

# Our **Digital, Data** and **Technology** Strategy

2023-2026



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# 1. Executive summary

## **This is the refreshed Digital, Data and Technology (DDaT) Strategy for East Suffolk and North Essex NHS Foundation Trust (ESNEFT).**

Our ambition is to become an outstanding provider of healthcare services and to be one of the top organisations for patient and staff experience, powered by data and technology.

How we define and understand ‘digital’ is important to our strategy. For us, digital describes a set of skills and roles, a future way of working for our organisation and the technologies that underpin these. Digital transformation creates a future where technology and data have been synthesised into and connected with all of our processes and people, with ongoing improvement using modern and innovative technology. This requires cultural evolution across the whole organisation to deliver a step-change in care, efficiency and effectiveness without compromising safety, trust or our values. We will deliver this through our digital and logistics programme.

Over the next five years, digital systems will connect our organisation, helping us create common clinical and operational ways of working. This will help our staff to make better use of their time while enhancing the patient experience through the delivery of safer, more consistent care.

Separate ICT and Business Informatics strategies were written in 2019. A decision has been taken to produce a joined-up strategy covering all aspects of data and technology and detailing how they will be used to deliver organisational transformation. This new strategy focuses on 2023 to 2026 and will be reviewed annually, as well as by exception where major initiatives reach key review milestones. It is accompanied by a simple summary ‘strategy on a page,’ as well as an action plan that will be built upon in quarter two of 2023 and maintained thereafter.

The purpose of this document is to set the strategic direction for digital, data and technology and explain clearly what this means for patients, clinicians, other staff, the public and stakeholders in Suffolk and North East Essex Integrated Care System (SNEE ICS). The audience for this strategy is our staff, both within and outside our DDaT related divisions, and the partner organisations we work with.

This strategy sets out:

- The challenges we face;
- Our DDaT vision, principles and objectives;
- How we will collaborate with our partners and providers within SNEE ICS;
- The strategic approach to how digital supports organisational transformation;
- The strategic direction for our digital and logistics capabilities;
- Our cyber strategy;
- How we will use data more effectively and develop our data strategy;
- How we will approach sustainability, diversity, equity and inclusion in delivering our DDaT strategy; and
- Our strategic roadmap, which summarises our strategic plan.

This document will be used as a reference point for our digital, data and technology activity over the next three years.



## 2. Introduction

- 2.1. ESNEFT was formed on 1 July 2018, bringing together Ipswich and Colchester hospitals and community services in east Suffolk to create one of the largest and most complex integrated healthcare providers in the east of England. In July 2021, the Trust formed a collaborative with partners in north east Essex to run community services in this area.
- 2.2. The Trust has over 11,000 caring and compassionate staff and provides acute and community services to almost one million people living in mid and east Suffolk and north east Essex. It also provides some specialist services to the wider population.
- 2.3. Our ambition is to offer the best care and experience. This is supported by five strategic objectives which will guide planning and investment:
  - Keep people in control of their health;
  - Lead the integration of care;
  - Develop our centres of excellence;
  - Support and develop our staff; and
  - Drive technology enabled care.



**Keep people in control of their health**



**Lead the integration of care**



**Develop our centres of excellence**



**Support and develop our staff**



**Drive technology enabled care**

- 2.4. From the perspective of DDaT, the ambition to become an outstanding provider of healthcare services means we aspire to be one of the top organisations for patient and staff experience, powered by data and technology.
- 2.5. Our DDaT strategic goals enable the delivery of our Trust's strategic goals. They mirror those of our ICS and are to:
  1. **Invest in digital technologies** so that our staff have resilient, flexible and secure technology to work with.
  2. **Support our workforce** so they have the right skills and confidence to use, design and deliver services with digital, data and technology advancements.
  3. Use digital to **deliver more care in the community** or in patient's homes, in partnership with local people.
  4. Make sure we put our **people at the centre** of our digital service design, making it easy for them to engage in new models of care and ensuring we are actively addressing inequality and inequity.
  5. **Become data-guided** in using information assets to **improve our operational effectiveness, deliver care more effectively as part of the ICS and strategically improve care provision, population health and equality.**
  6. Deliver these goals in a manner that continues to **strengthen sustainability and maintain trust.**

## 3. How has this strategy been developed?

- 3.1 This strategy sets out how we will manage our data and technology and use them to deliver digital enablement to support clinical, operational and cultural change at ESNEFT for the benefit of patients, staff and partners.
- 3.2 It has been developed as part of our ongoing work with our staff and partner organisations. In particular, it is informed by the NHS Long Term Plan, the 'What Good Looks Like' framework, the SNEE DDaT strategy and our planning for our electronic patient record (EPR) programme. It also includes input from the national Frontline Digitisation programme and third parties who have supported us, and is informed by learning from the national Digital Maturity Assessment process.
- 3.3 Previous strategies have looked separately at clinical transformation, ICT and Business Informatics (including the use of data). This strategy joins them up and looks at them as a whole so that they are better coordinated and better placed to help deliver the overall Trust strategy.
- 3.4 The content of the strategy has been guided by the 2023/24 priorities and planning guidance and will be refreshed as other strategies are updated and published.
- 3.5 It is aligned with national and local strategies and recognises that we are part of a complex system of health, care and wellbeing services. As such, we have key role in ensuring that service users received joined-up care. We also wish to take a leadership role within the ICS both as an exemplar and enabler for others.



