**Warrington and Halton Teaching Hospitals – NHS Foundation Trust (WHH)**

**Digital Strategy**September 2023

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1. Hello and welcome

We are delighted to welcome you to our Digital Strategy which is a bold and dynamic statement of our ambition to become a “Digital Trust”.

There needs to be a clear shift in our approach to digital transformation because we have realised that in order to deliver outstanding care for our patients, our focus must be directed towards the needs of our patients and staff rather than the traditional model of being technology and IT driven. Therefore, this strategy has been developed by asking our clinical and operational teams how IT can help them to deliver their clinical service strategy priorities through innovations and also by asking our patients to tell us about their experiences in accessing healthcare services using technology and how we can best support them to do so in the future. It is important that we remember delivering improvements to benefit our patients and staff is all of our responsibility and IT forms only part of any service transformation. Therefore, we must work together to take our Digital Strategy forward.

Our new Digital Strategy sets out our intentions that IT will no longer be directing the future of digital innovations. Instead, our digital vision is that Digital acts as the enabler for our clinical teams, with technological advancements being driven by our clinicians who understand our patient and service needs, so together we deliver digitally enabled improvements for everyone. The strategy demonstrates how we will build on our digital foundations, using a set of underpinning principles to drive operational efficiency and clinical excellence by equipping the organisation with the latest digital tools and adoption of industry best practice. Working with our healthcare partners at both a local and regional level we will strive to provide seamless care to all of our patients through the use of appropriate technologies. Due to the level of engagement with our clinicians, nurses, Allied Health Professionals (AHPs), operational management, support functions and patients during development, Our Digital Strategy is owned by all and key priorities identified by our staff and patients will be delivered through a digitally enabled and clinically led approach. We would like to take the opportunity to thank all of those who attended our strategy development interviews, workshops and engagement sessions, as there is clearly a positive drive within the organisation for digital transformation and embracing change”.

Dr. Paul Fitzsimmons Dr. Tom Poulter

Executive Medical Director Chief Information Officer

Chief Clinical Information Officer (CCIO) Senior Information Risk Owner (SIRO)

1. How we actively listen to you

Our ambition at Warrington & Halton Teaching Hospitals is to use **digital** – technology and data – to deliver our services in the best way possible, helping us change the way we support people in our community, and enabling our staff to have more time to care and make the most of our resources.

Our digital strategy describes how we can **harness the power of digital to achieve our strategic ambitions** both at the Trust level and to contribute, as partners and system leaders, to the Integrated Care System (ICS) goals to achieve a healthy population that is less reliant on acute healthcare. This strategy is vital, because digital is to us what a scalpel is to our surgeon – **we can’t do our jobs without it**.

Digital is an enabler, and it will not provide us, on its own, with the maximum benefit. **Our digital strategy must be built on solid digital foundations** that enable us to do the basics. Only by doing this we will be able to invest in innovative solutions, at scale.

We also know that digital transformation can improve patient flow, better support productivity and help us achieve our sustainability targets if focused in the right areas. **We want our digital strategy to be aligned with how we transform and meet our quality, people and financial ambitions.**

In order for this strategy to be successful, there needs to be a commitment across our organisation to support a cultural change so that digital is embraced and adopted across all departments. This will require clinical, operational, and corporate leadership to role model our trust values, in particular Embracing Change, to ensure we can transform services and deliver benefits.

2.1 Our vision and goals

Our digital vision is **to become a ‘Digital Trust’, routinely using technology and data to improve the lives of our patients and our staff.**

Our digital commitments and goals are structured according to the seven standards in the NHS “What Good Looks Like” (WGLL) framework, enabling us to align plans with our Place and ICS partners, and to measure our progress using the NHS Digital Maturity Assessment. We have identified an additional goal to ensure we contribute to the NHS ambitions of becoming net zero by 2045, as well as our sustainability goal.

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2.2 How we will get there

We have engaged with over 100 clinical, operational, and corporate colleagues over a 3-month period in developing the strategy, initiatives, priorities, and roadmap. We have used the eight WGLL goals set out above to frame the initiatives. We have developed a 5-year strategy with a focus on the priorities over the first 2 years. Thes priorities have been described in the table below with a justification for why these have been chosen.

**Table – 2023/24 Digital Priorities**

| Initiative | Why prioritised? |
| --- | --- |
| **Electronic Patient Care Management System (EPCMS) preparedness / business case (organisation and transformation activity)** | * Obsolete system, clinical and commercial risk * Improve access to information, pt safety, cost improvement |
| **Procure and implement Patient Engagement Portal (PEP)** | * National initiative, funded. * Supports elective pathway. * Supports uptake of NHS App targets 75% March 24 |
| **Clinical digital safety compliance – improved systems & processes supporting Patient Safety Incident Response Framework (PSIRF)** | * Ensure devices and systems are secure and effective. * Improve patient safety, reducing incidents & supporting PSIRF implementation |
| **Accelerate Paperless Review Programme – digitisation** | * Move to Net Zero carbon. * Process & cost improvement |
| **Migration to new ICS Picture Archive Communication System (PACS) cloud-hosted solution for diagnostic imaging** | * Improved data flows, image storage & security * Improved access to clinical data on a regional basis |
| **Electronic booking / capacity management system (EBCMS)** | * National initiative, funded. * Supports UEC recovery plans. * Increasing time to care |

**Table – 2024/25 Digital Priorities**

| Initiative | Why prioritised? |
| --- | --- |
| **EPCMS procurement process and implementation preparation** | * Obsolete system, clinical and commercial risk * Improve access to information, clinical decision support and cost improvement |
| **Upgrade end-user hardware / networks – devices, Microsoft 365 (M365), remove legacy systems** | * End of life – requires a refresh. * Improve staff efficiency |
| **Launch a new, modern workforce engagement platform, updating the intranet & @WHH Staff App** | * Starting point getting intranet onto SharePoint platform * Improve communication and engagement with staff. * Staff recruitment and retention |
| **Accelerate migration to cloud / disaster recovery** | * Reduce costs of infrastructure and scalability * Improved performance & security |
| **Robust digital workforce plan & priority initiatives – digital skills assessment, learning & development (L&D) plan, culture change.** | * Increase confidence and adoption of digital tools and approaches. * Staff recruitment and retention |
| **Achieve ISD “Excellence in Informatics” Level 2 Accreditation** | * Improved internal systems and processes within Digital Services * Improved customer satisfaction |

2.3 Cost and benefits

The following tables outline the priority investments, the current funding situation and additional commentary to support the funding status – a Red, Amber, Green (RAG) rating has been applied with green schemes assessed as funding secured or planned and amber schemes where funding is still to be confirmed or committed. The majority of the first two year’s investments have funding secured or planned into the capital programme.

