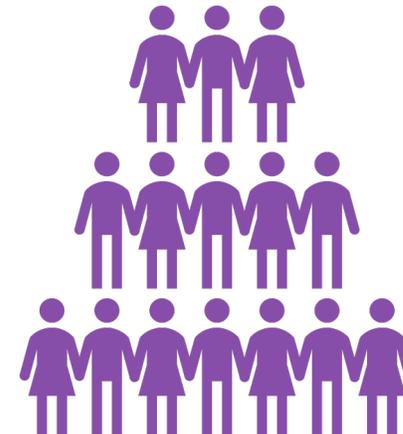
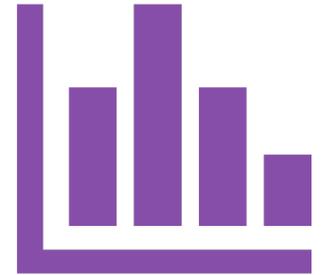


Essex Partnership
University NHS
Foundation Trust
Digital Strategy

2022/23 to 2027/28



Why we need a new Digital Strategy

In the past three decades since the creation of the World Wide Web in 1989, digital technology has become fundamental to the way we live our lives and to the health and care of our population. Our service users, clinicians and other staff take for granted the use of internet-era technology, including web browsers (first available in 1993) and smart phones (introduced as recently as 2007).

In 2017, the EPUT IM&T department produced and socialised a 5-year digital strategy that was aligned to the local and system strategies at the time. That strategy has served us well. It has been instrumental in underpinning digital programmes to date, as well as securing funding for their delivery.

In the four years since the strategy's conception, much has changed. EPUT has developed a new Corporate Strategy, and national digital strategies have also evolved. There has been regional development against the shared care record requirements set out by NHSX, and the approach to the development of ICSs is now much clearer. Moreover, there have recently been national initiatives by NHSX to define "What Good Looks Like" (WGLL) for digital in the context of ICSs and providers, and the launch of a national Clinical Digital Safety Strategy. This will bring additional scrutiny on digital maturity and capability across the NHS.

Our Digital Strategy for 2022/23 to 2027/28 responds to these challenges. It takes as its starting point the definition of "digital" as proposed by NHS Providers and now widely used across the NHS:

"Applying the culture, processes, operating models and technologies of the internet-era to respond to people's raised expectations"

– NHS Providers (with HEE, NHSEI and NHSX) - A New Era Of Digital Leadership

The strategy focuses on meeting national and system requirements, and our strategic objectives (SOs) as a trust, through by digital capabilities in six key areas:

- Providing safe care consistently
- Delivering accessible and accurate information and intelligence
- Engaging and empowering service users
- Supporting and developing our people
- Enabling collaboration with partners
- Building smart foundations

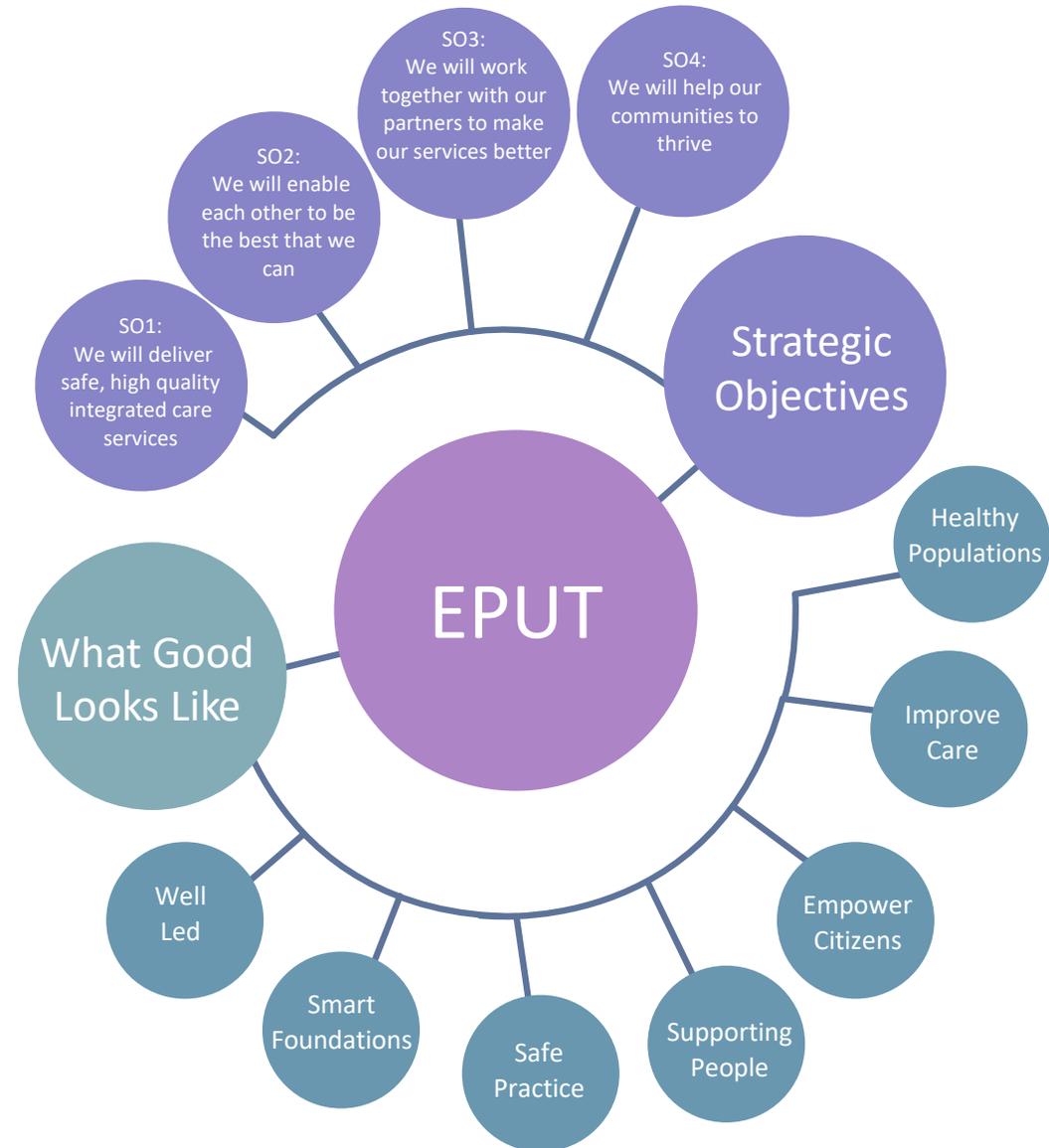
The strategy sets out a vision for where we will be in five years time, alongside the principles that will guide the journey, and projects that will realise it.

