

SUPPLEMENTARY PACK 1

ARGYLL AND BUTE HSCP INTEGRATION JOINT BOARD (IJB) - BY MICROSOFT TEAMS on WEDNESDAY, 31 MAY 2023 at 1:00 PM

I enclose herewith appendix in relation to **item 10 (HSCP DIGITAL HEALTH AND CARE MODERNISATION STRATEGY 2022-2025)** which was not included with the Agenda for the above meeting.

APPENDIX

- 10. HSCP DIGITAL HEALTH AND CARE MODERNISATION STRATEGY 2022-2025**
(Pages 3 - 36)
Appendix

Argyll and Bute HSCP Integration Joint Board (IJB)

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ARGYLL & BUTE HSCP DIGITAL MODERNISATION STRATEGY 2022-2025



Version 15.

Contents

1	Background and Introduction	3
1.1	Purpose of this document	3
1.2	Background	3
1.3	Introduction	7
2	Digital technology need in health and social care	12
3	Infrastructure, Cybersecurity and Information Governance	15
3.1	Information Governance.....	15
3.2	Cyber Security.....	16
3.3	Improving our Infrastructure	16
3.4	Information availability and durability	18
4	Resourcing the Strategy	19
5	Evaluation	20
6	Governance	21

Appendices

Appendix 1 - Map the Digital outcome against HSCP Strategic Plan Priorities to identify the Digital Priorities 2020/21	22
Appendix 2 - Digital Strategy Projects and Investment plans NHS Highland, Argyll and Bute Council and Argyll and Bute HSCP 2021-2023.....	23
Appendix 3 – Argyll & Bute HSCP NHS eHealth Strategy Funding spending Plan 2020-21 & 2022/23.....	26
Appendix 4 – HSCP E-Health workforce development requirements:.....	28
Appendix 5 – HSCP Digital Health and Care Board ToR.....	29

1 Background and Introduction

1.1 Purpose of this document

This Digital modernisation strategy has been developed to direct the operation, investment plans and future use of Information Technology (IT) and digital services in Argyll and Bute Health and Social Care Partnership (HSCP).

The prime focus of this strategy is to ensure the design of IT and Digital services and structures deliver positive outcomes for staff, service users and other stakeholders.

The digital strategy will be ongoing with revisions and reviews.

1.2 Background

In January 2020, the Strategic Leadership Team received an update on the HSCP digital and IT plans and priorities, which had been developed in 2019 prior to the Covid19 pandemic.

This was informed from the HSCPs Strategic plan and direction from the IJB that meant our focus and priority over the last few years has:

- keeping services safe and secure – cyber security
- providing resilience in availability and ensuring infrastructure
- progressing integrating systems to reduce burden of work on staff
- increasing the uptake and use of Technology Enabled Care (TEC)
- progress primary care IT replacement

At that time feedback from our users and stakeholders indicated that NHS and social work IT systems operating within hospitals, GP surgeries, care homes, Social Work, pharmacies and community care still did not:

- Easily “talk” to each other to share essential patient/client information
- Present the necessary information in the right form at the right time
- Support mobile and flexible working of our staff
- Offer the level of stability and maintainability needed to avoid unexpected failures and allow recovery within acceptable timeframes
- We are not assured of them all following modern cyber security practices with the correct generation of software.

Consequently, some patients and clients are getting suboptimal care, staff are frustrated and hindered in their work. The HSCP is also missing money saving opportunities and service productivity gains that could be released to improve front line care and reduce burden of work on our staff.

Person-centred vision
'I have access to the information, tools and services I need to help maintain and improve my health and wellbeing.

I expect my health and social care information to be captured electronically, integrated, and shared securely to assist service staff and carers that need to see it ...








... and that digital technology and data will be used appropriately and innovatively, to:

- help plan and improve health and care services*
- enable research and economic development, and*
- ultimately improve outcomes for everyone.'*

The purpose of this work was to identify the **practical** road map of the future state of the HSCP digital service goals/outcomes, agree the priorities and what the associated resource requirement (expertise and funding) and project/business case support required to achieve this.

This is captured in table 1 below:

Table 1 – Argyll and Bute HSCP Digital Outcomes

Digital Outcome	Purpose
 Universal care record	Health and care professionals have immediate access to all relevant information about a patient's/client's care, treatment, diagnostics and previous history, for all residents across Argyll and Bute;
 Universal clinical and care access	Health and care professionals can operate in the same way independent of their geographic location.
 Universal transactional services	Health and care professionals can access a common directory of services and make arrangements for the appropriate referral to the next stage of the care pathway
 Shared health analytics	Health and care professionals have the analytical information they require to run an efficient and effective service for patient's e.g. anticipatory care and patient risk profiles. This can be collated and used to inform population health management
 Online and single points of access for patient and care services	Patients can access their health records online and use other online services e.g. book a GP or hospital appointment or ask a clinician or social worker a question or have a single point of access.
 Expert systems	Health and care professions and patients have access to knowledge bases to support the care processes
 Personal digital healthcare	Patients or clients receiving care can use Technology Enabled Care including personal technology to support their health and care e.g. a device can automatically send data to alert their GP or care agency or access, connect, and share information their network of friends and family.

These 7 Digital Outcomes were prioritised against the HSCP Strategic plan areas of focus, our transformational work streams and objectives, using the MoSCoW method of prioritisation (Must have (M), Should have (S), Could have (C), and would like but won't get (W)).

The outcome of this work is summarised in the table in Appendix 1.

This then informed the HSCP digital and IT investment plans for 2019/20 and informed the development of a Business Administration modernisation project as part of the HSCP transformation programme in 2021/22 and 2022/23.

Figure 2 below illustrates the HSCP digital modernisation road map and the various work streams/projects which were to be progressed over the next 2 years.



