NHS

Bolton
NHS Foundation Trust

Our Digital Strategy

2022-2025

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Our plans for a digital future

We want to become a 'Digital Trust', which means that we use technology to improve the lives of our patients and our staff.
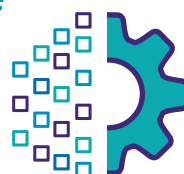
Our main priority areas

Digital integration

Sharing information with patients and across the health and social care system

Digital care

Using transformation to change the way we do things

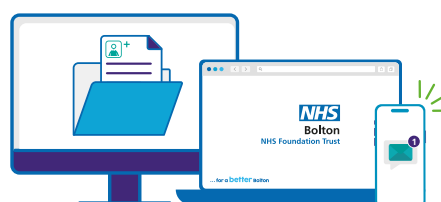### Digital workforce

Supporting staff to work differently

Digital infrastructure and estate

Getting the basics right, with up to date equipment and excellent connectivity.

How this benefits our patients

- All information about our patients will be in one place meaning they get the right care, sooner

- There will be the option to have more virtual consultations and appointments

- People will have access to information and support about their health conditions and how to manage them

- Patients will have access to their own records

What will look and feel different to our staff

- The use of technology will make it easier for our staff to do their jobs

- People will have the right kit for their roles

- There will be more data available to help improve the way we do things

- Our clinical records will be connected to support decision making and free up time to care

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We are committed to:

- Making sure that our digital objectives are reviewed every six months to check they're still right

- Evaluating the benefits of all projects and learning where we can

- Looking outside of the Trust to learn from others

1. Introduction

Digital technology is all around us and can impact almost every aspect of our lives. For an NHS organisation like ours, 'being a Digital Trust' means that we want to utilise digital technology and the data we collect to improve the care we provide to the people of Bolton. This includes making our services safer, more effective and easier to access – all enhancing the overall experience people have when they use our services.

In addition to patients, we want to make sure that we're using technology to support our staff to work as efficiently and effectively as possible, and ultimately make their working lives easier.

2. Why a three year strategy

Our previous strategy 'Informatics – 5 year forward view' covered the period 2016-21. Our rationale for a 3-year strategy is that:

- We are establishing the place-based models required for integrated health and care provision

- There will be changes at a Greater Manchester level that are likely to impact our future direction of travel

- Digital technology develops at pace and a longer term plan would quickly become out of date

We will review our objectives annually to make sure they are reflective of the new digital opportunities that will become available to help us improve our clinical and operational services, both internally and with our partners.

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3. Our Digital Objectives

Our digital objectives are based on the Bolton locality-level ambitions, as well as national and regional priorities. Our plans are also structured around four of our strategic objectives, as outlined in Our Strategy…for a better Bolton. These are:

Digital Integration

To integrate care to prevent ill health, improve wellbeing and meet the needs of the people of Bolton

We will give patients access to their health records and empower them to self-manage their care using technology – including a greater ability to make and change appointments online or by text, and to access clinical information or expertise online or over the phone (through patient portals, apps and virtual outpatient appointments).

We will share information to support care across the health and social care system. Integrating with existing clinical systems will mean staff can instantly access the up-to-date information they need in one place. In an emergency, high-pressure environment, where quick decision-making is often crucial for the best patient outcomes, staff will be able to navigate easily and share information between teams; transforming the quality and safety of the care we provide.

Digital Care

To provide safe, high quality and compassionate care to every person every time

We have already begun to implement an electronic patient record (EPR) system, which is a significant step towards creating a safer, more sustainable and efficient working environment. EPRs also have the potential to support care pathways and the way in which we deliver care rather than just acting as a clinical record. It is key that we harness this capability to enable us to improve the quality and safety of care delivered.

Our goal is to transform the organisation's performance through the use of technology. We will explore artificial intelligence and machine-learning across our services, whilst robotics and simulation will be used to support our service delivery and training/development of staff.