Our digital vision reflects a changed context

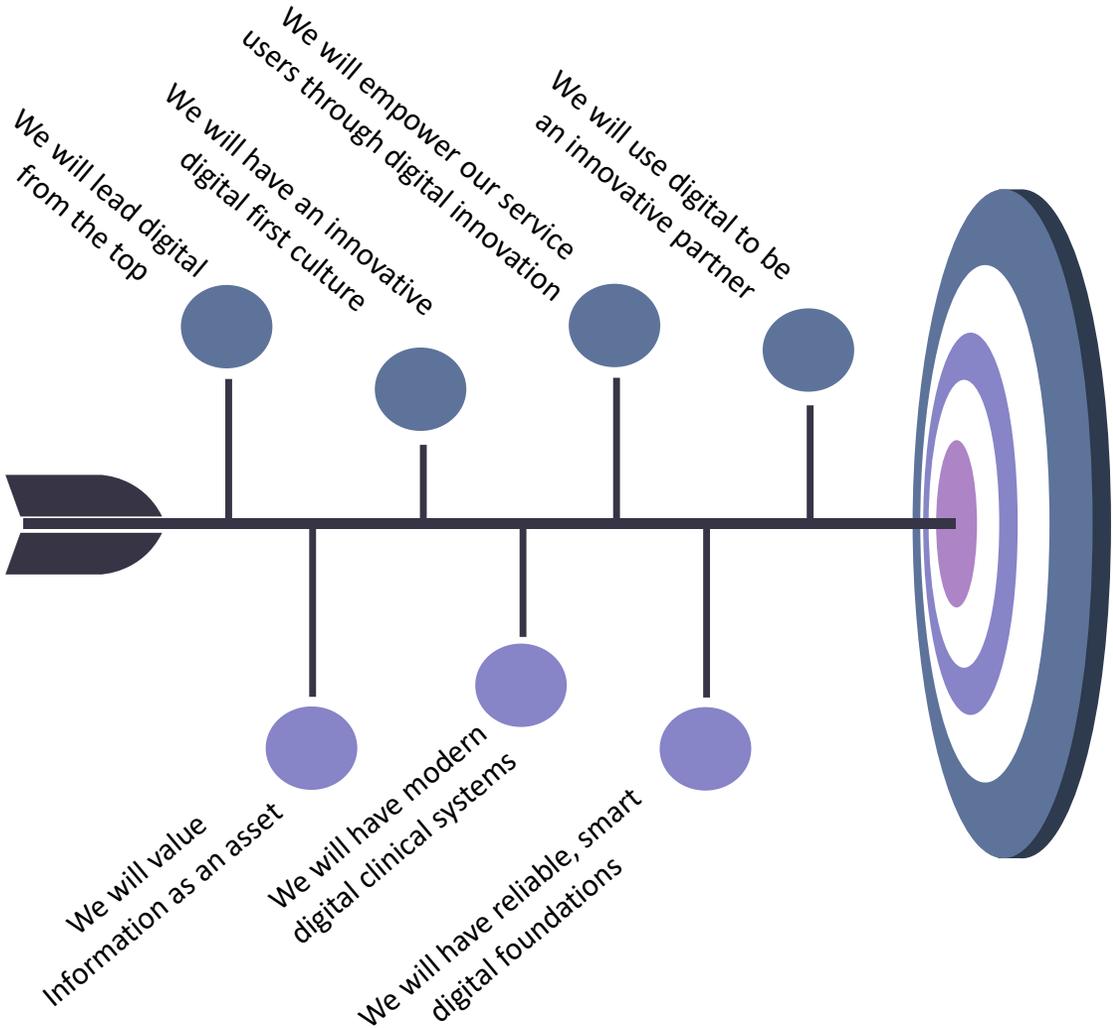
EPUT's new Corporate Strategy and its Strategic Objectives, together with the national vision for "What Good Looks Like" sets out the strategic requirements for our future digital capabilities.

Our digital vision is:

"World class digital technology enabling digitally confident teams to provide safe care, empowering our service users, and accelerating learning and innovation with our partners."