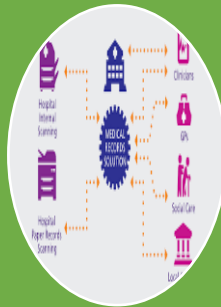
Care Portal

Delivery of Clinical Information sharing system across primary, secondary, community and social care single view of patient information held in different IT systems



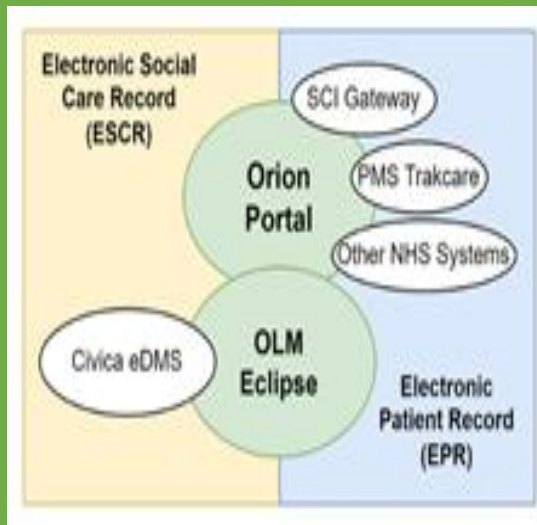
Community EPR

All AHP's & Community Nurses
Replacement of Carefirst System by Eclipse



Electronic Patient Record and Electronic Social Care Record

Civica Scanning Project
Patient Records NHS Highland project



Telecoms

Facilitate increased use of Maintel Telephony Services across HSCP
IVR for GP's, Hospitals
Softphone integration with 365
PSTN migrations



Mobile Working

Carefirst / Eclipse with 365 – Federation between NHS and Council



Service / Business Modernisation

TEC expansion
Centralised / Online Booking NHS patients
Administration productivity

Figure 2 HSCP Digital Modernisation roadmap 2022/23- 2023/24

The COVID-19 pandemic resulted in a pause in these programmes of work in 2020, however it by default highlighted the importance of having effective digital services for staff and service users to respond to health and social care need.

As the country went into lockdown the HSCP services very rapidly moved from our traditional operating models to agile working with a large portion of staff working entirely from home and many staff working between home, community and hospital others working between home and the office.

Face to face visits for non-essential services moved to phone and MS Teams and we increased the use of Near Me video consultations/interventions to maintain social distancing and keep staff and patients and service users safe.

Consequently, the need for a specific Argyll and Bute HSCP Health and Care Digital Strategy was evident and this was reinforced by an Argyll & Bute Integration Joint Board Internal Audit Report 2020/21 IT Strategy and Governance December 2020 which concluded:

During the course of our review, we identified that there are currently no IT objectives or outcomes contained within the strategic plan.

There are no established processes through which the Argyll & Bute IJB directly contributes to and influences technology-enabled care strategies of Argyll & Bute Council and NHS Highland.

It will be important for the IJB to set out its own objectives / principles for technology-enabled care as well as formal governance arrangements through which the IJB has formal input to and oversight of relevant aspects of technology-enabled care strategies of Argyll & Bute Council and NHS Highland.

Internal Audit Report 2020/21 IT Strategy and Governance

December 2020

1.3 Introduction

The HSCP recognises it is critically important to embed technology in order to sustain high quality, efficient and effective health and care service. This local digital strategy has initially been developed within the framework of 'Scotland's Digital Health and Care Strategy' published April 2018. However, publication in October 2021 of the new refreshed Scotland Digital Health and Care Strategy "Enabling, Connecting and Empowering: **"Care in the Digital Age" October 2021**, has reinforced the digital modernisation roadmap of the HSCP.

“Enabling, Connecting and Empowering: Care in the Digital Age” Its 3 aims describes how digital health and care will be delivered:

Aim 1: Citizens have access to, and greater control over, their own health and care data – as well as access to the digital information, tools and services they need to help maintain and improve their health and wellbeing.

Aim 2: Health and care services are built on people-centred, safe, secure and ethical digital foundations that allow staff to record, access and share relevant information across the health and care system, and feel confident in their use of digital technology, in order to improve the delivery of care.

Aim 3: Health and care planners, researchers and innovators have secure access to the data they need in order to increase the efficiency of our health and care systems, and develop new and improved ways of working.

To achieve these aims health and care must focus on 6 priority areas:



Digital access

- People have flexible digital access to information, their own data and services which support their health and wellbeing, wherever they are.

Digital services

- Digital options are increasingly available as a choice for people accessing services and staff delivering them.

Digital foundations

- The infrastructure, systems, regulation, standards, and governance are in place to ensure robust and secure delivery.

Digital skills and leadership

- Digital skills are seen as core skills for the workforce across the health and care sector.

Digital futures

- Our wellbeing and economy benefits as Scotland remains at the heart of digital innovation and development.

Data-driven services and insight

- Data is harnessed to the benefit of citizens, services and innovation.

Digital technology is the area of greatest change in society, and of potential transformation for health and social care. This strategy sets out how care and support for people in Scotland will be enhanced and transformed through the use of digital technology that is widely available and familiar to them.

What is digital health and care?

Digital health and care is the use of technology to:

- help people to maintain their health and wellbeing
- enable people to have greater choice and control over decisions affecting their care and support
- deliver more integrated, efficient and effective care and support
- improve access to care and support
- provide people with more information about their own health and wellbeing
- enable people to remain living independently for longer
- safely share and access relevant health and social care information

Digital health and care builds on existing technology such as telecare, telehealth and electronic record and appointing systems such as in Argyll and Bute the Carefirst, Patient Management Systems, Laboratory systems etc.

Why do we need a strategy for digital health and care?

Digital technology is transforming the way people live their lives. More and more people especially since the Covid19 pandemic routinely use digital technology to:

- shop
- bank
- arrange travel, book appointments
- connect with family and friends
- find information
- access services

Who is this digital health and care strategy for?

This digital health and care strategy is for patients and service users:

- with long-term conditions or disabilities
- who have unpaid caring responsibilities
- who are well and want to maintain or improve their health and wellbeing
- who have a degree of vulnerability or are in need of protection
- who need an intensive or acute level of service
- who are experiencing health or social care inequalities

It is also for staff, managers and policy makers across the HSCP, and includes key stakeholders including NHS Highland, Argyll and Bute Council and our Third and Independent Sectors partners.

This digital strategy directly aligns with and supports both the national and HSCP Vision for health and social care:

National

The national vision for health and social care is

“Scotland offers high quality services, with a focus on prevention, early intervention, supported self-management, day surgery as the norm and when hospital admission is required, that people are discharged as quickly as it is safe to do so”. (Health and Social Care Delivery Plan, 2016, page 3)

Local

The vision for health and social care in Argyll and Bute is:

“Deliver services that help people in Argyll and Bute to live longer, healthier, and independent lives” (Argyll and Bute Integration Joint Board Strategic Plan 2019 -2022)

There are a range of other national policies that demonstrate the increasing importance of technology in delivering health and social care. These include Health and Social Care Standards (2017), Scotland’s National Dementia Strategy 2017-2020, The Active and Independent Living Programme 2016-2020, and creating a Digitally Confident Third Sector in Scotland: A Call to Action (2016), and What Next? (2018).