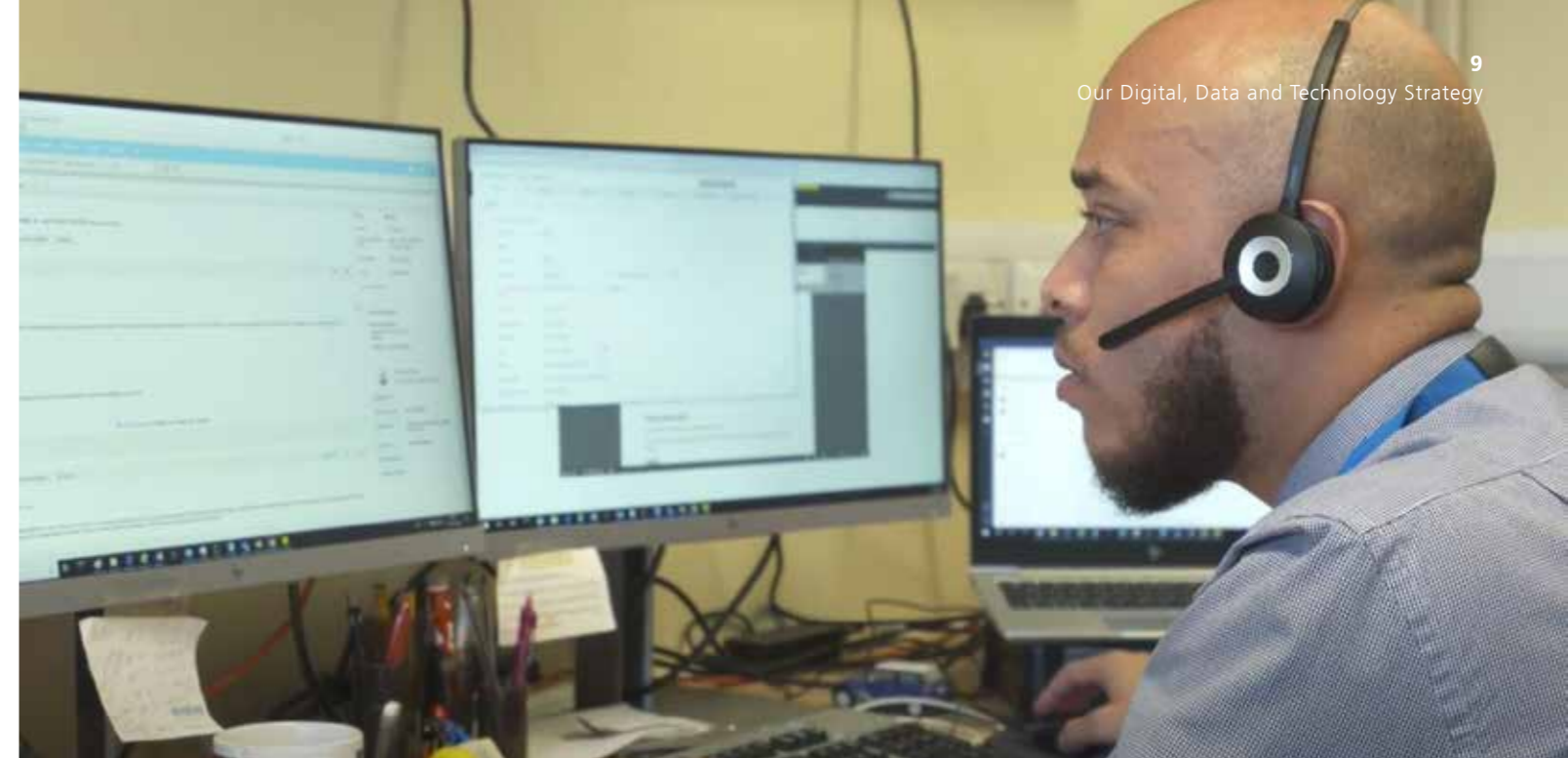
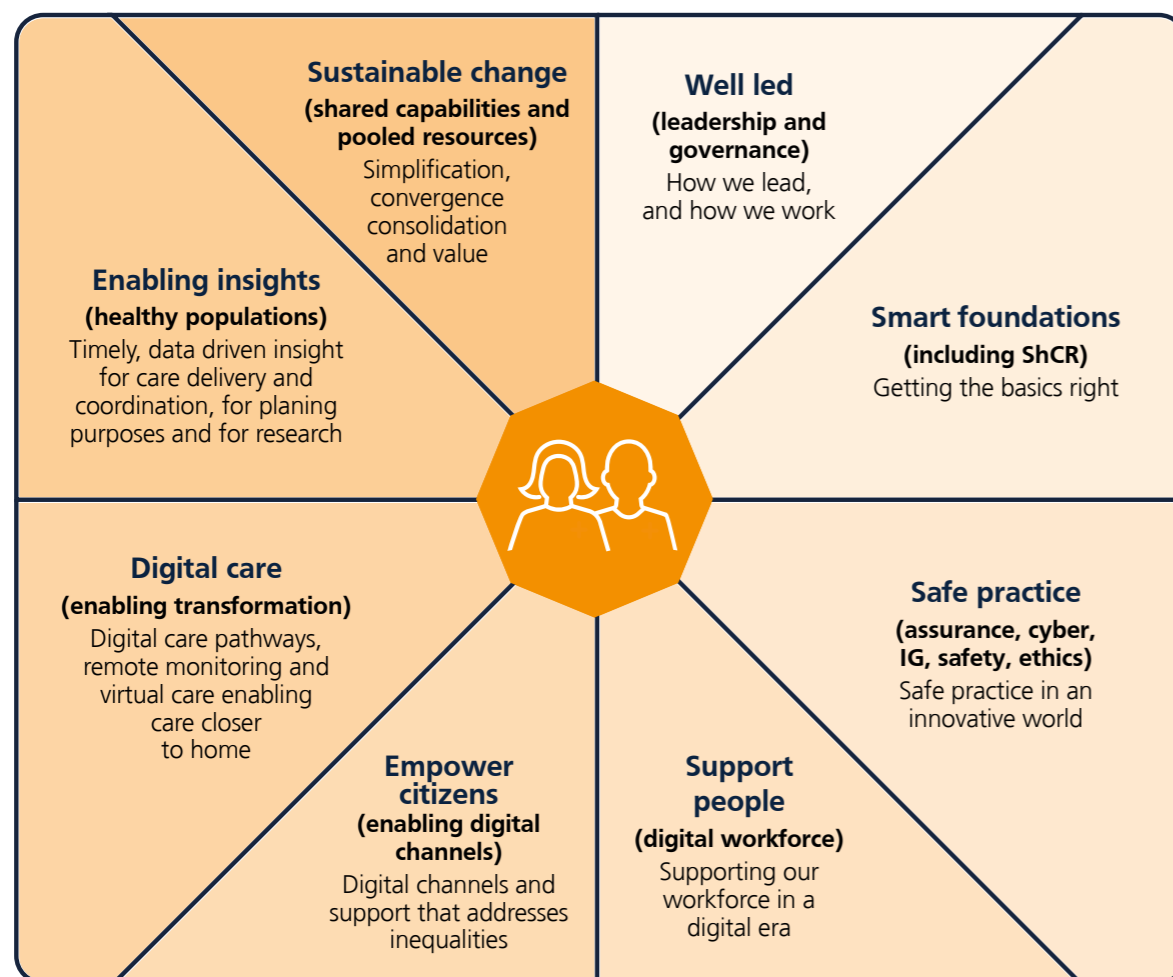
## 4. Challenges

- 4.1 The envisaged transformation will require significant cultural and process change at ESNEFT, with buy-in and leadership from across the organisation.
- 4.2 Some clinical processes at ESNEFT remain significantly based around the use of paper. This is despite the Trust having a complex digital landscape of over 160 solutions in place. Amongst these solutions, there are some which duplicate and overlap as a result of our different organisational heritages and different ways of working on our sites. This complexity is reflected in our underlying technology infrastructure and results in lower staff productivity and satisfaction.
- 4.3 We have competing change priorities in a demanding operational environment, which can be challenging to manage. As our ambition is to change faster, we will need to strengthen our delivery capability and our governance to manage this effectively.
- 4.4 Our workforce has varying levels of digital literacy and will be further stretched in adopting new ways of working whilst delivering care. To be successful, we will need to develop our workforce to build digital literacy and greater capacity for change.
- 4.5 Our digital services will become ever more important to the rest of the organisation and the data it protects a vital asset. This will increase the impact of issues such as outages, cyber breaches or slow delivery. We will need to strengthen our service management, compliance and IT governance, including our cyber security.
- 4.6 As technology becomes an integral part of all clinical and operational service delivery, business process change must be coordinated with digital governance and technology configuration to a much greater extent than previously.