Our digital aims support our digital vision



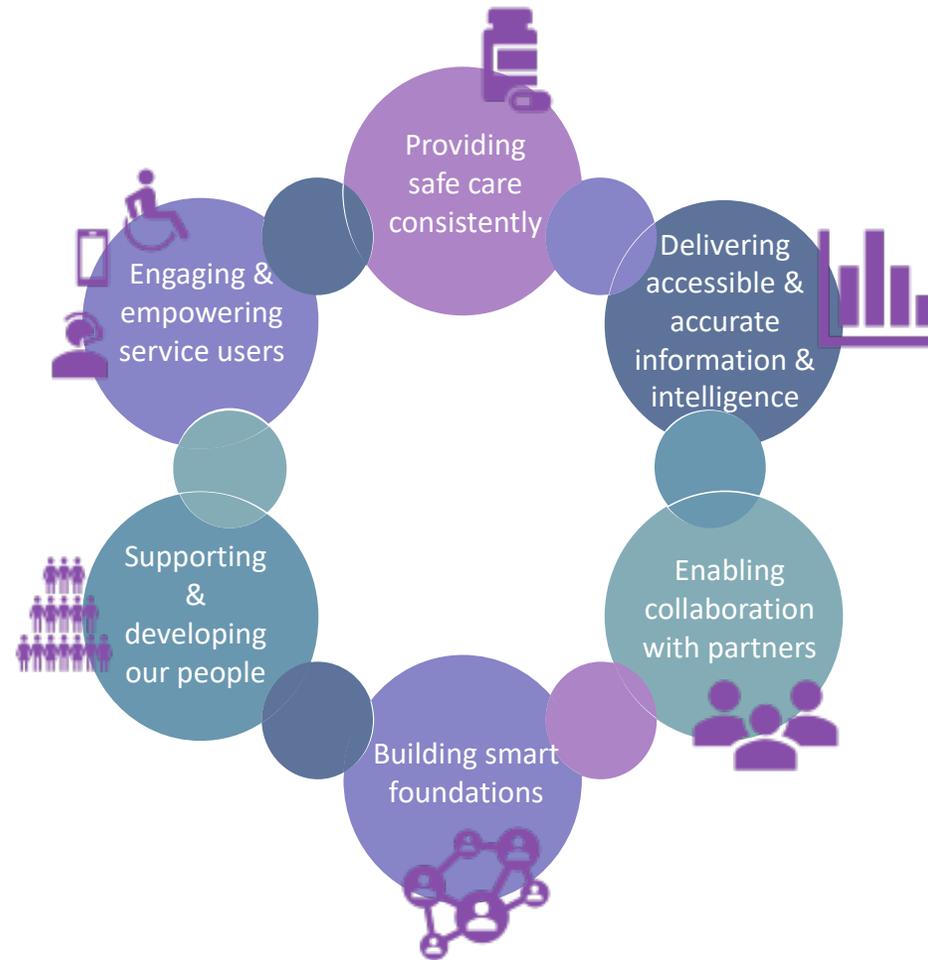
“World class digital technology enabling digitally confident teams to provide safe care, empowering our service users, and accelerating learning and innovation with our partners.”

Our digital mission focuses on six core themes

We will realise our vision and achieve our aims by focusing on six core themes, each consisting of a number of clearly identified projects.

In addition to these themes, our strategy focuses on how we will:

- Develop our digital leadership model
- Create a sustainable digital culture in EPUT



In the future our staff and partners will say:



"We have a clear blue-print for digital, showing how we support care in the communities we serve"
EPUT Board Member



"The information we enter and use is the lifeblood of how we deliver great care - we are able to get the information we need to plan and improve pathways in real-time."
In-Patient Service Manager in Colchester



"EPUT has worked with us to fundamentally transform the services we provide to our frail elderly service users and our children and young people's services using shared digital technology"
Essex County Council Cabinet Member



"The IT we have "just works" and is incredibly easy to use. I had a new team start last week and it took me five minutes to ask for them to be set up and they were all up and running within their first hour."
Community Senior Manager in Epping



"I can find out everything I need to know about my pay, benefits, training and so on, on the move. I can even do training wherever and whenever suits me."
Community Nurse in Leigh