**Table – Summary Financial Analysis 2023/24**

| Initiative | Funding Status | Additional Commentary |
| --- | --- | --- |
| **EPCMS preparedness / business case (organisation and transformation activity)** | Secured via Trust Board approved EPCMS OBCv4 including Frontline Digitisation funding | * Trust Board approved Outline Business Case (OBC)v4 with a total capital investment of £20.8m over 5 years of which £14.3m is funded by Frontline Digitisation Funding * Total revenue investment of £82m over 17 years. Significant efficiency savings are expected, circa £83m over 14 years, to be refined and validated at FBC stage (April 2024) and Frontline Digitisation funding of £2m |
| **Procure and implement Patient Engagement Portal (PEP)** | Secured via NHS England for PEP delivery | * Exec approved with a total investment NHS England (NHSE) revenue funding of £675k to be spent in 2023/24 * Significant reduction in postage and paper costs in future years, offsetting the annual revenue charges for the PEP solution |
| **Clinical digital safety compliance – improved systems & processes** | CNIO role funded | * Clinical SMEs included in resource EPCMS plans. * Additional capacity funded via EPCMS OBCv4 |
| **Accelerate Paperless Review Programme – digitisation** | BAU resources | * This scheme requires additional internal resources to be assigned, including Care Group and Corporate Dept. representatives, to advance this review. Expectation that CIP savings |
| **Migration to new & PACS cloud-hosted solution** | Secured via C&M Digital Diagnostics programme | * Funded through existing revenue budget |
| **Electronic booking / capacity management system** | National/regional funding allocation – scope and delivery tbc | * National funding criteria to be confirmed circa £4m revenue over 2 years 2023/24 to 2024/25 |
| **Patient Entertainment Solution** | Yet to be prioritised – capital bid 2024/25 | * Replacement of current solution, removing patient pay as you go model. * Significant investment is expected working with procurement on phasing costs over 3-5 capital years |

**Table – Summary Financial Analysis 2024/25**

| Initiative | Funding Status | Additional Commentary |
| --- | --- | --- |
| **EPCMS procurement process and implementation preparation** | Secured via Trust Board approved EPCMS OBCv4 including Frontline Digitisation funding | * As per 2023/24 |
| **Upgrade end-user hardware / networks – devices, remove legacy systems** | Ringfenced in 2024/25 capital programme | * Trust Board approved ringfencing of 2024/25 allocation to support the matched funding requirement of the EPCMS Frontline Digitisation Funding |
| **Launch a new, modern workforce engagement platform, updating the intranet & @WHH Staff App** | Proposed capital plan 2024/25 under ‘Sharepoint Enterprise Workflow / Teams Integration’ | * Additional Microsoft licencing and IT support resources may be required to support the on-going rollout of 365 applications and features, including a new SharePoint environment. |
| **Accelerate migration to cloud / disaster recovery** | Subject to business case approval | * Migrating software applications and data storage solutions currently hosted “on prem” at WHH will be subject to case-by-case assessment for financial viability of cloud migration |
| **Infrastructure Expansion** | Proposed capital plan 2024/25 | * The Trust was not successful in with the bid for New Hospital funding, therefore longer-term use of estate requiring investment providing suitable environment to run the latest equipment |
| **Robust digital workforce plan & priority initiatives – digital skills assessment, L&D plan, culture change.** | Secured via Trust Board approved EPCMS OBCv4 | * Core to Electronic Patient Record (EPR) implementation * Digital training and skills development, ways of working, cultural change |
| **Achieve ISD “Excellence in Informatics” Level 2 Accreditation** | No additional funding required, but flexibility in use of existing funding sources to ensure adequate leadership resources | * A review of Digital Services management structure is required, to ensure it is fit for purpose with appropriate leadership capacity. * Review proposed to start Q3 2023, with HR input, advice, and guidance. * No additional funding is requested and implementation to start in Q1 2024 |

**2.4 Delivery approach and governance**

There are certain conditions that need to be in place to enable successful delivery of change. The Trust will undertake a ‘conditions of successful change’ assessment to identify any barriers and mitigations prior to commencing delivery of the strategy.

A few key areas have been set out below that will be built into the delivery approach moving forward.

* Approach to digital transformation
* Needs representation from operational, clinical, corporate, and digital teams to maximise impact of delivery.
* Design and implementation requires as much focus on people (culture change, workforce roles), process (operating model change) as it does on the digital / technology changes.
* Requires investment in a robust programme / change management capacity and capability for success – cannot be done in the margins of the day job.
* Frontline staff and lived experience must be engaged in the design and implementation of solutions for these to be embedded practically in the day to day lives of those people who use / run the services.
* Leadership
* Senior leadership behaviours critical – role modelling important for staff to engage in the change process.
* Clinical and operational engagement and participation in the governance supporting the programme an area that must improve for the changes to be successful.
* Governance
* Agile and responsive approach to managing the programme key to ensure decisions are made in a timely fashion, with appropriate evidence, with resources prioritising delivery of change rather than overly cumbersome reporting.
* Important to set up benefits management approach to monitor impact of schemes without creating overly bureaucratic approach to benefits management.
* Regular programme step-backs to assess impact and agree / confirm priorities moving forward.

We have implemented revised digital governance arrangements, increased clinical involvement, and strengthened our assurance reporting to Trust Board. Stewardship of the strategy will be the responsibility of the Digital Strategy Group, whilst the Digital Transformation Group will oversee delivery of the change required, and the Digital Care Group will oversee clinical improvements and safety are paramount through delivery.

This is set out below.



The Digital Strategy Group will hold a formal step-back review every 6 months, to review impact and confirm next 6-12 months activities (i.e., on-going monitor & refresh, with reports in to FSC).

There are other operational change and technical groups that will feed into and receive direction from the core groups above.

1. Development of the strategy

3.1 Introduction

There are a range of strategic drivers, both nationally and locally, to invest in digital innovation. These are important in helping to frame why this strategy and roadmap is important in helping to deliver change in the sector but also to ensure those areas of change are focused on things that matter the most.

We have summarised some of the key drivers for change that this digital strategy is aiming to address, for it to be given the attention needed when competing against a multitude of other priorities – these focus on managing demand pressures (and associated impact on clinical outcomes / safety), workforce challenges, and financial sustainability.

The NHS is under significant pressure to continue to deliver safe and effective care to the public whilst record levels of demand across the health and care system continue to challenge this requirement. The impact of covid on acuity and elective waiting times is putting significant strain on all services, with bottlenecks across the system resulting in often ambulances waiting, full Emergency Departments and difficulty in discharging people. Warrington & Halton Hospitals are no exception, with current performance challenges across all of these areas.

Challenges with recruiting and retaining workforce are also impacting on the ability to meet the growing demand, with significant vacancies and sickness across key professions and services. This then increases the pressure on current staff to deliver further impacting on their health and well-being and attractiveness of the sector. There are a range of other socio-economic factors, such as growth in salaries and competing industries that exacerbate the challenges.