# 5. Our principles for digital, data and technology

- 5.1 Our principles have been derived from our goals so that they guide our strategic delivery plans and portfolio management over time and ensure we remain sighted on why we chose the projects and delivery approaches in our portfolio. They also help us to maintain a cohesive approach across our teams.
- 5.2 'Time Matters' is at the centre of the Trust's strategy and will therefore be at the heart of our DDaT strategy, digital transformation and delivery plans. We will implement technology to increase time to care in the administrative, clinical and operational processes, ensuring a positive impact on our patients and service users. We will provide access to information most appropriate to the patient in a timely manner within the scope of the professionals involved.
- 5.3 In addition, principles guiding the strategy are derived from the 'What Good Looks Like' framework and the interpretation of these within our ICS. Building around our ICS approach helps us maintain alignment with system-wide initiatives, regional connectivity and the national agenda.



- 5.4 We will ensure we will be **well-led**, having the right leadership and governance models in place to support partnership working. Our chief medical (CMIO) and chief nursing (CNIO) information officer, supported by our Clinical Informatics team, will enable this to happen and drive the requisite collaboration.
- 5.5 We will invest in **smart foundations** to provide our staff with the technology service, platform and tools they need to effectively deliver care. This requires us to invest in and transform the capabilities of our Digital and ICT teams to raise the bar on service, agility and safety. We will deliver a sustainable, modern and interoperable infrastructure to meet the needs of the services we provide.
- 5.6 We will design and deliver our digital and data services to be **safe and secure** from threats such as cyber crime. Our cyber security strategy will ensure we build out our capability and improve our posture to mitigate future as well as current risks and threats. We will ensure investment in our compliance and data capabilities enables us to be compliant with national standards and requirements while transforming.
- 5.7 We will create enablement, training and development programmes that will enhance the **digital literacy** of our entire workforce. This will allow our staff to be innovative in leading the use of technology to improve care and deliver it safely and efficiently.
- 5.8 We will **empower people**, creating inclusive, digital channels of communication for our patients to better engage with our services.
- 5.9 We will optimise and connect digital channels and explore and adopt new ways of **delivering digital care** using digital advancements.
- 5.10 We will enable insight. We will **invest in data platforms and analytical tools** to support the design of an intelligence function so we can truly use the data we hold to build an understanding of our patients' needs and our resources. This will help us to design our services accordingly, being aware of and avoiding bias.
- 5.11 We will look for ways to **collaborate effectively** and use our resources collectively to ensure we make the best use of the investments we have made individually to date, sharing those resources with our partners where it makes sense to do so in line with convergence, simplification and deriving value.

## 6. Partnership working

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- 6.1 We need to work collaboratively in SNEE ICS. Our digital, data and technology strategic approach is closely aligned to the SNEE ICS DDaT strategy and we will participate in and support initiatives in the system.
- 6.2 We are partners in the system-wide digital strategy and innovation groups. We will deliver the Trust strategy by working with other organisations to build on the strengths and centres of excellence already in place.
- 6.3 We will seek to expand our role as an anchor tenant in the system, looking for opportunities to use our significant local footprint and capability to enable partners to be more effective and successful. We will support the SNEE ICS Anchor Charter and collaborate on how to better leverage our DDaT capabilities to benefit the communities we serve.
- 6.4 We will ensure our programmes and projects, especially our EPR programme, benefit from learning elsewhere in the ICS while also sharing our learnings with others. Where relevant, we will look for opportunities to share capability and service, for example around EPR convergence.

## 7. Better patient outcomes

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- 7.1 The purpose of our transformation and strategic investment in data and technology is to deliver better outcomes for the people we serve. In line with our strategic principles, we will empower people and enable digital care with technology so that we improve access, improve outcomes, and reduce health inequalities.
- 7.2 Creating Time to Care will have a particularly high impact: by using technology we can enable ESNEFT's people to devote more time to patients and deliver higher quality service, with the right data recorded and used whenever needed.
- 7.3 We want to ensure People, and in particular carers, are empowered to manage their own care through having access to their own health and care records as well as coordinated ways for people to look after themselves. Our organisational transformation and Electronic Patient Records technology investment will enable this.
- 7.4 To simplify access, consistency of care and engagement, we will continue to integrate our own digital data and processes with other partners in the system and with national NHS solutions including the NHS app. Services will be designed to provide our citizens a frictionless experience through the health and care system, making it more flexible and easier for citizens to access our services.
- 7.5 We will invest in enabling flexible treatment options including the greater use of technology to enable patient monitoring via connectivity to wearables and monitoring devices. Our goal is to use digital technology to improve care in the community and in the way that best empowers our citizens. Patients recover quicker in their home environment, and remote care models enable us to increase capacity and treat more patients more quickly.

## 8. Enabling organisational transformation

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- 8.1 We will enable organisational transformation through our EPR programme which began in 2022. This will procure and implement an EPR solution so that ESNEFT can rapidly achieve HIMSS EMRAM level five digital maturity and the minimum digital foundations. It will become the core health information system, allowing the sharing of data, interoperability and integration which is required to support working at a system level and deliver ongoing transformation and innovation.
- 8.2 Delivering on Time Matters, the EPR will promote patient empowerment with access to appropriate information and control and optimise clinical decision making by integrating evidence-based guidelines. It will also promote user centred design in harmony with a cross reference of roles in clinical, operational and administrative areas, which will provide opportunities for continued improvement through stakeholder engagement, intuitive usability, refining functionality and expanding our capability.
- 8.3 The EPR programme and the clinical transformation it enables will be the mainstay of our digital investment and focus for the time period covered by this strategy. Other areas of ICT and data investment will prioritise enabling this key investment whilst also delivering other essential business change in parallel.
- 8.4 Our clinical transformation, and therefore our EPR programme, are not an IT systems initiative and therefore must be led by the clinical divisions. To enable this to happen, our EPR programme will oversee supplementary resource for our clinical divisions, supported by our CMIOs, CNIO and Clinical Informatics teams. We are developing a Clinical Informatics team with expertise in healthcare technology, data management and clinical workflows. These specialists will play a crucial role in supporting the design, implementation and governance of the EPR and all other digital systems so that we can deliver optimal patient care in a safe environment.
- 8.5 The complex dependencies between technology, clinical ways of working and cross-divisional change require improved governance and digital literacy. In collaboration with clinical divisions and Corporate Governance, Clinical Informatics will support the design and set up of the governance structure, ensuring sustainable clinical applications to deliver on our Time Matters philosophy. The governance model is an early deliverable of the programme and will be an evolution of existing Trust governance of ICT initiatives, such as the eHealth board. Our new governance model must span decision-making across the Trust whilst also being light-weight and nimble.
- 8.6 Whilst the EPR programme is our biggest investment, it is not sufficient alone to meet our goals and principles. For example, we will continue to invest in integration with local, regional and national solutions such as the NHS app. The digital governance model will ensure appropriate investment and prioritisation of budget and resources to deliver our objectives, with the CMIO, CNIO and Clinical Informatics teams playing a key role in decision-making.