Digital Workforce

To provide safe, high quality and compassionate care to every person every time

Supporting staff to deliver treatment and services with appropriate technology is critical to supporting our digital expansion. We will provide staff with access to clinical systems and the training they require to use them effectively. We will provide equipment and solutions to enable staff to work differently and make it easy and seamless to undertake their role.

Digital Infrastructure and Estate

Our estate will be sustainable and developed in a way that supports staff and community Health and Wellbeing

Feedback from our colleagues makes it clear that getting the basics right is a priority. User satisfaction will only be high if the devices we use are built upon resilient, stable and secure foundations, with excellent connectivity. Engagement with our users highlighted the necessity of devices and equipment that are up to date, portable and meet the differing needs of each user. High levels of cyber-security are essential to maintain services and patient safety, whilst comprehensive and fast Wi-Fi across all our sites will ensure colleagues and patients can access the information they need. Our strategic ambitions will only be achievable if our digital infrastructure is fit for purpose.

Sections 4-7 outline the delivery of the strategic objective in more detail.

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4. Digital Integration

Connecting digitally with patients can include anything from online appointments to video conferencing and assistive technology that allow patients to manage their conditions at home, supported remotely by professionals. It includes giving people access to their health records and providing clinicians with the information they need to care for the patient in front of them, regardless of where the patient previously received care. We want to enable people to access care in a convenient and coordinated way, promoting independence through the digital tools that people are familiar with in other aspects of their daily lives. As we progress through each layer of the strategy, a fully digitised patient journey with access to all required underpinning systems becomes a realisable aspiration.

We make sure patients have easy access to booking appointments, health advice, records and for their information to be integrated across the health and care system in Bolton. With the Health and Social Care integration bill progressing through its legislative stages the "Bolton place" model will look for digital services to play a key role in enabling improved health and wellbeing for Bolton people by organisations working more closely together. Scoping work is taking place to determine the digital requirements to support the planned transfer of Council social care services to the Integrated Care Partnership. This will define IT infrastructure services with supporting staffing capacity.

The following tables outline the projects we will deliver to enhance Digital Integration:-

Table 1. Projects in progress

Projects funded and In progress	What will we do	Timescales	Funding source
Virtual Consultation	Patients will have access to online consultation services using Microsoft Teams to support this mode of consultation.	Q2 22/23	Capital business case approved No resourcing included

Projects funded and In progress	What will we do	Timescales	Funding source
Greater Manchester Care Record (GMCR)	Give health and care workers access to information from across Greater Manchester ensuring patients receive the treatment. The GM Care Record joins together our Greater Manchester different NHS and care organisations to help hospitals and other care services access individual health and care records quickly and securely.	Q4 23/24	Trust funded to end of 22/23
Improved Access to systems across Health, Care and Primary Care	We will establish a single technical model extension to our current "standardised digital" operating platforms enabling access to BFT / Primary Care and Social Care systems. We will improve Digital Access for our Health and Social Care staff in the community enabling improved access within six estate sites across the system.	Q4 – 22/23	Business Case Approved and resource allocated.

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Projects funded and In progress	What will we do	Timescales	Funding source
Primary Care Digital Strategic Objectives	Bolton CCG was integrated into the GM ICB model from July 2022. It is not planned to change/reassign Bolton CCG digital services at this time. Bolton place model will be the continued technical integration between Primary and FT health & care services. This takes the form of – a. Common access and security layer to clinical and corporate systems. b. Integration of Office 365 tenancy's to support better inter-organisation communications as well as jointly exploiting the O365 Apps for common development opportunities. c. In properties with shared tenancy adoption of the new FT WiFi by practices. d. Establishing a Primary Care CCIO to work with peers in determining a digital plan.	Q3-4 22/23	GM ICB funded