General Data Protection Regulations 2018 (GDPR), these regulations relate to data protection and privacy for all individuals and aim to give people control over their personal data. Organisations must:

- keep records of all personal data
- demonstrate that consent was given
- show where the data is going and what it will be used for
- explain how data will be protected

Health and Social Care challenges in Scotland and Argyll and Bute

The key challenges for health and social care locally include

- **Demographics**
People are living longer but the number of years that people live in good health has not increased. The challenge is how to provide high quality, safe care in the face of increasing need and reducing resources
- **Increased complexity of need**
There are an increasing number of people with multiple long-term conditions requiring higher levels of support. There are an increasing number of people experiencing health inequalities which also means an increase in level of need.
- **Workforce.** By 2037 it is predicted that the working age population in Argyll and Bute will decline by over 25%. This means that there will be fewer people of working age to provide care and support to an increasing number of people.

- The recruitment and retention of key health and social care professionals across the HSCP is also challenging.
- Carers. There are more Carers requiring greater levels of support to continue in their caring role and maintain their own health and wellbeing.
- Financial. The HSCP like other public sector bodies has to make cost savings over for 2022/23 its savings target is £5.3 million and this is expected to be of a similar level over the next 3 years.

It is within this context that digital and IT service transformation must occur to mitigate impact of these changes, support and enhance delivery of services as well improve productivity and reduce the burden of work on staff.

2 Digital technology need in health and social care

The clinical strategy of NHS Highland and the strategic plans of Argyll and Bute Health & Social Care Partnership has at their core the fundamental principle that people should be supported to remain active and well and to manage their own health and care issues much more so than at present; thus maintaining their independence and quality of life.

Where possible, unscheduled care should shift to planned care, planned care should shift to self-management and self-management should shift to prevention.

The purpose of this change in emphasis can be summarised that the requirement for all health and care organisations to simultaneously achieve:

1. Better health and social care outcomes – longer, healthier, more contented lives.
2. A better experience of health and social care for citizens – less stress, easier interactions.
3. A better experience for staff – supporting people to work to the best of their abilities
4. Affordable health and care services – sustainable long-term financial planning

All our clinical strategies and strategic plans make it clear that the necessary shifts in care, self-management and prevention must be facilitated and supported by the better use of digital technology.

How will we do it?

Implementing our Digital IT road map as outlined in figure 2 supports this but will require a range of actions and approaches

Collaborative Service Transformation

The Modern Outpatient Programme, The Access Collaborative, the Clinical Strategies and the Elective Care programme all imagine health and care being delivered in new ways – more convenient for the patient, more effectively using staff time and more efficiently using resources.

The Scottish Approach to Service Design mandates us to involve people who will use a service in its design – staff, patients and other service users.

An imperative is to build in digital technology from the earliest planning stages of a new service and use this to maximise efficiency and quality. The data arising from the service should then be used to drive research and continuous service improvement.

Supporting Self-management

We need flexible ways of providing education and other support for people with chronic diseases.

Workforce development

In order to exploit digital technology, staff need to be trained and supported. Although digital systems are in widespread use, they are not integrated and we still have alternative paper systems or work arounds across NHS and Council systems.

As the use of IT increases it will no longer be possible for people to get by using paper alternatives and some staff will need additional support to adapt and become suitably skilled. Scotland's National Digital Health & Care Strategy has workforce development as a distinct theme and this must be a key development area for the HSCP.

Doing more with Electronic Information

An increasing amount of health and care information is managed electronically. However, at the coal face of delivery, many clinical and social care practitioners remain reliant on paper, or IT systems that don't talk to one another. This is particularly a problem for community clinicians such as nurses and AHPs. This hampers service transformation and quality improvement.

Citizens have very little access to digital information about the care that's provided to them; they are thus at a disadvantage when it comes to being able to manage their health and staying well.

Electronic Care and Health records are key to delivering this, our strategy along with Argyll and Bute Council and NHS Highland is to advance our electronic records in health and social care with the goal of maximising citizen and staff benefits. This will include:

- Digitisation and scanning of existing paper records in health and care
- Streamlining and minimising systems to allow for data collection, performance management and safe and integrated clinical record keeping across the HSCP (Acute, Community, Primary Care) with an aspiration to achieve a shared Electronic Health and Social Care Record across the HSCP building on our ECLIPSE implementation, in future sharing Eclipse information with Care Portal.
- Simplifying IT systems, simplifying IT systems and reducing the number of separate systems with which HSCP staff must work with.
- Our strategy is to exploit data to provide benefits to patients and staff physical locations displaying real-time data on patient flows and activity
- We will develop and implement greater use of predictive analytics, which can identify patients/client at risk of deterioration; enabling early intervention and preventing harm
- We will introduce real-time analytics, pulling data from electronic records and logistics systems as required.

Digital and Business Modernisation

Our strategy is to modernise workforce and business systems to optimise the support they can provide to staff.

Some of these systems are now being developed and /or procured on a national basis e.g. rostering for NHS.

Logistics systems will be adopted for all staff who need them, whether clinical, support or administrative e.g. telematics improving the use and reducing the cost and CO2 footprint of our fleet.

Utilising the benefits of productivity and collaboration tools such as Office 365 will facilitate easier data sharing within and across organisations, allow non-clinical, social care clinical teams to organise in new ways – improving the visibility of projects and speeding communication and response. We are pioneering the application of “federation” of Office 365 between Argyll and Bute Council and NHS Highland to ensure this is available to the whole HSCP workforce.

Federation is a high level technical design change that requires collaborative working between multiple public bodies across Scotland (councils and health boards), working with the Digital Office and Microsoft to implement this essential service. As a means of significantly improving better integrated working for our staff. This can only be achieved by the digital office, NSS and Microsoft working on behalf of all public bodies in Scotland.

Through a coordinated skills development programme the HSCP will maximise the operational business benefits of new productivity tools included in MS365.

The HSCP has also adopted agile working and agreed a future working “Blended” working arrangement as policy both in response to the pandemic but also future work practices for both its council and NHS staff. This includes home and office based working, introducing a KPI of 80% of non-clinical meetings to be conducted using digital platforms.

Automation and Augmented Intelligence

The rise in demand with no increase in the health and care workforce means that we will have to automate processes wherever possible. Software will make it easier for professionals to triage referrals and for clinicians to make the right decisions, allowing faster and more accurate processing of test results and imaging. The implementation of order communications for radiology and laboratory tests in all our hospitals and GP practices is a key priority for the HSCP.

