

## IT Strategy

| Board library reference | Document author | Assured by                             | Review cycle |
|-------------------------|-----------------|--|--------------|
| P082                    | Head of IT      | Technology Programme Board/Trust Board | 3 years      |

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## 1. Executive Summary

The digital agenda is ever evolving both nationally and within AWP STP regions. At present, it is stated that focus needs to be placed on mental health but it not yet clear what these requirements are and how technology can be met. Engagement is taking place with numerous partners to ensure AWP requirements are considered and solutions agreed that could provide real benefits to both staff and service users.

IT provision is currently playing catch up regarding equipment provision and connectivity, due to minimal investment in recent years. Efforts have been made to improve this position and to make it sustainable, but there is still work to be done over the next couple of years.

The digital maturity assessment process has identified areas where AWP should concentrate efforts to develop its digital maturity position. These include strategic alignment (e.g. cultural change, synergy with corporate objectives) leadership (e.g. board oversight, senior clinical participation), electronic information sharing (e.g. correspondence and referrals) and electronic prescribing.

The current IT service provision has been reviewed and includes many strong foundations for future development and growth into new technologies and processes. Clear progress has been made over the last 12 months with a revised IT department structure, which has resulted in much clearer roles and responsibilities now being in place.

The future strategic vision for AWP IT is defined as:

To be a leading NHS IT provider that delivers high quality service delivery standards and innovative approaches. Also, to be at the forefront of all Trust development opportunities and to be considered a key enabler to success.

### 1.1 AWP IT - 10 Strategic Objectives

- Information sharing between organisations and systems
- Connectivity and resilience across trust locations
- Clinical and business processes utilising technology
- Service user interaction utilising technology
- Standardised IT equipment
- Systems (rationalisation and standardisation)
- Information Governance
- Engagement and user support
- Professional IT standards
- Unified communications

An overview of the implementation plans to meet the above objectives has been drafted. The successful implementation of this strategy is dependent upon consideration and alignment with AWP transformation and business plans. There is a necessity to have a two way process with the relevant IT strategy priorities being considered against the Trust wide transformational change initiatives.

## 2. Introduction

This strategy sets out a vision in which Information Technology (IT) supports and underpins the strategic ambitions of the Trust. It will act as a catalyst to enable more efficient processes and new / innovative ways of working.

### 3. Purpose of the Document

This document examines the Trust's business and strategic drivers and uses these to derive relevant IT strategic objectives, which will be used to guide activities and prioritise investment in IT. It describes the Trust's current IT capabilities and assesses progress since the employment of the new Associate Director of IT. Finally, the strategy presents a pragmatic programme of work to achieve the AWP IT vision.

The Trust is committed to the effective use of IT to support the delivery of excellent service user care, facilitate the work of clinicians and deliver efficiency gains. This strategy sets out the roadmap to achieving these aims.

The national strategic agenda focuses on involving patients in their own care and providing them with the information they need to make informed choices. There is an emphasis on joining up health and care services, integrating information across organisational boundaries. The current challenging economic climate is also forcing organisations continually to innovate and to improve efficiency and effectiveness of services, and to publish information for the benefit of the public.

### 4. Background

#### 4.1 Mental Health National Context

The NHS Five Year Forward View was published in October 2014. This document sets out how health services need to change, suggesting a more engaged relationship with patients, carers and citizens. It outlines a vision for patients to have greater control of their care and barriers to be broken down regarding how care is provided.

The Independent Mental Health Taskforce published its Five Year Forward View in February 2016, which sets out the current state of mental health service provision in England and made recommendations in all service areas.

In July 2016, NHS England published an implementation plan detailing how it will deliver the recommendations made in the forward view. It describes how the delivery partners will work together at national and local level.

During 2015/16, work began to lay the foundations for better, more responsive and accessible mental health services. These have included new access and waiting times for psychological therapies, early intervention in psychosis and eating disorder services for young people.

Future priorities for mental health service redesign are:

- to increase access to specialist perinatal care
- to reduce the number of out of area placements for children, young people and adults through the provision of more care closer to and at home
- to increase access to crisis care liaison services in emergency departments and inpatient wards
- suicide prevention

#### 4.2 Five Year Forward View for Mental Health

This NHS England report outlines a number of development areas for Mental Health services, and some of these have implications for estate planning, such as:

- Reduced out of area placements – inpatient services
- Extended hours service provision – community services
- Increasingly community and housing/residential based solutions
- 3rd sector partnerships for care

- Online mental health services

### 4.3 Sustainability and Transformation Plans (STPs)

Every health and care system in England is now required to produce a Sustainability and Transformation Plan (STP), showing how health and care services will evolve and become sustainable over the next five years and will deliver the aims of the NHS Five Year Forward View (including the Mental Health Forward View).

STPs must meet the needs of the local population and drive changes to improve the quality of care, the health and wellbeing of the local population and the efficiency of services. They must also be financially sustainable.

There are two STPs within the geographical areas that AWP provides services.

- Bath and North East Somerset, Swindon and Wiltshire (BSW) STP. AWP is one of seventeen partners.
- Bristol, North Somerset and South Gloucestershire (BNSSG) STP. AWP is one of fifteen partners.

### 4.4 Local Context (AWP)

In October 2017, the new AWP five year strategy was launched and it outlines the following:

#### **Strategic principles:**

- We will support our service users and carers
- We will engage our staff
- We will be sustainable

The main areas of focus for improvement are the following **five pillars**:

- Quality Improvement
- Listening into Action
- Financial Improvement
- Transforming Clinical Care
- Trust Strategy

Some activities within the five pillars have already commenced and are moving forward the improvement initiatives that are required.

Some of the other resultant changes in practice will include:

- To prevent acute inpatient admission wherever possible by offering community- based alternatives.
- Inpatient wards will be located together to create centres of excellence that offer a wide range of specialist therapies in a safe and supportive building.
- Work will take place with commissioners and other care providers to develop pathways for specialised and secure services.
- New care models will mean people access care closer to home, in the least restrictive environment and avoid receiving care away from friends and family.

