, therefore, programmes of work to support these aims are a priority for this strategy.

The Topol Review – Feb 2019

There is a need to complete the digitisation and integration of health and care records if the full benefits of digital medicine (earlier diagnosis, personalised care and treatment) are going to be realised for the NHS. An understanding of how data-driven technologies are best deployed to support and improve working practices will be part of workforce development.

The recent publication of the 'digital clinical safety' strategy from NHSx reminds us of the strong evidence base for how digital systems and data can improve patient safety. The priorities and programmes defined in this strategy will ensure we can realise these benefits for our service users. Another key feature of our digital transformation, informed by national policy, will be to ensure that the Caldicott Principles are embedded in the way we design and implement digital services.

Where are we now?

The digital capability and maturity of the Trust is low due to the significant number of legacy systems and lack of interoperability. Our systems cannot provide the experience and benefits that our staff and service users have all come to expect from digital services in many aspects of their lives. However, there are examples of good practice within the Trust that we can build on and invest in to maximise the impact and to serve as models of 'what good looks like'².

A summary of our overall position in terms of digital maturity and service provision is captured in the following sections:

What is going well?

- Our new Data Centre is critical to the sale of our current HQ and provides us with a modern facility that will last many years and gives us the time to consider the most cost-effective strategies for cloud migration.

² NHSx have defined a new framework for Digital Services – "[The What Good Looks Like \(WGLL\)](#)" programme draws on local learning. It builds on established good practice to provide clear guidance for health and care leaders to digitise, connect and transform services safely and securely. This will improve the outcomes, experience and safety of our citizens."

- A good foundation for data warehousing is in place but requires further investment to sustain it, to onboard data from other systems and provide staff across the Trust with access to support self-service reporting and analysis.
- Our EPR programme to procure and implement a third-party system is now in a very stable and strong position with good engagement across the Trust.
- As part of the wider response to the coronavirus pandemic we have seen an increasing adoption of and reliance on digital services. We have already embedded some of these changes and are continuing this work.

What do we need to improve?

- We have many legacy systems, which are difficult to maintain and can no longer provide the levels of service everyone requires. This has an impact on cyber security and the effort required to maintain the appropriate measures.
- We need to maximise the investment in corporate systems, avoiding in-house point solutions and to adopt a strategy of purchasing high-quality 3rd party systems with excellent integration capabilities.
- Often the way we commission, develop and maintain systems does not align with NHS service standards. We must improve the understanding of those standards and the skills, capacity and time required to meet them.
- Access to data across the Trust, and with the implementation of the new EPR provide our service users with access to their own data and ways for them to interact with us through digital services.

What is happening that can help?

- NHSx, NHS Digital and other national bodies continue to provide a focus and support for improving digital services and the effective use of technology. What needs to be achieved is well understood and widely documented, the capability and capacity to deliver is the challenge we will address and meet.
- The clinical leadership for digital transformation is changing with the appointment of a Chief Clinical Information Officer (CCIO) and Clinical Safety Officer (CSO) taking a lead role in the development of digital services.
- A cloud first strategy for digital services is now clearly accepted with the EPR programme seeking to deploy a managed service. Increasingly, software as a service (SaaS) is the only choice and is a change we have already adapted to.

What do we need to pay attention to?

- There is an ever-growing cyber security threat, which we must respond to so that we are able to protect our services and service user data. While cloud services will change how we think about security, it cannot be completely outsourced, it remains our responsibility and we will need to build the expertise required for this new service delivery model.
- High quality, 3rd party digital services will require more investment than we have allocated in the past. By selecting the right partners and with sophisticated integration capability we will be able to realise cumulative benefits with each new investment.
- As we focus on providing better digital services, we must ensure that we also focus on how our services remain inclusive and be aware of the impact of digital exclusion. We will find ways of reducing the ‘digital gap’ working with regional partners.
- As we continue to use data to improve services, we must ensure that our service users have a clear understanding of how their confidential information is used, how it is secured and the choices they can exercise.

The views of service users, carers, our staff and our partners

The approach we took in creating our digital strategy was to engage as widely as possible with service users, carers, staff and partners to listen to experiences, gather ideas about improvements and priorities and bring people on board. We did this by surveying staff and service users, through a range of open discussions with representative groups and analysis of research undertaken by partners and national bodies³.