Our strategy is to gain benefits for patients and staff from increased adoption of AI and Clinical Decision Support (CDS). We will adopt the recommendations of the national review of CDS. This is likely to involve the creation of decision support systems linked to the National Digital Platform and other electronic records.

3 Infrastructure, Cybersecurity and Information Governance

Corporate responsibility for Infrastructure, Cybersecurity and Information Governance remains with NHS Highland and Argyll and Bute council as the owners of the assets and systems.

Digital services and all electronic systems are underpinned and supported across the organisation by reliable networking infrastructure, hardware, and security and information governance. Patient data must be securely held, easily accessible for all staff who have a legitimate reason to see that patient information and data.

Analogue data is hard to protect, quickly becoming obsolete, legacy systems unsupported presents a significant security risk. Patient paper notes are often unsecured and have no obvious audit trail. Maintaining a modern reliable infrastructure, including investment in supporting, modernising and replacing key systems and HSCP networks and infrastructure as needed.

Organisations carry a considerable risk if they delay adopting the improved assurance that digital improvements in technology can bring.

This strategy recognises the need to tackle digital exclusion and provide 'digital choice'. And is in line with NHS highland eHealth Strategy and Delivery Plan. Scotland's Enabling, Connecting and Empowering: Care in the Digital Age Scotland's Digital Health and Care Strategy 2021.

3.1 Information Governance

Information Assurance means handling information in a confidential and secure manner to appropriate ethical and quality standards. Information Assurance is a key issue for all HSCP organisations and is fundamental to the effective delivery of health services, particularly as we move towards an electronic health record.

Our information governance framework comprises of these key areas.

- Caldicott Guardian
- IT Security
- Cyber Security
- Network Information Security Regulations (NIS)
- NHS Scotland Information Security Policy Framework
- Data Protection
- EU General Data Protection Regulations (GDPR)
- Data Protection Act 2018 (DPA)
- The Freedom of Information (Scotland) Act 2002
- Confidentiality: NHSScotland Code of Practice
- Records Management

With effective leadership and a shared governance structure across the HSCP organisation. Our Argyll & Bute HSCP Digital Modernisation Strategy will:

- Put care professionals at the heart of decision making, focusing on the effect of eHealth on health and wellbeing
- Ensure consistency and equity in access to eHealth services across HSCP
- Use the excellent technical knowledge and experience in the HSCP
- Involve business, academic, and community and voluntary sectors
- Deliver projects that support transformational change, service improvements and benefits to patients and clients.
- Minimise waste, duplication and divergence from best practice.
- Create space for innovation and support the rollout of successes across HSCP and identify policy changes that may be needed to be developed and implemented.
- Set the objectives for the associated strategy action plan to deliver.

3.2 Cyber Security

The processes and controls designed to protect systems, networks, programs, devices and data from cyber-attacks. Effective cyber security reduces the risk of cyber-attacks and protects against the unauthorised exploitation of systems, networks and technologies.

Cyber Security's core function is to protect the devices we all use (smartphones, laptops, tablets and computers), and the services we access online - both at home and work - from theft or damage. It's also about preventing unauthorised access to the vast amounts of personal information we store on these devices, and online.

Cyber Security is important because smartphones, computers and the internet are now such a fundamental part of modern life, that it's difficult to imagine how we'd function without them. From online banking and shopping, to email and social media, it's more important than ever to take steps that can prevent cyber criminals getting hold of our accounts, data, and devices. Especially relevant within the HSCP and the type of data / services used as part of your daily workflow.

As health and social care is increasingly digitised, we need to ensure we have technology and processes in place to mitigate the cybersecurity risks that arise internally or externally. As risk that becomes an incident can prevent unauthorised access to information, cause reputational damage, lead to financial penalties and make future information sharing projects less likely to be approved.

3.3 Improving our Infrastructure

3.3.1 NHS Infrastructure

Argyll & Bute HSCP operates on behalf of NHS Highland a secure and resilient IT infrastructure split between two main data centres built with business continuity and disaster recovery in mind. This infrastructure provides services to 2500 employees using 1800 devices in 9 hospitals, 31 general practices, including Community Health Services, Pharmacy, Dental, Optometry, Community Psychiatric Services and Social Care Services.

As digital technology supports an increasing range of services, the importance of our IT infrastructure will only increase.

We anticipate a cloud-first approach to the deployment of infrastructure to support local, regional and national initiatives. This will include the north of Scotland HEPMA, Office 365, and GP IT re provisioning and the National Digital Platform.

A cloud-first approach offers a number of advantages relating to efficiency, security, flexibility, mobility, increased collaboration, disaster recovery and control. Procuring and using application, platform and infrastructure as a service will enable transition away from on premise-based systems located within HSCP data centres. A hybrid mix of on premise data centre and associated services, cloud computing will persist in the medium term.

Our strategy supports the national technology delivery plan, aiming to achieve:

- Transition to an online identity for all staff across NHS Scotland to ease inter/cross organisational working across local and national boundaries.
- "Digital Front Door" forms a key part of Scotland's new Digital & Health Care Strategy that will act as the 'front door' for patient access to online information. This will include further development in the future to include links with social care and other public bodies systems.
- Public can visit a single digital service for information, advice to carry out their routine health and care transactions.
- The service can be accessed via a web browser or app with alternative pathways for those that need or prefer them.
- A family member can be given "proxy" access to the service on behalf of the patient.
- Patient information will be shared across service appropriately to avoid patients having to repeat information each time.
- Access to sensitive information will be secure with patients required to verify their identity.
- Patients journey will include means of Viewing, Booking, Access, Registering, Checking, Learning, Feedback and Control.
- Help develop a sustainable workforce by delivering increased use of technology to support a mobile, agile working covering a wide range of devices, improving both the staff experience and patient care
- Ensure continued resilience is factored into the core infrastructure and able to meet critical business continuity and disaster recovery requirements.
- New service will be closely aligned with the new national care service.

3.3.2 Argyll and Bute Council Infrastructure

To support both service delivery models. Argyll & Bute Council (as supplier) provides ICT service to the council staff within the HSCP (customer), with the HSCP (as supplier) provides ICT service to the NHS staff (customers) i.e. Sharepoint, 365 tenancy etc. As such the council is responsible for meeting the requirements and needs of the HSCP.

Infrastructure, systems, regulation, standards and governance are in place to ensure robust and secure delivery of services.

Its strategy and development priorities are detailed in its ICT strategy.

3.4 Information availability and durability

Whether or not a patient or member of staff can access the information they require depends on a number of factors including training, completion of necessary information governance and cyber security processes, device availability (i.e. laptop), network access and software support.