Projects funded and In progress	What will we do	Timescales	Funding source
GM ICS and locality / ICP intelligence	Ensure that the NHS intelligence offer in Bolton remains strong and effective after move of the CCG team to the ICB in July 2022, work with GM to ensure that the areas of the BI team which are integrated with the FT remain together. Work with the ICB on new projects and collaborate with other organisations across GM to provide better intelligence for our patients. Active participation in the Bolton Research and Intelligence Network (BRAIN) project locally, working with partners to develop the Research and Intelligence offer across Bolton.	Q4 22/23	Current Budget
Innovation Hub	Bolton is part of a local innovation hub including Bolton Council, the University of Bolton and private businesses who want to engage to become partners in co-development and research.	Q4 22/23	Current Budget

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Projects funded and In progress	What will we do	Timescales	Funding source
Digital Menu Ordering	Implementation of an app to enable ordering of food for patients in the hospital.	Q4 22/23	Business case developed No resource included

Table 2 – Projects with Business Cases in Development

Business Case In Development	What will we do	Timescales	Funding source
Patient Entertainment System	To provide a robust patient entertainment platform to support improve patient experience and accessibility.	Q4 22/23	Business Case to be developed Approx £0.5m Capital Investment
GM Maternity supporting Longitudinal Care Record	As part of the discovery consultancy work commissioned for GM it was informed that up to 40% of mums traverse Health & Care services across GM. To ensure national Maternity EPR system support the national aims of a shared care record, clinically defined data sets will be extracted from each GM maternity service to upload into the patient GM Care Record. Bolton is providing project direction on delivery of this programme.	Q3-4 22/23	GM Digital programme not currently funded

Business Case In Development	What will we do	Timescales	Funding source
Trust Website	New Trust website to support patient and community engagement.	23/24	Business case to be developed

Table 3 – New Projects to be commenced

New Project to be commenced	What will we do	Timescales	Funding source
Patient Apps	Patients will have access to self-help information. People are increasingly turning health apps to help support their physical and mental health and wellbeing. Patients can access the library themselves, choosing health apps that they would like to use to assist them in managing a condition or illness they are experiencing. It also means our team can 'prescribe' apps to patients for different conditions.	A number of specialties to be live by September 22	The current contract is funded until September 2022 and will then require a further business case No resource included to deploy
Telehealth / Care – Virtual Wards	To provide telehealth and telecare solutions to our patients to support patient empowered care and greater efficiencies in care provision.	New national directive published Q1 23/24.	Business Case to be developed Approx. £2m investment

New Project to be commenced	What will we do	Timescales	Funding source
Digital Exclusion	We must ensure that we do not exclude patients or communities due to digital inaccessibility. Not everyone has access to digital technology and it is vital that we maintain systems and processes which allow people to connect with us using more analogue methods. Through the Bolton Borough-wide Digital Partnership body we will assess and promote digital inclusion, standardising accessibility and tackling digital exclusion. Alternatives for those not wanting to engage digitally will be explored and options provided to ensure full service user interface activity. This includes developing digital champions and easy to use guides.	22/23 & 23/24	Working with system partners on solutions Business Case to be developed if required.

5. Digital Care Delivery

Currently, too much information about a patient's health and care is recorded and stored on paper, or electronically on separate systems that are not interoperable or that require separate logins. Using integrated electronic patient records allows a comprehensive set of information to be shared securely and efficiently between health professionals in support of patient care.

Electronic Patient Records (EPR) are 'digital records of a patient's health and care' and include a broad range of information including 'current treatments, test results, clinical notes, care plans and correspondence between professionals. EPRs also have the potential to support care pathways and the way in which we deliver care rather than just acting as a clinical record. It is key that we harness this capability to enable us to improve the quality and safety of care delivered.

The core functionality of an EPR includes:

- Electronic observations (e-obs)
- Ordering and viewing test results
- Digital correspondence with patients and clinicians
- Electronic prescribing and medication administration
- Digital patient assessments
- Patients notes (captured and viewed electronically)
- Care plans

In delivering EPR, we will be building and expanding upon the digitisation that has already taken place in some areas of the Trust by enabling all patient information (regardless of their location) to be captured and shared digitally.

It is widely accepted that the key driver for projects that implement EPR functionality is to improve patient safety. Whilst digitisation brings wide-ranging safety improvements, this is typically achieved as a result of improved compliance with clinical process and visibility of patient data.