In addition, the views of our partners have been distilled through the ICS digital strategy and direct conversations with Sheffield Flourish and Primary Care Sheffield.

Service User views and feelings about online / digital

“We keep talking about how it would be great for service users to have a digital copy of our care plans that we can refer to, but it never seems any closer to happening.”

“[I have] concerns over data breaches & lack of control over sharing of data within & outside SHSC”

³ An example is the NHS Confederations publication “[Digital inclusion in mental health: a guide to help increase choice and improve access to digital mental health services](#)”

What is important to our service users?

- **Understanding how their data is used:** Service users want easy access to their personal information and care plans, to feel confident about the protections in place and to be informed about how their data is used. Providing this kind of access will build trust and support the adoption of digital services.
- **Support to use digital services:** There is a willingness to use digital services and recognition of their benefits, but some feel that they need support and guidance to use them and do not want to be left to work things out for themselves. Service users would value having access to technology and to get help developing their digital skills, to support their care and help them access other opportunities.
- **Choice in how they access services:** While the benefits of digital services are recognised, service users want the choice of face-to-face or virtual consultation or communication. Questions of inclusion in being able to access information and records digitally is something that also requires careful consideration.

What is important to our staff?

- **Simplicity and reliability:** Our staff recognise the positive changes that digital services and ways of working have supported their services during recent events. However, they do not feel they can rely on them at all times, which creates anxiety, diverts them from engaging with service users and leads to inefficient practices.
- **Access to data:** Access to comprehensive service user data that allows staff to make effective and safe decisions about their care is seen as critical. The ability to access this data securely in any location including wards, clinics, and community settings is increasingly important to support hybrid ways of working.
- **Guidance collaboration and training:** A range of staff who are confident with and have good experiences with digital services want to be involved in defining how digital services could be used and to introduce new services. At the same time there are other groups of staff who want support with their digital skills and more prescriptive guidance to use them with confidence.
- **Technology to support multi-disciplinary teams:** Increasingly teams are relying on a mixture of in-person and remote attendance at meetings to support collaborative working. There is a desire and need, due to the nature of the Trust estate, to continue to work in this way and to have the right technology to do so.

What is important to our partners?

- **Access to data** - Members of the ICS and our partners want to improve the exchange of data to support safeguarding and safe care. They want to see comprehensive integration so that everyone can access accurate and complete data, supporting the transformation of Primary & Community Mental Health services. They want us to support the delivery of a shared care record capability for the region and beyond.
- **Improving our response to national data requirements** - Our CCG partners want to see improvements in our data capability, allowing us to respond more quickly to new national data set reporting requirements and population health initiatives.
- **Support for research** - Our research strategy and University partners will ask us to provide streamlined access to rich data, with appropriate anonymisation, which will support evidence led care and decision making both locally and nationally.

NHS Long Term Plan – August 2019

The NHS is made up of hundreds of separate but linked organisations, and the burden of managing complex interactions and data flows between trusts, systems and individuals too often falls on patients and clinicians. Digital services and data interoperability give us the opportunity to free up time and resources to focus on clinical care and staying healthy.

How has this shaped our strategy?

The views expressed by service users, staff and partners has reinforced much of the national, regional and trust thinking about how we need to develop our digital services. One priority that has been lifted-up and given greater emphasis through this engagement is a focus on digital skills.

While our engagement has been largely reinforcing, rather than suggesting whole new priorities, these discussions have provided insight into some of the changes we can explore that could have a big impact in the short-term. We aim to make these changes part of the programmes of work that this strategy defines. Examples include:

- Developing clear and simple guidance on how personal data is used. While we do publish this kind of information, arguably it is difficult to interpret and understand what this means in practice.
- Digitising guides and information and providing simple ways to distribute content that is currently shared in printed form.

- The role that the Trust can play in providing opportunities for service users to learn new skills helping them to use our services, but also more generally to access other services, which are increasingly delivered digitally.
- Ensuring that we have a well-defined set of digital tools, guidance, training and appropriate equipment to support hybrid and digital ways of working. This suggests extending training beyond the core clinical systems into collaborative platforms such as Microsoft 365.