In addition, austerity continues to impact on the Trust, with challenging savings plans during 2023/24, with further savings requirements expected in future years. The challenge is tough and this impacts on the people we support. Traditional efficiency and cost improvement programmes have been exhausted over the last 20 years, and as such a new approach is required.

Digital innovations are accelerating at pace, providing opportunity to drive innovation to improve care and meet the challenges set out above. The NHS recognises this and is investing heavily in digital innovation to drive improvements in efficiency, care, and to support people to live independently within their own homes and be more in control of their health and well-being. The Trust want to be at the forefront of this innovation, as we can see the benefit this will have in addressing the challenges set out above. To be innovative, we must also build the digital foundations, and as such this strategy combines both. In order to ensure we are investing in the right technology, we will evaluate these in terms of their effectiveness and cost effectiveness in line with National Institute for Health and Care Excellence (NICE) Evidence standards framework for digital health technologies.

3.2 National strategic context

It is clear to the NHS and to us, that we will not achieve our goals without investing in a strong and ambitious digital strategy. There are national strategies that include digital innovation thus helping frame how we have developed our digital strategy. These are set out below.

* **The NHS Long Term Plan** sets out ambitious goals for the NHS, including improving patient experience, reducing waiting times, and tackling health inequalities. Digital is seen as a key enabler of these goals, and the plan includes several commitments to invest in digital infrastructure and services.
* **The NHS England Digital Strategy** sets out a vision for how digital can be used to transform health and social care in England. It includes recommendations for how the NHS can improve its digital capabilities, such as developing a national digital infrastructure, investing in digital skills, and making data more accessible.
* **The Hewitt Review** found that the NHS has a "digital deficit" and that it needs to invest in digital infrastructure and skills in order to make better use of data.
* **The NHS mandate for 2023** sets out the government's priorities for the NHS in 2023. One of the key priorities is to "improve the use of digital technology to deliver better care for patients” through committing to invest in technology and infrastructure.
* **The Data Saves Lives strategy** is a government-led initiative to make better use of data in the NHS. The strategy sets a number of goals, including making data more accessible, improving data quality, and protecting patient privacy.

3.3 Local strategic context

This section describes:

* **Our communities:** the socio-economic and digital inclusion challenges within our communities that the digital strategy must help to address,
* **WHHT Corporate Strategy:** the existing corporate and clinical strategies that govern the development of the digital strategy,
* **Our digital ambition:** our vision to become a ‘Digital Trust’, routinely using technology and data to improve the lives of our patients and our staff, and connection to WHHT corporate strategy and ICS strategy,
* **Our starting point:** this describes the success we have had to date in delivering our digital priorities and also a baseline digital assessment – both of these have helped us frame the priorities within the strategy.

3.4 Our communities

One of the biggest challenges facing Warrington and Halton is the inequalities caused by socio-economic deprivation and the impact this has on the health and wellbeing of individuals and communities. Addressing the impact on the most vulnerable communities is a key challenge. Inequalities in health are most starkly demonstrated by the gap in life expectancy between the most and least deprived areas of each borough, a difference of 10 years in both boroughs.

Marked inequalities are evident in Warrington across a range of other areas such as educational attainment, income, employment, the experience and fear of crime, poor lifestyle, general health, and mental wellbeing. Meanwhile, the poorest people in Halton are dying at a younger age than others living in wealthier areas – long-term health conditions caused by poor lifestyle conditions are too often the cause.

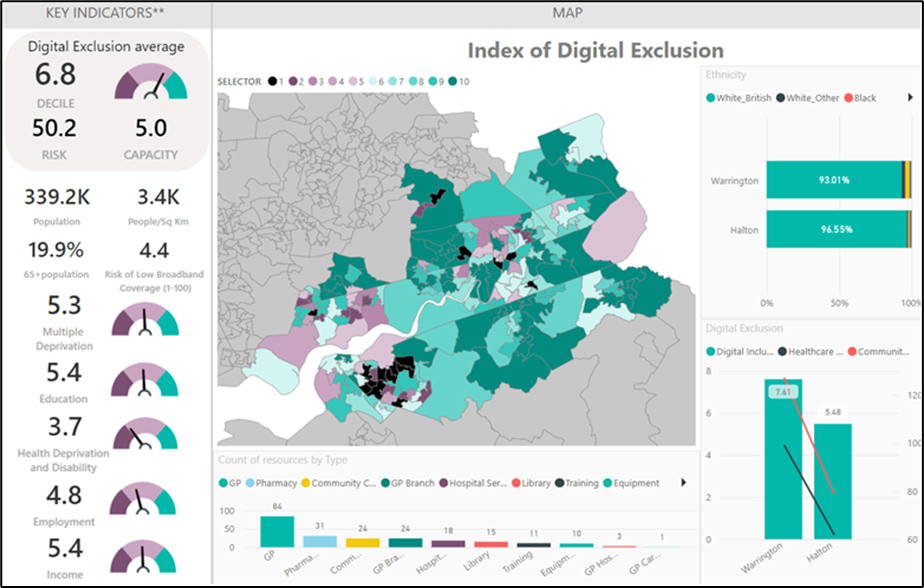
In older years, quality of life is often compromised because of increased frailty and poor health that can result in a loss of independence and a reliance on health and care services. Young children are not always getting the best start to their lives. There are high rates of smoking during pregnancy, low breastfeeding rates and higher than average levels of childhood obesity. As well as this too many under-18s are admitted to hospital because of alcohol. The impact of these inequalities puts significant pressure on services right across the system and demands a different focus and approach to the way we deliver healthcare, as well as how we work with our partners across Warrington and Halton.

This digital strategy is focused on helping the Trust to work with Place to help support our communities and address health inequalities.

Digital adoption of the population we serve is a key dependency to the success of some of the initiatives in this strategy, such as the use of the NHSApp and further roll-out of virtual wards Key to implementing digital solutions is ensuring that we are recognising and responding to digital inclusion, a pre-requisite for our communities adopting the new digital solutions. Digital inclusion is defined by NHS England as:

* **Digital skills:** Being able to use digital devices (such as computers or smart phones and the internet. This is important, but a lack of digital skills is not necessarily the only, or the biggest, barrier people face.
* **Connectivity:** Access to the internet through broadband, wi-fi and mobile. People need the right infrastructure but that is only the start.
* **Accessibility:** Services need to be designed to meet all users’ needs, including those dependent on assistive technology to access digital services.

We are aware that in Warrington & Halton there is significant variation of digital inclusion (see graph below) across our communities and as such as we are implementing solutions, we will factor in planning for skills, connectivity, and accessibility within those plans. The approach to delivering this will be developed through the digital governance process as part of the next phase delivery plan.