Our strategy is that staff will have access to the information they need to provide the best care to their patients. This applies whether they are a hospital clinician, a social care practitioner or non-GP contractor, such as an optometrist, for example via NHS Inform or via a future patient portal.

- Appropriate levels of support will be available at times and places that health and social care staff work. This may involve increasing support for business critical systems at nights and weekends, which might require a change to existing arrangements.
- Digital solution design will aim to maximise availability and, incorporate business continuity requirements
 - In scenarios where the local network is down, Access to core electronic record functions will be enabled where it is technically achievable. For example, a copy of prescribing and drug administration data can be stored on a local computer in case of disruption causing no access to the cloud based HEPMA system.
 - This does not replace the need for the completion, review and testing of business continuity plans and each area. Service area plans may need to include reliance on paper based systems for short periods of time until electronic solutions are available.
- Sufficient hardware will be provided for health and social care staff to access records where administration is undertaken or care is delivered i.e. wards, clinics and community. Additional funding will be required for this in many cases.

- A secure remote access solution has been implemented (AOvpn & Cisco Any Connect Posture checking) as part of the coronavirus response. Enabling secure system access from a member of staffs computer. This is frequently reviewed to ensure service availability and is crucial in supporting our remote working across the HSCP.
- Self-service support will be increased where possible – i.e. SSO (Single Sign On) system used for password resets and management; greater access to online help and training (MS 365).

4 Resourcing the Strategy

Successful implementation of this strategy will require new investment not only in new systems, but upgrades and core infrastructure enhancement, both hardware and staff.

It is also clear that proposals will continue to be required to undergo a prioritisation process to ensure the HSCP is focusing on its strategic objectives, as well as ensure capacity and capability matches the delivery requirement.

Some digitally-enabled service transformation projects will involve entirely new systems and major change programmes. Other projects will involve gaining more value from existing systems. Examples of this include the wider use of NHS Near Me and Florence and connecting new information sources to TrakCare or ECLIPSE using CarePortal.

The level of investment required will therefore vary significantly between projects in the different programme areas. In all cases it will be essential to adequately resource the non-technical aspects of implementation, such as training and support, as these are key determinants of success or failure.

Where investment is required, funding options at a local (Argyll and Bute Council, NHS Highland or Argyll and Bute HSCP), regional, or national level will be identified and submissions by business case will be made.

The business case for each project will include a description of the strategic, clinical and or care benefits and financial case. Each business case will also include an indication of the metrics by which any potentially realisable benefits could be measured. Where appropriate this will be in collaboration and agreement with Argyll and Bute Council and NHS Highland.

Financial savings arising from redesigned services can be re-invested to support further digitally enabled service transformation as part of the HSCP financial planning process.

There are a number of digital and IT projects which the HSCP as a stakeholder is participating in / part resourcing as a partner of NHS Highland and Argyll and Bute Council. These are also detailed in Appendix 2

Appendix 3 details the specific HSCP funded current Digital and IT investment plans, budget the HSCP SLT prioritised for until April 2023.

Risks

Implementing this strategy will require collaborations that bridge normal departmental and sector boundaries as the HSCP works across its entire partnership.

The bulk of the work involved is likely to be change management rather than the development of new technologies, it is vital that this area is not neglected. Departments will need to allocate time to service redesign from within their own resource with facilitation from E-Health and OD. Without this, the provision of new technology will not necessarily result in improved services.

While new technologies are introduced, existing ones will continue to need support until they are superseded.

Identifying, assessing and mitigating these risks will be identified in each project and within the overall HSCP risk register.

5 Evaluation

When implemented, this strategy will see the investment over time of millions of pounds and will alter the lives of citizens and members of staff In Argyll and Bute. It is a strategy designed to evolve and adapt to a changing world and to support a culture of learning and improvement.

Embedding evaluation, as a core strand in the HSCP digital health care strategy, will support safe, efficient and effective change in a complex system.

Effective evaluation will would need to draw upon the full range of approaches to support:

- Communication and engagement
- Co-design
- Implementation
- Impact monitoring
- Creating a learning culture
- Measuring quality of improvements and outcomes
- Benefits Realisation
- Value for money

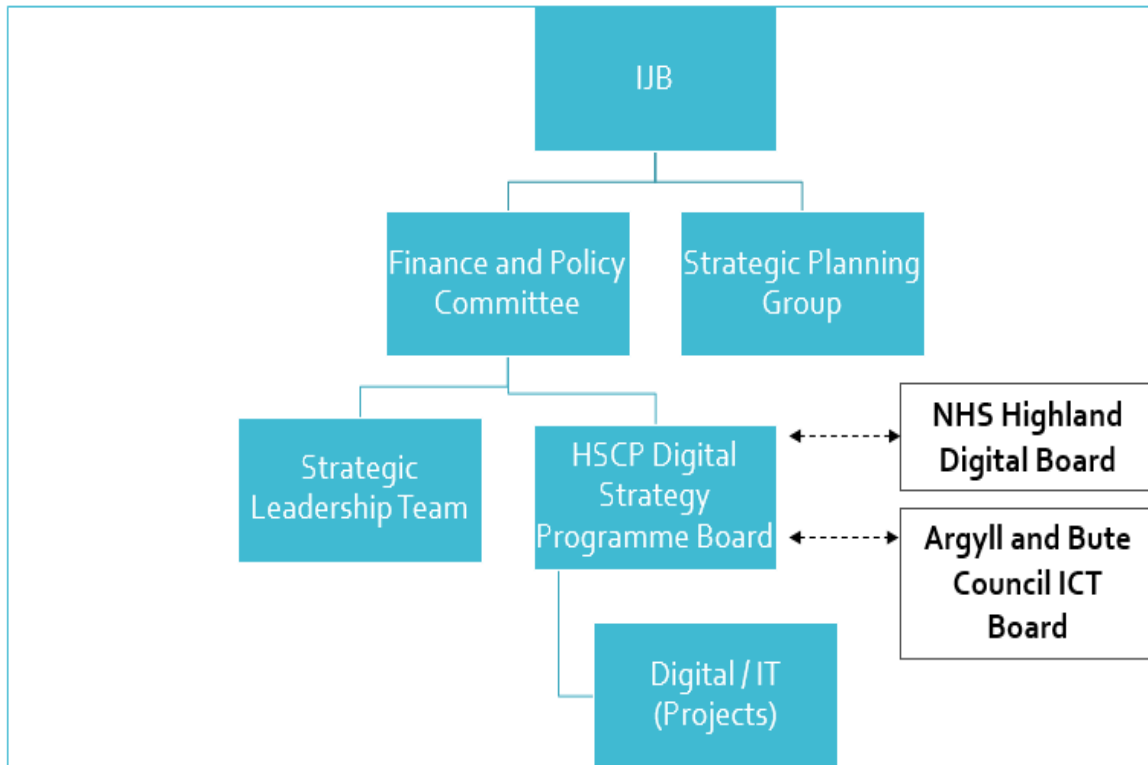
As well as identifying and mitigating risk in areas of uncertainty where further research is required.

