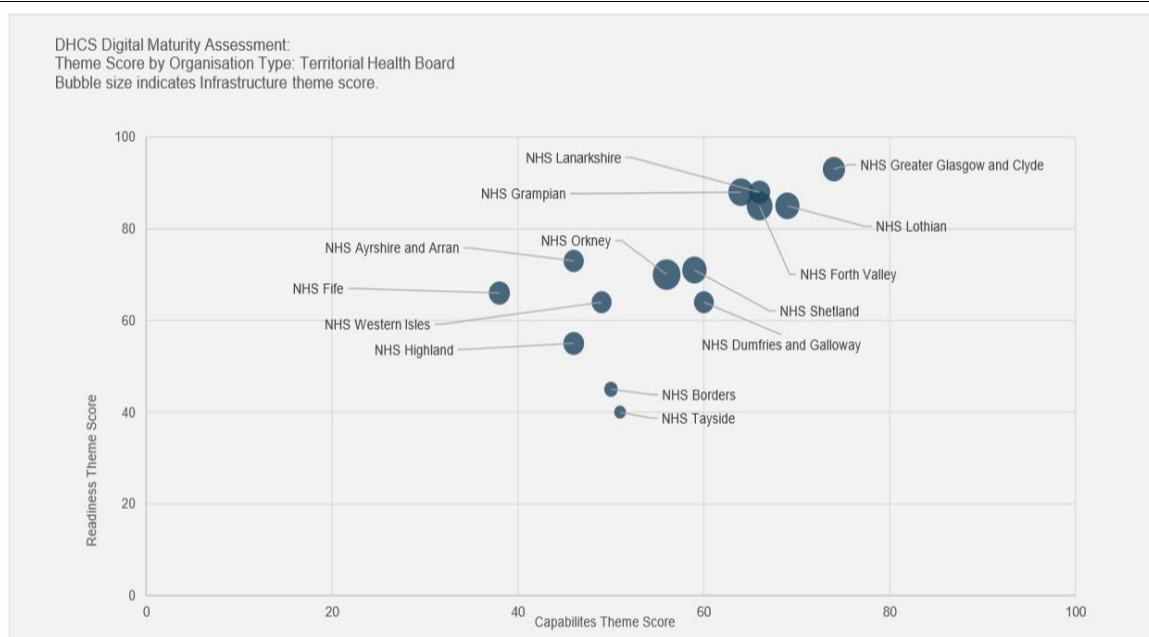


Borders NHS Board



Meeting Date: 24 June 2021

Approved by:	June Smyth, Director of Planning & Performance Andrew Bone Director of Finance
Author:	Jackie Stephen Head of IM&T, Catherine Kelly Chief Clinical Information Officer & Gemma Butterfield, Planning & Performance Officer
DEVELOPMENT OF NHS BORDERS DIGITAL STRATEGY	
Purpose of Report:	
The purpose of this report is to update Board members in regards to the Digital work currently being undertaken within NHS Borders including the development of a Digital Strategy.	
Recommendations:	
<p>The Board is asked to:</p> <ul style="list-style-type: none"> • Note the contents of this paper and the update on Road to Digital. • Note development of the draft Digital Strategy to date, direction of travel and consider how board members wish to engage in this moving forward. • Note the risks described in this paper. • Nominate a non-exec member as digital champion. 	
Approval Pathways:	
The draft Digital Strategy has been developed by the Chief Clinical Information Officer for NHS Borders in conjunction with the Head of IM&T, with feedback from members of the Digital Portfolio Board. The draft strategy in its current form and this cover paper has been approved by the Director of Planning & Performance and the Director of Finance.	
Executive Summary:	
<p>1. <u>Background</u></p> <p>1.1 In 2017 the Road to Digital Programme was established in response to risks in the current IT & applications infrastructure. It set out a four year roadmap primarily focused on mitigating risks.</p> <p>1.2 In 2019 NHS Borders, along with all other NHS Boards, were asked by Scottish Government to complete a Digital Maturity Self Assessment. This assessment was designed to help Scottish Government understand the level of readiness for digital transformation and to enable them to better target future support and investment. The chart below demonstrates NHS Borders position in relation to the other territorial Boards:</p>	



1.3 The assessment was divided into three themes: organisational readiness, digital capabilities and infrastructure. NHS Borders scored significantly lower than other Boards for all three themes, and for all sections of the organisational readiness theme covering strategy, leadership, governance, resources, training, skills and competences.