Our priorities

Through the development of our Digital strategy, we have agreed the priorities that will support us to make lasting improvements to the care we provide and deliver our clinical and social care strategy. To deliver on our ambition to provide “integrated care from neighbourhoods to system” we have identified the following key objectives:

- Implementation of a new Electronic Patient Record (EPR) System.
- Enabling Data Driven Healthcare.
- Modern and flexible ways of working that enhance care and productivity.
- A secure and sustainable technology infrastructure.
- Digital services that contribute to a therapeutic environment.
- Improving the digital skills of our staff and service users.

Implementation of a new Electronic Patient Record (EPR) System

Why have we prioritised this?

We have developed our own EPR for the last 15 years, but it is no longer fit-for-purpose and third-party systems now far outstrip its capabilities. A modern EPR is an essential foundation of modern healthcare services and will be fundamental to achieving the aims of the Trust’s Clinical and Social Care Strategy.

We have set the following goals

We will procure a new EPR by the start of 2022 and our delivery programme will commence shortly after. Our goal is for services to be using the new system by the start of Q3, 2023 and the current system retired completely. Just a few of the ways that the EPR programme will support the Trusts strategic aims and objectives are:

- A comprehensive, integrated and easily accessible patient record that supports clinicians in the day-to-date and long-term care of service users.

- Supporting service users and clinicians in the production and ongoing development of collaborative care plans.
- Data sharing will become common place and automated across the Integrated Care System improving patient safety and clinical outcomes.

As an underpinning service for every clinical pathway and process the EPR will see continuous development and investment beyond the initial implementation so that it evolves in line with the needs of clinical staff and service users. With these solid, but flexible foundations in place we will create a platform to support future innovation and new service models.

Sheffield Health and Social Care NHS FT opens EPR procurement

“The trust and ICS are looking for a supplier to align the solution with their clinical and digital strategies, and to be in line with the Department of Health and Social Care and NHSX new draft strategy; Data Saves Lives: Reshaping health and social care with data.”

Enabling Data Driven Healthcare

Why have we prioritised this?

The draft strategy from DHSC, “Data saves lives: reshaping health and social care with data”, makes it clear that one of the most impactful tools in the response to Covid was the power of data. Improving the quality of data and improving access to it directly supports our strategic principles to provide care that is Person-Centred and Evidence Led, principles that are also explicitly referenced in the DHSC data strategy.

We have set the following goals

A new EPR is a key dependency for achieving these outcomes. To ensure that our core patient records can be combined with other care data, leading to improved outcomes and contributes to population health initiatives we will follow the vision of the DHSC strategy to:

- Modernise our data architecture and reporting infrastructure, ensuring we follow technical standards and stay ahead of evolving cyber risks.
- Work with SYB ICS to meet the objective of providing a shared care record across Sheffield and SYB.

- Provide service users and their carers with high quality, timely and transparent data to help them make choices about their care.
- Develop rigorous policies and processes to maintain the highest standards of privacy, ethics and accountability.

If we are to realise the power of data to transform healthcare and, in the future, take advantage of automation, AI and contribute to population health management initiatives we must develop the skills and capacity to build a sophisticated data integration and management capability.

Modern and flexible ways of working that enhance care and productivity

Why have we prioritised this?

Modern and flexible ways of working will directly contribute to our strategic aims of delivering outstanding care, creating a great place to work and the effective use of resources. An example of a change this will enable is the current practice of community staff having to return to base or home to update records. Instead, we will ensure our workforce can always access records reliably from any location and, as a result, increase the time they spend with service users.

Hybrid approaches to office and homeworking will become the norm. By doing so we can take a flexible approach to how we use our physical estate, reducing costs and more importantly staff will benefit from the work-life balance that hybrid working can provide. We recognise that this offer to our teams is essential to our recruitment and retention aims.

We have set the following goals

- We will provide seamless and secure connectivity to Trust systems and resources from any location.
- Video conferencing and telephony will continue to be enhanced to support team working and service user choice for consultations.
- To realise the opportunities of our investment in Microsoft 365 to improve the productivity of the whole organisation.
- We will support our teams to gain the digital skills necessary for a modern workforce to work flexibly and maximise the impact of digital services.