3.5 Corporate strategy

In responding to the national agendas and the priorities we face as a Trust; our 2023-25 strategy sets out three key strategic aims:

**Figure 1 – WHHT Quality, People, Sustainability Goals**

A group of people with text

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As we move forward with this strategy, we will:

* Continue to strive to provide high-**quality**, safe, and sustainable services, delivered by staff who are trained and supported to deliver their best work.
* Invest in our **people** and create a positive and supportive environment.
* Work to reduce our environmental impact and become more **sustainable** and efficient in the use of our resources.

The strategy recognises that digital will play a significant role in delivering a sustainable future by:

* Enhancing our digital infrastructure to ensure it is reliable, modern, secure, sustainable, and resilient, developing high performing multi-disciplinary digital teams to deliver major digital investments in electronic patient records and cloud migration.
* Transforming care pathways and reduce unwarranted variation, using digital solutions to enhance services for patients, ensuring they can access services when and where needed, including remote care that is optimised though Patient Held Records (PHRs) and smartphone Apps, enabling patients to take an active role in their healthcare.

These objectives have helped frame the priorities within this digital strategy.

We are committed to contributing towards delivering on our ICS and organisational strategic goals, as it is key to the success of this digital strategy that we work in collaboration with all our partners locally, regionally, and nationally. We have specifically reviewed and aligned our strategic aims and goals to ensure we are delivering for the people we serve and our broader partnerships.

To evidence this commitment, we are the lead Warrington partner for digital, working alongside our partners in leading the Digital Executive Group for Warrington, of which the WHHT Chief Information Officer currently Chairs the group.

3.6 Our ambition

Our digital vision is ***to become a ‘Digital Trust’, routinely using technology and data to improve the lives of our patients, our staff and the communities we serve.***

In achieving our vision, we want to focus down on a number of key principles, using these as reference points in ensuring we achieve our aims and goals:

**A logo of hands holding a couple of people

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**Digital Care** - Using digital solutions to improve quality, safety, and clinical outcomes for patients.

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**Digital Integration -** Connecting with our partner organisations and sharing information with patients.

A circle with people and a black background

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**Digitally Enabled Workforce -** Supporting staff to work differently, developing our digital skills and culture.

A purple building in a white circle

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**Digital Infrastructure -** Getting the foundations right, with secure, modern devices and excellent connectivity.

Our digital commitments and goals are structured according to the seven standards in the NHS “What Good Looks Like” (WGLL) framework, enabling us to align plans with our Place and ICS partners, and to measure our progress using the NHS Digital Maturity Assessment. We have identified an additional goal to ensure we contribute to the NHS ambitions of becoming net zero by 2045, as well as our sustainability goal.

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Our digital goals are directly aligned to ensure we deliver on our three strategic aims of Quality, People, Sustainability, alongside mapping to the ICS’s strategy. This is shown in the diagram below.



3.7 Our starting point

In developing our new Digital Strategy, we have reflected on the successes over the last two years. Since 2020 we have:

* increased the provision of devices for our workforce, enabling secure remote access to our digital systems.
* rolled out Microsoft 365, including Teams to enhance staff productivity and enable better collaboration and remote working.
* implemented videoconferencing for clinical consultations, to improve access and flexibility for both our staff and patients.
* moved our core electronic patient record (EPR) system to public cloud hosting, improving security and availability.
* completed rollout of electronic prescribing and medicines administration (ePMA) to all inpatient areas.
* implemented a new maternity EPR which includes an electronic patient held record (PHR).
* enhanced our bed management and patient flow systems to improve discharge processes.
* integrated with partner organisations, to improve record sharing (e.g., OneResponse and GP Connect).
* digitised our inpatient nursing documentation.
* Started our phased infrastructure upgrade programme supporting PACS, Centre for Disease Control (CDC) and Same Day Emergency Care (SDEC) new environments.
* Completed the first tranche implementation of virtual wards.

This progress gives us confidence that the plan ahead can be delivered.

In 2022, we conducted a self-assessment against the What Good Looks Like framework, to understand where we were at and identify improvement areas. This framework is key to us and is the backbone of our digital strategy. It is important to understand our starting point, so that it can be fed into bridging the gap of where we are now and where we want to be in the next five years. The following matrix demonstrates our results (column – Selected provider score), against the seven domains from Well Led to Healthy Populations, in comparison to our ICS peers. Further information about the What good looks like framework can be found on the NHS England webpage [What Good Looks Like framework - What Good Looks Like - NHS Transformation Directorate (england.nhs.uk)](https://transform.england.nhs.uk/digitise-connect-transform/what-good-looks-like/what-good-looks-like-publication/).

A screenshot of a computer

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On average, we scored marginally better than the average provider across the ICS. However, this is lots of scope to improve in each area (with 5.0 being the highest attainable score). Empower citizens, and healthy populations stand out as areas of improvement, however having a balanced approach to improving all of the scores is important.

The intention is to progress towards green scores of 3.5 and above in all areas by 2025/26 whilst recognising that this needs to be achieved in a pragmatic and managed way. We will assess ourselves against the framework annually in order to determine progress but also indicate the rolling programme of priorities moving forward. Further detail of the schemes that will help us to progress towards these goals are set out in the table below.

|  | 2023/24 |  | 2024/25 |  | 2025/26 |
| --- | --- | --- | --- | --- | --- |
| Well-Led | 3.5 | ISD Level 2, Digital Service structure review |  | ISD Level 2, Digital Service structure review |  |
| Smart Foundations | 3.6 | EPCMS, infrastructure refresh |  | New IT network & EPCMS FBC approval |  |
| Safe Practice | 3.3 | Clinical digital safety & PSIRF |  | Established clinical digital safety processes |  |
| Support People | 2.8 | Digital skills & culture |  | Digital skills & culture |  |
| Empower Citizens | 1.9 | NHS app, PEP, Organisation for Review of Health & Care Apps (ORCHA) |  | NHS app, PEP, ORCHA |  |
| Improve Care | 2.7 | EPCMS, digital champions |  | EPCMS |  |
| Healthy Populations | 2.4 | Combined Intelligence for Population Health Action (CIPHA), Place digital plans |  | CIPHA, Place digital plans |  |
| TOTAL | 2.9 |  |  |  |  |

