Digital at the Heart of Delivery

NHS Fife Digital and Information Strategy 2019–2024
Contents

Message from Head of Digital and Information .................................................. 3
Introduction ........................................................................................................... 4
Digital at the Heart of Delivery ............................................................................. 5
Drivers for Change ............................................................................................... 7
Shared Vision ......................................................................................................... 11
Size and Scale ....................................................................................................... 13
Then, Now and Next ............................................................................................ 18
Key Ambitions for 2019–2024 ............................................................................. 22
Records Management and the Paperlite Journey ................................................. 29
Keeping Us Safe and Secure ................................................................................ 30
Strategy Delivery Plan .......................................................................................... 32

Appendix 1 – High Level Delivery Plan ............................................................... 34
Appendix 2 – Digital First Service Standard ....................................................... 37
Appendix 3 – Clinical Strategy Guiding Principles ............................................. 39
Appendix 4 – Health and Social Care Guiding Principles .................................. 40
Appendix 5 – Deliverable Prioritisation ............................................................... 41
NHS Fife’s Digital and Information (eHealth) Directorate is a multi-disciplinary service with one aim – to enable. The Directorate is made up of six business areas which combine to support effective delivery of services. Our key aims are:

- Enable our staff to provide the most efficient delivery
- To positively impact patient care

This is at the heart of what we all do within our organisation. To this end we have undertaken a number of Innovations:

- TrakCare Patient Management System
- Patientrak alerting system
- New Telephony
- Primary Care Digital Transformation
- Health & Social Care Portal (aka Clinical Portal)

In addition, we have delivered a more stable and secure foundation, which will allow us to embrace expansion into new and more modern digital capabilities.

These projects would not have been possible without the support and enthusiasm of those affected by the changes. Over the coming years digital innovation and transformation is key to both NHS Scotland and NHS Fife. We have created this ambitious strategy for delivery over the next 5 years to support a truly integrated health and social care service, through provision of information & digital capability.

This strategy cannot be delivered in isolation. We are committed to working closely with staff and service users to make sure the solutions we deliver are fit for purpose and enhance delivery of health and care services within NHS Fife.

Should you wish to discuss any aspect of this strategy please do not hesitate to contact me.

Thanks,

Lesly Donovan
The Scottish Government published the Digital Health and Care Strategy for Scotland in 2018. It covered business systems, research, enabling infrastructure and platforms. The strategy recognised: “Digital will be central in addressing the challenges and realising the opportunities we face in health and social care, and in improving health and wellbeing, achieving tailored, person-centred care and improving outcomes.”

NHS Fife acknowledges that digital technology is fundamental to the way we live our lives and can open up access to information and services for our service users. Digital will help us to realise the potential to fully inform and involve our service users in their health care decisions and minimise duplication and delays.

The NHS Fife strategy recognises the need for Digital Improvements. We highlight the potential benefits of the introduction of new monitoring of conditions at home. Preventing the need for hospital based care, supporting clinicians and our service users to deliver an integrated modern model of care.

To this end a strategic objective was set to: ‘Develop the Digital and Information Strategy to support strategic transformation & performance’. With the growth of technology within the home, there is an expectation that service users will use this to engage with health and social care services.

This document outlines a number of large scale changes for NHS Fife which, if taken forward, will substantially change the working practices of staff and the ways in which our service users access their services. These ambitions will be dependent on business case agreement and will require support from staff within NHS Fife and our partners.

NHS Fife has created the Digital and Information Strategy to ensure our stakeholders know the direction of travel for digital within our Board. Alongside the strategy there is a commitment that changes will be planned in a managed way to meet the needs of the Board, respective strategies and the service users of NHS Fife (Appendix 5). Whether you use digital systems or are just interested in the way in which digital and information shapes services within health and social care, we would be happy for you to actively participate. For more information about how you can get involved, please refer to the final section of this document.
Digital will become central to everything we do. It has the ability to:

- Power our services
- Ensure our service users are able to engage in the appointment process
- Ensure our data is secure
- Be central to delivery of care
- Deliver more efficiently
- Empower our workforce

However, digital is an enabler; alongside the changes there is a need to also change process for the transformation to be truly successful. We have started the journey and we are working to ensure we meet the needs of relevant strategies and programmes to use digital and Information to its full capacity.