Achieving these goals will see us move to more real-time and collaborative way of working, replacing email and face-to-face meetings as the primary methods of communication, which are features of some of the most productive companies in any sector of the economy.

Secure and sustainable infrastructure

Why have we prioritised this?

Cyber-attacks can have a direct impact on services by disrupting services for long periods, in the worst cases for months. In the same way that a locked door and insurance protects our physical assets, cyber security and resilience protect our digital assets and service users' rights to privacy. Rigorous planning for and investment in cyber technology and skilled staff are essential to our organisation's health and resilience.

The ability to continuously maintain and upgrade our core IT infrastructure and systems is also an important element of cyber security and ensures we can keep pace with product developments that directly contribute to care or streamline processes, providing clinicians with more time to care.

We have set the following goals

- Achieve and maintain 'standards met' for the Data Protection and Security Toolkit. The new EPR is a key dependency for meeting this goal.
- Retire legacy systems and services, replacing them with cloud-based alternatives where appropriate, thereby providing more time to maintain on-premises services.
- Improve staff awareness of cyber security risks and information governance best practice to reduce our susceptibility to cyber-attacks.
- Develop and maintain a system roadmap, with a complementary staff and equipment resourcing plan to ensure service are always up to date and secure.

National NHS bodies continue to stress the importance of good cyber security to protect health and care data. Our cyber security programme will increase investment to make sustained improvement and put in place an ongoing capability to respond to ever evolving cyber risks.

Digital Services that contribute to a therapeutic environment

Why have we prioritised this?

Our ward environments do not currently provide access to digital services that can be an important part of patient care. By improving connectivity and providing devices for those without them, we will ensure service users can continue to access their support networks, be part of their community, take opportunities to develop skills and access entertainment when they choose.

We will explore how digital services can also help us extend what a therapeutic environment means. For example, when our service users contact us by phone, connected telephony systems should call up appropriate data that allows us to understand their needs and connect them quickly and seamlessly with the care they need.

We have set the following goals

To provide therapeutic environments we want our service users to be able to access the digital services that they already value and discover new ones that will support their recovery, independence, and autonomy. For those who experience digital exclusion we will support their learning or help them access digital services in their community. We will improve, explore, and introduce services in the following areas:

- Improved telephony service and access to wifi.
- Digital skills development and access to learning platforms.
- Managed tablet and laptop devices in ward environments.
- Access to entertainment - music, film and television.
- Work with partners in Sheffield on initiatives to tackle digital exclusion.

Improving the digital skills of our staff and service users

Why have we prioritised this?

We know that to fully realise the benefits of digital services we must support our staff to gain the skills and confidence to use them effectively. As digital services continue to develop at an ever-faster pace we must move to a position where staff feel confident to explore and learn new facilities using online learning and without the need for extensive direct training. At the same time, we must ensure that services are operated safely and do not propose to completely replace traditional training. We recognise that safe and high-quality services are an outcome of the well-designed digital services and therefore having the necessary skills to use them is as essential as other core clinical skills. Currently, our digital training offer is limited to our in-house EPR and this needs to be significantly expanded.

Our Service Users have told us that they worry about being excluded if they find it difficult to access new digital services. Research shows that people with a long-term mental health condition are more likely to experience digital exclusion for a variety of reasons. One way of making sure that service users are included is to offer ways for them to gain the skills and confidence to use them, which includes improving understanding of how their data is used.

We have set the following goals

- Establish digital skills training as an offering to service users through our therapeutic environment programme.
- Develop easy to understand and engaging ‘trust & privacy’ information to generate confidence in how data is used and protected.
- Work with our partners to help Service Users obtain or have frequent access to technology that allows them to use digital services.

- Provide our staff with ways to assess their digital skills and provide support to continually improve and maintain them.
- Introduce core digital skills criteria and assessment into our recruitment processes to lift the overall level of skill across the Trust.



What will be different

Across our organisation, every day that passes in every service we provide, there exists a rich tapestry of experiences of care received and delivered. We believe that the learning from the experiences from our services users, staff and carers gives essential insight into the good care that is provided but also the gaps that sometimes exists between care as intended and care as experienced. We will use this insight to evaluate and understand the impact of our digital strategy.