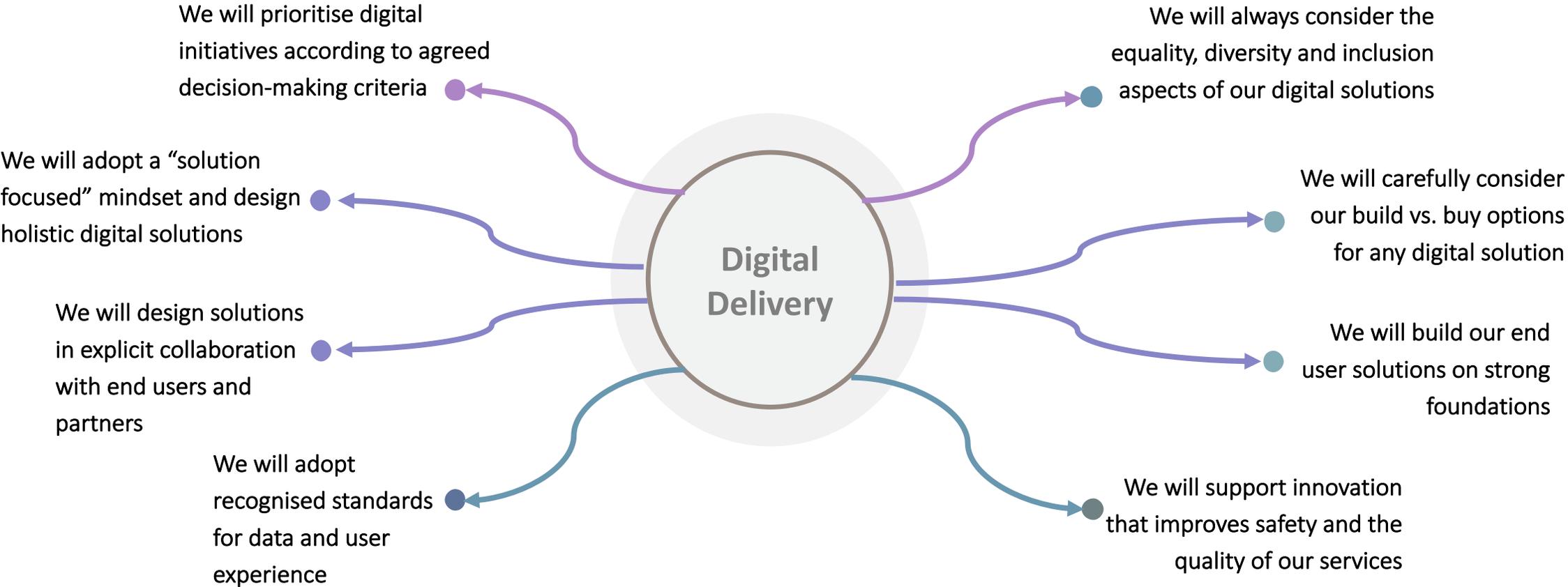


"I receive therapy services on line but also information and letters digitally. That's fantastic to see in the NHS, but I also know that my elderly parent continues to receive paper and great face to face care."
Service User in Southend



"EPUT has one of the best patient record systems I've yet seen in mental health services over the past 20 years."
New Consultant working in Chelmsford

We will be guided by clear digital principles



The digital principles have implications

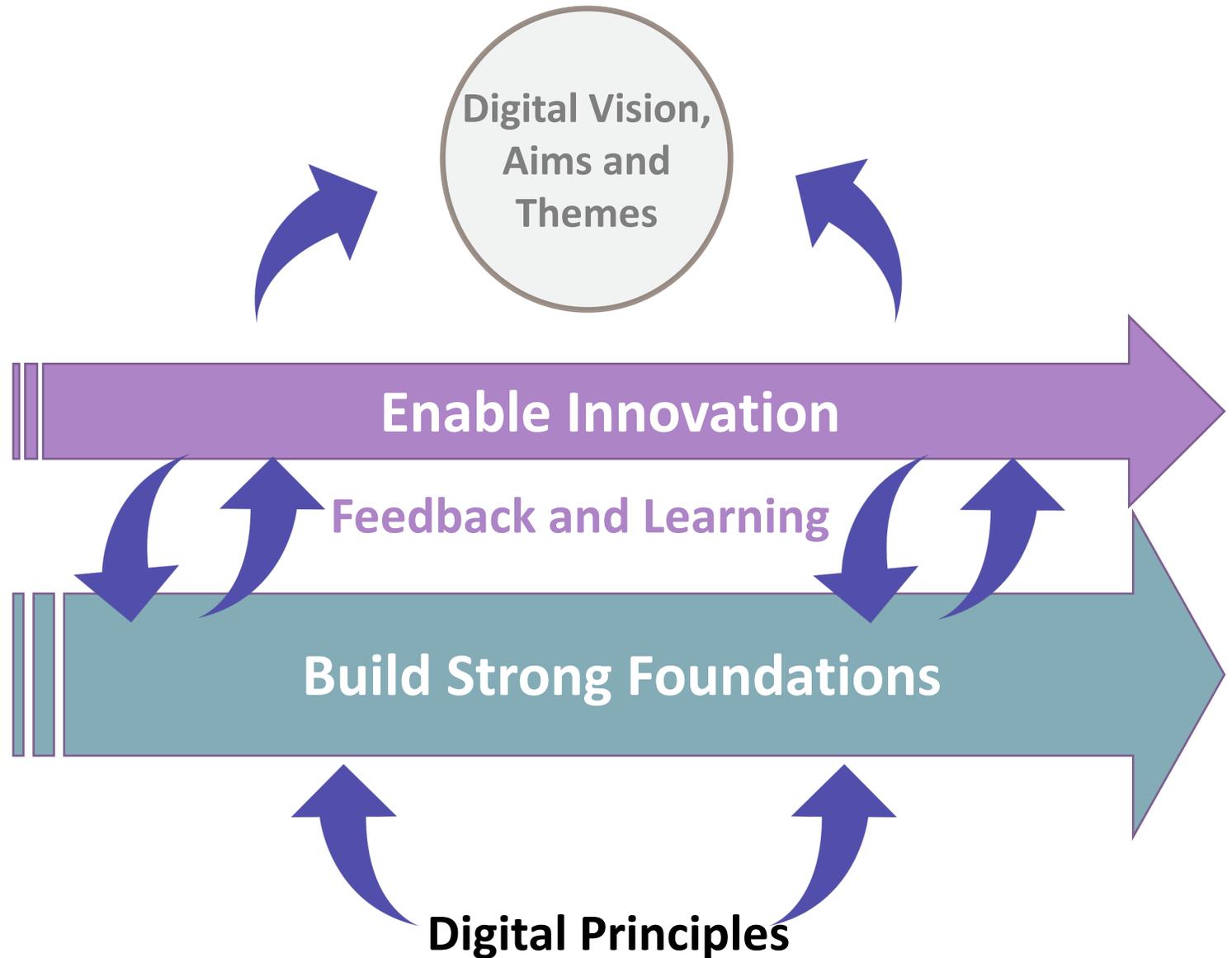
Digital Principle	Implications
We will prioritise digital initiatives according to decision making criteria agreed with the trust's leadership team and our available resources and budgets.	This means that initiatives are prioritised to ensure the maximum benefit to the trust's service users, align with the Corporate and Digital Strategies, and represent the best use of resources. We will focus on an effective, efficient and right sized digital solution sand services, to balance outcomes against affordability
We will adopt a "solution focused" mindset and design holistic digital solutions (not just the IT components)	This means that any digital project must include all supporting elements and non-digital components (e.g. training and process change), to ensure that the benefits can be realised.
We will design and build solutions in explicit collaboration with end users and partners whomsoever they may be.	This means that solutions are designed for end-users rather than designed for back-office functions.
We will adopt common standards for data and user experience	This means that we expect systems to be able to talk to each other, and that end users will be able to work with multiple systems and capabilities without retraining and with an intuitive interface.
We will always consider the equality, diversity and inclusion aspects of our digital solutions as a key design principle.	This means that when we design digital solutions they must account for the diversity of our workforce, end users and partners, and accommodate all foreseeable barriers.
We will carefully consider our build vs. buy options for any digital solution and aim to reduce our overall technical debt and support burdens over the lifetime of the strategy.	This means that we will focus on getting the most efficient and effective end to end solutions considering all factors, avoid reinventing the wheel, and also ensure that we do not create an ongoing maintenance and development burden.
We will build our end user solutions on strong foundations and will design in minimal end user disruption should those foundations change.	This means that we will ensure that, wherever possible, when we change a "back-end" component of a system, we do not have to change the "front-end", minimising impact on the end users.
We will innovate, where it benefits our service users, staff or partners and is consistent with the trust's risk appetite.	This means that we will ensure that the trust balances strong foundations, moving forward strategically and leading the NHS in its digital mental health ambitions in a way that benefits service users.