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- Clinically-led: Our requirements and procurement decisions will continue to be shaped by our clinicians.

- Real time use: it is vital to have accurate, complete and contemporaneous information available to clinicians wherever they are. This requirement can only be met by equipping our colleagues with mobile devices through which they interact with the EPR. Patient data will be entered at the bedside, information communicated and received in real time with no delay or inaccuracies introduced through reliance on paper or static equipment.

- Interoperability: regardless of which supplier provides which functionality, it is vital that our systems are interoperable and interchangeable.

- Phased and modular: our journey towards a full EPR will involve adopting new EPR functionality in a phased way, module by module, and replacing older systems where appropriate.

The following tables outline the projects we will deliver to enhance Digital Care Delivery:-

Table 4 – Projects in Progress

Projects funded and in progress	What will we do	Timescales	Funding source
Electronic Patient Record	Phase 1A: Upgrade to EPR Infrastructure to support further roll out. Deployment to Community Bedded Units. Deployment to A&E.	22-25	Committed/ In Progress
Maternity EPR	Phase 1: Implementation of a maternity specific EPR.	22-25	Committed/ In Progress

Projects funded and in progress	What will we do	Timescales	Funding source
Open Eyes EPR	Continue implementation of the OpenEyes EPR to support transformation of ophthalmology services.	22-25	Further resource required as original business case funding expired
Replace Patient Flow: (ExtraMed)	We will develop a Business Case to replace the current ExtraMed platform to one which offers the Trust greater interoperability capability as well as more appropriate functionality to support patient flow.	23-24	Business Case presented for CRIG Sept 22
Voice Recognition	We will implement Voice Recognition solution allowing clinicians to create the clinical documentation at source which offers direct integration to our EPR platform. The Trust has been asked to become one of three Microsoft national beta sites for this solution. Initial considerations to pilot with Community Paediatrics.	23-24	Business Case Approved - UTF 21/22 No resource allocated
GM: Imaging archive	Implementation of a single GM Imaging archive and harnessing the new solution to implement new ways of working within Radiology and wider ologies.	22-25	GM Digital programme funded. Limited resource allocated

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Projects funded and in progress	What will we do	Timescales	Funding source
GM Pathology	A GM strategy for Trusts to standardise on operating Pathology services and functions. Laboratory Information Management System (LIMS) - A GM digital model to establish a consistent Pathology LIMS across Trusts supporting functionality. E.g. test requesting/results, links to PAS / Analysers.	22-24	Funding source: GM Capital 2021/22-2022/23.
Digital Pharmacy	Support the implementation of digital pharmacy solutions, including prescription tracking, robot replacement, pixis machines implementation.	22-23	Capital Funded but no staffing resource
Digital Pre-Operative Assessment	Digital capture of patient questionnaires to support pre-operative assessment.	22-23	Capital Funded but no staffing resource
Medical device integration	Currently our clinicians manually extract key patient vital signs data and input to our e obs platform or onto paper (ICU, HDU, NICU & Theatres). We will provide direct integration of the devices to free up key clinical time.	23-25	Phase 1 Capital Funded No staffing resource Phase 2 business case required Approx £1m capital investment required

Projects funded and in progress	What will we do	Timescales	Funding source
GM Cancer	Roadmap defined by GM Cancer Alliance to establish three programmes with a common digital set of system/standards – Patient Stratified Follow Up (PSFU). Single Queue Diagnostic MDT. Clinically defined data set for upload to GMCR.	22-24	GM Digital programme No Business Case at GM/Local level for the overall programme.
Radio Frequency Identification (RFID)	The introduction of Wi-Fi services across BFT sites supporting Health & Care introduces capability to operate RFID to support clinical and operational services. RFID is a form of wireless communication that incorporates the use of electromagnetic or electrostatic coupling in the radio frequency portion of the electromagnetic spectrum to uniquely identify an object or person.	22-24	Business Case Approved UTF 21/22 Resource in place for phase 1 only