From listening to our service users, carers, our staff and key partners we are clear about the benefits we aim to achieve from this strategy. We know that technology has a huge role to play in transforming our organisation to the benefit of staff, service users, health in our region and a wider societal impact. Some of the benefits mapped against our organisational strategic aims are:

Trust strategic aims	Intended benefits
Deliver outstanding care.	<ul style="list-style-type: none"> • Modern digital services and improved connectivity will contribute to and enhance therapeutic environments and extend them beyond physical services. • Through improved access and management of data we can begin to build a 360° view of our service users and as a result improve care. • Improved digital services and streamlined processes will release staff time to focus on value added activity and more time with service users. • New patient portals and apps will enable Service Users to access information about their care and allow a more collaborative approach to care planning and delivery.
Create a great place to work.	<ul style="list-style-type: none"> • IT infrastructure and digital services are reliable, robust, and secure ensuring that

	<p>staff can focus on service user needs</p> <ul style="list-style-type: none"> Core systems encapsulate and automate standard operating procedures and care pathways improving care quality and health outcomes Communication, team working, and collaboration are improved through the wide use of modern tools and platforms with a significant shift away from email. Staff with good digital skills will be able to make effective use of technology, reducing administrative burden and allowing them to focus more time on direct care.
Make effective use of resources.	<ul style="list-style-type: none"> Cyber security improvements will see a move to proactive monitoring and system refreshes, avoiding more costly reactive scenarios With good data foundations in place, automation and digitisation of repetitive processes and tasks will be possible. Investment in third party systems will give us access to innovation designed to benefit the whole sector. The move to using more cloud-based services will contribute to our sustainability agenda as we make this a key consideration in new procurements.
Ensure our services are inclusive.	<ul style="list-style-type: none"> Improved access to data for research purposes will enable a greater understanding of health inequalities and how we can design services to address them. Service users will be supported to access and use digital services. Services will employ 'user research' to ensure that people with different physical, mental health, social, cultural or learning needs can use our services. By adopting services that embrace 'NHS digital service standards' and using techniques such as 'User Research' we

	will ensure services are co-designed with our Service Users.
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Our delivery plan

We recognise that the changes we will implement need to follow the key deliverables outlined within the NHS LTP, meet the needs of service users and carers, commissioners, and partners to deliver on the goal of improving quality and reducing health inequalities. We will focus on incremental change, progressively strengthening our partnerships and delivering tangible improvements in health and wellbeing.

Each of the following programmes of work support the priorities that we have identified, but due to the scale of the change required they will focus on more foundational aspects of digital transformation in the first instance.

New EPR Programme

This two-year programme will deliver a digital system that supports the clinical operations of SHSC, builds the foundation for data driven healthcare and will significantly improve our digital maturity. Key milestones for the programme, which is already well established are:

- Final Business Case approval by December 2021
- Contract in place and new system implementation starts Jan 2022
- EPR operational by September 2023

Once in place a programme of continual improvement will be put in place with a focus on using data from the new EPR and other clinical systems to support decision making and contribute to improving the quality of our care by releasing staff time from administrative burden.

Cyber Security Programme

This programme will contribute to two of the priorities that we have set for ourselves. A secure and sustainable infrastructure and modern and flexible ways of working by:

- Achieving and sustaining ‘standards met’ for the data security and protection toolkit (DSPT) by June 2022.
- Creating the backup infrastructure, policy and guidance that will support the safe use of core Microsoft 365 services.
- Ensure legacy systems are completely retired as the new EPR is made operational.

- Centralise funding and overall management of end-user devices to manage costs and ensure all staff have secure and performant equipment.

Modern and Flexible Working Programme

This programme supports both our EPR and Cyber Security programmes by making sure that staff have the appropriate and secure equipment with connectivity to digital services from any location. Additionally, with the completion of some work under the cyber security programme we will be well place to exploit our investment in the Microsoft 365 platform. This programme is an enabler for the move to hybrid models of working and the Trust's Estates Strategy.