For Service Users

Digital needs to be central to the care we deliver to our service users within the home, community or hospital setting. The technology in use within these services is changing and we are committed to ensuring that our teams are using the most appropriate technology to provide the best care to our service users.
For Our Delivery Partners

NHS Fife currently engages with a number of delivery partners to ensure the best service delivery for our service users. This strategy is our commitment to both our current and any future delivery partners that NHS Fife’s is committed to Digital Transformation and to working with our partners to ensure maximum benefit for NHS Fife.

Managers

Digital is central to the provision of information which supports service delivery within NHS Fife and it can be challenging to work in this complex environment. However, there is the potential to maximise data which can increase understanding of our waiting lists, support a ‘prevention before cure’ ethos, support optimum delivery of service and financial planning. Managers are committed to using technology at every opportunity.

Digital and Information

Completion of this strategy would not be possible without the extensive knowledge and commitment of our staff within the Digital and Information Directorate. They are critical to delivery of digital services. NHS Fife rely on their ongoing support to ensure the services already in use are designed for resilience and implemented to support both the organisation and the community it serves in a safe and secure way.

For Everyone

This strategy is an opportunity for everyone to understand how we deliver Digital and Information within NHS Fife. It sets the direction for the transformation and modernisation of NHS Fife for the next 5 years. The following sections highlight the drivers for change and scale of the ambition as well as the challenges faced in delivery of this strategy.

For Health and Care Staff

Our staff are central to successful delivery of this strategy. Their commitment to embracing change, their ideas and their support were central to development of our ambitions. Our staff are a key enabler and are always looking to make improvements and recommending changes to support better delivery of key services to our service users.
The Digital and Information Strategy is strongly linked to a number of National, Regional and Local strategies and delivery plans. It has been created with NHS Scotland’s core values at its heart:

- Care and Compassion
- Dignity and Respect
- Openness, Honesty and Responsibility
- Quality and Teamwork

It also links to the quality ambitions for NHS Scotland to offer a “Safe, Person-centred, Effective, Efficient” service within Scotland. Three other key strategies have also contributed greatly to the design of this strategy they are:

**National**

“Scotland’s Digital Health & Care Strategy” was published by Digital Health and Care Scotland on behalf of the Scottish Government in 2018. The Strategy was developed with the aim:

“To empower citizens to better manage their health and wellbeing, support independent living and gain access to services through digital means”

In addition, Scottish Government recommended ensuring the flow of patient information was both simple and secure across all areas.

In order to achieve the aims 6 domains were established:

- **Domain A** – National Direction and Leadership
- **Domain B** – Information Governance, Assurance and Cyber Security
- **Domain C** – Service Transformation
- **Domain D** – Workforce Capability
- **Domain E** – National Digital Platform
- **Domain F** – Transition Process

Each of the core ambitions of work being carried out as part of the Digital Technology strategy will be linked to one or more of these 6 domains.

The Scottish Government have also committed to the Digital First Service Standard. The standard is a set of 22 criteria which all developments within NHS Fife must meet (Appendix 2). The standard focuses on 3 key themes:

- User needs – focus on what your users want to do rather than the organisations objectives or the mechanics of delivering your service.
- Technology – How you’ve built your service.
- Business capability and capacity – Having the right team with enough time to maintain the service.

The standard is implemented across NHS Fife to ensure that services are continually improving and the users are always the focus of delivery.

**Regional**

The East Region Delivery Plan sets out the ambition for joint working on digital delivery between NHS Lothian, Borders and Fife. The senior digital leaders within the three boards are progressing their ‘once for the region’ agenda to deliver against the following ambitions:

- Provide digital leadership and innovation to ensure technology can act as an enabler for services across the East of Scotland.
- Ensure that health and care professionals across the East of Scotland have the information they need, where they need it and when they need it regardless of the origins of the information.
- Embrace the upcoming opportunities to collaborate together and where possible introduce standardisation.
- Deliver solutions that ensure interoperability which build upon previous investment and can contribute to increases in efficiency, quality and patient safety.
- Provide opportunities for service users to take greater responsibility for their own health, wellbeing and care.

Through fostering constructive relationships with counterparts in other parts of Scotland, lessons can and will be learned to ensure the most cost effective transformational change for NHS Fife. This plan is therefore fundamental to the ambitions detailed within this strategy.