## 9. Digital services maturity

- 8.7 Digital transformation enables us to change the way we work throughout our organisation. This requires not only new skills in using systems but a different mindset in our staff regarding the role of technology and data and using that information to deliver and improve care. This greater digital literacy requires training to support cultural change and will be delivered alongside other corporate divisions such as Communications and Engagement.
- 8.8 We will provide patients with access to their health information, tools for self-management and resources to make informed decisions about their care. As we capture more data we can expand the way it is used, for example by supporting population health programmes and predicting health trends to build more resilience into healthcare delivery. This creates many opportunities for insight to improve care and make better strategic decisions.
- 8.9 The success of this relies on us managing our data as a vital business asset, with stronger data governance the cornerstone of our data strategy. This strategy will help our Clinical and Business Informatics teams work successfully to establish ownership of data management in our divisions and drive improved data quality so that we can gain more value from data. This move towards being 'data-guided' is an important enabler for sustaining ongoing clinical improvements beyond the EPR programme itself.
- 8.10 We will increase our reliance on technology, which will subsequently lead to greater threats against our data, along with risks associated with breaches, outages or data loss. This programme therefore cannot succeed without the right IT infrastructure and associated service delivery and cyber security excellence in place. Our ICT and cyber security strategies – to deliver greater maturity and excellence – underpin successful clinical transformation.

- 9.1 Our Digital and Logistics division is an effective provider of digital services, including IT infrastructure and support. However, due to its multiple heritages it has a delivery model that lacks self-service, automation and agility, and is subject to reactive and competing priorities. We will integrate our technology platform and increase our services maturity so that we improve collaboration with our clinical divisions, enabling their transformation.
- 9.2 Our vision is to deliver an increasingly proactive and more effective service using automation, best practice processes and self-service to increase our productivity and reduce risk. Our stakeholders will see faster response times and better adherence to SLAs, while we will see better satisfaction in our service experience.
- 9.3 We will make sure our staff have the appropriate devices and access to the right systems to provide the best experience possible. To do this, we will ensure we understand our staff's experience and needs through active staff engagement.
- 9.4 Our existing technology refresh programme will continue to run and be planned on an annual basis to ensure we maintain good service, compliance and safety.
- 9.5 We will build on existing knowledge and expertise in recognised best practice standards such as ITIL to improve the maturity and agility of our processes and service delivery.
- 9.6 We will manage demand for service and coordinate all work activities through an integrated service management tool. Its benefits will include:
  - Consistent end user experience;
  - Self service portal;
  - A single pane of glass for work;
  - Measurement and reporting;
  - Knowledge and information management; and
  - Integrations and automations to ensure that processes are optimised.
- 9.7 We will continue to provide assurance about our ability to respond to different types of disaster through robust disaster recovery and business continuity management practices. We will invest in additional capacity and capability as needed to ensure that our assurance keeps pace with increased dependence by the organisation on technology.
- 9.8 We will improve our asset management capability, supported with improved tooling, and integrate this into our other processes with a particular focus on compliance, safety and cyber security.
- 9.9 We will improve our service governance and business relationship management to ensure our services meet the needs of our clinical and other corporate divisions. In particular, we will introduce formal application lifecycle management processes to ensure our portfolio is valuable and used to its full potential.
- 9.10 We will continue to ensure that ESNEFT gets the most value from its IT investments through the financial management of costs and assets.

- 9.11** Our capability in robotic process automation, integration and development is a strength we will evolve in line with our EPR procurement and deployment planning to ensure we can maximise our agility and speed of delivery for future needs. We will update our strategy for these services this year, in parallel with completing our EPR procurement, to include a roadmap for our agile delivery practices as well as our skills and technologies.
- 9.12** We will expand on our existing adoption of cloud services to enable greater benefits from automation and self-service, and with improved governance over third-party hosted services.



## 10. Cyber security and resilience

- 10.1** A fundamental critical success factor in the delivery and implementation of an effective DDAT strategy is a robust cyber security strategy that is underpinned by three core components, people, process and technology.
- 10.2** ESNEFT is an operator of essential services. This means we have a legal and constitutional responsibility to keep patient information confidential, accurate and available to improve care outcomes for the communities we support.
- 10.3** Our cyber security strategy recognises the critical role that digital systems now play in patient care and the sustainability of our services. There is a clear need to improve our defences against cyber criminals and we must make this an organisational priority and a core part of the ESNEFT way.
- 10.4** Cyber security is the practice of protecting networks, devices and sensitive information from unauthorized access, use, disclosure, disruption, modification or destruction. This includes implementing technical and organisational measures to prevent cyber-attacks and respond to security incidents. The goal of cyber security is to maintain the confidentiality, integrity, and availability of sensitive information and systems. Cyber security is an essential aspect of protecting an organisation's information and systems and requires a comprehensive approach which addresses all three areas.
- 10.5** To overcome the increasing cyber security challenges associated with a more digitised health system, we will need to adopt a holistic and proactive approach to cyber security. This includes building a skilled workforce, developing a robust cyber security framework and investing in advanced technologies. We will develop a culture of continuous learning and stay updated on the latest trends and developments in the field of cyber security. This includes ensuring that there is a culture of data protection established, both through good data and information governance, and that this is taken into account when broader transformation communications and culture change is being planned.
- 10.6** Our cyber security strategy covers all operations, activities, services and programmes undertaken by ESNEFT and on its behalf. This includes all employees, contractors, temporary employees and suppliers. Our strategy is intended to secure ESNEFT, its assets, estate, supply chain, colleagues and patients from harm. Therefore, its scope extends to all physical and logical locations in which ESNEFT operates.
- 10.7** ESNEFT is embarking on a complete organisational transformation starting in 2023 which will accelerate the increasing importance of technology. This will result in significant change in all parts of the organisation, and it is crucial that our cyber strategy is delivered in tandem with this and other planned programmes. Any large scale change increases the risk of cyber breaches and accidental threats to confidentiality, integrity and availability of data and services. Our strategy will be phased, with distinct aims and objectives for each phase:
- Phase one – 'get ahead' – understanding the gaps and dealing with the risks that would cause most harm if realised.
  - Phase two – 'stay ahead' – reaching a consistent state where known risks are managed to an acceptable level, and we can predict and adapt to the dynamic threat landscape.
  - Phase three – 'innovate and lead' – increasing automation and embedding security into all digital, data and technology product lifecycles. Taking a leadership role in the region and driving collaboration.