- We will develop recommend equipment profiles mapped to staff roles and manage the full lifecycle from purchase to disposal.
- Staff who work in multiple locations and away from Trust sites will have fully mobile connectivity to support their work
- Corporate Services will be the first groups to take full advantage of the Microsoft 365 platform moving away from primarily email based working, improving governance, administration and team productivity.

Data Driven Healthcare Programme

This programme has a direct link to and dependency on the new EPR as the system that will be the source of core data about service users and their care. At the same time, we have a range of other systems, which will continue to grow, and we must combine all this data to produce information and insights that improve care and safety.

- Our new EPR will provide sophisticated reporting facilities that support day-to-day decision making and operational planning, giving our staff new tools and information that will improve safety and quality.
- We will build a comprehensive set of ‘data pipelines’ from the EPR, clinical and corporate systems to our data warehouse. We will improve our data warehouse infrastructure and capacity to build pipelines, automating time consuming ‘number crunching’ activity and freeing up time for analysis of information.
- With strong data management in place, we will enable self-service, ‘drag and drop’ reporting, providing all staff with the tools to interrogate and present dynamic data reports.

High levels of security and appropriate access to data will underpin the design of this data platform, which will be monitored by a formal data management and quality group.

Digital Skills, Therapeutic Environment Services

Leadership for the development of digital skills for staff and service users will be defined through our People Plan and Therapeutic Environment Programme respectively with close collaboration from our IT teams. This will ensure that we embed these activities as part of our staff development plans and as part of our care offering for service users.

The use of technology to create and support therapeutic environments will become a workstream of that programme. This workstream will benefit from the other programmes described in the strategy and feed requirements into them. We will co-produce the objectives, working with our staff and service users to understand our current position and how we can work towards the improvements identified.

Resource plan

The programmes defined as part of this strategy are extensive and will require investment in several areas. Being well established, our EPR Programme has a robust resourcing and financial plan in place. To deliver the objectives of the other programmes we will need to expand our teams, fund new technology services, and ensure ongoing support for continuous improvement is in place. Some of the areas likely to require investment are as follows:

- New Business Analysis, User Research, Programme and Project Management roles will be required to support co-production, prioritisation, detailed requirements, and benefits realisation for the programmes of work.
- Additional technical resource, tools and platforms for cyber security are required to support the initial three-year programme with additional substantive roles to allow us to deal with a continually evolving cyber security threat.
- A new programme to focus on data management, data quality and reporting will be established with the first step to understand what additional staffing and skills must be put in place to rapidly establish new infrastructure and data pipelines
- Dedicated roles for digital skills development and technology training will be required that not only deliver classroom or online training but can work alongside our quality improvement team to provide direct support for small scale improvements and to connect staff with existing services.
- Additional procurement resource will be required ensuring value for money from our investments, allow us to explore new routes to market that can support a rapid pace of change, whilst providing a fair and competitive process.

We will develop a robust resourcing and funding framework to ensure we can maintain the new technology and services that are deployed under this strategy. We intend to make a step change in technology provision that can be sustained and then accelerated. We are fully aware that this means increasing investment so that we can become an organisation that uses technology to drive continuous improvement.

This strategy does not define a full financial plan for the delivery of its aims and objectives. Some initial work has been undertaken for the cyber security programme, but the next stage of planning will need to look at the capital and revenue implications of the data, digital skills, modern ways of working and therapeutic environment programmes.

Milestones

A high-level timeline for delivery of the strategy has been defined, however with such an ambitious scope a great deal of planning is required to establish a robust and feasible timeline. As such, the priority is to establish the internal capacity and partnerships required to undertake that planning and to develop the business cases that will develop the detailed costs and benefits.

Digital Strategy priorities: implementation plan

Priorities	2021	2022	2023	2024	2025
EPR Programme	Procure	Implementation and testing in Services	Embed	Benefit realisation	
Digital skills	Skills gap analysis	Skills team + design delivery	Programme of digital skills development and training	Benefit realisation	
Cyber security			Cyber security programme		Benefit realisation
Data driven healthcare	Scope needs: skills and infrastructure	Define data pipelines	Start self-service reporting	Benefit realisation	
Modern and flexible working	Mobile telephony	SharePoint Online programme	Estates support programme	Benefit realisation	
Therapeutic environments	Scope and research	Define needs	Development programme linked to EPR, Digital skills etc	Benefit realisation	

Through our engagement with staff and analysis of national research undertaken with service users we understand that most people are looking to improve their digital skills. We recognise that this is critical to every element of the strategy and has wider benefit to Staff and Service Users. Improvements in digital skills are often the most difficult to realise and therefore the capability to provide ongoing training is an important early milestone for delivery of the overall strategy.