## Aligning the IT Strategic Objectives with the AWP Trust Strategic Principles

| We will improve the quality of our care by focusing on patient safety | We will attract and retain great staff to support and provide safe and effective care | We will transform our services to meet increased demand safely and sustainably |
|---|---|--|
| Information sharing between organisations and systems                 |   | Information sharing between organisations and systems                          |
| Connectivity and resilience across trust locations                    |   | Connectivity and resilience across trust locations                             |
| Clinical and business processes utilising technology                  | Clinical and business processes utilising technology                                  | Clinical and business processes utilising technology                           |
| Service user interaction utilising technology                         | Service user interaction utilising technology   | Service user interaction utilising technology                                  |
| Standardised IT equipment   | Standardised IT equipment   | Standardised IT equipment  |
| Systems (rationalisation and standardisation)                         | Systems (rationalisation and standardisation)   | Systems (rationalisation and standardisation)                                  |
| Information Governance  |   | Information Governance   |
|   | Engagement and user support   | Engagement and user support  |
|   | Professional IT standards   | Professional IT standards  |
| Unified communications  |   | Unified communications   |

### AWP Clinical Strategy 2016-2021

In the AWP Clinical strategy, there is an outline of the clinical direction:

We will:

- Focus on more community based care, making the most of every opportunity for prevention and to promote recovery
- Aim to empower those who use our services to manage their own care, reducing the need for acute health interventions and inpatient care
- Focus relentlessly on improving quality and efficiency at the same time by working on integration between physical and mental health, between primary and secondary care, between acute and mental/community providers, and social care and third sector providers
- Increase use of innovative approaches and technology to allow our staff to be mobile and flexible in their response

The Trust has been experiencing a period of substantial financial challenge. Plans are underway in order to improve the position but the full impact of these may not be realised for a significant period of time.

### AWP Estates Strategy 2017-2020

The element of this strategy that the delivery of IT services needs to align are the following elements of the Trust estate vision:

The Trust will:

- Provide good quality, fit-for-purpose buildings that meet the needs of service users and their carers.
- Establish a range of buildings in appropriate locations that allow services to be delivered effectively and flexibly under the changing healthcare environment, through a mix of owned, leased and shared property.
- Develop its estate in ways which facilitate improved effectiveness, safety, and staffing efficiency in delivery of clinical services.
- Maximise the utilisation of the PFI and owned estate

#### 4.5 IT National Context

In November 2014, the Department Of Health released its new information strategy: 'Personalised Health and Social Care 2020'. This document is a framework for action that aims for a health and social care system that enables people to make healthier choices. Also, to be more resilient, to deal more effectively with illness and disability when it arises, and to have happier, longer lives in old age; a health and care system, where technology can help tackle inequalities and improve access to services for the vulnerable. There is an emphasis on joining up health and care services, integrating information across organisational boundaries. The current challenging economic climate is also forcing organisations continually to innovate and to improve efficiency and effectiveness of services, and to publish information for the benefit of the public.

The strategy sets out a number of proposals including:

- 'enable me to make the right choices' – citizens to have full access to their care records and access to an expanding set of NHS-accredited health and care apps and digital information services;
- 'give care professionals and carers access to all the data, information and knowledge they need' – real time digital information on a person's health and care by 2020 for all NHS-funded services, and comprehensive data on the outcomes and value of services to support improvement and sustainability;
- 'make quality of care transparent' – publish comparative information on all publicly funded health and care services, including the results of treatment and what patients and carers say;
- 'build and sustain public trust' – ensure citizens are confident about sharing their data to improve care and health outcomes;
- 'bring forward life-saving treatments and support innovation and growth' – make England a leading digital health economy in the world and develop new resources to support research and maximise the benefits of new medicines and treatments, particularly in light of the breakthroughs in genomic science and combat long-term conditions including cancer, mental health services and tackling infectious diseases;
- 'support care professionals to make the best use of data and technology' – in future all members of the health, care and social care workforce must have the knowledge and skills to embrace the opportunities of information;
- 'assure best value for taxpayers' – ensure that current and future investments in technology reduce the cost and improve the value of health services and support delivery of better health and care regardless of setting.

In March 2015, the Health and Social Care Information Centre released its strategy: Information and Technology for Better Care. The following five themes are outlined in this strategy, which spans a five-year period:

- Ensuring that every citizen's data is protected
- Establishing shared standards and architecture so everyone benefits

- Implementing services that meet national and local needs
- Supporting health and care organisations to get the best from technology, data and information
- Making better use of health and care information The vision that is also outlined in this document is:

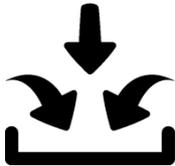
*By 2020, the citizens who want it, will have access to national and local data and technology services that enable them to manage and see their own records; undertake a wide range of transactions with care providers; and increasingly manage their own health and well-being.*

*By the same date, care professionals will have timely access to the information, data and decision support systems that they need to deliver safe and effective care.*

In November 2016, NHS Digital released its Data and Information Strategy .This document sets out the future role that NHS Digital will take in driving forward the use of data and information in delivering the Five Year Forward View and government priorities. It aligns to the shared vision and plans for data and information across the health and care system that are owned by the National Information Board and the Paperless 2020 programme.

The improvement objectives for NHS Digital are the following:

**Data content**



**Data science**



**Data access**



**Customer engagement**



**Publications**



**Workforce**



**Analysis**



**Infrastructure**



**4.6 IT Regional Context**

**Bath and North East Somerset, Swindon and Wiltshire (BSW) STP**

There are currently three areas of focus in the BSW digital programme, which are: population analytics, infrastructure and shared care record. Further clarity is required to determine where the mental health priorities will interlink with digital developments going forward. Mental health has been identified as one of the areas of focus.

**Bristol, North Somerset and South Gloucestershire (BNSSG) STP**

BNSSG are currently reviewing their future digital priorities but one of the areas of focus is mental health. These are likely to include the measurement of outcomes and the monitoring of service users in their homes/community.