1. Our strategy on a page

| **Vision** | **Goals** | **Outcomes** |
| --- | --- | --- |
| ***To become a ‘Digital Trust’, routinely using technology and data to improve the lives of our patients, our staff and the communities we serve.*** | **Goal 1: Safe practice.**  We will build a robust assurance process that ensures our digital systems are implemented in line with best practice while minimising risk. | Our digital and data systems will be safe, robust, secure, sustainable and resilient, enabling us to maintain standards of safe practice. |
| **Goal 2: Improve care.**  We will work closely with our colleagues at WHH and the ICS to harness the power of digital to transform and improve services. | We will embed digital and data to transform care pathways, reduce unwarranted variation and improve health and wellbeing |
| **Goal 3: Empower citizens.**  We will deliver digitally-enabled services that are inclusive and empower people to take an active role in their care. | Digital solutions (e.g. patient held records / apps) are a core enabler in helping to provide our citizens with a clearer view of their care and support in a way that enables them to actively manage this alongside us. |
| **Goal 4: Healthy populations.**  We will use data to inform care planning and support the development of innovative ICS-led population health interventions. | Insights from data will be used proactively to improve health and well-being, reduce crises, reduce health inequalities, and make better use of scarce resources. |
| **Goal 5: Support people**  We will support our workforce to be digitally literate. We will provide digital solutions that are fit for purpose and follow user centred design principles. | Digital solutions will improve productivity and reduce duplication. Our staff will be confident in using digital solutions as core to ways of working. |
| **Goal 6: Well-led.**  We will lead by example through our digital leadership, ensuring patients and staff are at the centre of everything we do. | We will have a clear digital strategy and transformation journey, regularly reviewed for impact and to reflect priorities. Our leaders will promote digitally enabled transformation to deliver safe, effective, high-quality care. |
| **Goal 7: Smart foundations.**  We will work towards having a robust and resilient infrastructure and the clinical systems we need to be a digitally enabled organisation. | Our digital and data will be reliable, modern, secure, sustainable, and resilient, enabling us to deliver high quality patient care. We will have well-resourced teams who are competent to deliver modern digital and data services. |
| **Goal 8: Green plan.**  We will use technology to reduce our carbon footprint and work towards being carbon net zero by 2045. | Digital and data transformation will enable the Trust to be more environmentally sustainable. |

1. Goal one: Safe Practice

**Our planned outcome:**

***Safe practice is at the heart of our work*** *and first and foremost we want to ensure that our digital strategy enables us that we maintain standards for safe care. We will routinely review digital and data systems to ensure they are safe, robust, secure, sustainable, and resilient.*

| **What we plan to do:** | **What does success look like?** |
| --- | --- |
| **Digital clinical safety**  Developing a clinical safety strategy for WHH that clearly articulates the roles, responsibilities, and roadmap for clinical safety. This will be mostly focused on our EPCMS implementation but will also include our strategy beyond go-live. | * We will have a clear Clinical Risk Management (CRM) strategy that supports our ambition to not go-live with new technology that has not been through the CRM process and signed-off by our Clinical Safety Officer (CSO). * Our Lead Clinical Safety Officer (CSO) will own the digital hazard log(s). * We will have multiple CSOs to support our Lead CSO ensuring CRM processes are followed across the digital portfolio. * We will have clear visibility of the current clinical risk carried by our clinical systems and will be able to report on progress to provide transparency. |
| **Cybersecurity**  Rolling out the necessary updates to all our devices, such as Windows 11.  Further developing our cybersecurity strategy and plan to ensure we are 100% DSPT compliant.  Developing and rolling out a trust-wide training course to improve cyber-awareness. | * Full compliance with DSPT will have been achieved through a focused task and finish group. * We will have a cybersecurity strategy that is owned by our cybersecurity lead, who will be given the right resources to implement the cybersecurity plan. * We will have rolled out cybersecurity awareness training to support our workforce be more aware on their role in ensuring the security and integrity of our systems. |
| **Information governance (IG)**  Developing data sharing agreements for the projects that require it (e.g., virtual wards).  Reviewing how our staff logs in, and reduce the number of generic logins used, where possible. | * Full compliance with DSPT will have been achieved through a focused task and finish group. * We will have closed all shared logins and we will not issue any more. This means all staff that require access to a system will have their own unique login details. * We will have rolled out IG awareness training to support our workforce be more aware on their role in protecting our patient’s data and privacy. * We will have updated information governance policies that are aligned with Place standards and requirements. |
| **Data Quality**  Ensuring our EPCMS implementation enables our staff to record information in a structured manner, following best practice and relevant data dictionaries e.g. Systematized Nomenclature of Medicine Clinical Terms (SNOMEDCT) | * As part of our EPCMS programme we will have reviewed all of our current processes and will have standardised data input. * We will be able to automatically validate and report on our data. |

**Roadmap:**

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1. Goal two: Improve care.

**Our planned outcome:**

***Digital approaches can have a significant impact on improved care.*** *We will embed digital and data within our improvement capability to transform care pathways, reduce unwarranted variation and improve health and wellbeing.*

| **What we plan to do:** | **What does success look like?** |
| --- | --- |
| **Care at home – virtual wards /consultations**  Expanding virtual wards capacity and utilisation for the existing pathways.  Defining and developing virtual wards roadmap with our operational colleagues. | * We will have virtual ward services running for non-communicable diseases such as diabetes, chronic respiratory diseases and cardiac vasculopathy. * We will define and build our virtual clinics capability, enabling our staff to work remotely when needed including around hospital attendance/re-attendance. |
| **Demand and flow management**  Having our reporting and BI team working with our electronic bed and capacity management system (EBCMS) provider to develop the reporting tools and resources needed to provide us with transparency and data required to better manage our demand and flow.  Integrating our bed management system with our EPCMS and other systems used within the ICS. | * We will be able to proactively look at our elective recovery data to focus efforts on reducing waiting times. * We will have real-time Admission/Discharge/Transfer data and full transparency on performance across all departments. * We will use the data within our bed management system and EPCMS, which will be linked to other organisations within the ICS, to predict future demand and capacity so that we can proactively identify potential gaps and plan to mitigate them. |
| **Coordinating, scheduling and elective recovery**  Building a reporting team within the EPCMS programme that develops the reporting tools and resources needed to provide us with transparency and data required to better manage our elective backlog.  Reviewing current state processes on scheduling ahead of our EPCMS implementation, as an opportunity to streamline and optimise our scheduling processes.  Implementing a new electronic rostering system that links with our scheduling system. | * We will use the data within our EPCMS to do smarter scheduling with an automated workflow to ensure patients have done everything they need to before they come to an appointment. * We will have implemented a Patient Engagement Platform that will enable patients to proactively manage their own appointments. |
| **Shared care record and clinical image exchange**  Rolling out a team that will enable and further develop data sharing between our current systems and our Shared Care Record. Engage in the future development of the Shared Care Record with partners.  Ensuring this team continues the work so that data from our new EPCMS also flows into our Shared Care Record after go-live.  Rolling out a team that will enable and further develop the clinical image exchange with other health and care providers in our ICS.  **New Models of Care**  Working closely with ICS partners to develop care pathways that go beyond the boundaries of our Trust, to ensure continuity of care across health and social care services. | * We will be fully integrated with our ICS’ shared care record, being able to provide and consume structured data in context of our own EPCMS. We will also have a partnership with our Shared Care Record team to support us in further optimising and developing the system capability to help meet our strategic goals. * We will be fully integrated with the clinical imaging system at the ICS, being able to provide and consume structured data in context of our own EPCMS. |
| **Clinical decision support**  Working with our future EPCMS supplier to ensure the right clinical decision support tools are built into our system, in alignment with the specifications set by our clinical colleagues. | * We will have clinical decision support built into our EPCMS which will improve safety and confidence of our staff in making the right decisions for the people they care for. * We will work on furthering clinical decision support beyond simple logic models and look at innovative tools such as artificial intelligence. |
| **Prescribing and pharmacy**  Continue to roll-out electronic prescribing ensuring the functionality meets the requirements set by our clinical colleagues. | * We will have a fully digital prescribing, medicines administration and dispensing process, which will be included within our EPCMS. |

