

EPUT



Essex Partnership University
NHS Foundation Trust

DIGITAL STRATEGIC PLAN 2023-2029

***ESSEX PARTNERSHIP UNIVERSITY
NHS FOUNDATION TRUST***

PLAN

Foreword

“EPUT aspires to be a digitally and data enabled organisation.”

Our Digital Strategic Plan for 2023/24 to 2028/29 takes as its starting point the definition of “digital” as proposed by NHS Providers and now widely used across the NHS:

“Applying the culture, processes, operating models and technologies of the internet era to respond to people’s raised expectations.”¹

The Strategic Plan sets out how we will start to create a digitally capable organisation supported by modern digital tools, where our people will be supported to acquire the digital skills needed to operate safely and confidently in their use of digital platforms to deliver the highest quality and safest care possible.

The Digital Strategic Plan is bold and ambitious. It requires EPUT to make a fundamental change to its approach to Digital, starting in 23/24. The opportunity of a new electronic patient record will help us to move from digital “firefighting” to digitally enabled transformation, rebalancing our digital resources and organisational capabilities to support this exciting period of our digital journey.

We will be successful if the organisation as a whole, makes digitisation an investment in transformation and quality and safety of care. This will be in line with national priorities particularly in the wake of the destabilising events of the last year including industrial action and current system pressures following the Pandemic. This will need sponsorship up to Board level of:

Culture - Developing a “data curious and capable” culture, able to identify “signals from noise”, particularly in relation to patient safety and quality of care.

Transformation - Adopting a service led / continuous improvement approach to digital, led by the Trust front-line and our service users, their families and their carers. This means an alignment between all strategic plans, including digital.

Investment - Adopting a targeted approach to investment prioritisation of the digital enablers. Today we invest around £16m per year in digital – mostly spending it on maintaining our legacy estate. Our Strategic Plan sets out an approach where the same overall spend is allocated very differently as a result of investment in our new electronic patient record and the capabilities outlined in this plan.

This will require focus and commitment, but the prize for our staff, our services users, and the communities we serve will be transformational.

Zephon Trent, Executive Director of Strategy, Transformation and Digital



¹ NHS Providers (with HEE, NHSEI and NHSX) - A New Era of Digital Leadership

About our Digital Services

Our journey so far

In 2017 we developed a five-year digital strategy that was aligned to the local and system strategies at the time. That strategy served us well. It was instrumental in underpinning digital programmes to date, as well as securing funding for their delivery.

At the end of 2021 the first draft of our new five-year strategy was issued and agreed as a basis for making short term progress. This helped to provide fresh impetus to EPUT's digital journey – most tangibly in plans to modernise our clinical systems with a new electronic patient record. With the new EPUT Strategic Plan, and the trust now refocusing its delivery around five care units crystallising the trust's strategic direction, we have taken the opportunity to refresh and finalise our Digital Strategic Plan for the next five years.

A lot has happened in the last year including:

- the three ICSs (Mid and South Essex, Herts and West Essex, and Suffolk and North East Essex) that the trust serves are now formally live
- new strategic partnerships with the private sector are forming which can support digital innovation, research, and innovation more widely
- tightening economic conditions, leading to pressures on service users and staff and the operating environment of the trust
- the introduction of a new approach to patient safety across the NHS in the new Patient Safety Incident Response Framework (PSIRF) and patient safety findings coupled to the statutory enquiry into deaths at EPUT.

With respect to digital, good progress is being made on:

- acquiring a Unified Electronic Patient Record (UEPR) for the trust and its partners across community, mental health, and acute care settings
- developing a shared care record across the MSE ICS, complementing similar shared care records in HWE, SNEE, and other ICSs, such as London

- a new patient portal for the MSE ICS
- data and analytics platforms alongside a new EPUT data strategy
- digital maturity assessments on patient records, analytics, and digital infrastructure that provide a baseline against which EPUT's digital journey for the next five years can be measured.

There is also support within EPUT up to and including the Trust Board for a strategic approach to digital, but a recognition that at the same time we have a long way to go reflected both in feedback from those consulted in the development of this Digital Strategic Plan, and in a quantitative sense from the digital maturity assessment conducted during the second quarter of 23/24.

We do well with what we have, but are unable to provide the care we know we can deliver or transform because...

The digital foundations are not in place...

Fragmented service user records and performance information.

Creating information needed from a patchwork quilt of sources.

Using costly on-premise data centres.

...focus continues to be 'keeping the lights on'

Limited digital engagement with service users.

Low organisational digital maturity (including culture, literacy, capability and capacity).

Emerging work with programmes on some of the basics but far from transformational.

Figure 1: Current position from stakeholder consultation during 2021 and 2023

Access to real time information and data for managing services is critical, but our people have told us that EPUT is still information poor. There remain an overwhelming number of technologies and logins for different (sometimes the same) jobs. There was a step change in digital communications during the pandemic, but behaviours need adjusting in our culture to avoid on-line meetings encroaching on delivery and care. Additionally, improving role based digital literacy at all levels is critical. To ensure success in digital, EPUT will need to shift from a technology focus to one that is transformational, and we will need better governance and prioritisation of digital spend to be successful.

Demand

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

Demand for digital services in EPUT has never been higher. At the time of writing we spend approximately £16M annually on digital technology and we have digital experts in our central team managing 13 core clinical systems and day to day services. We have 45 digital team projects as well as 56 digital transformation projects corporately, of which only nine can be committed at present due to our available capacity and budget. Many other transformation portfolio projects with significant digital dependencies require further analysis (e.g. the West Essex Care Coordination Centre).