## 11. Using data more effectively

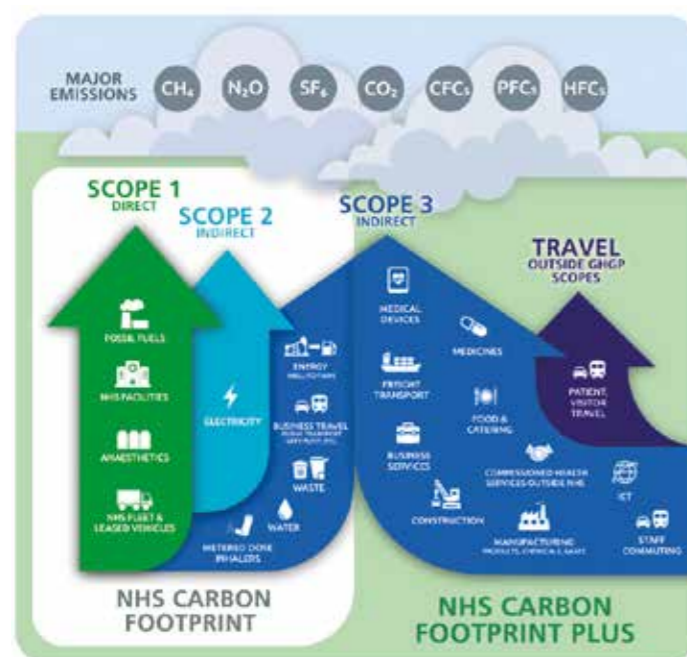
- 11.1** Data is key to our clinical transformation and meeting our Trust, ICS and national objectives. Our data strategy is to become a 'data-guided' organisation, investing in our data assets, governance and capability.
- 11.2** Our Clinical Informatics and Business Informatics teams collaborate to enable ESNEFT to effectively manage and exploit data in support of our strategy.
- 11.3** Our Digital Transformation team ensures good data management as it enables transformation through appropriate system design and governance, supporting the data quality and improving data and information maturity across the divisions.
- 11.4** As part of preparing to deliver our EPR programme, we will develop a data governance framework and ensure organisational buy-in as part of building digital literacy and leadership. As we increase the volume of data and move away from paper-based and manual processes, this will ensure we proactively manage data quality and can balance maximising the value of the data with safety and security. This will link to existing approaches for information governance, and includes building a strong culture of good data management and data protection across ESNEFT.
- 11.5** Our Business Informatics team is responsible for many aspects of our effective use of data and already provides a strong technology foundation for data warehousing, integration, reporting and advanced analytics. The four Business Informatics strategy priorities are:
- Develop suitable prospective reporting in line with the key objectives of the Trust;
  - Ensure that ESNEFT has ready-made access to up-to-date, joined-up key information across the breadth of the Trust;
  - Drive the local supporting Informatics for the ICS's focus on population health management; and
  - Ensure that as opportunities arise, new data capture and recording systems are set up in a manner which enables the Business Informatics team to support the Trust's key objectives.
- 11.6** By improving digital literacy and information management and by digitising our data, we will enable a greater degree of self-service in accessing and interrogating data over time. Our EPR programme and Clinical Informatics teams will enable this transformation in the interpretation of data into information within the context of clinical pathways. In addition, the Business Informatics team will deliver the data platform and products for the strategic and advanced analysis of data, including for population health management.

## 12. Sustainability

- 12.1** Our DDaT capabilities have a significant part to play in delivering sustainable health services and outcomes, and progress towards net zero. For us, sustainable digital transformation means considering all aspects of Environment, Ethics and Economics. We must ensure we build the environmental and ethical considerations into our decision making and business cases.
- 12.2** Our DDaT approach to Sustainability considers and enables our ESNEFT Trust-level strategies for reaching net zero by 2040 and the broader SNEE ICS and NHS England sustainability objectives.



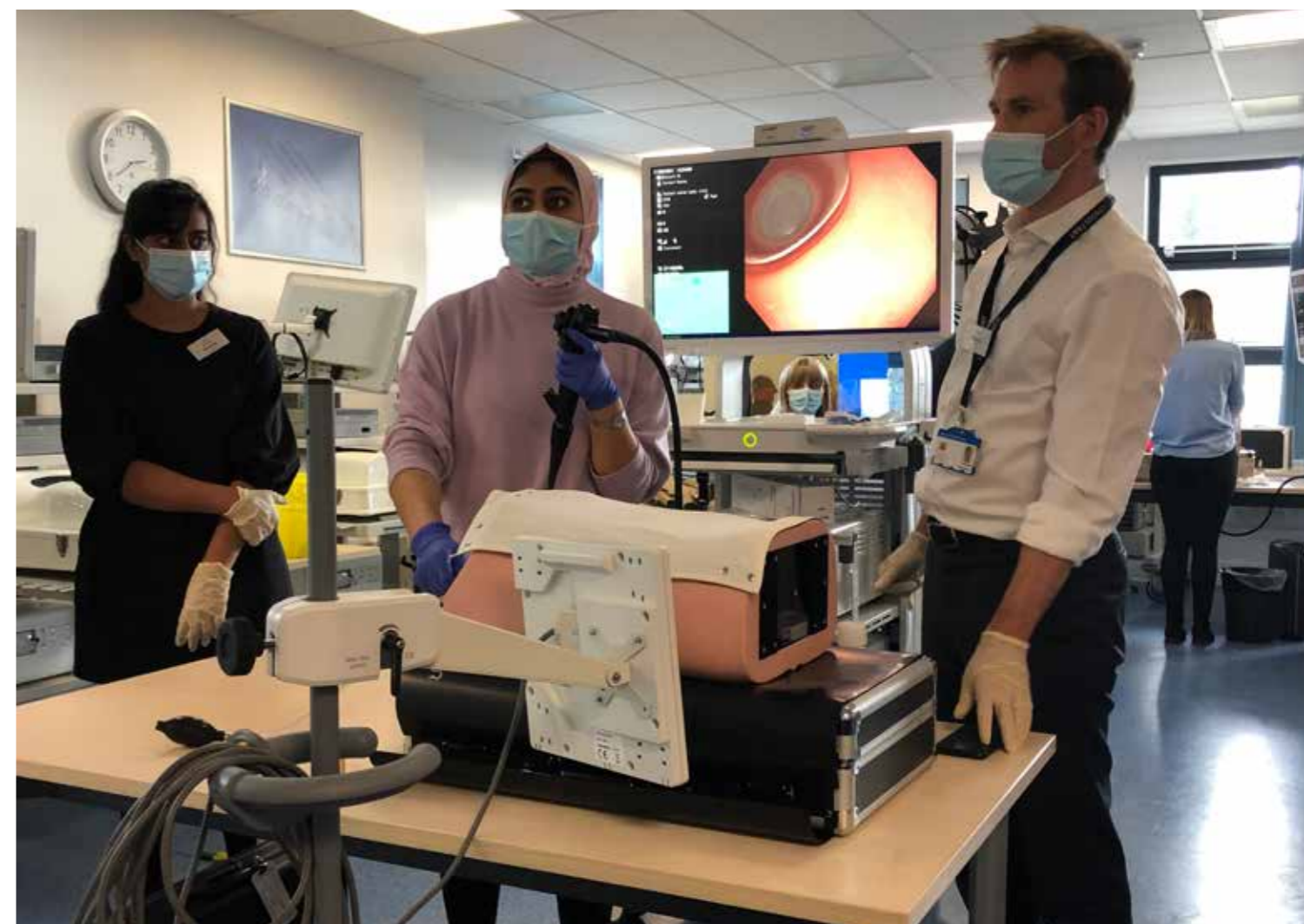
- 12.3** Within our DDaT capabilities and plans, we will consider:
- Sustainability of our Digital and IT services (our ‘footprint’)
  - Sustainability through transformation (our organisational transformation, digitally enabled)
  - Sustainability for our community.
- 12.4** As part of the ESNEFT Green Plan for Net-zero we will continue existing work, where we have begun to baseline our Digital and ICT footprint in more detail to enable better decision making. Our plans already include adopting Green IT measures and decarbonising the digital use from the Trust through data centre efficiency and renewably powered servers. We will expand our measurement to consider the full lifecycle footprint of our hardware assets, our cloud consumption, and build measurement of our indirect footprint through our supply chain. Our ambition is to fully baseline our Digital, Data and IT emissions across GHG Protocol scopes 1 and 2 by the end of financial year 2024-2025, with significant progress and a structured approach on scope 3.