To ensure the expertise and focus, and to provide a level of 'independence' for the Board, this would most effectively be achieved through partnership with NHSS Highland and Argyll and Bute Council adopting existing methods and arrangements with academic partners etc.

6 Governance

This strategy has been devised and developed by the HSCP Digital Programme Board whose membership is captured in its Terms of Reference. This Board reports to the Finance and Policy Committee of the IJB and is operationally managed by the HSCP Strategic Leadership Team.

This Board role and remit is captured in Appendix 5



Note - Only integrated digital/IT HSCP projects. Projects managed by Argyll and Bute Council ICT are accountable to the Council. Highlight reports can be copied there, but this joint board has no governance status for the council in terms of making project decisions.

Appendix 1 - Map the Digital outcome against HSCP Strategic Plan Priorities to identify the Digital Priorities 2020/21

Strategic Objectives	Digital Outcome						
	Universal Care Record	Universal Clinical & Care Access	Universal Transactional Services	Shared health analytics	Online Patient/Care Services	Expert Systems	Personal Digital Healthcare
Transformation and integration of our social and community health care service	M	M	M	M	M	M	S
Transformation of acute hospital care (avoid admissions and reduce delayed discharges)	M	M	M	C	M	M	S
Promote health and wellbeing across all our communities and age groups including carers	C	S	W	C	S	W	S
Reducing Inequalities	C	S	W	S	M	W	S
Support people to live fulfilling lives in their own homes, for as long as possible	M	S	W	C	M	W	S
Delivery of best value and cross organizational cost efficiencies	M	M	S	S	S	C	C
Relative priorities (using a simple scoring system – 10 x M, 5 x S, 3 x C, 1 x W)	36	45	28	29	50	26	28
		Key Priority			Key Priority		

Appendix 2 - Digital Strategy Projects and Investment plans NHS Highland, Argyll and Bute Council and Argyll and Bute HSCP 2021-2023

Clinical Transformation

System	Regional and local funding allocated & timescale	Funding Source
Order Communications – Primary Care	Provide diagnostic tests and treatment services (Laboratory and Radiology) to be ordered electronically via TrakCare PMS Funding allocated – delayed to 2023	NHSH
Order Communications – Secondary Care	Provide diagnostic tests and treatment services (Laboratory and Radiology) to be ordered electronically via TrakCare PMS Funding allocated - delayed to 2023	NHSH
Replacement for the obsolete Immediate Discharge Letter System	Funding was to be allocated from ADEL funding £411K. – 22/23	NHSH
Introduction of vital sign recording solution (NEWS2)	The initial proof of concept is being funded from existing funding.	NHSH
Eclipse	Move from Carefirst to Eclipse, to electronically capture and share information between Social Work and community-based Health staff, with mobile solution £475K no earlier than October 2022.	HSCP/Argyll and Bute Council
Care Portal implemented for ECLIPSE Social Care datasets	This work is being funded by Argyll & Bute HSCP £30-50K – March 2023.	HSCP
GP replacement system	NHSH to move to new GP cloud hosted single clinical system - Date TBC	SGHD/NHSH
A&E System EDIS	Upgrade Lorn & Islands Hospital & Campbeltown Community Hospitals emergency system to enable electronic transfer of A&E	NHSH

System	Regional and local funding allocated & timescale	Funding Source
	reports to GP's via EDT – Date and cost TBC	
Adastra A&E community hospitals roll out	Provide system for recording of unscheduled attendances within community hospitals- Date TBC	NHSH/HSCP
GP Elemental for social prescribing system	Support implementation of Elemental for social prescribing, community link work - 2022	HSCP/NHSH
HEPMA	Hospital Electronic Prescribing and Medicines Administration system. – Date TBC	NHSH
Audiology system replacement	End of life provider ceasing services Dec 2022 – business case to be completed £50K	NHSH
CIVICA Social Work documents management system	Implementation of digital record for social work – Complete April 2023	HSCP/Argyll and Bute Council
Electronic Patient Record scanning projects	EPR support scanning paper based medical records all NHS Highland sites? A&B sites 2022/23 TBC	NHSH/HSCP

Core Services

System	Funding available & timescale	Funding Source
Upgraded Wi-Fi service across Healthcare sites with an initial focus on hospital setting	The initial work for this has been funded RGHS & Raigmore – Date 2022/23	NHSH
Continued rollout of Microsoft 365 tools	Funding being discussed - requirement to have a team in place to support TBI – 2022/23	HSCP/NHSH
Cyber security/Information Governance	Recent audits have identified a need for additional staff to ensure NHS Highland is compliant – TBI	NHSH
Data Protection	Recent audits have identified a need for additional resources to ensure NHS Highland is compliant- TBI	NHSH
Telecoms - GP	Upgrade GP legacy telephony systems to modern platform to	HSCP

System	Funding available & timescale	Funding Source
	provide better access for citizens to appointments, repeat prescriptions etc. £10K funded SGHD – 2021/22	
Telecoms - Switchboard	Transfer of telephony switchboard service from NHSGGC to NHSH- SLA cost saving and resource to NHSH- 2022/23	HSCP
Shared system access	Increase use of technology to allow staff working in integrated teams to seamlessly interact and access data across health and social care services (payroll EES etc.) using VRF – Date on-going	HSCP/NHSH/Argyll and Bute Council
MS 365 Federation	Provide shared 365 calendar, address books, distribution lists, instant messaging and presence management across 365 platforms, scope potential to integrate hospital telephony with 365 – 2022/25	SGHD/HSCP/NHS H/Argyll and Bute Council
Patient Wi-Fi	Provide guest wireless services to patients across HSCP – 2022/23	NHSH
Firewalls	Replace 44 legacy hospital firewalls to provide increased capacity to match demand business case being developed - 2022/23	NHSH
GP NHSH domain migration	Provide one single active directory for GP sites across HSCP – 2022/23	HSCP/NHSH

Appendix 3 – Argyll & Bute HSCP NHS eHealth Strategy Funding spending Plan 2020-21 & 2022/23

The HSCP NHS e-health service budget comprises staff salaries, non-pay recurring costs maintenance costs and eHealth development funding. The breakdown for the core recurring 2022/23 is detailed below:

- GMS (GP) budget - £291,600
- Telecommunication GG&C SLA - £108,200
- IT GG&C SLA - £97,400
- Departmental budget - £1,222,900 This covers both staff (12.66 Wte) and non-pay costs

- Total £1,720,100

In addition, the HSCP receives “national NHS strategy funding, non-recurring yearly allocation available for HSCP use re local priorities and network investment 2022/23- £219,300

The HSCP E-health service has also been supplemented by non-recurring and fixed term funding for additional e-health posts in 22/23 as detailed in Appendix 4.