Our approach will balance foundations with innovation

A twin track approach enables early innovation to be supported whilst establishing a focused programme for delivering strong foundations.

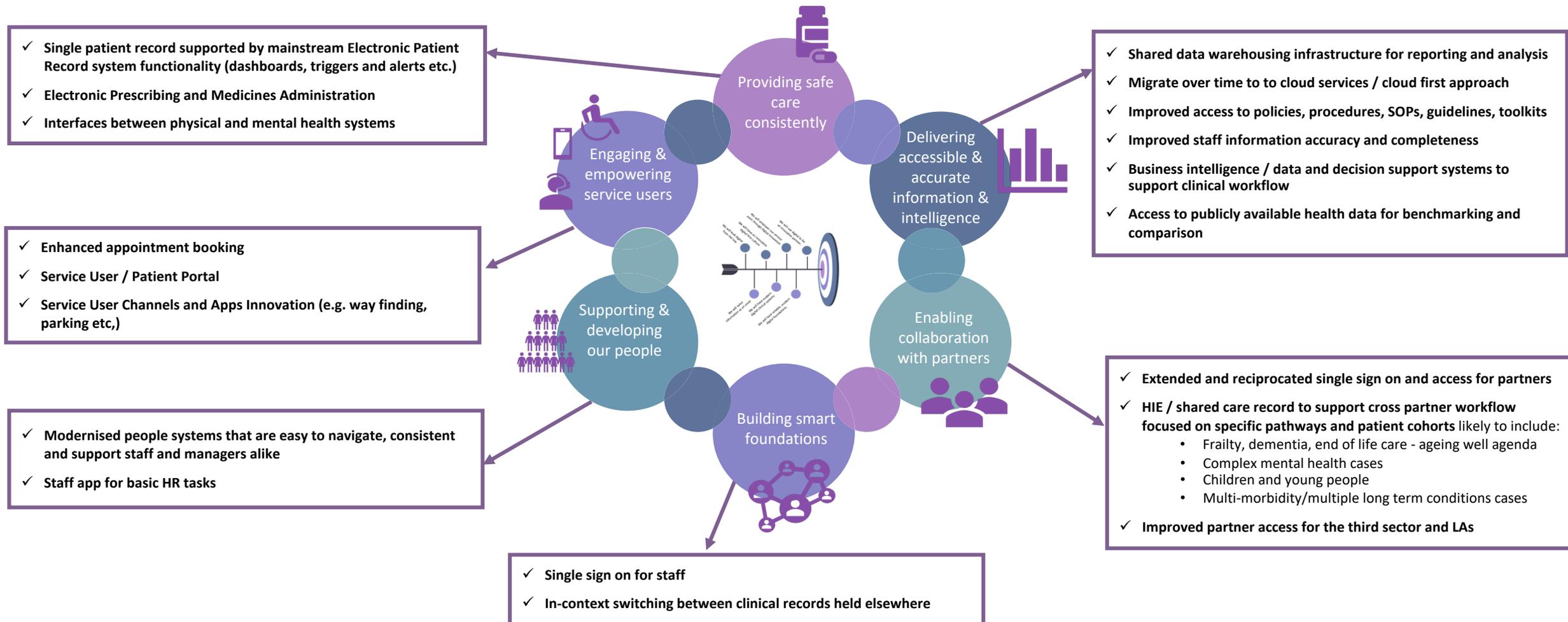
These should be run as separate programmes to ensure pace can be achieved and early benefits realised for front line staff and partners.

Foundations will support innovations and innovation with strengthen foundations via learning and feedback.



We have identified a clear set of priorities

Our Digital Programme for the next 5 years will focus on enabling innovation whilst building strong foundations for the future. We have identified a clear set of priority digital capabilities needed by our team, partners and service users.