Service user, carer, and family engagement

During May and June 2023, 100+ contacts, including Lived Experience Ambassadors, provided inputs to the Digital Strategic Plan via a mixture of 40 interviews, larger meetings, and on-line polls

This built on the work with some 300+ stakeholders on the first version in 2021. Lived Experience Ambassadors and third sector representatives gave a range of insights as to the future direction of the trust's

digital approach broken down into the following major themes to inform our strategic direction in two major areas:

Engagement

- Building the role of the Lived Experience Ambassadors in designing digital services using trauma-informed design approaches that are future focused and build well-being.
- Getting the communications right – this means thinking through our digital communications with service users to consider clarity, accessibility, and their effectiveness.
- Making sure that no-one is left behind as not everyone we serve has access to digital channels or is equipped to receive digital content.
- Working in groups using digital – digital means are good at connecting people and we can gain a lot from doing this in the right way, building on experiences gained in the pandemic.

Enhancing Care Provision

- Using digital means to better support direct care – this means having modern systems inside the trust, but also using things like Virtual Wards and other direct care technologies.
- Navigating service user confidentiality and safeguarding – balancing the needs of service users and their loved ones with the risks.
- Keeping carers and families involved.
- Building more joined up services – joining up information across care settings such as primary care and acute settings so that a service user's story is consistent and up to date for all those involved in providing care.

Challenges and opportunities

The context for this Strategic Plan is that we have a legacy digital estate created during the merger of the trust's antecedents with which we continue to operate, but that the injection of new national funding for a modernised electronic patient record creates the opportunity to transform.

Over the next five years we will achieve our vision and meet the raised expectations of our service users, our people, and the healthcare

systems in which we operate by:

- **Modernising digital clinical and operational tools** – in addition to a new electronic patient record, we will build other significant digital capabilities, including shared care records with other integrated care systems and augmenting virtual wards.
- **Accessible and accurate digital information and intelligence** – our clinical and operational information will be real time, complete and accurate and will support us solving day to day challenges and planning. Our Data Strategy will guide this work.
- **Empowering our service users and staff using digital** – our service users will be able to engage with us as an organisation using digital technology where that makes sense and, where they are able, their care and the involvement of their loved ones will be enhanced and supported by digital technologies.
- **Reliable, resilient, and sustainable digital infrastructure** – everything we do will be supported by strong foundations. Our digital infrastructure will migrate progressively to Cloud based solutions with a lower cost energy and estates footprint, and technically more sustainable. use our digital technology in support of care.

Whilst our digital estate today is fractured and has useability challenges, we are entering a period of significant transformation in our digital estate. We also serve the care needs of populations in three ICSs - Mid and South Essex, Herts and West Essex, and Suffolk and North East Essex. This means that we will need to work closely with each of those ICSs through our Care Units in terms of care needs and with their digital leadership, to ensure that our digital plans align for the collective benefit.

Since the Digital Strategic Plan was developed in late 2021, we have been fortunate in attracting funds from NHS England to replace our electronic patient record systems. That work is now at the procurement stage, and the ambition is to replace our main clinical systems in the next three years to the end of financial year 25/26. At the same time, systems are being introduced to improve our sharing of data between EPUT and other care providers in Essex and wider, and to provide service user access with the delivery of a service user portal.

Navigating the next five years of this Strategic Plan will need an organisational response that includes making decisions on the priorities for new digital solutions, given capacity and funding constraints. It will also need to recognise the development needs of our staff for new digital technologies and have sufficient “business as usual” capacity to make sure that necessary changes to our existing systems can be made to maintain safe care. In our rapidly changing workforce, new and temporary or agency staff will also need timely support to make sure they are trained to use our digital technology in support of care.

Vision, Purpose, and Strategic Objectives

Vision

“EPUT aspires to be a digitally and data enabled organisation.”

We now have an opportunity to move forward using NHSE EPR funding to a place where our expectations in support of high quality safe care could be met.

The digital foundations are in place...

Digital clinical and operational tools to provide safe care consistently.

Delivering accessible and accurate information and intelligence.

Reliable, resilient and sustainable cloud based digital infrastructure.

...enabling sustainable transformation.

Using digital to engage and empower service users.

Using digital to support and develop our people, and to help them become digitally literate.

Using digital means to collaborate with partners.

Figure 2: Where our digital strategy should take us

Our full digital vision is:



EPUT aspires to be a digitally and data enabled organisation. The trust's Digital Strategic Plan will not only enable EPUT to meet national and local digital requirements but will also embed a digital culture where a digital-first approach is applied to transformation and improvement programmes wherever that makes sense. We will ensure access via a range of digital and complementary non-digital channels to maximise inclusion. The strategy will also focus on raising digital capability and literacy across our workforce, and in doing so strengthen the relationship between our service users, our workforce, and technology.



We have consulted widely to create this new Digital Strategic Plan. This has led to a focus on four strategic aims that set out where we want to be in the coming five years:

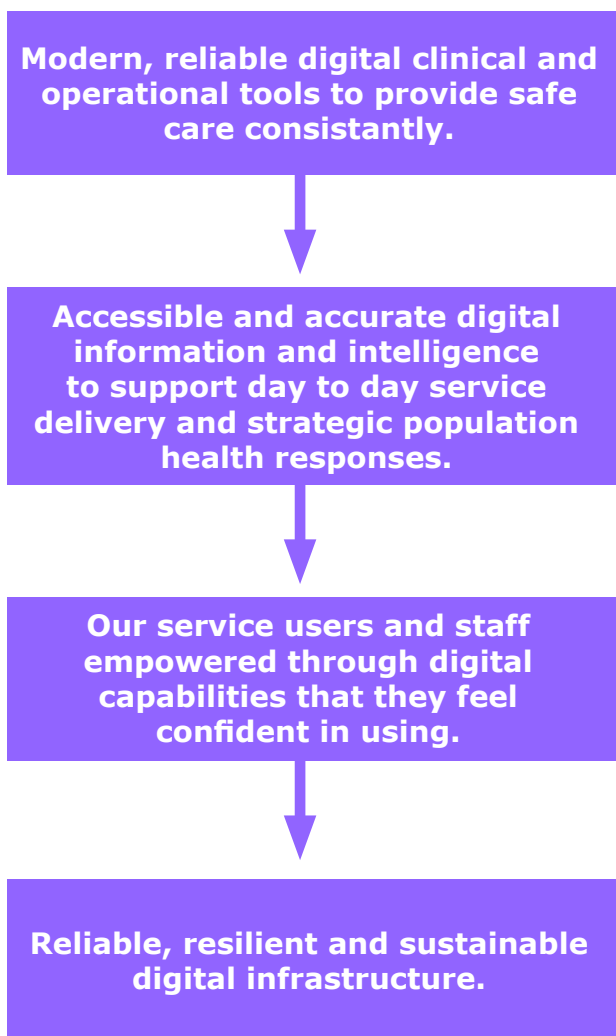


Figure 3: Where we aim to be in five years' time

Modern digital clinical and operational tools

– our clinicians and wider operational and corporate teams will be supported by modern systems that perform to best-in-class standards of usability and consistency and completeness with respect to the patient records. Our current clinical systems do not do this, and we have embarked on a programme to replace them with support from national funding.

Accessible and accurate digital information and intelligence

– our clinical and operational information will be real time, complete and accurate and will support us solving day to day challenges and planning. Our Data Strategy will guide this work.

Empower our service users and staff using digital

– our service users will be able to engage with us as an organisation using digital technology where that makes sense and, where they are able, their care and the involvement of their loved ones will be enhanced and supported by digital technologies. Our people will be supported to acquire the digital skills needed to operate safely and confidently in their use of digital platforms to deliver clinical, operational and corporate priorities.

Reliable, resilient, and sustainable digital infrastructure

– everything we do will be supported by strong foundations. Our networks and infrastructure will be modernised and migrate progressively to Cloud based solutions with a lower cost, energy and estates footprint, and technically more sustainable.

Purpose

"We will deliver the Digital Technology capabilities that are fundamental to the achievement of the Trust's Strategic Plans."

This Strategic Plan sets out a "cross-cutting" approach that supports our Corporate Strategic Plan and the individual Care Unit Strategic Plans. It supplements and complements other corporate strategic plans, such as those for research and innovation, and estates.

It is based on a set of core digital capabilities that, if delivered over the coming five years, would each individually support multiple Strategic Objectives, and multiple Care Units rather than show a one-to-one mapping.

The Strategic Plan demonstrates the alignment between our Strategic Objectives and the digital capabilities that these Strategic Plans collectively require, how we propose to deliver them, and what will be different in five years' time as a result.

Strategic Objectives

We are fortunate in having significant funding available for a new electronic patient record (EPR) from the NHS England Front Line Digitisation Programme and the work to make that change has already started, working closely with our clinical and operational teams and regional colleagues.

However, whilst the EPR is delivered alongside other digital capabilities that this strategy identifies, we will need to collectively manage the allocation of resources to the priorities that this Strategic Plan sets out and support the development of our digital teams to ensure we have the capability and capacity to realise our digital ambition.

Our key priorities

The overwhelming themes that came out of consultations are for an approach that gets two things right:

- **Digital Foundations** – our networks, databases and core systems that use them will be reliable, resilient and cost effective.
- **Digital Service** – supported by our digital foundations this means digital technologies that support our service users, staff, and partners in providing and receiving care.

Our key priorities for digital represent the key things we need to work on in support of these two themes:

Digital Foundations.

Delivering digital technologies to enable us to provide safe high-quality care.

Becoming a data, information and intelligence led organisation.

Building reliable, resilient and sustainable digital infrastructure.

Digital Service.

Engaging and empowering service users through digital means.

Supporting and developing our people to become digitally literate and confident.

Enabling collaboration with partners using digital solutions.

Figure 4: Our digital priorities for the next five years

This leads to the selection of some core digital capabilities for us as an organisation, when considered alongside our Trust Strategic Plan and those of the Care Units.



Our key digital capabilities

Our wide consultation has led to a cross cutting approach that supports the Corporate and Care Unit Strategic plans and has identified the core digital capabilities that need to be delivered through projects to support those Strategic Plans. Our analysis of the plans is presented below.

Strategic Objective	Priorities	Relevant Digital Capabilities
Strategic objective 1: We will deliver safe, high quality, integrated care services.	To provide integrated care close to where our service users live.	Virtual Wards, Unified Electronic Patient Record (UEPR).
	To achieve world-class outcomes, with a focus on recovery.	EPR, Analytics.
	Empowering our service users, families and carers.	Collaborative Technologies, Advice and Guidance, Service User Portal.
	Embedding a digital mindset and culture.	Digital Literacy, Lived Experience Ambassadors co-creation.
Strategic objective 2: We will enable each other to be the best we can be.	To ensure that EPUT is a preferred employer, and an excellent place to work and train.	EPR, Evidence and Analytics.
	To build capabilities that enable us to deploy a flexible, multi-skilled workforce model, including volunteers and lived experience roles.	Collaborative Technologies, Advice and Guidance, E-Learning.
	To develop our future leaders and grow our own workforce.	Collaborative Technologies, Advice and Guidance, E-Learning.
	To improve organisational digital literacy.	Digital Literacy, Lived Experience Ambassadors co-creation.
Strategic objective 3: We will work together with our partners to make our services better.	To continue to build our partnerships with our services users, carers, and their families.	Collaborative Technologies, Advice and Guidance, Service User Portal.
	To drive collaboration and integration through our partnerships across Southend, Essex, Thurrock and the East of England region.	Collaborative Technologies, Advice and Guidance, Service User Portal EPR.
	To continuously improve quality, experience, access and outcomes through collaboration.	EPR, Clinical and Operational Analytics, Population Health Management (PHM) Analytics.
	To better enable local joint working	Collaborative Technologies, EPR.
Strategic objective 4: We will support our communities to thrive.	To reduce health inequalities.	Population Health Management (PHM) Analytics, Collaborative Technologies.
	To engage proactively with our communities to build on their existing strengths and priorities.	Population Health Management (PHM) Analytics, Collaborative Technologies.
	To reduce our environmental impact and operate sustainably.	Move to energy efficient technologies including Cloud based services.
	To prevent illness and intervene earlier.	EPR.