1.4 It is anticipated that in autumn 2021 Scottish Government will require all Boards to update their Digital Maturity Self Assessment. Despite digital advances made during COVID-19, such as roll out of Near Me for remote consultations, our overall score and comparative performance to other territorial boards is unlikely to have changed.

1.5 The Digital Maturity Assessment highlighted the absence of a digital strategy which described the health board's ambition and plans to digitally transform services for improved outcomes and to enable its workforce.

2. **Key Issues**

2.1 **Strategy Development to Date**

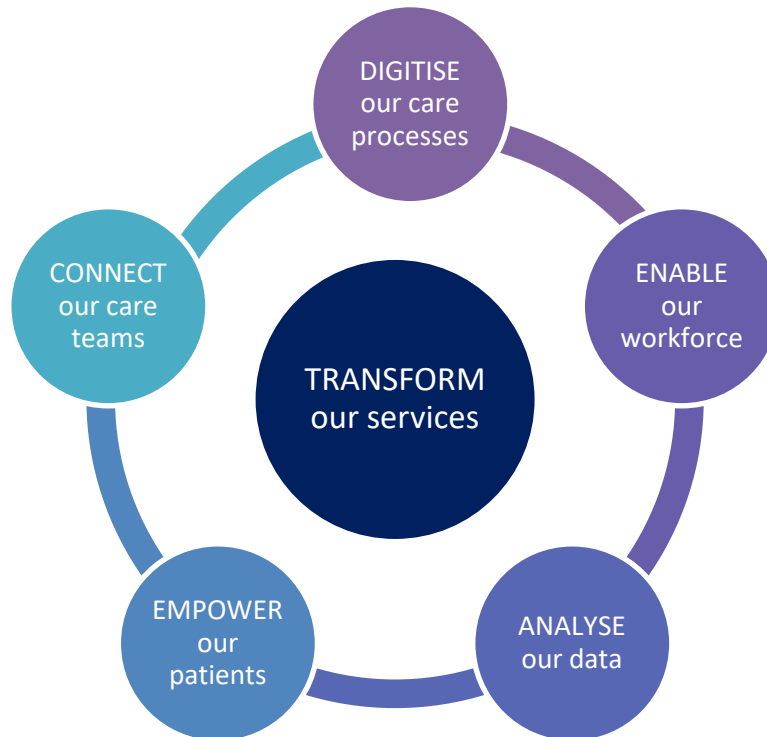
2.1.1 The development of a new strategy is the next step on our digital transformation pathway.

2.1.2 The draft digital strategy aligns with local and national health and care priorities and national digital strategies, including *A changing nation: How Scotland will thrive in a digital world*¹ and *Scotland's Digital Health and Care Strategy: enabling, connecting, empowering*². It also takes account of digital healthcare transformation programmes happening outside Scotland and how genomics, digital therapeutics, wearable sensors and artificial intelligence will impact on the way care is delivered in the future and on the educational needs of our workforce.

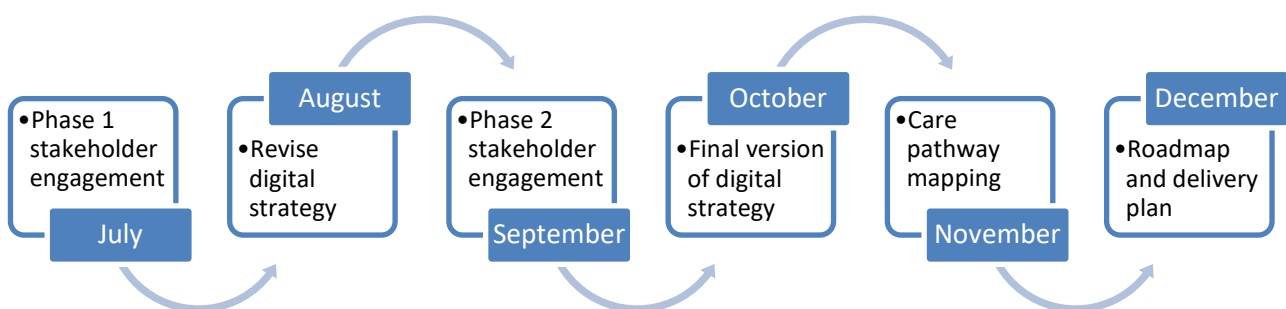
¹<https://www.gov.scot/publications/a-changing-nation-how-scotland-will-thrive-in-a-digital-world/>