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Projects funded and in progress	What will we do	Timescales	Funding source
Robotics & Artificial Intelligence	Support back-office admin functions and clinical decision making/intelligence through the use of Robotics and AI. Opportunities include write back to PAS/Theatre systems for elective recovery patient prioritisation, patient registration and ADT (see below).	22-23	Business case approved

Table 5 – Projects with Business cases in Development

Business case in development	What will we do	Timescales	Funding source
Electronic Patient Record	Phase 2: Deployment to OPD. Deployment to Community Remaining Gaps in paeds & prescribing. Continue to optimise the solution to support improvements in clinical delivery, support new more efficient ways of working and improve record keeping.	22-25	Further business case review required as no further capital identified or resourcing Approx. £1.5m capital investment required

Business case in development	What will we do	Timescales	Funding source
Maternity EPR	Phase 2: Implementation of a maternity-specific EPR.	22-25	Business case to be developed. Capital and revenue required

Table 6 – New Projects to be commenced

New project to be commenced	What will we do	Timescales	Funding source
PAS/Scheduling Solution	Procure and implement a new PAS/Scheduling solution to meet the modern needs of the organisation and enable effective use of resources.	22-25	Business Case to be developed Approx. £3-5m capital investment

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6. Digital Workforce

This element of the strategy focuses on using digital technology to enhance, improve and in some cases automate what we do. With investment in smart technology comes long term efficiencies and the capability to remove repetitive, task-based work across many services. This will improve quality, accuracy and even morale.

We want all of our colleagues to have the right tools to do their jobs to the best of their ability. Digital technology has the ability to reduce the administrative burden on our colleagues through automating processes (e.g. pre-populating digital forms), supporting decision-making (e.g. alerts to prevent duplication of medications) and providing clear information (e.g. structured fields and digital text, rather than handwritten notes). In addition to having the right technology, it is vital that people have the right skills to use it. To this end we are committed to supporting our colleagues through training, education and development. Fundamental to the successful delivery of this strategy and any digitisation project is the cultural and behavioral change.

The following tables outline the projects we will deliver to enhance our workforces Digital Skills:-

Table 7 – Projects in Progress

Projects funded and in progress	What will we do	Timescales	Funding source
Agile Working	We will support our staff to work in an agile way, safely. Phase 1. Dowling house: a. corporate office service hub on-site working area. b. Remote working from home: enabling the agile working approach in line with rationalisation of corporate office capacity.	22-23	Phase 1 funded Phase 2 subject to business case. Approx. £1m capital investment

Projects funded and in progress	What will we do	Timescales	Funding source
IDG & Virtual SmartCards	This further extends our ability to provision a new member of staff with immediate access to clinical and corporate systems.	22-23	UTF 21/22 No resource identified to support.
IDG & Virtual SmartCards	This further extends our ability to provision a new member of staff with immediate access to clinical and corporate systems.	22-23	UTF 21/22 No resource identified to support.
New Trust Intranet	New Trust intranet to support sharing of information and communication and act as a digital hub for staff.	22-23	Permanent resourcing required
Apps to aid staff	We will use apps where possible to support staff with easy processes. 1st Phase: Room Booking Staff Leave Carry Forward Authorisation.	22-23	Further funding required

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Projects funded and in progress	What will we do	Timescales	Funding source
Informed and Intelligence Analytics Services	Develop analysis to support divisions in elective recovery, particularly monitoring of the operating plan and highlighting areas of good practice and areas of challenge (monitoring of ops plan first draft by July 22). Develop data flows to support national and local requirements. Ensure robust analysis is available to support health inequalities, and provide actionable insights to help operational teams pinpoint areas of focus. Supporting new system rollouts/upgrade: Provide BI and coding support to new system rollout / upgrade plans to ensure continuation of data supply, data integrity and the ability to report effectively from our system.	Ongoing	On-going 22/23 – 23/24