**Roadmap:**



1. Goal three: Empower citizens.

**Our planned outcome:**

***Our digital strategy is a core enabler in helping to provide our citizens with a clearer view of their care and support in a way that enables them to actively manage this alongside us.*** *We will deliver services that are inclusive and provide patient held records and smartphone apps, to empower patients to take an active role in their care.*

| **What we plan to do:** | **What does success look like?** |
| --- | --- |
| **Patient engagement and access**  Rolling out the Patient Engagement Platform commissioned across the ICS.  Integrating our Patient Engagement Platform with our future EPCMS through the implementation programme. | * Patient Empowerment Platform (PEP) fully implemented and embedded in common practice that will enable patients to proactively manage their own appointments. * We will have a well-embedded and robust patient-initiated follow-up (PIFU) scheme that will empower patients to initiate an appointment when they need one. * We will have a patient self-booking portal that will enable patients to book, cancel and reschedule their appointments safely and securely. * Patients with chronic conditions will be digitally connected to their clinical teams, enabling two-way communication and monitoring, to ensure deterioration is detected in the early stages. * We will fully utilise the capabilities of the ORCHA suite. |
| **Digital inclusion**  Rolling out more accessible options for patients to access entertainment such as TV during their inpatient stays at the Trust.  Rolling out patient education to support patients accessing our digital services. | * We will deliver digital services to suit all literacy and digital inclusion needs. * Our EPCMs will be supportive of people with disabilities and/or special needs to ensure they are able to do their job. * We will have alternative processes to ensure no patient is left out because of digital inequalities and patients will always have a choice on how they prefer to interact with clinicians and services (i.e., virtual vs face-to-face). * We will monitor communication with patients to ensure we identify gaps where patients are not engaging and/or responding to what they are being sent to ensure no one is left behind. * We will push for increased use of the NHS app, recognising most citizens have access to mobile phones even if they do not have broadband. |
| **Digital directory of services**  Providing a digital directory of services (sometimes referred to as a "single front door to our services") enabling service sign-posting and patient interaction models.  Rolling out self-check-in for patients when they arrive for their outpatient visit. | * We will have a staff and patient facing digital directory of services will span acute, community, primary care, mental health, and social care services, to direct staff and patients to the most appropriate team in the first instance. |

**Roadmap:**



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1. Goal four: Healthy population

**Our planned outcome:**

***We recognise the power of data and insight in more proactively supporting patients and improving patient flow.*** *We will use data to design and deliver improvements to ICS-led population health and wellbeing, making the best use of collective resources. Insights from data will be used to improve outcomes and address health inequalities.*

| **What we plan to do:** | **What does success look like?** |
| --- | --- |
| **Analytics and reporting**  **Data analytics enablement (CIPHA) - Single Source of the Truth**  Implementing our EPCMS to ensure we have one single source of truth for patient records.  Making better use of the tools available to us, such as CIPHA.  Implementing a data warehouse solution that links to all our systems.  **Early intervention**  Building reporting tools and capabilities within our data warehouse and EPCMS to facilitate early intervention for our patients, with key dispositions such as sepsis.  **Risk stratification**  Building reporting tools that allow us to analyse data from both our organisation and the ICS to stratify our patients into different risk categories to help with proactive care initiatives.  **Business intelligence**  Using system-wide data-driven decision-making in clinical and non-clinical areas to improve our ability to build and define key performance indicators (KPIs) and refine what we are measuring and when.  Identifying improvements in clinical pathways based on analysis of performance and outcomes. | * By March 2025, we will transfer core health and care information between providers for direct care, population health management, care planning and research, through a single health and care data architecture. * We will not rely on manual reporting processes. * We will have one single source of truth for our data with one standard approach to report and generate insight. * Our staff will have comprehensive awareness of digital opportunities to transform population health. * We will invest time and resourcing in developing advanced analytics capabilities, including artificial intelligence and natural language processing. * We will be recording social determinants of health data as part of our electronic patient record to improve patient care, patient experience and discharge pathways. |
| **Population health management**  Engaging with ICS colleagues to develop and implement population health management interventions that are built upon the insight drawn from our local systems as well as those from other providers in the ICS. | * We will create an environment where patients, visitors and staff make heathier choices within the Trust by using digital solutions to promote active travel and healthy lifestyle choices. * We will use population health management to identify our most deprived patient cohorts so that we can focus on enabling their access to and adoption of our PEP. * We will be applying data to design and deliver improvements to population health and wellbeing, making best use of collective resources with our ICS partners. * We will be using data and analytics to redesign care pathways and promote wellbeing, prevention, and independence. * We will be creating integrated care models for at risk population groups, using data and analytics to optimise the use of local resources and ensure seamless coordination across care settings. |

**Roadmap:**



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1. Goal five: Support people

**Our planned outcome:**

***We recognise the power and influence that digital can have on our workforce, improving productivity and reducing duplication.*** *Our workforce will be digitally literate and will be able to work optimally with data and technology. Our digital tools and systems will be fit for purpose and support our staff do their jobs well.*