²<https://www.gov.scot/publications/scotlands-digital-health-care-strategy-enabling-connecting-empowering/>

2.1.3 The digital strategy is based around six themes:



2.1.4 Timelines for completion of the final version of the digital strategy and associated delivery plan are shown below. Once the strategy has been approved it is proposed that we map a small number of end to end care pathways, which span different care sectors, to identify where there are current digital gaps and where investment will deliver most benefit. This will inform our roadmap and delivery plan. These timelines assume resource is available to support patient engagement activities, care pathway and benefits mapping and development of the delivery plan.



2.1.5 Funding and resources for digital transformation are likely to remain challenging therefore we must invest wisely and consider what we need to deliver ourselves, what parts of the strategy can be delivered in collaboration with Scottish Borders Council as part of our joint digital programme, what can be delivered by working with our neighbouring health boards and what is best done once for Scotland with national level funding.

2.2 Update H&SC Partnership

- 2.2.1 An outline business case was developed jointly with Scottish Borders council in early 2020 which set out a proposed architecture to facilitate more joined up working across the Health & Social Care sector in Scottish Borders. Further work on the detail of this was paused due to VODI-19.
- 2.2.2 Scottish Borders Council has agreed a new council wide Digital Transformation Strategy & programme of work through a longer term contract and significant capital investment plans with their IT partner CGI.
- 2.2.3 An area of priority for their Digital Transformation Programme is social care systems. In light of this a new joint governance model has been formed across the partnership. It has commissioned a review of the previous work and to also explore in-year opportunities for the partnership to leverage Digital technology. One output will be a revised outline business case and our own Digital Strategy will need to take account of this joint space and the aspiration for a greater level of integration across health & social care teams and digital systems.

2.3 Engagement

- 2.3.1 The next phase of work is to engage with different stakeholder groups to understand their current challenges using existing digital technologies and how digital could support them to work more efficiently and effectively. We intend to undertake a similar exercise with patient and public representative groups to gather their views about how we can use digital technologies to make it easier to navigate health and care services, to access care and to be supported to keep well at home. Dialogue with patients and service users, executive and service teams will help us understand their respective priorities and expectations prior to publication of the strategy.

2.4 Digital Project Prioritisation

- 2.4.1 During 2020/21 we introduced a new prioritisation process in response to the volume of new work being requested of the Digital teams.
- 2.4.2 The Planning & Performance Team worked with IM&T to produce a process aimed at delivering the prioritised list this was approved by the Digital Portfolio Board.
- 2.4.3 There were a group of projects that were deemed “No Choice” projects due to contracts, end of life estate, risk or prior commitments and with Digital Portfolio Boards approval these were removed from the scoring process.
- 2.4.4 The team then worked with the individual business units to score the list of projects relevant to their area, if a project was organisational wide or across some of the units the individual units scored and the scores were then averaged out to give an overall score. The business units came together to agree an overall prioritised list, which has been sense checked with senior clinicians.
- 2.4.5 The prioritised list of projects has now been produced and IM&T will conduct a readiness assessment against these and take a paper to the Digital Portfolio Board.
- 2.4.6 Separately IM&T are preparing a paper which is being taken to the Digital Portfolio

Board detailing the timescales and resource requirements for carrying out the “No Choice” projects.

2.5 Resources

2.5.1 Due to COVID-19, many planned projects have slipped or been held and a significant backlog has accumulated as well as a tail of projects due to the pandemic and new additional work and risks occurring. There is limited capacity and funding to complete all the work. A detailed assessment and planning phase is underway to determine what is possible within 2020/21 which will be presented to the Digital Portfolio Board to finalise an in year plan.