Roadmap projects in brief

Each of the projects/programmes (excluding the enablers described elsewhere) is summarised below.

	Project	What it is	Most relevant WGLL Principles ¹
Building smart foundations	<ul style="list-style-type: none"> • Single Electronic Patient Record (EPR) • Electronic Prescribing • Single Sign On • Shared Care Record / HIE Development 	<ul style="list-style-type: none"> • A single electronic record with modern tools and capabilities replacing the multiple systems used today. • A modern, safe Electronic Prescribing and Medicines Administration solution. • Ability to log on to multiple systems by a staff member where allowed / possible with one logon/smart card. • Improve the clinical utility and integrity of the data held in the HIE and modernise the user interface. 	2, 3, 6
Delivering accessible and accurate information and intelligence	<ul style="list-style-type: none"> • Shared Data Warehouse • Migrate to Cloud • Review Policies, SOPs etc. • Staff Record Cleansing • Business Intelligence 	<ul style="list-style-type: none"> • A shared data warehouse to meet trust and partner business intelligence and reporting needs. • Progressive migration to secure cloud solutions in line with WGLL for new projects freeing up resources. • Rationalisation of and easier access to electronic guidance, SOPs and other key information. • Cleansing of staff records to make sure they are accurate and that their accuracy is maintained long term. • Tools to provide real time business intelligence capability to those who need it. 	1, 2, 3, 6, 7
Engaging and empowering service users	<ul style="list-style-type: none"> • Enhanced Appointment Booking • Service User Portal • Service User Channels and Apps Innovation 	<ul style="list-style-type: none"> • Electronic appointment booking for service users where appropriate. • Service user/patient portal to allow service users to engage with their record and care. • Apps for service users to improve their experience of care e.g. way finding, support, parking.. 	5,6
Providing safe care consistently	<ul style="list-style-type: none"> • EPR Capability and Tools Development • Physical and Mental Health Interoperation 	<ul style="list-style-type: none"> • Additional tools over and above the core EPR capability to enhance and optimise care e.g. apps. • Feeds between physical health systems and the mental health EPR – e.g. for diagnostics and primary care. 	3, 4, 6, 7
Supporting and developing our people	<ul style="list-style-type: none"> • Robotic Process Automation • People Systems Modernisation • People Support Apps 	<ul style="list-style-type: none"> • Use of Robotic Process Automation tools to remove manual rekeying or bulk data entry. • Modernising the people systems suite for all people management activities (recruitment, training etc.). • Self service apps to enable staff to interact with their record, receive training etc. 	1,4
Enabling collaboration with partners	<ul style="list-style-type: none"> • Extended Access To Partners • Joint Pathway Development and Innovation • HIE Innovation Enablement 	<ul style="list-style-type: none"> • Ensuring access to partner systems and for partners of EPUT systems where appropriate. • Development of shared pathways using digital enablers (business intelligence, EPR etc.). • Developing capability in the HIE to support pathway development and to act as a connection point for innovations e.g. Apps. 	2, 6, 7

Note 1. - What Good Looks Like (WGLL) principles are:

1. Well led
2. Ensure smart foundations
3. Safe practice
4. Support people
5. Empower citizens
6. Improve care
7. Healthy populations

We will establish some key digital enablers

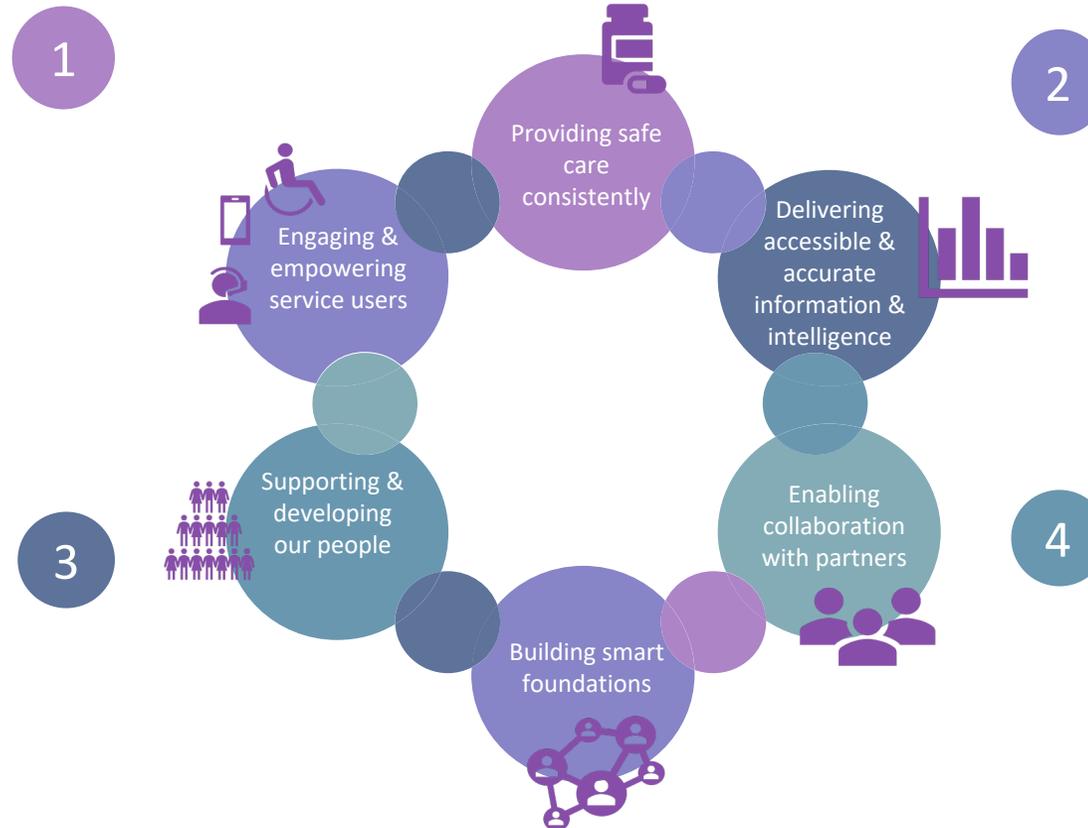
Four critical enablers have been identified to support the delivery of the Digital Strategy. These should be a focus for Q4 21/22