**4.7 AWP IT Position**

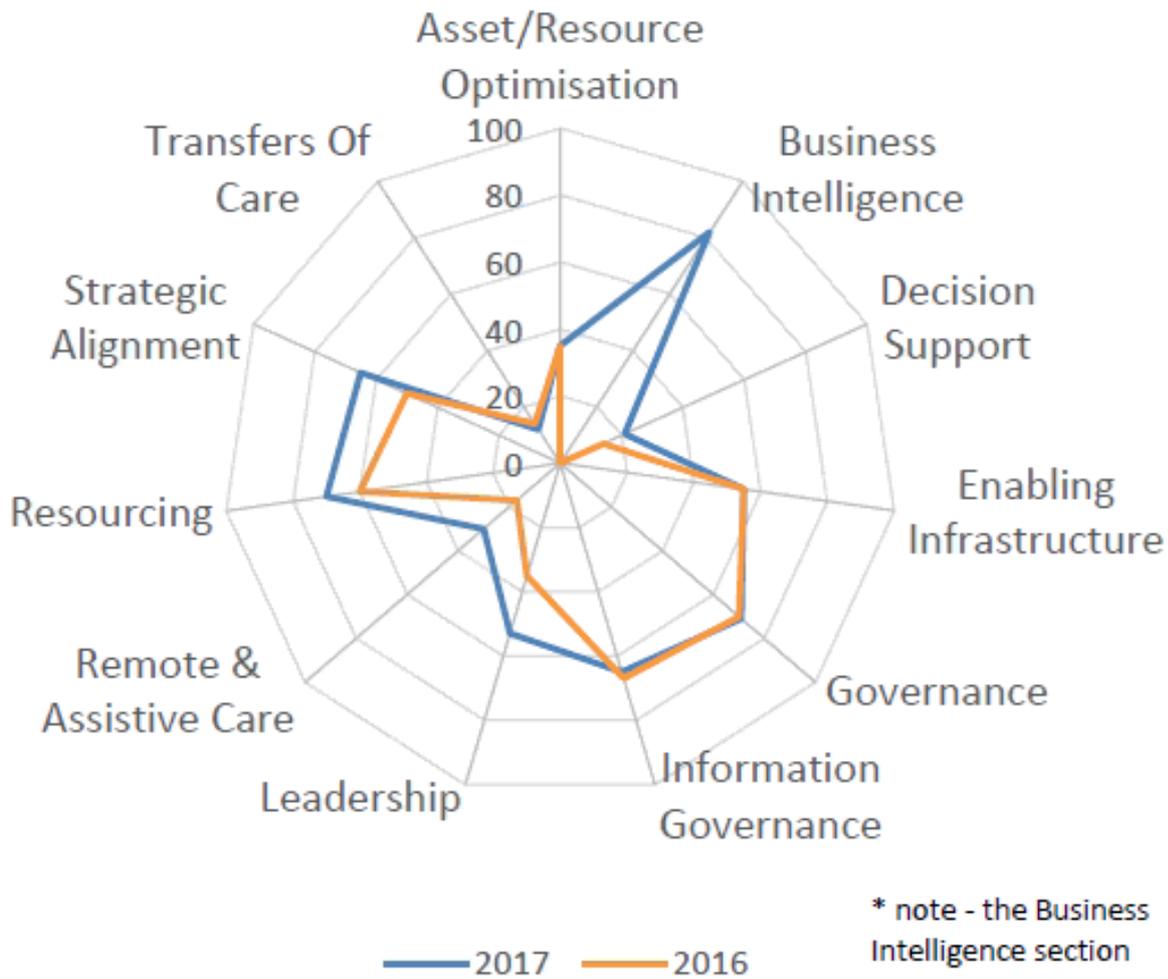
**Digital Maturity**

The Digital Maturity Self-Assessment is a survey which measures how well secondary care providers in England are making use of digital technology to achieve a health and care system that is paper-free at the point of care.

The Digital Maturity tool helps individual organisations to identify key strengths and gaps in provision of digital services at the point of care and provides insight into how well the country is doing as a whole.

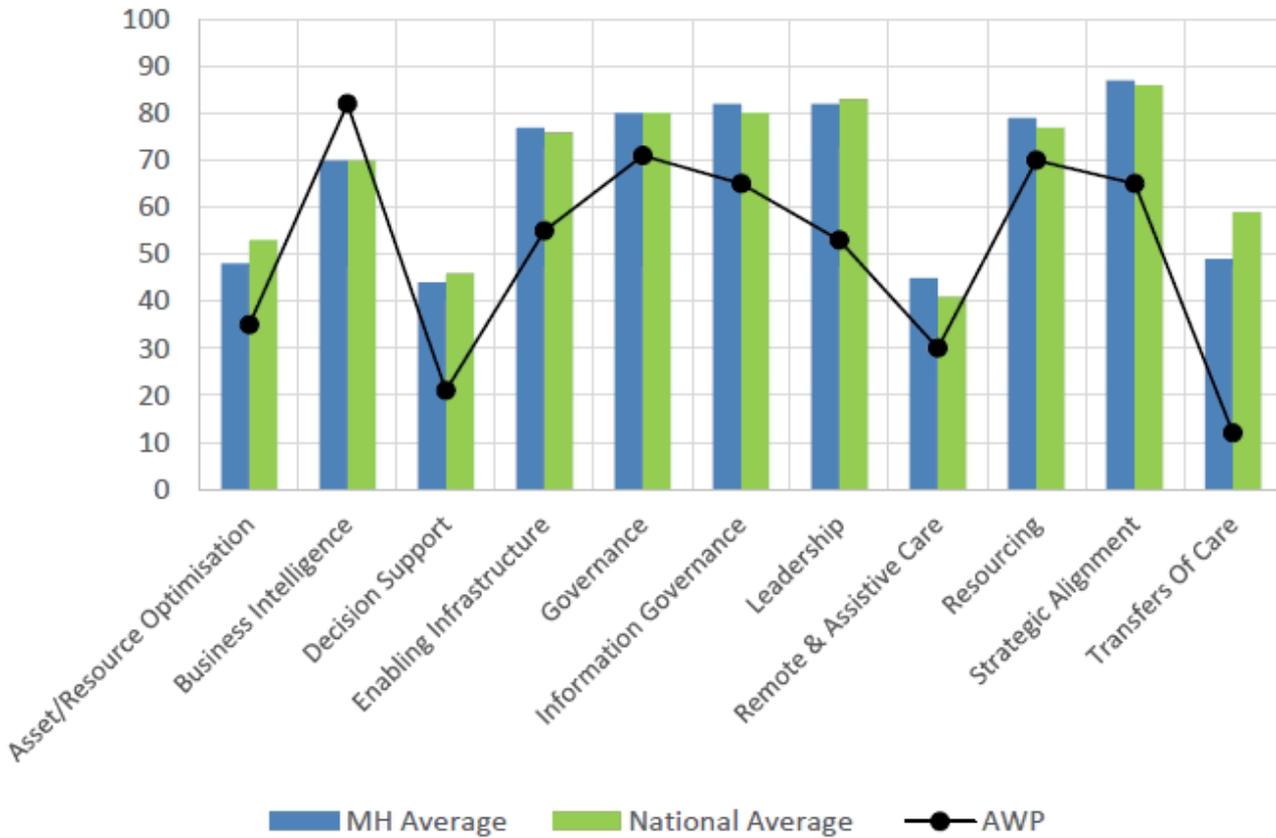
AWP completed the on-line survey in Oct 2017 and the results are summarised below, along with a comparison against the 2016 position:

**AWP Digital Maturity**



The chart below displays AWP digital maturity status in comparison to other mental health organisations and nationally:

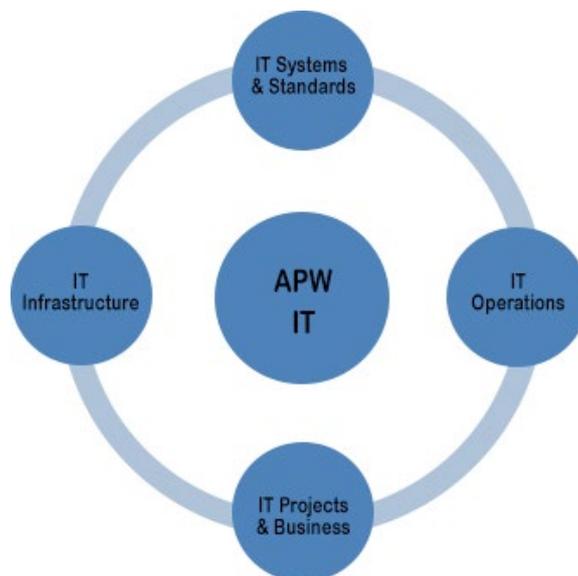
## AWP Digital Maturity Comparison



### AWP IT Department

A restructure of the IT department took place between September and December 2017. This was to ensure that the department was able to take forward the new AWP IT Strategy and also to make efficiency savings (determined from benchmarking against other similar organisations).