Figure 5: EPUT Strategic Plan implications for digital

The Care Units have individually and collectively pointed to similar digital capability needs and this is set out in the table below.

Strategic Objective	Relevant Care Unit Priorities*				
	West Essex Community	Mid and South Essex Community	North East Essex Community	Urgent Care and Inpatients	Specialist Services
Strategic objective 1: We will deliver safe, high quality, integrated care services.	We will develop our population health management approaches.				
	We will further develop our integrated neighbourhood teams.	We will expand our virtual wards offer.			
Strategic objective 2: We will enable each other to be the best we can be.			We will enhance our multi-disciplinary teamworking across services.		
Strategic objective 3: We will work together with our partners to make our services better.	We commit to delivering the Out of Hospital model of care.			Develop shared education and learning modules..	
Strategic objective 4: We will support our communities to thrive.	We will increase awareness of EPUT's services.	We will continue to focus on reducing health inequalities. We will partner with service users, families, and carers in service improvement.			We will develop family-led decision-making approaches.
Relevant Digital Capabilities.	Population Health Management (PHM) Analytics, Collaborative Technologies, Advice and Guidance, Service User Portal, Virtual Wards.	Population Health Management (PHM) Analytics, Collaborative Technologies, Advice and Guidance, Service User Portal Virtual Wards.	Collaborative Technologies.	E- Learning.	Collaborative Technologies, Advice and Guidance, Service User Portal.

Figure 6: EPUT Care Unit Strategic Plan Implications for Digital

Taken together, the Strategic Plans point consistently to a set of core digital capabilities. In this respect the Digital Strategic Plan differs from the Care Unit Plans as it focuses on “horizontal” or “cross-cutting” capabilities that support multiple objectives and care unit needs. To achieve our aims, and to deliver on our priorities, we will therefore build nine digital capabilities grouped into three core themes as set out below:



Figure 7: Focus digital capabilities for the coming five years

Digital Care - Replacing our existing clinical systems with modern electronic patient record capabilities including prescribing and medicines management technology and enhancing our virtual wards.

Digital Data - Creating a “single version of the truth” in the information and data we and our partners hold, that underpins excellent patient care and exemplary standards of safety. This will include the evidence and analytics that we need to run our services, alongside techniques that allow us to do advanced population health management analysis. Our new Data Strategy will guide this work.

Digital Engagement - Building the digital services for, and digital capability of, our staff and service users in a way that enhances the care we provide and the outcomes for our patients, their families and their carers. This will include digital capabilities that help us communicate with each other and our service users and partners and the advice and guidance we provide on-line.

Digitally Capable Organisation - This will need to include building fit for purpose organisational and clinical leadership structure, the culture, processes and operating models as well as modern (Cloud) infrastructure and self-service capabilities. Clinically led digital service that advises the organisation and works as a strategic partner, and improving digital literacy for our staff and those we serve.

Case Story – The MSE Shared Care Record (by end 24/25)

Partners across the Mid and South Essex Integrated Care System are working together to develop a system-wide Shared Care Record. EPUT is an active partner contributing to the solution. The Shared Care Record will consolidate information held within the existing separate care records managed by health and care organisations across mid and south Essex. The Shared Care Record will make information such as illnesses, hospital admissions, tests, and treatments available at the touch of a button to the health and care professionals providing direct care for an individual. Information will be shown in a structured, and easy to read format. Some examples of the benefits of this approach include:

Maximising value for our System - To date we have identified just over £1.7M of efficiencies from wasted time within our system due to information not being available to staff when needed.

Reducing Wasted Community Visits - By staff knowing ahead of time that a patient has been admitted to hospital it is estimated that

we could save 3,222 wasted visits per year for community providers and for one Local Authority estimates 50 hours per year, per care worker could be saved.

This will be made available via a secure IT system which can be accessed by different care providers regardless of the computer software programmes they use. All records are strictly confidential and can only be accessed by health and care staff who are directly involved in an individual's care. It will eventually connect to our new Electronic Patient Record solution so that a "single view" of all our service users is available in real time to all partners.

The Digital Capabilities in more detail are:

Digital Care (Medium to Long Term).

Unified Electronic Patient Record (UEPR) across our mental health and community settings as well as across our acute partners in Mid and South Essex, replacing our current clinical systems by 2026.

- Shared Care Records enabling us to exchange care information with other providers across the systems in which we provide care (Mid and South Essex, Herts and West Essex, and Suffolk and North East Essex) including social and primary care.
- Electronic Prescribing and Medicines Administration (ePMA) being rolled out over the next two years.
- Virtual Wards building on existing technologies to care for people at home.