| **What we plan to do:** | **What does success look like?** |
| --- | --- |
| **Training and upskilling**  **Demand and capacity workforce model**  Reviewing our current processes and services to identify areas of inefficiency and, where possible, using digital tools to automate tasks.  Developing a digital team resourcing strategy to ensure we have the right resources to enable and deliver on the ambitions outlined in this strategy.  **Digital literacy and competency**  Building on the established skills within the Trust and working with clinical and operational teams, developing role-based training to ensure our staff is equipped to use the digital tools they need to do their job.  **Ways of working**  Continuing to support our staff through current hybrid working model and ensuring that our EPCMS team is resourced in a way that maximises collaboration both virtually and in person.  **Digital champions**  Continuing to build our digital champions network, which will be critical to the success of our EPCMS implementation. | * We will create a digital change culture which is accepting and understanding of transformation. * Digital will be seen as an enabler of services whilst improving WHHs staff to self-help, developing non-digital ownership of digital services, and using automatic flows/ Robotic Process Automation (RPA) where possible. * We will have a clear understanding of the learning needs of our workforce and training in digital skills will be delivered by the digital team to ensure there are no gaps in knowledge. * We will continue to develop our existing network of digital champions that have been given additional support and time to ensure they feel competent and confident in supporting their peers. * We will have a team of trainers that specifically focus on upskilling our staff in digital skills and ensuring they know how to use the digital tools they need to do their jobs well. * All our staff will feel competent and confident in using any digital technology at the Trust. * All our new staff will receive the ‘digital skills’ training they require to do their job well. * All our job descriptions will accurately reflect the expected minimum standard for digital skills. |
| **User-centred design**  **Digital champions**  Continuing to build our digital champions network, which will be critical to the success of our EPCMS implementation.  **Engagement and co-creation - understand operational/clinical pressures**  Our digital team will engage with our clinical and operational colleagues to baseline where we are and understand what the requirements are in preparation for our EPCMS implementation.  Reviewing and updating our current digital governance to ensure it enables the input of our clinical and operational colleagues at the right levels. | * All our digital projects will be funded to support user representation and input through design and optimisation processes – e.g., device refresh, EPCMS. * Digital team and clinical/operational teams will work more closely together through transformation groups and patient forums to ensure user input. |

**Roadmap:**



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1. Goal six: Well-led

**Our planned outcome:**

***We recognise that our digital ambitions can only be achieved by clear leadership across our Trust.*** *We will have a clear strategy for digital transformation and collaboration. Our leaders will collectively own and drive the digital transformation journey, placing citizens and frontline perspectives at the centre. All our leaders will promote digitally enabled transformation to efficiently deliver safe, high-quality care.*

| **What we plan to do:** | **What does success look like?** |
| --- | --- |
| **Clinical digital leadership**  We will review the clinical digital leadership infrastructure as a key part of the development of the digital team. This will include roles and responsibilities, engagement across the organisation in supporting delivery of the strategy and strengthening the digital clinical governance.  We will also ensure appropriate clinical representation within the development of digital services to ensure they meet service needs and to improve adoption.  **Prioritisation**  We will embed a prioritisation approach to support decision making regarding delivery of the digital strategy. This will become part of the regular monitoring and formal review cycles within the programme.  We will embed a clear approach to assessing digital opportunities, both at operational and strategic level to ensure we are focused on delivering the maximum impact through the strategy but also to be flexible to changing circumstances and funding availability. | * We will have reviewed all clinical digital leadership roles and responsibilities to improve capacity at that level. * Our Clinical Digital Leadership will work to identify obstacles, such as the current lack of connectivity between different localities, or inability to share imaging between trusts; to then identify solutions to overcome them and to make care spanning more than one organisation more efficient and safer. * We will have an effective governance structure to ensure this digital strategy is delivered on and that it is a priority across leadership and executive levels. * Our digital leadership team will own and manage our digital champions community. * The Trust will perform a Digital Team Development exercise to restructure the team design, align roles and bandings, standardise governance structures and build effective career paths with associated training. |
| **Staff engagement**  **Digital engagement and communications**  Develop a clear engagement and communications approach to build confidence and awareness in the use of digital solutions within the Trust, prioritising engagement in design and implementation of EPCMS.  Develop an approach to engage the clinical, operational, and corporate staff within service re-design in supporting the roll-out of the digital strategy. | * Through transparency and building trust, the Digital team will be seen as a true partner to WHH services, through effective digital engagement and communication within the care system and with our patients. * We will have a communications and engagement plan to ensure updates on the digital portfolio are disseminated to our staff in a timely manner, as well as other partner organisations. * We will have a refreshed intranet that is easy to use and puts the information our staff require at their fingertips. |
| **Patient involvement**  **Patient engagement**  We will develop a plan to involve patient representatives within the development of digital services, including promoting patient engagement services as critical in transforming care. | * We will have evaluation stakeholder groups that input into our digital systems discovery, design, and implementation to ensure they are designed around the patient’s needs. |
| **Service management**  Providing a best practice service management function, aligned to industry standards. The service will be driven by a strong Enterprise Management function, aligned to agreed SLAs and working closely with the wider Trust to develop a true partnership model.  **Think digital first**  Ensuring new initiatives/innovations or associated digital procurements involve the Digital team at the first point of initiation. | * We will provide a best-practice driven Service Management function, aligned with industry standards. This change will improve the user experience and generate confidence in digital services. * We will ensure new initiatives/innovations, or associated digital procurements, involve the Digital team at the earliest point of initiation so that digital options are considered. |
| **Partnerships**  We will continue to work effectively as a digital partner with our local care providers at both Place and ICS level, contributing to the digital agenda and ensuring WHH are represented and leading the agenda. | * We will work effectively as a digital partner with our local care providers at both Place and ICS levels and ensure alignment of our ambitions at a Place and ICS level. This will include having an agreed place digital plan. * We will build partnerships with all of our partners, including social care and the third sector. |
| **Benefits realisation**  We will develop a benefits management plan as a key part of the programme set-up. This will be used to monitor the delivery of the digital strategy. | * Recognised as a crucial part of delivery, effective end-to-end Benefits Management will ensure all aspects of savings/time/resources are accounted for. Post-implementation ownership from the Digital team and the impacted area/s will continue to drive benefits, using digital tools, until fully realised. |
| **Funding**  **Digital finance management / invest in digital​**  We have dedicated financial management support to the digital team. As we progress through delivery of the strategy, we will ensure that we have a costed delivery plan and financial support for the development of business cases.  We will also work with finance to support periodic reviews of benefits and impact to support ongoing evaluation of the digital strategy. | * Spanning multiple teams, Digital Finance Management will provide a structured digital cost modelling function. |
| **Innovation and horizon scanning**  The digital team will maintain oversight of digital products within the market to ensure we maximise the opportunities presented by digital to transform, focused on digital innovations such as RPA and AI.  We will embed innovation and review of the latest developments within the governance structure. | * To reduce administration burden, our services will effectively use current and future developments in Machine Learning, Artificial Information (AI) and Robotic Process Automation (RPA). * With an Innovation Pathway as the mechanism by which digital innovations support clinical and operational improvement, we will assess and accelerate from small-scale ideas to implementation across the whole of WHH. Our digital capabilities and capacity will enable us to create clinical centres of excellence which are recognised for excellent patient outcomes. * We will maintain oversight of digital innovations within the market to support transformation of operational, clinical, and corporate services. * Achieving our goal to be Excellence in Informatics ‘Intermediate’ standard with a focus on achieving ‘Advanced’ in year 3. * We will contribute to the WHH strategic aim of Quality, to work in partnership on high quality clinical research for the benefit of patients, public and staff. |