**Local**

NHS Fife's Clinical Strategy emphasises the requirement for increased diversion of resources to primary and community care. 5 guiding principles (Appendix 3) formed the basis for the strategy. The Strategy focussed on 9 key themes:

1. Person-centred
2. Prevention and Health Improvement
3. Health Inequalities
4. Access
5. Ongoing Support / Follow Up
6. Community Service Development
7. Acute Service Development
8. Health and Technology
9. Workforce and Estates

A number of commitments were made in relation to Digital Health and Information Management & Technology (IM&T) and we have committed to delivery of these aims within this Digital and Information Strategy.

A track record of constructive relationships with counterparts in Fife Council will make for a more integrated approach within this area.

The Health and Social Care (H&SC) Strategic Plan (2019-2022) has a clear vision to enable the people of Fife to live independent and healthier lives. Their Vision, Mission and Values (Appendix 4) shaped their Strategic Plan which focuses on 5 strategic priorities:

1. Working with local people and communities to address inequalities and improve health and wellbeing outcomes across NHS Fife.
2. Promoting mental health and wellbeing
3. Working with communities, partners and our workforce to effectively transform, integrate and improve our services.
4. Living well with long term conditions
5. Managing resources effectively while delivering quality outcomes.

Within priority 3 Technology developments are noted as a key deliverable with a commitment that Digital solutions for Health and Care will be central to all transformation plans. As a directorate we are committed to work collaboratively with the council to support delivery of the strategic plan and this is identified within the strategy.

**Local Delivery Plans and Visions**

In addition, there are a number of local strategic priorities which are central to this strategy. These are:

- Acute Services Transformation Programme
- Joining Up Care - Community Redesign
- Mental Health Redesign
- Medicines Efficiencies
- Integration and Primary Care

All of these strategies are underpinned by this digital strategy. The support of these services and plans is fundamental to successful delivery of transformational change within NHS Fife. Digital and Information is an enabler for successful delivery of the ambitions detailed within these plans and will work with the respective services to ensure successful delivery.

**Technology Enabled Care**

Technology Enabled Care (TEC) is a national programme. It refers to the use of telehealth, telecare and telemedicine in providing care for people that is convenient, accessible and cost-effective. The programme supports test of change projects.
which may prove the value of technology in supporting people to live safely and independently in their own homes.

Within Fife we have utilised and will continue to draw support from the National TEC Programme to:

- Oversee the development and delivery of TEC initiatives in Fife
- Ensure all TEC initiatives meet with the objectives of the NHS Fife Clinical Strategy and the Fife Health & Social Care Strategic Plan
- Keep abreast of initiatives and developments in TEC at a national level

**Disruptive Drivers**

It should be acknowledged that not all drivers for change are positive. The disruptive factors facing us are large scale trends or imperatives which represent an important background context for our digital ambitions.

**Managing Expectations** – Within our communities there is instant access to information through mobile technology. Fitness trackers and apps available from your ‘app’ store provide useful information and make healthcare look simple in relation to your health and diagnosis. Whilst much of this information is beneficial, the method of collection does not meet our information security standards. This can raise expectations in relation to treatment or turnaround for digital within the NHS environment.

Development of digital services which are safe and secure within the NHS environment is subject to strict governance, to ensure benefit to patient care, value for money and security of information. This can often be misinterpreted as lack of delivery or progress. Therefore, we need to ensure those who are engaged in the strategy understand the time constraints of the process for delivery of clinically safe and secure services for NHS Fife.

**Integrated Care** – This ambition is for our service users to access total care packages across acute, community, primary and social care. However, joining up of key services is complex due to the use of multiple systems, suppliers and identifiers in use e.g. Community Health Index (CHI). It is important we are aware of barriers which can prevent delivery whilst we strive to progress this ambition for NHS Fife.

**Financial and Operational** – The strategy defined within this document is extremely ambitious over a relatively short timescale. Each of the ambitions identified within this strategy will require support from those operating within NHS Fife and our partners. Implementing it cannot detract from our primary aim of providing the best treatment for our service users. Funding is another challenge; delivery of our strategy is not just dependent on staffing but also delivering on the budget provided to NHS Fife from Scottish Government.