Digital Data (Medium Term) – guided by our Data Strategy and with a move to "Cloud" based solutions and storage.

- Service Delivery Evidence and Analytics – through technologies such as Power BI and MAST to enable us to manage our patients' safely and in the most focused way possible.
- Population Health Management Analytics – to target care at those who need it most and to anticipate the care needs of our population.
- A shared data warehouse to meet trust and partner business intelligence and reporting needs.
- Progressive migration to secure cloud solutions in line with What Good Looks Like (WGLL) for new projects, freeing up resources.
- Rationalisation of and easier access to electronic guidance, SOPs and other key information.

- Cleansing of staff records to make sure they are accurate and that their accuracy is maintained long term.

Digital Engagement (Short to Medium Term).

- Collaborative Technologies (for staff and service users) building on existing use of technologies like Microsoft Teams to collaborate as care providers and with service users.
- Service User Portal – enabling service users to interact with their own care provision and provide feedback, such as PROMS.
- On-line Advice and Guidance – to better inform our service users – for example what to know or ask before, during and after care episodes.
- e-Learning and digital literacy (for staff and service users) – to equip our staff and services for success in a digital world.

Digital Organisation (Medium Term)

- Matching criticality of digital infrastructure to safety and quality of care with investment required.
- Organisational development of wider digital capability.
- Long term capital and revenue planning that recognises multi-year needs of significant digital investment.
- Adoption of the proposed definition of digital (move from "IT" to "digital" thinking)
- Creating a digitally enabled and capable organisation.
- e-Learning and digital literacy (for staff and service users) – to equip our staff and services for success in a digital world.

In addition to the above strategic themes, we will need to maintain **Digital Business as Usual** through a core IT service that manages and keeps digital infrastructure safe and optimises existing digital technologies. However, a key part of the Digital Strategic Plan is to evolve this and to move from "firefighting" to supporting significant change being undertaken by other capability work streams. This will be achieved by the reduction in supported estate, (e.g. systems and data centres) unlocking capability and revenue required in shift to Cloud and other subscription services.

Our Delivery Approach

Getting our Digital Capabilities right will be transformational, but it will take focus, time, and resource investment. They will become the focus for our digital delivery. A strategy without a plan for its delivery that is owned, funded, and adequately resourced is of limited value. To be successful, the EPUT Digital Strategic Plan needs to chart a course that moves us from our position today to one in which we have achieved our aims recognising the following major factors:

- Demand for digital services will continue to be higher than our capacity to respond.
- Using scarce resources and funding in the most effective way possible will be critical.
- Maintaining a day-to-day service that supports safe and high-quality care will be essential.
- Our workforce will need to develop the digitally capable workforce.

The following illustrates the high-level strategic roadmap for the change proposed in this Strategic Plan:

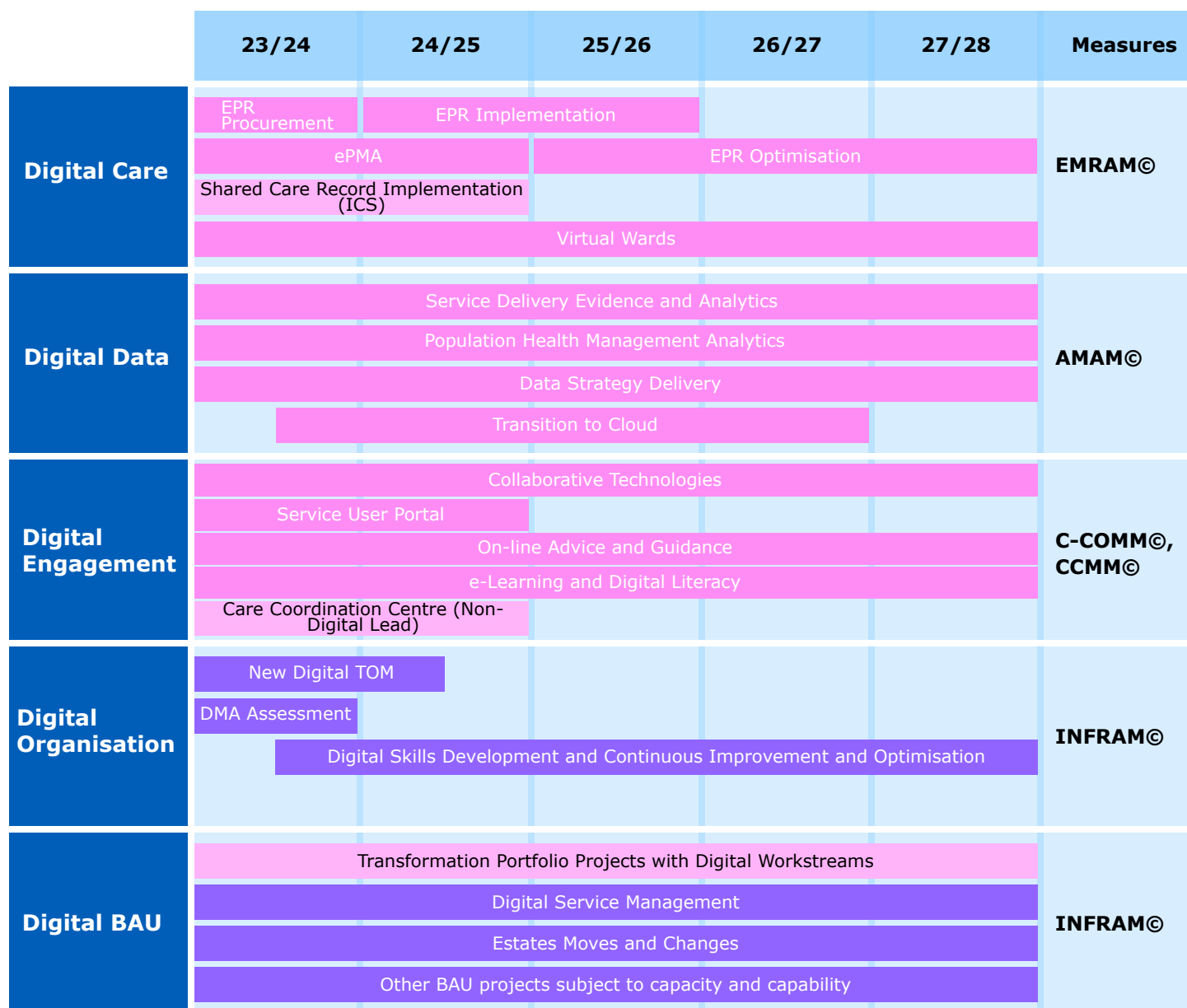


Figure 8: Our digital roadmap

Potential HIMMS® (Healthcare Information and Management Systems Society) Frameworks for measurement of progress in realising the strategy are:
 EMRAM® - Electronic Medical Record Adoption Model
 AMAM® - Adoption Model for Analytics Maturity
 C-COMM® - Community Care Outcomes Maturity Model
 CCMM® - Continuity of Care Maturity Model
 INFRAM® - Infrastructure Adoption Model
 A baseline assessment against a subset of these planned but not yet delivered.

The following general principles agreed with stakeholders during our consultation will guide the delivery of the Strategic Plan as follows:

Digital Principle	Implications
We will adopt a “solution focused” mindset and design holistic digital solutions (not just the IT components).	This means that any digital project must include all supporting elements and non-digital components (e.g. training and process change), to ensure that the benefits can be realised.
We will design and build solutions in explicit collaboration with end users and partners, whomsoever they may be.	This means that solutions are designed for end-users rather than for digital experts.
We will build our end user solutions on strong foundations and will design for minimal end user disruption, should those foundations change.	We will invest in strategic architecture that enables innovation at pace, sharing of data and minimising impact on front line users when we change back-end components.
We will innovate, where it benefits our service users, staff or partners and is consistent with the trust’s risk appetite.	This means that we will ensure that the trust balances strong foundations, moving forward strategically and leading the NHS in its digital mental health ambitions in a way that benefits service users.

Figure 9: Our digital delivery principles

This requires an organisational response that enables a course to be charted within these constraints that is illustrated in terms of the priorities for the “EPUT Digital £”. The balance of digital delivery will need to move over time and the budgeting, resourcing and organisational responses need to match that. This leads to several critical success factors and a basis on which a forward look for the digital portfolio and funding to 27/28 now needs to be constructed.

This will need to recognise that:

- Demand will always far outstrip capacity, so prioritisation working with our Care Units will be key.
- We must balance the needs of three Integrated Care Systems of which we are part - Mid and South Essex, Herts and West Essex, and Suffolk and North East Essex – which will reflect different population dynamics and digital infrastructure plans locally.
- EPR delivery with the MSE ICS will dominate from late 23/24 to early 26/27 – and we will have to recognise the capacity draw that this will have. However, this will address most of our clinical system needs and bring significant benefits for the other ICSs we serve through our Care Units.
- A strong “business as usual” capability needs to always exist, particularly with training for new and agency/temporary staff to use our digital systems to provide safe care, essential alongside mandatory changes to our legacy systems as we transition.

Case Story – The MSE Unified Electronic Patient Record (by 26/27)

With NHS England funding, support and involvement, we are looking to implement a “unified” EPR solution across the MSE ICS population and shared care pathways and including a full electronic Prescribing and Medicines Administration (ePMA) capability. The unified EPR solution for MSE will include the following key elements:

- A single, real time, full patient record accessible by care professionals across all care settings in scope.
- Integrated, configurable, pathway management on a single platform across all care settings in scope, with the ability to refer directly and collaborate in real time between involved care professionals.
- Shared real time patient documentation attached to the patient record including care plans etc. across all care settings.

This solution will be enterprise-wide across acute, mental health and community care settings with strong interoperating capabilities to enable seamless working with primary care, social care, and other partners. The unified solution will better support the transition of care workflow to and from the acute trust in line with the national strategy, presents an opportunity to consolidate the digital support model, can share records consistently with partners, increases patient safety across the ICS, and would be the first of type in the NHS.

The following illustrates the outline for our Strategic Journey over the coming five years:

Cost Line	Meaning	Start % 23/24	Strategic Journey 24/25 to 26/27	End % 27/28	Critical Success Factors
EPR Implementation.	Delivering a new EPR and associated organisational capability by end of 26/27.	0%	Replacement of existing clinical systems with UEPR. Clinical system expertise (up to 30% of team) deployed to UEPR and migration off existing systems in five years of strategy so that expertise transferred to support migration can transition back to support operation and optimisation longer term.	0%	Clinical support team will need to transition over time. Clinical leadership integral to digital operating model. Protection of EPR team from day-to-day BAU.
Digital Care.	Other frontline capabilities beyond, but integrated with, the EPR, including virtual wards, shared care records, other telecare / health capabilities.	10%	Focus shifts from existing clinical system support and enhancements to EPR optimisation and further clinical digital capability development.	10%	Focus moves to "EPR first" for clinical and operational requests. Strong pipeline management – "essential" needs rigorous definition and application during transition.
Digital Engagement.	Digital capabilities that allow clinicians, service users, carers and families and other providers to engage with care via service portals, advice and guidance, digital consultations and so on.	2%	Strategic shift towards systems of engagement for staff and service users.	15% - 20%	Strong engagement and business analysis capability to co-design digital solutions with staff and service users. Using a trauma-informed approach to co-creation that is forward looking and positive for staff and service user well-being.
Digital Data.	Consistent, accurate, single source, safe and accessible clinical and operational data, information and intelligence that is available when needed.	3%	Delivery of Data Strategy and move from Data Centres to Cloud primarily in period to 26/27. Shift to self-service.	5% - 15%	Delivery of Data Strategy. Developing organisational "data curiosity" . Move to Cloud and self-service.
Digitally Capable Organisation.	A digitally enabled and capable organisation. Clinically led digital service that advises the organisation and works as a strategic partner.	5%	Fit for purpose organisational, clinical, and leadership capabilities, culture, processes, operating models and modern (Cloud) infrastructure and self-service.	10% - 15%	Matching criticality of digital infrastructure to safety and quality of care with investment required. Organisational development of wider digital capability. Long term capital and revenue planning that recognises multi-year needs of significant digital investment. Adoption of the proposed definition of digital (move from "IT" to "digital" thinking).
Digital Business as Usual.	Core IT service that manages and keeps safe digital infrastructure and optimises existing digital technologies.	75%	Shifts from firefighting to supporting significant change being undertaken by other capability work streams. Reduction in number of supported capabilities.	25% - 35%	Reduction in supported estate (e.g. systems and data centres) unlocking capability and revenue required in shift to Cloud and other subscription services.

Figure 10: Our strategic digital journey

The percentage figures represent an indicative target in terms of funding and resource splits in five years and are dependent on the execution of the Digital Strategic Plan as a whole. They represent the shape of the annual plans for digital in terms of overall core budget.

This needs a focus on the coming financial year (24/25) which is the first year of EPR delivery in which a significant refocusing of available resources will be required. The following illustrates that journey in more detail. Whilst it envisages that the overall funding and capacity available in five years' time will be similar to today, it shows a significant transition away from digital "business as usual" to digitally enabled transformation.

This can only be achieved with the full support of the rest of the organisation and some short-term sacrifices for significant long-term benefit. Our consultation during the development of this strategy indicates that the Care Units are supportive of this approach and its implications.

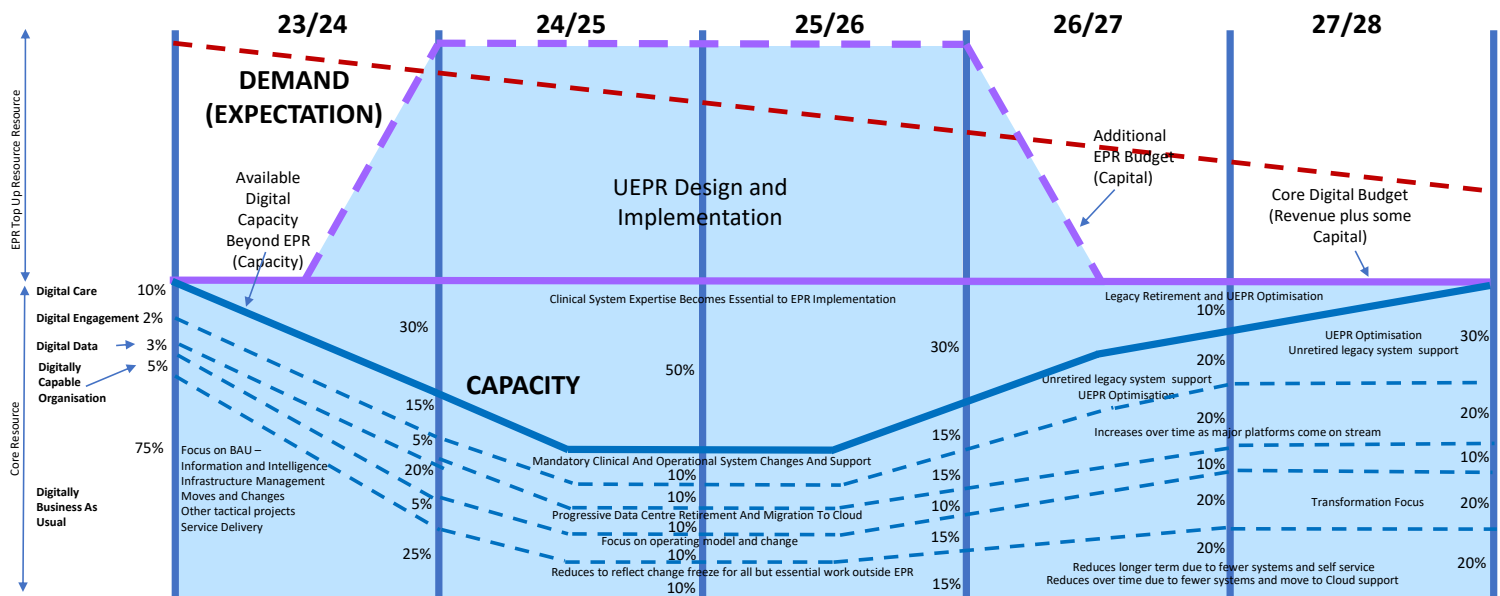


Figure 11: Transitioning our resource focus

- = Funding available (capital plus revenue)
- = Resources available (people plus unavoidable revenue costs)
- = Budget currently +/- £14m revenue
- = +/- £2.2m CDEL (£1.7m from EPR)



We will be successful if the organisation as a whole, makes digitisation an investment in transformation with sponsorship up to Board level of:

1. **Culture** - Developing a “data curious and capable” culture, able to identify “signals from noise”, particularly in relation to patient safety and quality of care including:

- Delivery of Data Strategy and use of the regional and national data capabilities being developed.
- Move to Cloud and self-service.
- Organisational development of wider digital capability.
- Adoption of the proposed definition of digital (move from “IT” to “digital” thinking)

2. **Transformation** - Adopting a service led / continuous improvement approach to digital, led by the Trust front-line and including:

- Clinical leadership integral to digital operating model.
- Strong engagement and business analysis capability to co-design digital solutions with staff and service users.
- Using a trauma-informed approach to co-creation that is forward looking and positive for staff and service user well-being.
- Matching criticality of digital infrastructure to safety and quality of care with investment required.