From a systems perspective the EPR Programme milestones are critical to the success of this strategy. While the indicative plan shows that the service will come

into operation for all services in 2023 the Programme will consider implementation plans for incremental deployment if feasible.

Monitoring progress

Monitoring progress

We will review our performance in delivering this strategy. We will monitor the implementation of our delivery plan, evaluate the impact this has and adjust our plans when necessary as we move forward.

We will ensure that our program of strategy implementation is triangulated, aligned and embedded in our annual operational planning process and linked to regular performance reviews. Effective governance arrangements will be important to our success. The delivery and success of our Digital Strategy will be reviewed by the Digital Strategy Group chaired by the Executive Director of Finance.

Each year we will set out in our Annual Operational Plan those activities that we will be delivering as part of our strategy delivery. The Annual Operational Plan is monitored through our governance arrangements and progress reports are provided to our Finance and Performance Committee, each quarter.

Any risks relating to the delivery of our Strategic Direction will be escalated from our Corporate Risk Register to our Board Assurance Framework and discussed at Board subcommittees and the Board.

Continuing to develop our plans with our service users, carers, staff and reference to national guidance

We will continue to monitor national guidance to continually adapt and refine our strategy and programmes. During the second half of 2021 we have seen new guidance and national surveys emerge with a focus on mental health. The Mental Health Digital Playbook from NHSX⁴ and the recent survey on EPR usability for mental health and community services are examples of insight and research that are being actively developed and will continue to inform our strategy.

One of the most significant changes we will make is how we design and deliver services, by introducing dedicated resource for user research, which will deliver a co-production approach by design with early and continual feedback as part of the delivery process. There are dedicated roles and communities well established within NHS Digital that we can create links with and learn from. We know that some of our

⁴ [Mental health digital playbook - How to use digital ways of working to improve outcomes for patients](#)

partners, like Sheffield Flourish, have developed successful digital services through co-production that we can learn from and build on.

We will assess our progress against the new ‘What Good Looks Like’ framework from NHS Digital starting with a benchmarking exercise to provide further context for the planning stage of this strategy.

To measure our progress on digital inclusion we will use the reflection statements defined by the NHS Confederation guide, involving our staff and service users in this evaluation. We will look at opportunities to embed changes that result from the new Service User and Experience Strategy in the way that we engage with and seek feedback from service users.

“I statements” – helping with reflection on progress towards digital inclusion.

I statements – For individuals who use mental health services

These statements should be available and used by individuals who access services, to consider and discuss with their care providers and by those involved in service development. They will help to ensure user voice and experience is central to this process and to identify where further action or progress may still be needed to increase digital inclusion within services.

- I have the option to access, or to have appropriate assistance to access, digital solutions to help me to achieve my health and care goals
- I am the owner of healthcare data and information that is held about me
- My care plan is held in a format that I can understand, in a place that I can access
- I can choose to use digital technology to help me to achieve my health and care goals
- I can choose to use digital technology to assist me as I manage my own health and wellbeing
- If I need help to access digital technology, I am assisted by the health and care system to do so
- The choices I make are maintained and enhanced by digital technology
- I am offered digital solutions in a format and language I can understand
- I can choose to use digital technology to measure the quality of my own goals being successfully achieved
- I can choose to use digital technology to assist me in expressing my needs and be properly involved in decisions that affect me
- I feel confident that I am enabled to develop the skills and tools I need to engage with digital solutions effectively
- The digital solutions that I choose to use feel safe

To support this work, we will put in place regular showcases that are open to staff and service users, providing a forum to demonstrate the progress we are making and to receive regular feedback. We will record these sessions and share them openly, providing as much opportunity as possible for everyone to get involved.