The IT department now consists of the following functions:



There is a close interaction between the functions above and they all need to work together to deliver a successful, modern IT service.

## 5. Scope

The following services are included in the scope of this strategy document:

- Networking
- Telephony
- Service Desk
- Device Provision & Support
- Information Governance
- Systems Administration
- Systems Support
- Systems Management & Development
- Data Warehousing & Interfacing
- Data Centre Management

The following services are not included in the scope of this strategy document:

- IT Training (mentioned as requires review)
- Business Intelligence/Analysis
- Data Quality
- Health Records
- Clinical Record Keeping

## 6. Stakeholder Analysis

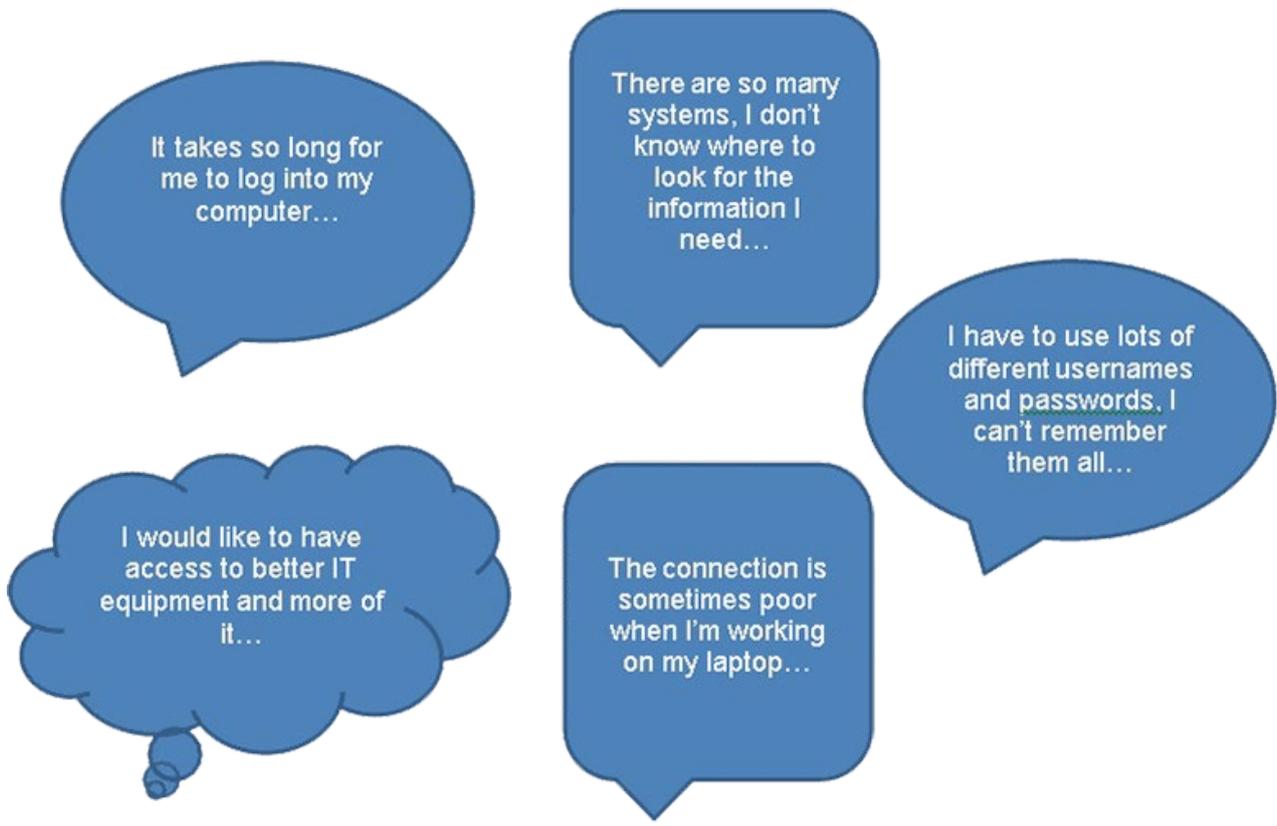
In developing the AWP IT Strategy, it is important to consider not only the clinical and business objectives of the organisation, but also the wider implications of commissioner and partner organisations' aims and strategies, regional and national aims and objectives, and not least, the views and expectations of the public, service users and carers. It is also important to understand the implications of and opportunities in advances in technology and the changes in communications and social networks.

In order to encompass the above, the following activities have taken place:

- Review of Listening into Action Survey Results
- Participation in Crowd Fixing Events
- Discussions at Clinical Technology Group
- Discussions at Technology Programme Board
- Review of AWP Estates Strategy
- Review of AWP Clinical Strategy
- Review of AWP Trust Strategy
- Participation in various STP/CCG IT forums
- Involvement in the AWP Transformation Programme
- Review of NHS organisations IT strategies

- Consideration of the requirements of various national strategies

A number of improvement themes were identified as a result of user feedback , some examples of views expressed are:

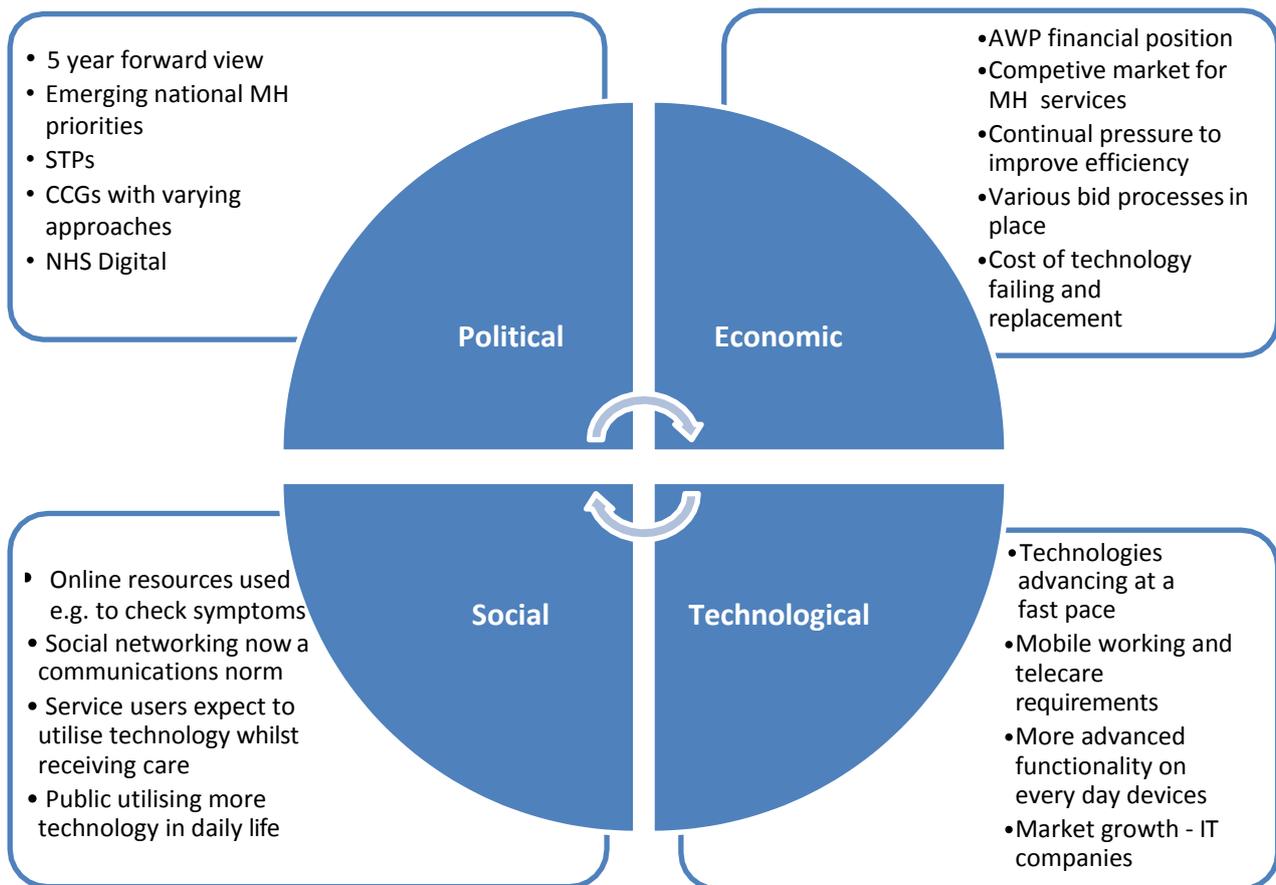


Service user and carer engagement will be critical to the development and use of the proposed strategic objective of a clinical portal, which will give access to care records, apps and other sources of information.

To achieve this, at the appropriate time, a series of service user and carer workshops will be held with representation on the subsequent project team.

## 7. Strategic Analysis

The diagram below summarises the Political, Economic, Social and Technological (PEST) aspects of the strategic environment for IT at AWP:



## 8. Current status of IT culture and service

Some of the main considerations are highlighted below:

### Strengths

- Skilled and knowledgeable IT staff
- Gold standard partners – e.g. Microsoft
- Capital investment support
- Robust clinical system
- Data centre developments
- Customer focussed
- Business analysis expertise
- System development capabilities
- Trust staff communication (mixed)
- Equipment and tools available for IT staff

### Weaknesses

- Numerous systems in use, often duplicated
- Multiple log ins required

- Information Governance considerations de-valued or overlooked
- Systems not always used to full potential
- Too many development requests accepted
- Sometimes poor contract management
- Multiple devices per individual (e.g. desktop, laptop and phone)
- Historically, citrix only mobile devices
- WiFi coverage and usage
- Network connectivity
- Minimal system training
- Lack of workplace user support
- Cultural change requirements not often met

### Progress to date

Due to the previous IT strategy expiring, a workplan was put in place to cover the interim period between strategies. IT was considered appropriate to delay the launch of the new IT strategy until the Trust strategy had been devised.

*Appendix 1* provides an overview of the progress made against the items included in the 17/18 IT work plan. Also to note, the following work areas were initially instigated and then put on hold (ratified by the Technology Programme Board):

- Voice to text recognition (Dragon)
- Offline RIO (store and forward)

These topics will be considered again as part of the priorities review in this document.

## 9. AWP IT Vision Statement

The strategic vision for AWP IT is defined as:

***To be a leading NHS IT provider that delivers high quality service delivery standards and innovative approaches. Also, to be at the forefront of all Trust development opportunities and to be considered a key enabler to success.***

## 10. IT Strategic Objectives

An overview of the predicted timescales of the objectives and sub-objectives is contained in *Appendix 2*. The below objectives will be managed as three annual programmes of work, split into projects, workstreams and work packages. Each of the work package end dates will be the milestone deliverables. Performance against each of these will be overseen by the Technology Programme Board and a workstream RAG status dashboard will be produced to ensure issues are highlighted and discussed.

| IT Strategic Objectives   | Sub-Objectives   |
|---|--|
| <b>1. Information sharing between organisations and systems</b> | <ul style="list-style-type: none"> <li>Electronic clinical communications</li> <li>Standard AWP STP dataset</li> <li>Electronic referrals</li> <li>Systems interfaces</li> </ul> |

|  |   |
|--|---|
|  | AWP utilisation of STP solutions  |
| <b>2. Connectivity and resilience across trust locations</b>   | WiFi development<br>Network improvement<br>Server refresh programme   |
| <b>3. Clinical and business processes utilising technology</b> | Electronic prescribing<br>Digital dictation<br>Electronic observations<br>Single sign on<br>Starter and leaver process    |
| <b>4. Service user interaction utilising technology</b>        | Service user internet access<br>Patient portal<br>Skype - clinical<br>Appointment reminders<br>Video recording - clinical |
| <b>5. Standardised IT equipment</b>                            | Standard devices<br>Multi-functional printing<br>Scan to email<br>Projectors and meeting rooms                            |
| <b>6. Systems</b>  | System rationalisation<br>EPR re-procurement  |
| <b>7. Information Governance</b>                               | DSP Toolkit & GDPR<br>IG engagement and ownership   |
| <b>8. Engagement and user support</b>                          | Clinician involvement<br>Service liaison<br>User support  |
| <b>9. Professional IT standards</b>                            | IT service delivery standards<br>IT contract management<br>IT best practice   |
| <b>10. Unified communications</b>                              | Skype utilisation<br>Mobile telephones<br>Desk & switchboard telephones<br>Email rationalisation                          |

## 11. IT Strategic Objectives Rationale

### 11.1 Information sharing between organisations and systems

It is vital to utilise technology to support the transfer of information both internally and externally to the organisation. Doing this, can aide the timeliness of information sharing and help control the standardisation of information that is transferred between clinicians. There is also opportunity for improved process efficiencies as often traditional tasks e.g. putting letters into envelopes and posting, can be replaced by utilising electronic means.