Digital Design and Innovation Office

To combine digital and transformational capabilities to fill specific identified needs from the digital strategy workshops. This will provide an overall blueprint, and facilitate co-design around a one touch user experience, it will also identify and exploit digital innovation and relationships inside and outside the trust.

Digital Literacy Development Programme

To improve the digital literacy and confidence of trust staff and ensure that the capability at all levels is established and maintained as new innovations are introduced.



Strengthened Digital Governance

To ensure that the prioritisation of digital initiatives is in line with the trust's corporate strategy and needs. To provide assurance and oversight in line with the requirements of national standards

Digital Service Management Improvements

A programme of work to address the perceived gaps at the front line in terms of delivery of essential technology to staff. To cater for the specific needs of staff with protective characteristics.

Digital enablers in more detail

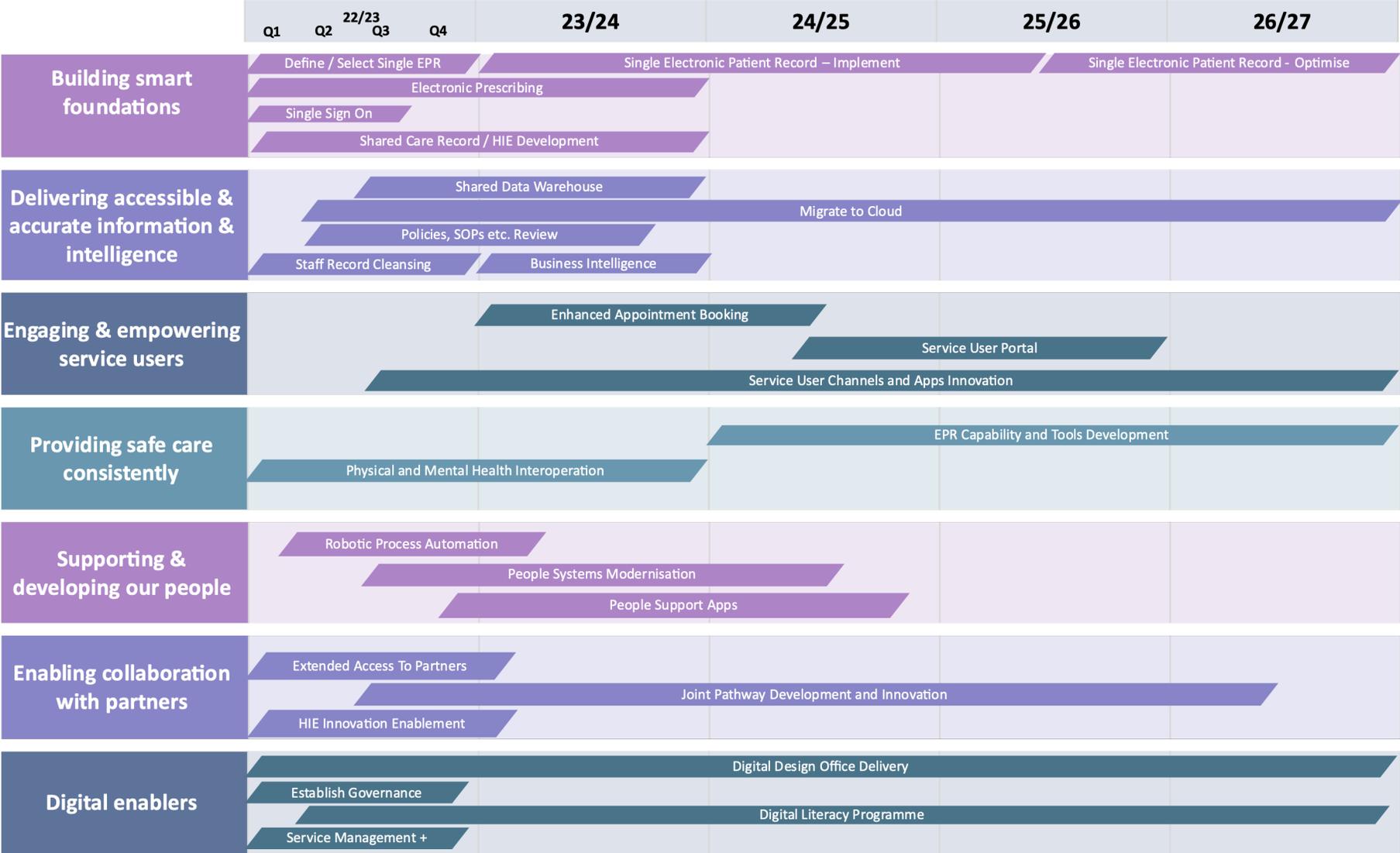
Each of the four enablers is set out in more detail below in terms of why it is recommended and what it involves