**Roadmap:**



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1. Goal seven: Smart foundations

**Our planned outcome:**

***We recognise that effective digital infrastructure is critical in driving the most benefit across our Trust.*** *We will have digital, data and infrastructure operating environments that are reliable, modern, secure, sustainable, and resilient. We will have well-resourced teams who are competent to deliver modern digital and data services.*

| **What we plan to do:** | **What does success look like?** |
| --- | --- |
| **EPCMS and digital maturity**  **EPCMS readiness**  This includes all the activities required between now and EPCMS implementation, such as procurement, business case and mobilisation.  **Legacy systems removal**  Removing those systems/infrastructure seen to be at the end of life or duplicated across the services. Moving legacy data to a master data repository where required or having the potential to be used for data science.  **Digital team development**  A review of Digital Services management structure is required to ensure it is fit for purpose with appropriate leadership capacity.  **Support for all digital systems**  Expanding the support provided by Digital to cover those systems currently unseen by the department and managed by clinical teams. Having a defined scope of support including service level agreements (SLA's) that will attract service users whilst allowing the team to standardise, unify and consolidate. | * Fully digitised care pathways and documentation across our organisation through the implementation of an enterprise wide EPCMS. * We will be HIMSS level 5 by March 2025 and HIMSS level 7 by March 2027. * One source of truth for patient data. * Single sign-in solution for all our staff. |
| **Enterprise Architecture (EA)**  **Enterprise architecture and monitoring**  Delivering a coherent approach to the technology landscape across the Trust to support the delivery of the digital strategy. This enables the connectivity between technology solutions, people, and process in delivering the goals expected within the strategy.  We will develop the enterprise architecture map as a priority task to help frame the delivery of the strategy as part of the EPCMS preparedness. | * Our digital portfolio will be driven by EA best practice. |
| **Infrastructure refresh**  **End user devices / right kit right place**  Providing our workforce with an appropriate End User Device to perform their role effectively and efficiently.  **Technology refresh**  Aligning our technologies and capabilities throughout the Trust, whilst meeting national guidelines. Technology refresh will be funded on an agreed cycle and using the ICS buying power to ensure value for money.  **Internet of things**  Developing a secure platform of connectivity to enable the growth in the use of intelligent medical device across our care services. Building on existing devices in use, the Trust will utilise the innovation pathway and the ‘caring for patients outside of hospital’ strategic initiatives to further grow our use of medical devices to augment care and improve efficiency. Also, delivering non-clinical IoT devices that improve the effective and efficient running of the Trust.  **Machine learning, RPA, and AI**  Utilising current and future developments in AI and machine learning to improve efficiency, accuracy and importantly freeing up clinical time. In the short term, exploiting existing capabilities, producing RPA facilities administration, and enabling machine learning for PHM as part of the data strategy. Growth in this initiative will be key to delivering several key benefits and savings in future years. | * All our staff will have access to the right devices to do their jobs well. * All our staff will be able to connect to a network whenever they need it. * Our infrastructure will be resilient and future-proof. |
| **Cloud-hosting**  **Data centre review**  Ensuring solid foundations (in line with the ICS strategy through reviewing and optimising our data centres, enabling them to be highly resilient, compliant, and secure.  **Cloud based capability**  Working alongside the ICS and national guidelines, move to the Cloud where appropriate by performing assessments that identify the right hosting solution for business problems. Developing cloud capabilities in areas such as data warehousing in line with the data strategy. | * To ensure solid foundations in line with the ICS Digital strategy and national guidance, we will work with partners to review the ‘hosting options’ for Data Centres, to enable them to be highly resilient, compliant, and secure, whilst releasing benefits such as economies of scale, common design, and lower costs. Potential removal of the Halton Data centre to be review as part of this exercise. |
| **Single sign-on**  **Single sign-on / multi factor authentication**  Building an environment that uses role-based access against a single sign-on structure to ease staff interactions, integration, and permissions. | * WHH will build an environment that uses role-based access against a Single Sign-On structure to ease staff interactions, integration, and permissions. |
| **Microsoft 365**  Develop Digital skills throughout the Trust to fully utilise the capabilities of Microsoft 365. | * WHH will have a developed Microsoft 365 skillset to fully utilise its capabilities and meet the demands of the organisation |

**Roadmap:**



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1. Goal eight: Green

**Our planned outcome:**

***We want to place the green agenda at the heart of our digital ambitions.*** *We will contribute to reducing our carbon footprint using technology and make decisions in to support our becoming net zero by 2045.*

| **What we plan to do:** | **What does success look like?** |
| --- | --- |
| **Road to becoming net zero**  **Paperless review programme**  Removing paper in those areas where we still have paper records and paper-based workflows within the Trust and with external partners  **Responsible partner relationships**  Ensuring all procurements related to digital spending are aligned with responsible partners who meet our social values.  **Net zero**  Achieving our goal of being net zero by focusing on reusables, removing paper, introducing power saving digital capabilities and more.  **Cloud usage review**  Producing a digital environment that is environmentally aware and focused on minimising its carbon footprint.  **Estates management**  Utilising estates monitoring equipment and connectivity to allow the effective utilisation of our buildings, locations, and related equipment. Matching our ways of working with estates improvement such as hotdesking and role-based access will generate a managed environment that will allow evolution and growth.  **Environmentally friendly procurement**  Ensuring all procurements related to digital spending is aligned with environmentally friendly suppliers or deliverables. | * The Digital team will work closely with others focusing on sustainability and the move to Net Zero. * We will deliver a step change in staff education and provide awareness of sustainability and green best practice across digital service staff involved in procuring goods and services. * Driven by the removal of waste, the carbon footprint of all services, and our contribution to our community, WHH will establish agreed green digital standards and produce a forward plan of ongoing consumption. * The Digital team will seek innovation with NHS partners and suppliers on sustainable approaches to develop robust policies and procedures that support the sustainability agenda. The Digital team's goal will be to meet the NHSE/I Greener NHS immediate interventions targets. Our green plan will include producing a digital environment that is environmentally aware and focused on minimising its Digital Carbon Footprint. * Matching the ways of working with estate improvements such as hotdesking and role-based access will generate a managed environment that will allow evolution and growth. Making the best use of all available space, in innovative ways aimed at providing care closer to patients’ homes and minimising their need to attend or to stay for longer than necessary. Adapting WHHs estate capacity for purposes like these will need continual review, based on usage, staffing, patient outcomes, predictions, and financial considerations. * Alongside our Net Zero ambitions, digital will support the organisation to move to Paperless wherever possible. Our Paperless Review Programme will reduce our carbon footprint and improve our data security, streamline clinical processes, and remove excessive estate costs. |

**Roadmap:**



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