3. **Investment** - Adopting a targeted approach to investment prioritisation of the digital enablers including:

- Long term capital and revenue planning that recognises multi-year needs of significant digital investment.
- Reduction in supported estate (e.g. systems and data centres) unlocking capability and revenue required in shift to Cloud and other subscription services.
- Strong pipeline management – “essential” needs rigorous definition and application during transition.
- Protection of EPR team from day-to-day BAU.
- Focus moves to “EPR first” for clinical and operational requests.

We will also need to avoid short term decision making and quick fixes using digital if it is to make the progress that is now within reach.

How will we measure success?

As illustrated, we will measure success in our delivery using internationally recognised maturity assessments from HIMMS© (the Healthcare Information and Management Systems Society). Frameworks for the measurement of progress in realising the strategy will be:

- EMRAM© - Electronic Medical Record Adoption Model
- AMAM© - Adoption Model for Analytics Maturity
- INFRAM© - Infrastructure Adoption Model

In line with our definition of digital, the HIMSS assessments are about the adoption of digital technology by healthcare organisations and measure clinical outcomes, patient engagement and clinician use of digital technology to strengthen organisational performance and health outcomes across patient populations. The aim of the measurement frameworks is to provide a detailed road map to ease adoption and begin a digital transformation journey towards aspirational outcomes.

Achieving these standards is therefore about the successful application of digital technology, rather than delivering the digital technology in isolation. Any improvement in HIMSS scores can therefore only be achieved through a transformation approach that brings together culture, processes, operating models and digital technologies.

An initial baseline assessment of these for EPUT has been conducted and reflects our current low level of digital maturity.

Our current and target scores from independent assessments are shown below with the low 23/24 scores, reinforcing the need for the strategic response proposed in this Strategic Plan.

Maturity Framework	23/24 Score	Target 27/28 Score
EMRAM	1	5 - which relies upon our move to a new EPR
AMAM	0	5 - which relies upon the implementation of our Data Strategy.
INFRAM	4	5 - which relies upon the implementation of our Data Strategy.

Figure 12: Our digital maturity journey

In addition we may choose to adopt the following frameworks in 23/24 to baseline our progress on the Digital Engagement workstream:

- C-COMM© - Community Care Outcomes Maturity Model
- CCMM© - Continuity of Care Maturity Model

The HIMSS assessment process also reviewed our approach to transformation and identified a need to adopt a more holistic, Trust wide approach to design and changes to processes, operating models, estates, and digital technologies in order to be successful.

What will be different?

In response to the challenges outlined at the start of this Strategic Digital Plan, successful delivery will result in EPUT:

- **Delivering Exemplary Safe Care Enabled by Modern Clinical Digital Technology.** Transformation of our Clinical Systems to a single modern EPR, sharing patient information across all relevant care settings for our service users. This will lead to significant improvements in the quality of the care we provide both at EPUT and working closely with our system partners, and our ability to serve those we care for in the most efficient and effective way possible.
- **Being Digitally Fit and Digitally Innovative.** Meeting all the Strategic ambitions that rely upon digital technology in our EPUT Strategic Plan and the associated Care Unit Plans.
- **Being Data and Evidence Led.** Being a truly evidence and data led organisation where we are curious and routinely use data to improve care and to improve our efficiency and effectiveness.

- **Providing The Best Possible Service User Digital Connections.** Being able to engage effectively with the service users and communities we serve, using digital means where that is the best mechanism to use and offering alternatives where it is not.
- **Using A Low Maintenance Cloud Footprint.** Operating modern Cloud based infrastructure having eliminated our expensive, resource intensive and high carbon footprint core infrastructure and data centres.
- **Having Best in Class Digital Support Services.** Delivering a day-to-day service to our users that is exemplary and amongst the best in the NHS.

At the end of this five-year journey we will be a truly digitally and data enabled organisation with a digitally literate team, able to use digital technology to continue to innovate and transform.



Final Words

This Digital Strategic Plan is bold and ambitious. It requires EPUT to make a fundamental change to its approach to Digital starting in 23/24.

We will be successful if the organisation as a whole, makes digitisation an investment in transformation and quality and safety of care focussed on:

- **Culture** - Developing a “data curious and capable” culture, able to identify “signals from noise”, particularly in relation to patient safety and quality of care.
- **Transformation** - Adopting a service led / continuous improvement approach to digital, led by the Trust front-line and our service users, families, and carers.
- **Investment** - Adopting a targeted approach to investment prioritisation of the digital enablers starting now.

This will require focus and commitment, but the prize for our staff, our services users and the communities we serve will be transformational.

The initial actions that will be taken as a first step towards achieving this will include:

- A detailed roadmap for transformation aligning all Strategic Plans including the one for Digital.
- A detailed plan for addressing the digital maturity gaps identified in the HIMSS assessments which informed this Strategic Plan as a basis for assuring the Board of tangible progress.
- A 5-year investment plan considering the EPR funding and the other priorities described in this Strategic Plan as an input to the corporate planning process for 24/25 and beyond.