Projects funded and in progress	What will we do	Timescales	Funding source
Data Quality & Coding	RTT validation to help manage a growing RTT waiting list and work with operational teams to look at new ways of working. Increase identification of data quality issues and education to staff. Undertake and support data quality initiatives like the Big Clinic Clean Up and Know Your Patient. Run internal initiatives across teams to improve data quality and internal processes (Identification of Community Activity Sprint - July 22). Release our coding information assurance leads to work more closely with specialties and wards to improve clinical data quality and provide targeted help to improve known problem data quality areas.	Ongoing	On-going 22/23 – 23/24

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Projects funded and in progress	What will we do	Timescales	Funding source
Intelligence infrastructure (inc Tableau):	Facilitate further datasets into the Data Warehouse, such as Workforce data. Investigate ways the Data Warehouse can be used for cross organisation working with our partners. Promote, develop and encourage the use of Tableau, including the creation of a "Data Champions" programme. Further democratise our data by encouraging teams to create and explore data within Tableau. Further stabilise the Data Warehouse structure with full roll out of Development areas and SQL standards into the team.	Ongoing	On-going 22/23 – 23/24

Business case In development	What will we do	Timescales	Funding source
Equipment to support EPR Rollout for outpatients, community and maternity	Implementation of further equipment to support EPR.	22-23	Approx. £1m capital investment

Business case In development	What will we do	Timescales	Funding source
Smart devices	The Digital Team are working on a with iFM to test Smart devices and pagers to support alerting.	23-24	UTF 21/22 No resource identified to support WiFi Dependent

Table 8 – Projects to be commenced

New project to be commenced	What will we do	Timescales	Funding source
Clinical Leadership	We will review the CCIO leadership model to ensure divisional representation.	Ongoing	Further funding required
Digital Training & Education	Key enabler to adoption and user acceptance is via the DT&E team. Supporting the rollout of Clinical system upgrades/new investments.	Ongoing	In Progress

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7. Digital Infrastructure and Estate

Feedback from our colleagues makes it clear that getting the basics right is a priority. User satisfaction will only be high if the devices we use are built upon resilient, stable and secure foundations, with excellent connectivity.

Engagement with our users highlighted the necessity of devices and equipment that are up to date, portable and meet the differing needs of each user. High levels of cyber-security are essential to maintain services and patient safety, whilst comprehensive and fast Wi-Fi across all our sites will ensure colleagues and patients can access the information they need.

Our strategic ambitions will only be achievable if our digital infrastructure is fit for purpose. We are future-proofing our data centre, and this combined with an anticipated move towards a cloud-first strategy means that we have flexibility to provide the infrastructure that is needed as our requirements change over time. Our infrastructure needs to support the mobility of our colleagues, be that to enable working across sites, out in the community, across partner organisations or at home.

We will adhere to Information Governance standards, including for the availability, security and integrity of information, acknowledging the complexities of access to records, particularly for vulnerable groups. Underpinning our approach is our multi-year capital programme, which will be reviewed and adapted based on changing requirements and the availability of funding.

Delivery: This objective encompasses improving systems, enhancing our support offer and delivering connectivity across our hospital, community and co-located sites with other partners, such as GP practices and Bolton Council. As infrastructure improves, there will be instant benefits to our patients, workforce and systems. This layer of the strategy requires a focus on building for the future, considering new models of investment, such as managed services to enable us to continue to evolve and replace our technology in future, improving our core infrastructure and implementing new wired and wireless solutions to ensure our staff are connected, wherever they are working.

What will be different? Connectivity, cyber-security and I.T. resilience will be improved, meaning that staff can connect wherever they are working on the BFT/GP practice/Council estate. We will take the opportunity to build on our "Standard" Core infrastructure that operates across the BFT and Primary Care sites to establish a seamless service to our customers. Infrastructure will be in place that gives us confidence in our ability to continue to innovate. It will focus on improving digital solutions to support new ways of working, including virtual consultations, virtual conferencing and agile working.