The mechanism by which service users enter the organisation in order to receive care, i.e. by referral, can also be computerised so that all referring parties follow a standard referral process and referrals are received in a timely manner.

The introduction of interfacing between systems will inevitably reduce duplication of data entry and it enables individual systems to be utilised for their specialised functions.

An example of this would be the AWP clinical system (currently RIO) interfacing with the IAPT system (currently IAPTUS) so that the AWP clinical system can maintain a real-time overview of all service users, whose IAPT contacts can be managed via the IAPT system. Interfacing can also greatly benefit the streamlining of business processes.

In order for AWP to successfully support the STP digital agenda, there is a need to standardise what information is provided and automate all related transfer processes. If the AWP approach is to provide standard datasets, then the developing and often varied requirements and IT solutions can be accommodated. Also, the utilisation of various shared solutions (STP or CCG) by AWP clinicians needs to carefully considered to simplify the approach.

Order communications and results reporting is out of scope for this strategy, mainly due to numerous providers and systems being utilised. A solution may be available for AWP to utilise in order to access results across various localities. When possible, this will be investigated with an aim to integrate with the AWP clinical record.

There was a need to stabilise the current ourspace (intranet) environment and this work is now almost complete. The decision making regarding the design of the look and feel of the new AWP intranet work is still required. It is considered appropriate for the communications department to now take that work forward with the support of IT, rather than it be included in this strategy document. This would also be the case for the Trust internet site arrangements and contract.

The use of social media etc. by AWP staff is being encouraged and is increasingly being utilised to help increase the target audience of potential new employees to AWP. Progress has been made to make such offerings more accessible to staff and to update processes where possible.

### 11.2 Connectivity and resilience across trust locations

Activities have recently been completed to improve the Trust data centre arrangements (including the establishment into two new data centres). This has been the result of many years work and has provided a high standard of resilience processes and technologies.

Over the last 12 months, increased investment has been made to improve the network connections between trust sites. This improvement programme is well underway is expected to continue throughout the next financial year.

Tools have also recently been procured in order for the IT department to carry out the tasks required to effectively and safely manage its infrastructure and associated risks. Capabilities now includes areas such as ransomware, network monitoring, vulnerability assessment and patch management.

In December 2017, AWP was identified to participate in the 17/18 NHS WiFi Fast Follower programme. This resulted in investment being received in order to implement a WiFi solution into service user reception areas/waiting rooms. Equipment has been procured to support this and the installation has commenced. In order to provide WiFi across all Trust locations, including office

and clinical environments, the WiFi development programme has been identified as a priority for 18/19 as this allow the initial investment from the fast follower scheme to be built upon and equipment to be utilised for the best benefit of the Trust.

There is a requirement to review the incumbent servers and plan to replace the equipment as required (including future proofing) as they will be coming to the end of their effective life span during the period of this strategy.

### 11.3 Clinical and business processes utilising technology

The introduction of technology can support the streamlining and sometimes automation of processes making them safer, more efficient and more transparent. Standardisation is required which can often help progress decision making regarding appropriate ways of working for the organisation. Electronic prescribing is an initiative that has proven results in the reduction of prescribing errors and results in an improvement in value for money through efficiency improvements. It is expected that the electronic prescribing workstream will be active for approximately three years as large scale clinical practice process change utilising technologies is required.

There remains a demand for the increased application of digital dictation in clinical records. However, specification activities regarding this that have taken place over the last 12 months resulted in an uncertainty regarding the long term use and support of such a tool with the AWP clinical system (RIO). In order to be able to take this forward in the future, some increase assurance would need to be sought by the organisation to ensure investment in this area would provide sustained results.

Following the roll out of WiFi capabilities across Trust locations, additional opportunities arise regarding bedside technologies. The introduction of these would support real time data entry and reduce the need for scanning of paper documents (e.g. nursing notes).

Currently, users access AWP systems by entering usernames and passwords that vary greatly. This both provides additional information governance risk (e.g. noting, sharing passwords etc.) and also results in user frustration. Single sign on technologies allows users to access multiple applications with one set of credentials. Verification approaches range from a password, smartcard, fingerprint or facial recognition.

Complex and fragmented business processes can result in a poor experience for both staff experiencing the touch points and also staff who are attempting to initiate required actions. When numerous services and teams are involved (e.g. HR, finance and IT) this can add additional complexities and requirements. The starter and leaver process for AWP staff is suggested as a prime candidate for a re-design exercise and the introduction of technologies to improve the efficiency of the process.

### 11.4 Service user interaction utilising technology

The opportunities for service users using technology are becoming more apparent in the digital environment in which the NHS now operates in. It is key that trust wide developments take place in this area in order to maximise the benefits that can be achieved by both service users and clinicians.

During an inpatient stay, service users can benefit from accessing the internet to carry out various tasks (e.g. organisation of benefits). An appropriate technological solution has been specified regarding this. However, the level of expenditure required has not been affordable. In order to take this work forward, this expenditure would need to be supported.

An important consideration for AWP is to determine how to provide service users access to their clinical records on-line. Also, to provide a mechanism for two-way interaction to take place electronically and for them to have the capability to provide input into their care. Discussions are taking place at various STP and CCG forums regarding the requirement for a patient portal with a shared aim to provide solutions that are workable for both clinicians and the general public.

At the present time, various options are being considered in a wider context. It is considered appropriate for AWP to be involved in this process and to determine the way forward for AWP within the next six months. This may result in AWP implementing its own patient portal solution or agreeing to utilise/share one.

Until a direction of travel is agreed regarding a patient portal, in-house patient 'app' development is not recommended. AWP can work alongside other providers/CCGs/STPs and agree shared solutions for AWP staff to utilise but there is not currently the in-house technology to effectively manage or support this.

Skype technologies are being introduced across the organisation and this presents the opportunity to utilise these to interact with service users for clinical contacts. Pilots are underway to act as a proof of concept and to determine appropriate clinical use. It is expected that this change in practice will take place across numerous clinical services over the next financial year.

Other media, such as text messaging for appointment reminders can reduce DNA rates and should be embedded into communication processes as much as possible.

The use of video recording is becoming an increasing requirement to support clinical staff training e.g. to produce supporting evidence. Small scale, interim processes have been introduced historically in this area. However, there is now a requirement for a longer term solution that is both affordable and safe.