3. Road to Digital Update

3.1 The ‘Road to Digital’ plan approved in 2017 set out a four year roadmap. It was supported by capital funds from the Scottish Government to mitigate significant risks within the IT & applications infrastructure. In addition extra projects have been delivered by the teams to meet new risks or service requests as they have become known over the course of the plan. Latterly, COVID-19 has impacted delivery with the full team being re-directed to support the response and recovery since March 2020.

3.2 Most of the original planned work has been delivered with the exception of:

- Windows 7 migration to Windows 10
- Migration to Office 365
- EMIS Mobile
- GP IT replacement
- CHI / Child health System replacement
- HEPMA
- GP Order Comms

3.3 Some of these have been due to delays in national programmes and outwith the control of the team. Some are due to capacity, competing priorities and COVID-19 related delays.

3.4 EMIS mobile, HEPMA & GP Order Comms are not on the ‘No Choice’ list and have been scored through the prioritisation process. These projects have been carried forward into a new planning & prioritisation process to develop a detailed plan for 2020/21 and a forward look at the following two years.

3.5 The Wannacry cyber attack took place in May 2017 very soon after the Road to Digital plan was approved. Increasingly cyber threats and protecting and maintaining an up to date infrastructure is a requirement to mitigate against these type of threats. This changed how we need to manage and keep our infrastructure updated leading to additional work and projects for teams. There is also a natural cycle to digital products as the need to be upgraded and new requirements as services wish to develop and utilise digital technologies to improve the way they deliver their services.

3.6 There are now around 95 projects in the pipeline. These are a mixture of critical infrastructure refresh, security improvements, application upgrades, organisational commitments and COVID-19 related work. Most of these projects still fall into the categories of risk mitigation or business as usual refresh with a small number increasing functionality or enhancing process for services.

3.7 We anticipate that the strategy development work & engagement will identify further areas for enhancement of the digital footprint and opportunities for innovation.

4. Risks

4.1 There are a number of risks which have been identified through the development of the draft digital strategy and which arise in relation to the Road to Digital programme or wider portfolio pipeline process. These are summarised below.

Theme/Issue	Description
Financial	That the cost of 'must do' projects exceeds available resources, leading to increased financial pressure or failure to deliver minimum expected outcomes from the programme.
Reputation	That NHS Borders continues to benchmark poorly against digital maturity assessment, or is otherwise unable to meet political and societal expectations with regard to progress against the digital agenda.
Cyber Security	That NHS Borders is at risk of cyber attack including <i>ransomware</i> , resulting in additional costs and/or reputational damage, as well as breach of data protection legislation.
Outcomes	That available resources are directed to essential infrastructure investment thereby limiting capacity for 'added value' projects which support clinical transformation and wider organisational objectives.
Timescales	That resource availability results in timescales for delivery of essential and prioritised projects which do not meet expectations of stakeholders.
Capacity	That capacity is limited by availability of skilled (digital) workforce resulting in slippage to timescales for project delivery or increased use of external contractors.
Capability	That the board's IM&T function does not have expert capability to deliver projects in-house resulting in increased use of external contractors at premium rate.
Project Development	That key stakeholders (clinicians, managers) do not engage with digital projects resulting in poor specification, failure to prioritise effectively, or non-delivery of projects reliant on local (service) input.
Programme Engagement	That perceived lack of progress against strategy implementation or delivery of prioritised projects results in disengagement within clinical and other key stakeholders and potential impact on NHS Borders status as an attractive employer.
Benefits Realisation	That project plans and evaluation are insufficiently monitored, resulting in lack of clarity around benefits realisation and potential inability to measure efficiency (increased productivity) or financial gain.

4.2 A full risk register will be developed in tandem with the finalisation of the strategy.

Impact of item/issues on:

Strategic Context	The Board needs to develop a Digital Strategy to align with the needs of the organisation
Patient Safety/Clinical Impact	This will be assessed as part of the development of the plan.
Staffing/Workforce	This will be assessed as part of the development of the plan.
Finance/Resources	Work is underway to understand the financial impact of recovery but this is not yet complete.
Risk Implications	This will be assessed as part of the detailed recovery plan discussions currently underway.
Equality and Diversity	A Health Inequality Impact Assessment will be undertaken as the plan is developed and before publication.
Consultation	Consultation and engagement plan on the Digital Strategy is being progressed.
Glossary	