The following tables outline the projects we will deliver to enhance our Digital Infrastructure and Estate:-

Projects funded and In progress	What will we do	Timescales	Funding source
WiFi	Wi-Fi services to the sites in which staff from Acute/Community & ICP services operate.	Q2 22/23 – Q3 23/24	Business Case approved and resource allocated.
Desktop/Laptop devices	We will replace 50% of our desktop devices (circa 3500) across BFT estate. This will provide greater memory and processing capacity necessary to operate the profile of current and future clinical and back-office systems.	Planned timetable for delivery: Q1-4 23/24	Business Case Approved. No Resource allocated
Computer On Wheel's (COWS):	Feedback from wards from phase 1 EPR deployment highlighted staff satisfaction with provision of COWS to support ward rounds. During 21/22 Trust Capital and UTF funding sourced 97 devices.	Timetable for delivery: Q1-22/23	Business Case Approved. Resource not allocated
Mobile Phones	Replace/Supply 1200 mobile phones for Families/Community Division for use with the LoneWorkers app.	Planned timetable for delivery: Q2/Q3 – 22/23 Initial pilot followed by full rollout.	Business Case Approved. Resource not allocated
Mobile Phone Signal Boosters	Roll out of boosters across identified community sites.	Planned timetable for delivery: Q4 – 22	Business Case Approved.

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Projects funded and In progress	What will we do	Timescales	Funding source
Server Re-fresh:	Replace Servers / Databases / Storage and licensing to support new/additional application services/ upgrades This will enhance performance to end users of clinical systems.	- Q1 22 - Complete	Business Case Approved and resource allocated.
Microsoft 365	Roll out and optimise the solution.	Q4 23	Business Case Approved No resource allocated.
Community Diagnostic Centre	Support the creation of digitally-enabled estate.	Q4 22/23	Business Case Approved
Theatre Build and Refurbishment	Support the creation of digitally-enabled estate.	Q4 22/23	Business Case Approved
Cyber Security	Upgrade data filter to provide a more secure basis for internal/ external bound traffic.	Q3/Q4 22	Business Case Approved – CRIG May 22

Table 10 – Projects with Business Cases in development

Projects funded and In progress	What will we do	Timescales	Funding source
Service Desk and Server Monitoring	Robust monitoring of the network and server infrastructure to ensure reliable delivery of It service is maintained.	Q4 22/23	Business case to be developed Approximately Capital investment of £100k
Mobile Phone Signal Booster FT Site	Provide robust mobile phone signal on the hospital site and act as backup for WiFi in event of failure for mobile devices, pagers etc.	23/24	Business case to be developed Approximately Capital investment of £500k

Table 11 – New Projects to be commenced

New project to be commenced	What will we do	Timescales	Funding source
Network Refresh	The Trust's core IT network was refreshed 5 years ago. This requires updating every 7 years to ensure adequate bandwidth if available or it will slow systems down and cause errors to appear.	24/25	Business case to be developed Approximately Capital investment of £3-5m

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8. Digital Governance

The current approach operated by BFT is to permit Divisions to self-direct digital investments in the absence of a relationship to a defined local digital and clinical strategy.

The following principles should be considered to establish a framework within which digital investment is decided:

- Six monthly review of digital objectives in line with on-going organisational, clinical and operational changes.

- Adoption of NHSD prioritisation matrix for digital investment to support above.

- Annual review of digital maturity assessment following UK guidelines and HIMSS global standards for healthcare digital systems.

- Clear understanding on the role of GM ICS in digital strategy and funding provision following NHSX guidance published in "What good looks like" and "Who pays for what".

- More joined up digital investment correlation between BFT/Primary Care/ Council services to establish a "Bolton" Technology and Analytics framework model.

The Trust is establishing a robust Business Case review and developing a Benefits Realisation process.

The business case template will include a section prompting teams to send draft case to Informatics Programme Group for review by the senior team in Informatics to ensure that all teams are cited and flow and timings can be considered.