### 11.5 Standardised IT equipment

In March 2017, a decision was made to centralise the procurement and management of all IT equipment and systems. This change was introduced in an attempt to standardise the equipment that was being provided to AWP staff and to ensure value for money in all IT system related contracts. Improvement has been made regarding equipment provision, with a reduction from a maximum age of PC from 10 years to 7 years. However, due to a lack of investment in equipment for some time, it will take a while until a fully operational and funded equipment replacement programme is in place.

A high number of laptops have been issued in the organisation and these had been tied to only operate via a citrix environment. An upgrade programme has commenced in order for laptops to be able to connect via WiFi and operate like a desktop PC. This will ensure that their usability is maximised and negate the need to instigate wide scale replacement.

A role based equipment matrix approach has been devised, which will determine which equipment will be provided to individuals based on role type. Further work is still required on this (e.g. equipment removal and re-issuing), however, the long term aim is to achieve a one device per user status (in most circumstances).

In July 2017, AWP identified an opportunity to improve its printing service to users, which would also result in a financial saving. Various separate supplier contracts were in place and small desktop printers were being utilised. Multi functional devices have started to be installed across the organisation. These will be located in shared office areas with users controlling their personal printing outputs via a passcode process. Scanning capabilities are also included in these devices and as such, this provides the capability to introduce scan to email functionality. The introduction of this will be planned in line with other priorities.

A high amount of variation exists with the equipment provision in meeting rooms across Trust locations. Often, equipment is old and no longer provides a reliable or workable solution for presenting to groups etc. There is currently no ongoing budget available to support the management of projectors. A review is required to determine the scope of this work and to achieve a standard set up regardless of location.

### 11.6 Systems

Numerous clinical systems are utilised in the organisation, which has resulted in a somewhat fragmented AWP clinical record. This is mainly due to teams/services supporting partnership working in localities and the system that is used is shared across that community. The AWP

systems need to be rationalised with a long term aim to have a single system in place per specialty. The AWP clinical systems coverage should be maximised and if specialist systems are required, these should be a single instance and be interfaced with the AWP main clinical system (currently RIO). This is to ensure service user record consistency and information governance control.

A scoping exercise is to take place which will finalise the systems that will be rationalised over the next financial year. This work is likely to include data migration activities, process re-design and resultant training implications.

There will be a requirement for the organisation to undertake an electronic patient record (EPR) re-procurement exercise in the time period of this strategy. The requirements specification and the alignment with any additional functionality needs e.g. e-prescribing need to be considered so that appropriate decision making can take place.

## 11.7 Information Governance

The existing information governance toolkit system and process is to be replaced with the Data Security and Protection (DSP) Toolkit for 18/19. The standards in this will need to be met via evidence provision which may only be available following process re-design activities having taken place. Strong working relationships will need to be established with operational services and between corporate departments in order to agree deliverable dates throughout the year.

The General Data Protection Regulation (GDPR) is the biggest change in data protection law for 20 years, and when it comes into effect on May 25th, 2018, it intends to give citizens back control over how their personal data is processed and used. GDPR is a new set of rules governing the privacy and security of personal data laid down by the European Commission. The resultant requirements from this change will need to be met by both a change in practice and an expansion of scope (to include all AWP systems). As mentioned above, joint working will be required across the organisation to successfully meet these vast new requirements.

The work necessary regarding the improvement of engagement and ownership of Information Governance considerations needs to be commence in the near future. This is planned to be an area of focus for the Information Governance Steering Group to oversee, with increased operational senior management representation being required.

## 11.8 Engagement and user support

In order to successfully have an IT strategy and resultant work plan that successfully supports clinical need, it is vital to have a mechanism to ensure clinician involvement is embedded into IT processes. A Clinical Technology Group (CTG) was re-established in 2017. The purpose of this group is to be the decision making group for the AWP clinical system (RIO) development priorities. Also, to review new technology options, discuss implementation approaches and to ensure that provision is meeting clinical requirements.

The Trust has recently identified a clinician to undertake the role of Clinical Chief Information Officer (CCIO). They will take over as chair of the CTG and will help support the alignment of IT priorities with other Trust transformation initiatives. This is a positive step as most organisation have had this role/s in place for many years.

An IT service liaison process has recently been introduced. This has identified an IT manager who will act a link contact with localities/services. The aim being that IT are aware of future service change initiatives, can be involved in decision making and can help resolve issues in a timely manner.

IT training and user support provision is currently at a minimal level. New starters receive clinical system training (RIO) and there has been training provided to support the introduction of some new technologies. Further development is required in this area, to establish ownership of these requirements and to oversee a robust user support process. IT champions should be introduced, who can provide assistance in their working environment, but who are centrally supported and kept up to date with information or process change detail when required. Also, training delivery

and user support should be standardised across systems to ensure all users receive adequate assistance to enable the achievement of potential benefits.

### 11.9 Professional IT standards

IT key performance indicators were streamlined, agreed and monitored throughout 17/18. This has provided a mechanism to review IT service delivery performance. However, some of the targets have regularly not been achieved. An annual review of the indicators is planned and the introduction of a resultant action management to ensure continuous improvement is delivered. The listening into action responses are reviewed and action is implemented whenever possible. However, ongoing feedback mechanisms are required to support IT activities that may require intervention or action on a real time basis (e.g new equipment provision).

IT contract management activities take place but these can vary across systems/suppliers. Work is necessary to standardise these processes, including documentation to ensure value for money is achieved and benefits are realised.

Robust processes and documentation are required to provide a strong foundation or a successful and safe IT service. This area is to be an area of focus towards the end of this strategy, not because of its low importance, but due to the amount of change and development priorities in the early years. Accreditation should be included as much as possible to provide assurance that the appropriate processes are in place.

### 11.10 Unified communications

Skype for business technologies have been introduced into the organisation over the last financial year. The roll out of this continues across all sites and it's utilisation is on the increase. Going forward, it is important to embed such tools into daily practice so that savings can be made and efficiencies achieved.

The allocation of mobile phones to AWP staff is under review. A revised matrix model is being developed with clinical colleagues which will determine if a mobile phone is required to support work activities. The direction of travel is to move away from smart phone utilisation as the functionality is available via other means.

Following the completion of the skype for business roll out and due to the current contract period coming to an end, a review of the desk & switchboard telephones service provision is to take place. It is expected that this will involve the replacement of existing (often ageing) equipment and support arrangements to align with a skype based approach.

AWP currently utilise both an AWP exchange email process and NHS mail. A review of this required to determine future requirements and affordability of solutions. The introduction of a new HSCN network connection to replace the previous N3 offering will provide the opportunity for AWP to manage and provide its own AWP secure email system.