**Workforce** – Maintaining a digital delivery skilled workforce to support delivery of this strategy is key. Recruitment has been challenging in recent years and there is a requirement to ensure sufficient time for recruitment is built into plans. There is a need to ensure time is allocated for training within the directorate to ensure a cross population of skills and resource. In addition, how the wider workforce view Technology and Information Governance & Security can be problematic and thus presents a risk.
Our Aim

Our digital remit exists to advance the delivery of integrated health and social care locally and throughout Scotland and to enable and support delivery of transformational plans within NHS Fife. We want to empower our staff and service users by supporting them through digital developments that will support positive health outcomes.

Our Objectives

1. Support delivery of a fit for purpose, safe and secure, resilient technological service.
2. Ensure Digital Health and Information continuous engagement with services and stakeholders to achieve delivery of change at a local, regional and national level.
3. Improve flexibility through understanding of user needs, convergence of currently disparate existing systems, collaboration and innovation with improved patient care being our ultimate goal.
4. Provide clinically relevant information at the right time at the point of contact.
5. Improve data quality and availability to support delivery of service.

We will measure our objectives by:

- Reporting project delivery against agreed plans in line with project governance.
- Implementing a recognised system of capturing benefits throughout the delivery of our strategy as defined in the benefits realisation of each business case.
- Reducing the number of paper based case notes within our organisation through the use of electronic health and care records in both the hospital and community setting by 85% by the end of 2022 (see section on Paperlite, page 29).
- Continuing to provide NHS Fife and partners with an integrated and comprehensive shared record.
- Committing to providing our service users, with the ability to access their personal health and care records online, as well as enabling them to make appointments electronically and engage with services using digital tools.
• Ensuring access to records and digital tools is both simple and straightforward for our staff. One of our keys aims is to ensure they have secure access to up to date clinical information at point of care.
• Achieving service engagement, robust design, appropriate governance and agreed business cases.
• Ensuring we realise the wider opportunities that technology enabled care and innovation can offer when up scaled
• Measure progress against the National Health and Social Care Digital Maturity Assessment.

Innovation

NHS Fife hosts and sponsors a large and growing number of research studies ranging from international multi-centre drug trials to short term student projects. We work with a variety of commercial and non-commercial sponsors and funders, investigators and researchers with a wide range of interests and experience, members of the public and service users and colleagues from across Scotland, the UK and further afield. In 2018, some 1944 Fife participants took part in 227 studies.

NHS Fife will work collaboratively across the East of Scotland region to improve healthcare and patient outcomes through research and innovation. NHS Fife has a clinical research facility in Victoria Hospital, Kirkcaldy and a clinical room/laboratory area within the research and development department in Queen Margaret Hospital.

Digital innovation will be central to delivering the transformational change that is necessary in order to support integrated health and care teams in delivering new models of care and is therefore at the centre of our strategy. Our strategy is to support innovation through the use of international technical standards and robust governance.

To support our work, we will continue to invite specialist clinical, medical and technology advice from inside and outside of our organisation including University representatives, in order to stay current with the latest advancements, learning lessons from elsewhere and keeping NHS Fife at the forefront of digital in healthcare.

Research using electronic health records has supported a digital approach to generate real world evidence to understand and improve patient outcomes and this is therefore at the heart of digital transformation within NHS Fife.

Where possible we will exploit the opportunities that wearable technologies and health apps provide. This will create long term benefit to the organisation through a more joined up approach to patient care.

Communication

In order to ensure that our vision is truly shared, we must ensure our digital journey is communicated to stakeholders. To further this aim we are committed to keeping in touch with all concerned, to regularly share and update our progress on how we are achieving our delivery plan. We will work with colleagues using social and print media as and when appropriate to share our vision and our progress.
The Kingdom of Fife is a peninsula in eastern Scotland with a coastline of 170 kilometres (105 miles) bound by the Firth of Forth to the South and the Firth of Tay to the North. NHS Fife is served by Victoria Hospital in Kirkcaldy and Queen Margaret Hospital in Dunfermline alongside a variety of essential Community Health Partnership Hospitals, Day Hospitals, Primary Care Facilities and General Practitioners.

**Fife in figures:**
- 370,000 Residents
- 10 Hospitals
- 56 GP Practices
- 11 Clinics/Centres
- 10,500 Supported Staff
Disruptive Factors

NHS Fife must continue to be operational on a day to day basis alongside the transformation into digital and modernisation of services. We need to take everyone on this journey and require the commitment of our staff and service users.