The benefits realisation process is in use for new projects moving forwards and a number of projects will be reviewed retrospectively. The process will ensure that the benefits cited in business cases or transformational programme plans are evaluated and progress is reported back to the retrospective committee it was agreed in. This could be CRIG, Trust Performance and Transformation Board or Trust Digital Performance and Transformation Board.

9. Resource Plan

The Digital Strategy outlined is very ambitious but is also essential to the delivery of the wider organisation objectives. Engagement with key stakeholders has made it clear the desire to progress and move forward at pace.

In excess of £20m capital has been invested in equipment, implementation and licensing over the past three years and financial modelling to support the development of this strategy demonstrates a further £15-17m will be required over the next three years.

Alongside capital investment, Bolton NHS FT will undertake a workforce establishment, skills and workload review to support capacity planning and 24/7 Digital cover. This will lead to the development of a three-year capital and revenue financial plan by March 2023. The financial plan will take into account:

The financial plan will take into account:

https://transform.england.nhs.uk/digitise-connect-transform/what-good-looks-like/what-good-looks-like-publication/#what-does-good-look-like-for-your-organisation

Who Pays for What proposals - Who Pays for What - NHS Transformation Directorate (england.nhs.uk)

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10. How we will measure

Now	Future	Measure
Digital Integration Our care pathways are not fully digitised. Currently, too much information about a patient's health and care is recorded and stored on paper, or electronically on separate systems that are not interoperable or that require separate logins. This can often be very separate across the healthcare system. We often engage with our patients in very manual ways including paper letters and this interaction is often provider led rather than patient led.	Our service users and staff experience an NHS and social care that acts as one, working in seamless partnership across all care settings through the processes we digitise. We will give patients access to their health records and empower them to self-manage their care and engage with health and social care using technology.	Measured through systems adoption and service user, carer and staff feedback on the quality of care using patient and staff surveys.
Digital Care Our care pathways are not fully digitised. Currently, too much information about a patient's health and care is recorded and stored on paper, or electronically on separate systems that are not interoperable or that require separate logins. These systems support documentation but often are passive recipients of information rather than an enabler to more effective care pathways	One seamless clinical record is available to all health and social care staff from anywhere. These solutions support safe and effective clinical care reducing clinical risk, promoting best practise and personalised care.	Measured through systems adoption and service user, carer and staff feedback on the quality of care using patient and staff surveys. Monitoring of incidents, complaints and clinical audit.
Digital Workforce Staff often do not have the right equipment or systems in the right place at the right time or have to duplicate input of information into multiple systems leading to reduced productivity and repetition.	Staff will have the right tools to do their jobs to the best of their ability. We will provide staff with access to clinical systems, training and equipment to enable staff to work differently and make it easy and seamless to undertake their role.	Measured through systems adoption and staff feedback using patient and staff surveys.
Digital Infrastructure Our systems are not reliable enough and are reliant on old our outdated infrastructure making it more challenging to connect and engage with our solutions.	Connectivity, cyber-security and I.T. resilience will be improved. Staff can connect wherever they are working We will take the opportunity to build on our Core infrastructure that operates across the BFT and Primary Care sites to establish a seamless service to our customers. Infrastructure will be in place that gives us confidence in our ability to continue to innovate.	Measure through service desk metrics, network monitoring systems adoption, penetration tests, digital maturity evaluations, outage reports, Data Security Protection Toolkit and feedback.

Glossary of Terms

Term	Definition
BI	Business Intelligence
CCIO	Chief Clinical Information Officer
CRIG	Capital Revenue Investment Group
COW	Computer on Wheels
E obs	Electronic Clinical Observations
EPR	Electronic Patient Record
EDMS	Electronic Document Management System
EPR	Electronic Patient Record
FT	Foundation Trust
GMCR	Greater Manchester Care Record
ICB	Integrated Care Board
IDG	Identity Governance Administration
LIMS	Laboratory Information Management System
MDT	Multi-Disciplinary Team
PAS	Patient Administration System
PSFU	Patient Stratified Follow Up
RFID	Radio Frequency Identification
RTT	Referral to Treatment

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