## 12. What Success will look like

| Implementation Area | Before   | After  |
|---------------------|--|--|
| Information Sharing | <ul style="list-style-type: none"> <li>Partners utilising and accessing each others systems</li> </ul> | <ul style="list-style-type: none"> <li>Standard information datasets being transferred from AWP to various external solutions – partners accessing mental health information</li> <li>AWP clinicians utilising external solutions to gain additional service user information</li> </ul> |

|                          |   |  |
|--------------------------|---|--|
| Connectivity             | <ul style="list-style-type: none"> <li>• Poor connectivity across AWP sites</li> <li>• Minimal WiFi usage</li> <li>• Resilience requiring enhancement</li> </ul>  | <ul style="list-style-type: none"> <li>• Standardised and adequate network connections across AWP sites</li> <li>• Enhanced WiFi utilisation for both AWP staff and service users/visitors across AWP sites</li> <li>• Resilient processes and modern technologies utilised</li> </ul>   |
| Technology Utilisation   | <ul style="list-style-type: none"> <li>• Poor digital maturity performance on electronic information sharing and prescribing</li> <li>• Multiple usernames and passwords for users</li> <li>• Minimal technology utilised in patient areas</li> </ul> | <ul style="list-style-type: none"> <li>• Clinical correspondence sent electronically to GPs</li> <li>• Electronic prescribing in use (end date of implementation to be determined)</li> <li>• Single sign on process for users in place</li> <li>• Data capture at the point of care</li> </ul>  |
| Service User Interaction | <ul style="list-style-type: none"> <li>• Appointments delivered face to face or via telephone</li> <li>• Minimal communication media utilised</li> </ul>  | <ul style="list-style-type: none"> <li>• Appointments delivered via skype</li> <li>• Service user interaction</li> <li>• Two way communication via portal</li> <li>• App introduction and utilisation</li> </ul>   |
| IT Equipment             | <ul style="list-style-type: none"> <li>• Multiple devices per user</li> <li>• Various device types</li> <li>• Smart phones in use but not managed appropriately</li> <li>• Numerous desk printers in place with expensive peripherals</li> </ul>      | <ul style="list-style-type: none"> <li>• Standardisation of equipment purchased</li> <li>• Direct access (not limited to citrix) on mobile devices</li> <li>• One device per user principal</li> <li>• Voice only mobile phones</li> <li>• Trust wide printing service with multi-functional devices available to users</li> <li>• Scan to email process in place</li> </ul> |
| Systems                  | <ul style="list-style-type: none"> <li>• High number of systems in use – functionality could be available in Trust core systems</li> </ul>  | <ul style="list-style-type: none"> <li>• One system in place per Trust requirement, in use across services</li> <li>• System interfaces development underway to minimise duplicate data entry</li> </ul>   |
| Information Governance   | <ul style="list-style-type: none"> <li>• Lack of standardisation</li> <li>• Inadequate ownership of systems and processes</li> </ul>  | <ul style="list-style-type: none"> <li>• Clear ownership of all Trust systems</li> <li>•</li> <li>• Standardised management</li> </ul>   |

|                             |  |   |
|-----------------------------|--|---|
|                             |  | practices across all systems <ul style="list-style-type: none"> <li>• Strong engagement with operational/corporate services to manage the IG agenda</li> </ul>  |
| Engagement and User Support | <ul style="list-style-type: none"> <li>• Minimal clinician involvement in IT decision making</li> <li>• IT service liaison process recently been introduced</li> <li>• IT training guides produced for some</li> </ul> | <ul style="list-style-type: none"> <li>• CCIO role established and leads on IT decision making process</li> <li>• IT service liaison role embedded into BAU – resulting in improved customer service</li> <li>• Enhanced training delivery (L&amp;D)</li> </ul> |

## 13. Appendices

### 13.1 Appendix 1

Progress against 17/18 IT work plan – as at Feb18:

| Project                        | Subject                             | Deliverable                                       | Progress  |
|--------------------------------|-------------------------------------|---|---|
| IT Communications              | Skype for Business                  | To roll out Trust wide                            |    |
|                                |                                     | To pilot use for therapy sessions                 |   |
|                                | Desk Alerts                         | To design and implement IT communication tool     |  |
|                                | Service Liaison                     | To implement an IT liaison service                |  |
|                                | Interface Engine                    | To procure and implement interface engine         |  |
|                                | New Our space                       | To redesign and launch a new Trust intranet       |  |
| IT Infrastructure & Resilience | Bath Server Room                    | To transfer all systems out and decommission room |  |
|                                | Cyber Security & Network Management | To procure and implement required tools           |  |
|                                | Ransomware                          | To procure and implement required tools           |  |
|                                | Network Improvement                 | To improve phase 1 sites network connections      |  |
|                                | Mobile Connectivity                 | To build new image for laptops and roll out       |  |
| IT Standardisation             | Asset Management                    | To procure and implement required                 |  |

|  |                        |  |  |  |
|--|------------------------|--|--|--|
|  |                        | tools  |  |  |
|  | Information Governance | To standardise IG action logs                  |  |  |
|  |                        | To centralise IG requests through service desk |  |  |
|  | Role Based Equipment   | To devise role based matrix                    |  |  |
|  |                        | To implement role based equipment provision    |  |  |

### 13.2 Appendix 2

#### Implementation Overview

##### *Information sharing between organisations and systems*

| Implementation                        | Year 1 | Year 2 | Year 3 |
|---------------------------------------|--------|--------|--------|
| A. Electronic clinical communications |        |        |        |
| B. Standard AWP STP datasets          |        |        |        |
| C. Electronic referrals               |        |        |        |
| D. Systems interfaces                 |        |        |        |
| E. AWP utilisation of STP solutions   |        |        |        |

##### *Connectivity and resilience across trust locations*

| Implementation              | Year 1 | Year 2 | Year 3 |
|-----------------------------|--------|--------|--------|
| A. WiFi development         |        |        |        |
| B. Network improvement      |        |        |        |
| C. Server refresh programme |        |        |        |

##### *Clinical and business processes utilising technology*

| Implementation            | Year 1 | Year 2 | Year 3 |
|---------------------------|--------|--------|--------|
| A. Electronic prescribing |        |        |        |
| B. Digital dictation      |        |        |        |

|                               |  |
|-------------------------------|--|
| C. Electronic observations    |  |
| D. Single sign on             |  |
| E. Starter and leaver process |  |

**Service user interaction utilising technology**

| Implementation                  | Year 1 | Year 2 | Year 3 |
|---------------------------------|--------|--------|--------|
| A. Service user internet access |        |        |        |
| B. Patient portal               |        |        |        |
| C. Skype - clinical             |        |        |        |
| D. Appointment reminders        |        |        |        |
| E. Video recording - clinical   |        |        |        |

## Version History

| Version | Date         | Revision description | Editor | Status |
|---------|--------------|----------------------|--------|--------|
| 1.0     | 15 June 2018 | New Strategy         | KD     | Final  |