The HSCP also uses a full range of ICT services on the council’s corporate network such as Carefirst, Eclipse, Skype, Email and MS365. The costs of most of these operational services are covered by a central council funded ICT revenue budget with project funding allocated each year from capital budgets.

The Carefirst is in the process of being replaced by ECLIPSE in June 2022 at a cost of circa £475,000 jointly funded by the HSCP and Argyll and Bute Council.

The following schedule summarises the HSCP investment plans from its National strategy funding IT/digital resilience and development in 2021/22 and 2022/23

Scheme	National Strategy Allocation 21/22	National Strategy Allocation 22/23	Notes
GP merge\server consolidation- Change to single AD Infrastructure	20,000	20,000	New centrally hosted & managed platform includes less use of traditional hardware, software licenses and eHealth support travel costs
Islay GP practices & Rothesay and Argyll Street Dunoon merger/server consolidation	0	40,000	New centrally hosted & managed platform includes less use of traditional hardware, software licenses and eHealth support travel costs
Electronic Patient Record Digital Scanning	0	15,000	Access to scanner and workforce to scan health records within NHS Highland EPR program
ECLIPSE- social work interface link		50,000	Interface costs with NHSH Portal
Featurenet infrastructure enhancement	25,000		Supporting infrastructure for hospital switches – e.g. handsets
Server Replacement	20,000		General IT upgrades and plan for relocation of IT server in Aros
MACHICC VoIP * Upgrade hospital analogue system to digital hand sets	71,000		Complete replacement of A&B hospital switchboard scheme
Core infrastructure UPS replacement etc.	25,000	30,000	Maintenance of service resilience etc.
Network specialist Band 6		35,000	Workforce plan development to respond to service need.
Core Network switches upgrade	15,000	20,000	Maintenance of service resilience etc.
MACHICC - Comraich centre wiring etc.	20,000		IT Wiring and SWAN network connection
Core, Edge switches & media convertors	35,000		Maintenance of service resilience etc.
Rothesay GP fiber connection	5,000		SWAN network connection
Emergency spares laptop, computers, monitors	15,000		Service response and resilience
Total	256,000	210,000	22/23 – currently unallocated £9,300

Appendix 4 – HSCP E-Health workforce development requirements:

Digital IT function	Staff resource increase	Role	Comment
Network team	2.0 WTE Band 6	To ensure A&B HSCP has a performant digital network	1.0 WTE funded fixed term 1 year 2022/23
IT Systems support	1.0 WTE Band 5 1.0 WTE Band 6	To support clinical system and operation across the A&B HSCP including new system build and implementation	
GP Facilitator post	1.0 WTE Band 6	31 GP practices requires 2 permanent posts to meet service need	1.0 WTE post funded for 1 year 2022/23
Admin Support	1.0 WTE Band 4	Free up IT officer capacity processing system admin processes e.g. AR1s etc.	



Terms of Reference

Name: Argyll and Bute HSCP Digital Health and Care Board

Governance

The Digital Health and Social Care Board will report to the IJBs Finance and Policy committee to account for progress on its Digital health and care strategy and respective projects. It will be governed by the Strategic Leadership team on issues of operational change, resourcing and prioritisation (see Appendix 1).

Context

Scotland Digital Health and Care Strategy “Enabling, Connecting and Empowering: **“Care in the Digital Age” October 2021** has 3 aims which describes how digital health and care will be delivered:

Aim 1: Citizens have access to, and greater control over, their own health and care data – as well as access to the digital information, tools and services they need to help maintain and improve their health and wellbeing.

Aim 2: Health and care services are built on people-centred, safe, secure and ethical digital foundations, which allow staff to record, access and share relevant information across the health and care system, and feel confident in their use of digital technology, in order to improve the delivery of care.

Aim 3: Health and care planners, researchers and innovators have secure access to the data they need in order to increase the efficiency of our health and care systems, and develop new and improved ways of working.

To achieve these aims health and care must focus on 6 priority areas:



Digital access

- People have flexible digital access to information, their own data and services which support their health and wellbeing, wherever they are.

Digital services

- Digital options are increasingly available as a choice for people accessing services and staff delivering them.

Digital foundations

- The infrastructure, systems, regulation, standards, and governance are in place to ensure robust and secure delivery.

Digital skills and leadership

- Digital skills are seen as core skills for the workforce across the health and care sector.

Digital futures

- Our wellbeing and economy benefits as Scotland remains at the heart of digital innovation and development.

Data-driven services and insight

- Data is harnessed to the benefit of citizens, services and innovation.

Aims of Argyll and Bute HSCP Digital Health & Care Board:

Delivering on all aspects of Scotland's Digital Health and Care Strategy within Argyll and Bute HSCP to offer high quality services, with a focus on prevention, early intervention, rapid treatment and supported self- management.

To understand and implement how services can be redesigned and re-imagined to deliver better outcomes for people enabled by the use of technology as well as improving the productivity as well as reducing the burden of work on staff.

Person-centred vision

'I have access to the information, tools and services I need to help maintain and improve my health and wellbeing.

I expect my health and social care information to be captured electronically, integrated, and shared securely to assist service staff and carers that need to see it ...

... and that digital technology and data will be used appropriately and innovatively, to:

- *help plan and improve health and care services*
- *enable research and economic development, and*
- *ultimately improve outcomes for everyone.'*

1 PURPOSE & REMIT

The purpose of the Digital Health & Care Board is to provide strategic leadership in delivering the HSCPs digital strategy within the following remits:

- To develop and put forward for approval to the IJB the Argyll and Bute Digital Health & Care Strategy by June 2023 as part of the HSCPs Strategic Plan.
- To be responsible for considering Digital, E-Health and ICT policies, project and proposals that impact on from NHS Highland and Argyll and Bute Council for recommendation to SLT.