	1 Digital Design and Innovation Office	2 Strengthened Digital Governance	3 Digital Literacy Development Programme	4 Digital Service Management Improvements
Why is it needed?	Need to focus digital efforts to the benefit of the trust as a whole. Need for an overall solution architecture to validate and locate solutions against national standards in order to ensure integrity. Need a coherent strategy with respect to engagement within the trust or with partners, suppliers and academia .	Large portfolio of projects and initiatives for which the needs, alignment, priorities, resources and budgets are unclear . Key roles and assurance mechanisms required by national best practice and WGLL are missing. The trust is exposed to clinical risk for systems going live without CSO sign off. Ensure transparency and clear linkage through to the board.	To build the skills and culture required to help meet the objectives of the Digital Strategy of becoming a digitally innovative organisation, ensuring the workforce understands and values digital information and is confident in using digital technology.	To ensure that the front-line staff have the tools they need when they need them . To ensure that any barriers to acceptance of digital technology or work arounds are removed.
What is it?	Specialist team that: combines transformation and digital skills to champion digital innovation for the trust, own digital requirements from across EPUT; own trust wide digital architecture blueprint aligned to the Digital Strategy; act as the Digital Business Partner within EPUT; act as the liaison point with respect to digital , maintaining links with suppliers, academia and other key partners, and manage the prioritisation of digital requirements on behalf of the trust.	Key roles established in line with national requirements – Chief Clinical Information Officer (CCIO), Chief Nursing Information Officer (CNIO), Clinical Safety Officer (CSO). Governance Structure established, facilitated by Digital Design and Innovation Office (DDIO) and Corporate and Digital Portfolio Management Offices (PMOs)	A phased programme of skills development and communication as the digital roadmap is implemented.	Demonstrable measurable improvements in deployment of digital equipment and end user satisfaction by H1 22/23
Relevant WGLL principles	1 – Well Led	1 – Well Led	4 – Support People	4 – Support People

We have an ambitious Digital Roadmap

The proposed roadmap sets out the key programmes for delivery over the next five years.

The scheduling is indicative and will need to be crystallized through the annual planning and budgeting processes, business cases as required and be validated against capacity, affordability, risk appetite and an organisational wide prioritisation annually as it is delivered.



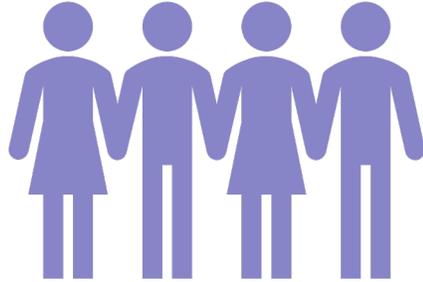
Notes:
 1. Q4 21/22 – programme initiation
 2. Timelines presented include all major programme stages (e.g. business cases, definition, delivery and implementation)

Resource implications

Our strategy is ambitious, but it is also realistic in the context of national, regional, and trust strategic, operational and digital needs.

The detailed resource needs will be crystalized through business cases and trust wide planning.

They will also be dependent upon the trust securing the levels of (matched) funding required from national sources, and access to skilled resources.



We have an expert EPUT team but will need to:

- Have dedicated clinical PAs to support the effective delivery.
- Augment projects with specialists from suppliers.
- Train our digital team to the demanding requirements being developed for digital staff nationally.



Estimated 5-year capital delivery cost:

£20M to £30M

What might it cost?

Initial budgeting estimates are mapped out opposite. These :

- Are high level initial estimates pre-SOC, OBC and FBC for most projects and would need to be further validated for 22/23 in Q4, and then on an annual basis.
- Capital costs over and above BAU only are included.
- Are subject at this stage to a significant estimating error of at least +/-30%.
- Are provided in good faith and should not be relied upon without the further work recommended in the Digital Strategy.

Estimated Costs (£m)	22/23	23/24	24/25	25/26	26/27	Totals
Mean	4.25	8.75	5.5	3.5	2.5	24.5
+30%	5.5	11.4	7.2	4.55	3.25	31.9
+15%	4.9	10	6	4.03	2.88	27.8

Notes:

1. Q4 21/22 – programme initiation
2. Timelines presented include all major programme stages (e.g. business cases, definition, delivery and implementation)

Next steps

The following provides an overview of the next steps to implement the Digital Strategy in Q4 21/22

Task	Rationale	Timing
Board approval for Digital Strategy	Confirm commitment to recommended approach and key initiatives.	Jan 2022
Finalise Digital Roadmap with detailed underlying plan including budget and resources for 22/23, aligned to ITT projects portfolio.	Required to confirm priorities, work programme, timescales and budgets for next 5 years in outline and 22/23 in detail.	Jan 22 – Feb 22
Design and operationalise Digital Governance Infrastructure including ToR for decision making bodies and role definitions for key roles (e.g. CCIO, CNIO, CSO)	Key enabler.	Jan 22 – March 22
Design and commence service management improvements in response to findings of the digital strategy development.	Key enabler.	Jan 22 – March 22
Develop and agree OBC and detailed plans for each of EPR, EPMA, and SSO to commence in 22/23.	Detailed plans for key foundations.	Jan 22 – March 22
Establish Digital Design and Innovation Office	Key enabler.	Feb 22 – March 22
Design and make adjustments to ITT operating model in line with Digital Strategy enablers (including design and innovation, service management, and governance).	Consequence of our digital principles.	Feb 22 – March 22

digital

safety strategy service systems innovation technology users needs programme tools capabilities work used people vision culture information overall initiatives development record staff ensure trust line focus provide health support capability need electronic partners user requirements single improve innovations eput across assurance development using key care national nhs front epr care user requirements