- 12.5** We expect to maximise our progress in sustainability through:
- **Moving towards a Circular Economy** by making this part of our culture and decision making processes. As part of our development of leadership, process improvement, and in our staff communications and engagement, we will consider how to move towards zero-waste. This will be supported by improved hardware asset management processes driving better decision making, reuse and recycling.
  - **Using the cloud and optimising consumption.** Our increasing use of the cloud allows us to take advantage of greater and improving sustainability efficiencies from cloud computing. We will do this in a smart way, minimising waste from existing assets and investments.
  - **Better engaging our suppliers on Sustainability.** We will work with our Digital and ICT supply chain to improve transparency, reporting and make sustainability a priority.
- 12.6** We will carry out a materiality assessment of our sustainability risks and opportunities, and include sustainability impacts in our future IT and digital Programme decision-making, by the end of the 2023-2024 financial year. In future, we will repeat the materiality assessment annually as our measurement of emissions improves.

## 13. Diversity, digital inclusion and inequalities

- 13.1** ESNEFT recognizes the importance of diversity, addressing digital inclusion, and tackling inequalities in healthcare. This DDaT strategy supports the SNEE ICS and ESNEFT strategic approach to diversity, inclusion and reducing health inequalities as set out in:
- Our Equality, Diversity and Inclusion Strategy
  - Our Addressing Health Inequalities Strategy
  - Our Workforce Strategy
  - The ICS DDaT Strategy
- 13.2** In alignment with our Workforce Strategy, we will build diverse teams. We will look to improve the diversity of our staff, recognising the impact this has on transformation, use of data, information and solutions design.
- 13.3** Data is crucial to enabling effective targeting and decision-making in reducing health inequality. Our Data Strategy and improved Data Governance will help ensure we make informed, equitable and high-quality decisions.

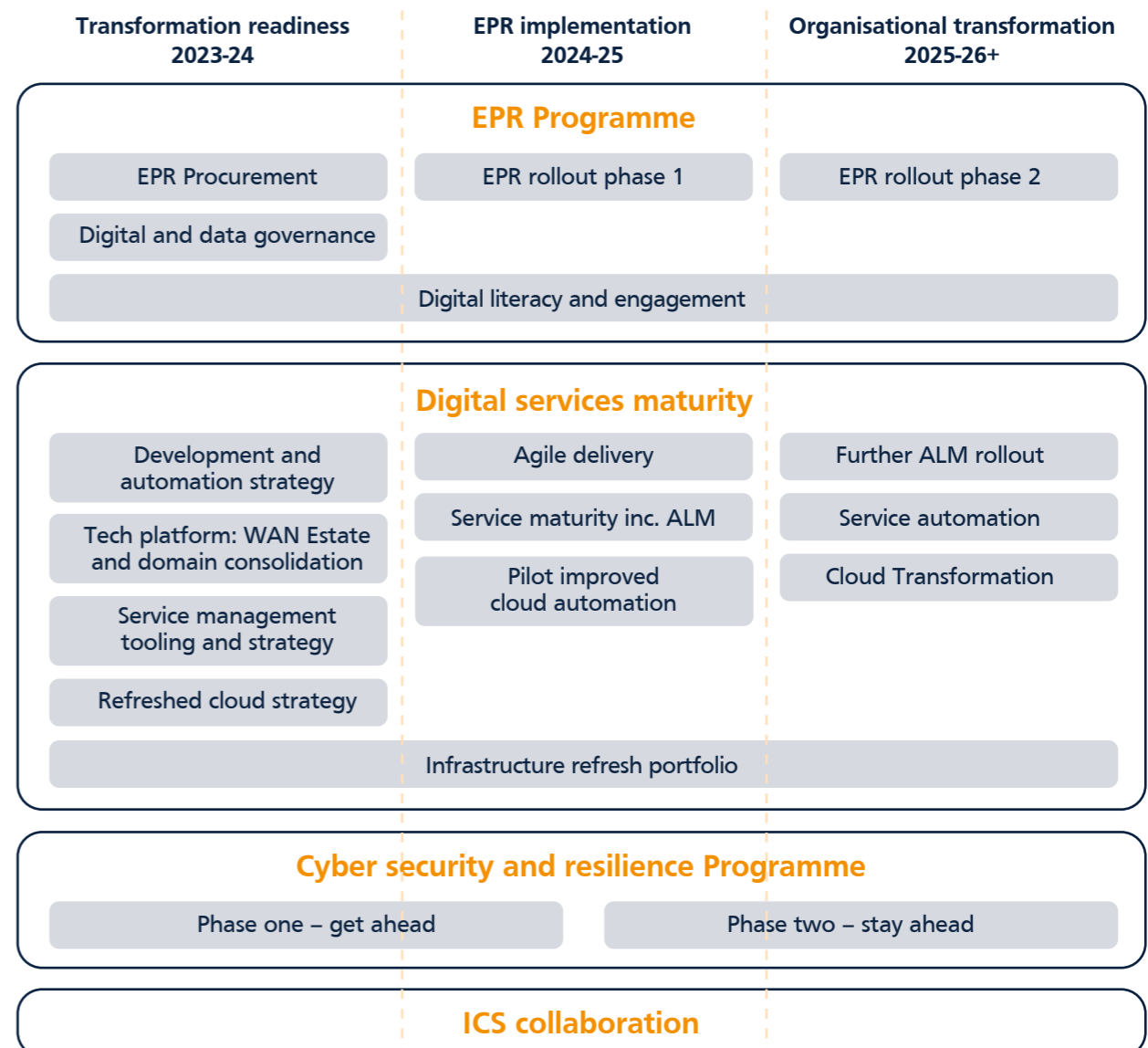


- 13.4 We recognise the risk of bias in design processes and when working with data and will take action to mitigate these risks. We will consider risk of bias in our Project Governance and Data Quality processes to mitigate those risks and seek to ensure inclusive use of data.
- 13.5 To maximise digital access to our services we will ensure we design for inclusion. This includes adhering to the principles and approach in the NHS Digital Service Manual, as well as web accessibility guidelines.
- 13.6 We must make sure that we do not exclude any of our citizens from receiving best possible care simply because they do not either have the right skills or resources to engage in services through digital means. Therefore, we will always consider the needs of those that are considered to be digitally excluded with alternative ways to receive care, whilst considering how we can more effectively support inclusion.
- 13.7 We will make most of the opportunities that working in partnership with voluntary sector organisations provides us with, to support citizens to engage with our digital programmes through support programmes where this is practical and welcome.
- 13.8 Critical to delivering an inclusive approach is that we focus on Digital First, not Digital Only service provision. The twelve principles developed at ICS level in collaboration with local partners help ensure we get this right. We will include these in our transformation planning and project delivery as we build and evolve our services.