- To ensure appropriate prioritisation and oversight and governance in respect of all HSCP Digital developments and Transformation projects.
- To maintain a register of HSCP projects and provide quarterly oversight reports to the Transformation Board which in turn will report to the Finance & Policy Committee
- Identification of priorities for digital/IT infrastructure and staff investment and approve the development of business cases for projects.
- Develop and agree an annual and/or 3 year capital and revenue budget to implement approved projects within available resources/funding and in partnership with Argyll and Bute Council and NHS Highland- present to Argyll and Bute HSCP SLT for approval
- Review the digital operational and strategic risks for the IJB
- To ensure that the HSCP has an appropriate Cybersecurity arrangements in place working with Argyll and Bute Council and NHS Highland

Membership:

The Board is chaired by the Head of Strategic, Planning, and Performance & Technology

Name	Role
Stephen Whiston (Chair)	Head of Strategic Planning, Performance & Technology
Stephen Morrow	Deputy Head of E-Health
Rebecca Helliwell	Deputy Medical Director
Linda Currie	Associate AHP Director
Liz Higgins	Associate Nurse Director
James Gow	Chief Financial Officer
Evan Beswick	Head of Primary Care
Dawn MacDonald	Staff Side Representative
Caroline Cherry	Head of Adult Services
David Gibson	Head of Children Services & CSO
TBA	Head of Mental Health and LD services
Fiona Thomson	Associate Pharmacy Director
David Forshaw	Principle Accountant Social Work HSCP
Morven Moir	Senior Management Accountant NHS HSCP
Kevin Willan	Head of Estates HSCP
Iain Ross	Head of E-Health NHS Highland
Gerry Wilson	ICT and Digital Manager Argyll and Bute Council
Jane Fowler	Head of Customer Support Services Argyll and Bute Council

David Murdoch	ICT Client Liaison Officer Argyll and Bute Council
Virtual/Reference Members (papers only)	
George Morrison	Deputy Chief Officer

Quorum
The group will be quorate with 5 members.
Meeting Procedures
The Digital Health & Care group will meet every 3 months from April 2022. Agenda items will be sent out one week before each meeting in order to allow time to read and reflect upon content prior to meeting. All agreed actions will be entered into an action tracker.
Communication
Group members will communicate between meetings by digital means and MS Teams will be used for all meetings Group members will cascade information to the wider constituency that they represent. Actions agreed at the meetings will be added to action tracker.
Work Programmed for 2021/22 & 2022/23
Key activities the Board is to perform during this period: <ul style="list-style-type: none"> • Development of the HSCP Digital Health and Care Strategy informed from national and NHS Highland and Argyll and Bute Digital/E-health strategy by April 2022 • Review projects/programs for implementation and delivery 2021/22 & 2022/23 • Consider the digital implement plan and investment proposal for 2022/23 for recommendation to SLT • Approve Inclusion of the HSCPs Digital and Health and Care Strategy within the HSCPs Strategic Plan 2022/23 to 2024/25

ACCOUNTABILITY

The HSCP Digital Health & Care Board is accountable to Finance and Policy Committee and will submit reports accordingly.

It will submit for approval to the HSCP SLT the HSCP digital investment plans for future years for approval by December of each year.

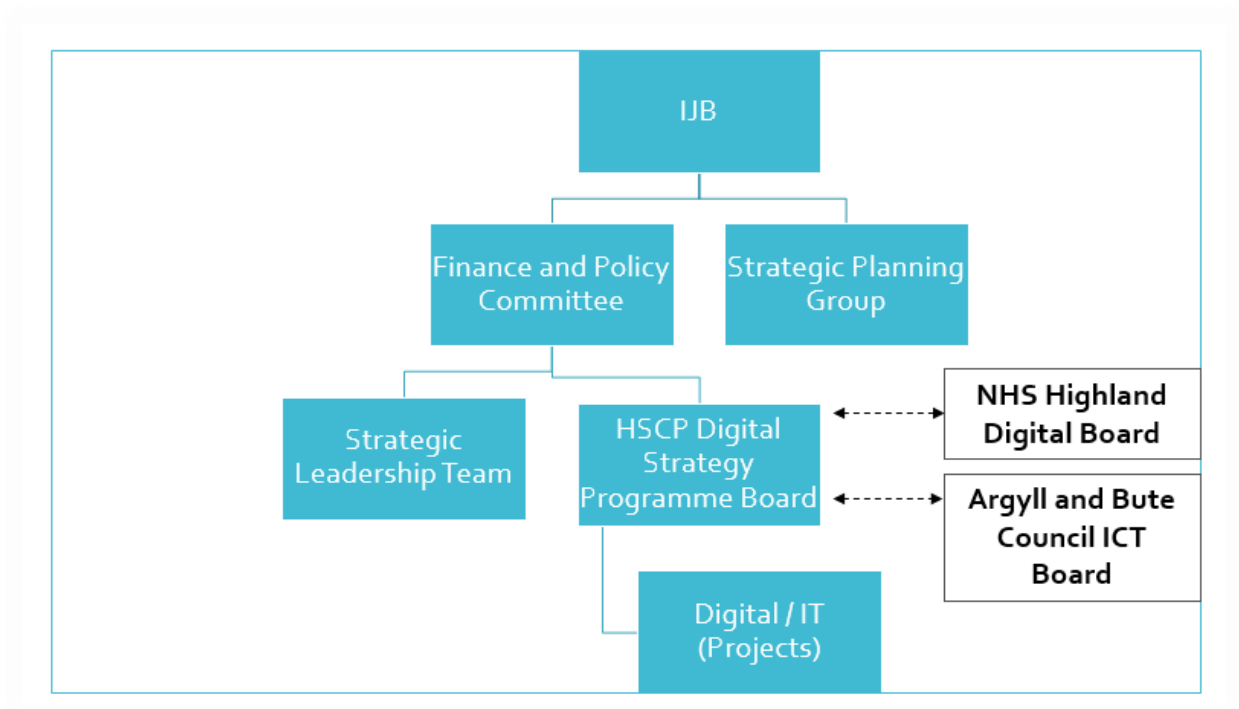
ADMINISTRATIVE SUPPORT

Administrative support will be provided by the Argyll and Bute HSCP eHealth Department.

Scotland's Digital Health & Care Strategy- October 2021	Digital health and care strategy - gov.scot (www.gov.scot)	
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Version 7.0 March 2022

Appendix 1 ToR –HSCP Governance Structure



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