## 14. Strategic roadmap

- 14.1 Our strategic roadmap sees us executing against this strategy through three stages aligned to our most important planned investment – our EPR programme enabling our organisational transformation.
- 14.2 Throughout this roadmap, our DDaT capabilities will undergo an ongoing programme of refresh and continuous improvement to ensure our services are sustained and performing to expectations.
- 14.3 Stage one is that of transformation readiness, which sees us preparing our DDaT capabilities to support delivery of the EPR programme.
- 14.4 Stage two is EPR implementation, which sees us rolling out the foundation EPR capability.
- 14.5 Stage three is organisational transformation, where we incorporate all service delivery areas within the health information system, improving on our digital maturity and ability to innovate.



## 15. Evaluation

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- 15.1** Evaluation and review of this strategy will be ongoing and in real time'. The effectiveness of our services, projects and programmes will be continuously monitored and changes and adjustments made as and when necessary.
- 15.2** Robust systems for measuring outcomes and performance will be maintained by the ESNEFT Digital and Logistics management team.
- 15.3** As well as existing programme delivery and service performance measurement and review, we will measure strategic progress to make sure our programme delivery is enabling our strategy and ensure that the outcomes from our investments are delivering the expected impact.
- 15.4** Strategic measurement for our ICT transformation will be based around delivering our expected capability maturity improvements in the agreed timeframes, and these having the expected impacts in terms of:
- Productivity, speed and automation
  - Risk reduction
  - User experience
- 15.5** We plan to work with our Communication and Engagement team to build measurement and feedback of the success of our transformation and digital initiatives, particularly around digital literacy.
- 15.6** Strategic measurement of our organisational transformation will include:
- Greater maturity against the HIMSS EMRAM model, as well as via the NHS England digital maturity assessment process. We aspire to reach HIMSS level seven through the delivery of this strategy and be an enabler for digital maturity across the ICS.
  - A reduction in paper-based processes and time spent on manual record keeping and administration, enabling time to care.
  - A reduction in the number of disparate and duplicate technology solutions in use.
  - Improved patient access to information and services, and our ability to deliver care remotely across multiple channels and locations.
- 15.7** We will work with SNEE Integrated Care Board (ICB) and other partners in the ICS and integrated care partnership (ICP) to develop shared system-wide measures of strategic progress over time.

## 16. Resources and budget

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- 16.1** The Digital and Logistics division – for the purposes of this strategy principally Clinical Informatics and ICT – has lead responsibility for delivering this strategy with the support and endorsement of the Chief Executive, Trust Board and executive management committee, and the involvement of individuals and teams across ESNEFT.
- 16.2** As a corporate resource, the division delivers digital transformation programmes, ICT governance and compliance, service delivery and change activities across all the whole organisation, and will continue to manage these conflicting demands and their impact on delivery of DDaT strategy activities.
- 16.3** The effective implementation of this strategy will require financial resources. There is currently an identified budget to deliver ESNEFT Digital and ICT activity on an annual basis, as well as for the EPR programme and the projects enabling this strategy during 2023/24. Alongside this, opportunities for additional resource will always be explored on a project specific basis.
- 16.4** Budgets for specific new projects will be negotiated as required.
- 16.5** Digital, data and technology is led by the Director of Digital and Logistics, who is a voting member of the Trust Board.

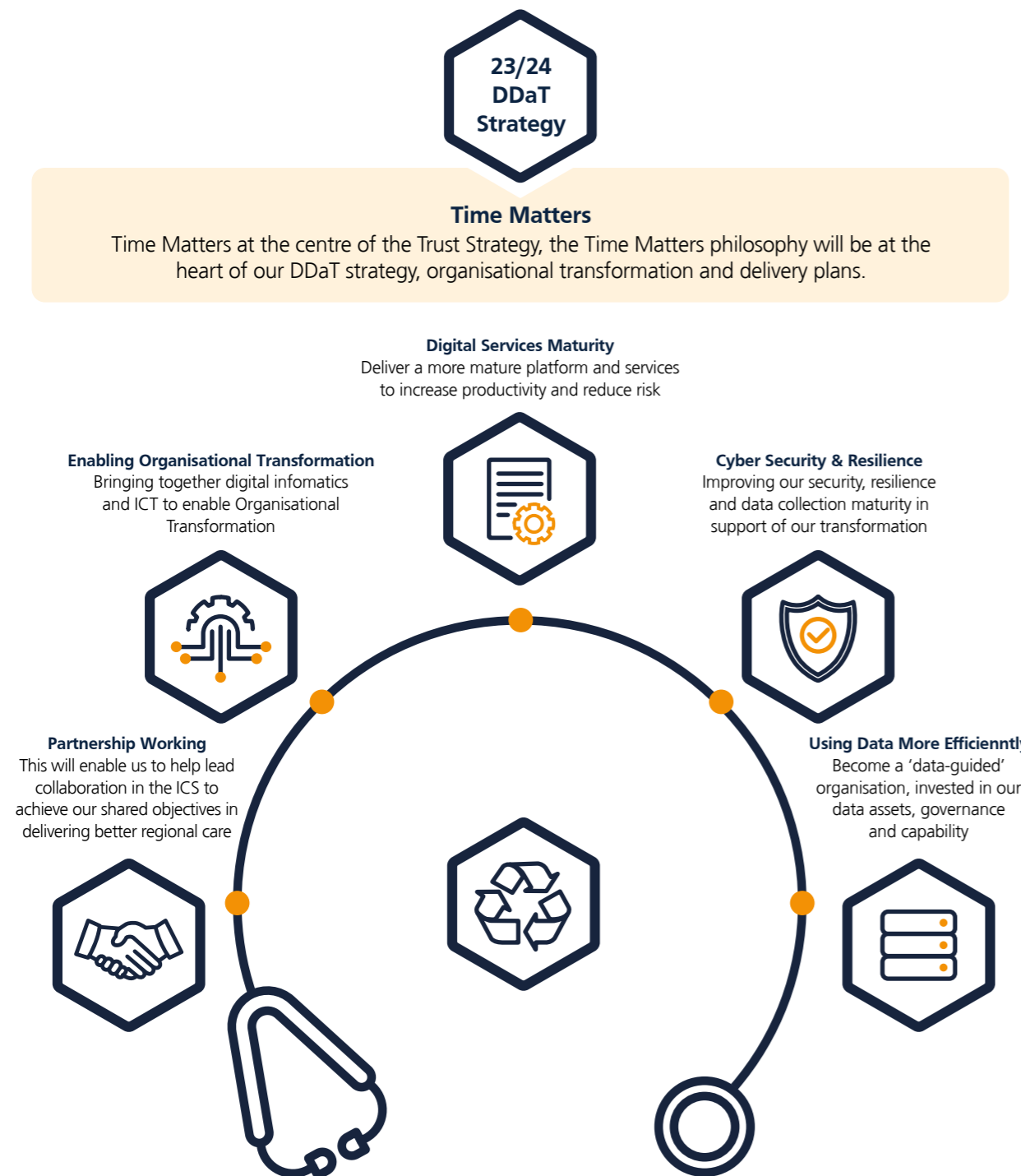
## 17. Review

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- 17.1** This strategy will be reviewed annually by the Director of Digital and Logistics. The next review is due in June 2024, to ensure it continues to meet the emerging needs of the Trust.

# 18. Conclusion

- 18.1** This DDaT Strategy describes how the digital, data and technology capabilities of ESNEFT will be developed to deliver a successful organisational transformation to boost efficiency and improve care, ensuring that Time Matters.
- 18.2** Our strategy is not solely about the delivery of technology systems and solutions, but envisages creating a new relationship between our people, patients and technology. This will see a greater degree of partnership and collaboration between all stakeholders to successfully deliver and accelerate change.



# Appendix 1 – glossary

<b>Anchor tenant (or anchor institution)</b>	A significant or dominant organisation in an area (see Anchor Charter below).
<b>Anchor Charter</b>	SNEE ICS Anchor Charter sets out how NHS institutions can positively impact their area and communities they serve. <a href="https://www.sneecs.org.uk/can-do-health-and-care/community-focused/anchor-institutions/">https://www.sneecs.org.uk/can-do-health-and-care/community-focused/anchor-institutions/</a>
<b>Business Informatics</b>	The team responsible for the use of data to deliver reporting and insights within ESNEFT.
<b>Circular economy</b>	A system that targets zero waste and pollution throughout the material lifecycle and use of materials, assets and products.
<b>Clinical Informatics</b>	The team within Digital Transformation, part of Digital and Logistics, that is leading the transformation of clinical processes and practices using data and technology within ESNEFT.
<b>Cloud computing (or 'cloud' for short)</b>	Infrastructure, platform or software services made available over a network in a self-service, on-demand, easily consumable and scalable manner.
<b>Cyber security</b>	The practice of protecting networks, devices and sensitive information from unauthorised access, use, disclosure, disruption, modification or destruction.
<b>Data governance</b>	The processes for providing direction and oversight over data management by establishing a systems of decision rights over data.
<b>Data management</b>	The plans, policies, projects and practices that deliver, control, protect and enhance the value of data and information assets throughout their lifecycles.
<b>Data protection</b>	The protection of sensitive information from damage, loss or corruption.
<b>Data-guided</b>	The practice of using data to make decisions and deliver services.
<b>DDaT</b>	Digital, data and technology.
<b>DEI</b>	Diversity, equity and inclusion.
<b>Digital</b>	The potential and application of technology as it affects people, ways of working and the provision of services. For example, a digital process is one that has been design and implemented to use technology effectively.
<b>Digital literacy</b>	The ability for people to have the skills, knowledge and understanding to use technology effectively.
<b>Digital maturity assessment</b>	Digital maturity assessment
<b>Digital technologies</b>	Digital technologies

<b>Digital transformation</b>	(1) The process of changing an organisation and its ways of working to maximise advantage from using digital technology and practices. (2) The teams within the Digital and Logistics division focused on the use of technology for transformation of care and operations, including Clinical Informatics and clinical apps.
<b>Digital services</b>	The teams within the Digital and Logistics division focused on the provision, management and assurance of technology.
<b>EMRAM</b>	The Electronic Medical Record Adoption Model published by HIMSS, which assesses the use of EMR (largely a synonym for EPR) technology in hospitals to improve organisational performance and healthcare outcomes. <a href="https://www.himss.org/what-we-do-solutions/digital-health-transformation/maturity-models/electronic-medical-record-adoption-model-emram">https://www.himss.org/what-we-do-solutions/digital-health-transformation/maturity-models/electronic-medical-record-adoption-model-emram</a>
<b>ESNEFT</b>	East Suffolk and North Essex NHS Foundation Trust.
<b>EPR</b>	Electronic patient record.
<b>EPR convergence</b>	The subject of aligning or sharing EPR systems across trusts to improve interoperability, efficiency and service.
<b>Frontline Digitisation programme</b>	A national programme led by NHS England to level up all trusts to a baseline of digital capability. <a href="https://transform.england.nhs.uk/digitise-connect-transform/digitising-the-frontline/">https://transform.england.nhs.uk/digitise-connect-transform/digitising-the-frontline/</a>
<b>GHG protocol</b>	The greenhouse gas protocol provides frameworks for measuring and managing greenhouse gas emissions.
<b>HIMSS</b>	The Healthcare Information and Management Systems Society, which aims to reform healthcare globally through the power of information and technology. Publishes standards such as EMRAM.
<b>ICS</b>	Integrated Care System.
<b>ICT</b>	Information and Communications Technology (or technologies). A term for the technology and technology teams that has been supplanted by the use of the term Digital within ESNEFT, to emphasise the application and use of technology to affect care and patient outcomes.
<b>Information management</b>	The processes for enhancing the capture, storage, retrieval, and use of information.
<b>ITIL</b>	Information Technology Infrastructure Library, a widely used set of best practices and processes for managing technology.
<b>Minimum digital foundations</b>	The baseline of digital capability trusts need to have in place to meet national objectives, policy and strategy.
<b>Net zero</b>	The goal of completely negating the amount of greenhouse gases produced by human activity.
<b>NHS Long Term Plan</b>	The national 10-year plan to create a health service fit for the future. <a href="https://www.longtermplan.nhs.uk/">https://www.longtermplan.nhs.uk/</a>

<b>OES</b>	Operator of essential services. As an NHS Trust, ESNEFT is an OES under the Network and Information Systems Regulations 2018, and therefore has legal requirements to maintain security of its network and information systems.
<b>SNEE, or SNEE ICS</b>	Suffolk and North East Essex Integrated Care System.
<b>Sustainability</b>	Meeting the needs of the present without compromising the ability of future generations to meet their own needs.
<b>Time Matters</b>	The overarching organisational philosophy within ESNEFT to ensure that priority is given to creating time for staff, patients and families, so that staff can maximise the use of their skills, deliver better care and a better experience. <a href="https://www.esneft.nhs.uk/work-and-learn-at-esneft/learn-and-develop-at-esneft/our-values/">https://www.esneft.nhs.uk/work-and-learn-at-esneft/learn-and-develop-at-esneft/our-values/</a>
<b>What Good Looks Like</b>	A framework for how arrangements across an ICS can enable success. <a href="https://transform.england.nhs.uk/digitise-connect-transform/what-good-looks-like/what-good-looks-like-publication/#what-is-the-wgll-framework">https://transform.england.nhs.uk/digitise-connect-transform/what-good-looks-like/what-good-looks-like-publication/#what-is-the-wgll-framework</a>