Digital transformation and a move towards Paperlite (page 29) requires our staff to embrace change, to utilise digital systems and lead on improvements to clinical pathways. This will require support from staff who will engage with our ‘Digital Fitness’ training programme. We will work closely with staff to ensure planned digital developments are fit for purpose and championed by the staff utilising new ways of working.
Implementing new projects, including digital raises a number of challenges:

- Information Security
- Information Governance – Privacy by design or default
- Legacy v New Systems
- Tactical v Strategic
- Making changes to systems which are currently operational within NHS Fife
- Benefits Management and Measurement
- Costs and investment required to meet the strategy
- Project and Change Management

Solid governance, design and development of delivery plans, agreed business cases, fully supported by all key stakeholders and governance groups will ensure sufficient capacity and capability within services to meet delivery needs.

**Understanding the Process**

The IT organisation maturity model devised by Gartner illustrates the various stages through which an organisation evolves. The base level (1) is functional where only the basic level of support is provided. NHS Fife wish to achieve transformational change (5) this will allow us to embrace change and deliver the most up to date technology for our service users.
What has been delivered?

Over the last 5 years a number of new systems and innovations have been implemented within NHS Fife, as detailed below. We worked alongside respective services to bring about these changes within NHS Fife. We are continuing to make good progress towards the long term benefit for patient care.
Cornerstone Environment

NHS Fife currently has a number of electronic systems in place which allows us to capture key information in relation to patient care. They are the foundation of our journey to digital. Without these cornerstones we cannot create a truly joined up patient experience.

Moving forward we are going to improve these systems by:

- **Health and Social Care Clinical Portal** – Information sharing with social care systems, to create a health and social care portal for NHS Fife. Improve the service users journey and Provide key information with the ambition of improved care in both health and social care environments.

- **Patient Management System (PMS)** – Patient Management - Maximise utilisation to improve clinical delivery and the service user experience and improve on how we manage our outpatient clinics.

- **Community System** – Replace the Community system for NHS Fife 2019-2021 and expand delivery to all community and mental health services in NHS Fife and improve sharing of information.

- **GP System** – New National GP IT System agreed. Join up the GP care record and the electronic health record. Development of SCI Gateway, to enable advice and clinical dialogue to be delivered. Enable the digital transfer of health records when service users change GP.

- **Specialist Systems** – Deliver ophthalmology on a once for Scotland approach.

- **Business Systems** – Modernise Core Telephony December 2021 (current support contract end). Expand SIP Trunk Network to include more sites. There are plans to move from NHS Mail to Outlook Online as part of O365. Real time collaboration using Microsoft Teams including voice and video meetings. There are plans within the strategy to move to the National Contract for Office 365 including Microsoft SharePoint. There are plans within the strategy to adopt more once for Scotland People Management suites including, eRostering, Workforce Planning and eRecruitment.
Evidence of the journey so far in relation to digital within health can be shown within the case studies on the subsequent pages.

ACUTE CASE STUDY
Margie Horan is an 89 year old lady admitted with abdominal pain which she has had for the last 3 days. She also has a history of chronic obstructive pulmonary disease (COPD) and hypertension. She has been off her food for the past few days and has been vomiting intermittently. On admission to the ward she is noted to be very lethargic and dehydrated.

Baseline observations are recorded and the early warning score (EWS) is calculated. Medical staff have reviewed her and completed a management plan including acceptable observation parameters. Intravenous fluids via peripheral catheter (PVC) have been commenced and laboratory and radiology requests made for further investigation. Medical and nursing admission documentation and assessments have been completed.

THEN
- Physiological observations recorded on paper and EWS added up manually. Prone to miscalculation. Chart kept at bedside per patient
- Observation parameters written in case notes and onto paper EWS chart
• Frailty assessment to be completed for all service users over 65yrs on paper and referral to frailty team where required. Delay in referrals.
• Documentation and monitoring of PVC insertion on paper with chart kept at bedside
• Increased EWS scores requires phone call to medical staff asking for patient review. Most junior doctor asked to review as senior busy in outpatient clinic. Nurse in charge not made aware of deteriorating patient on the ward.
• Doctor has to attend ward in order to view the paper EWS chart.
• Doctor delayed due to another emergency and patient not reviewed. Nurse aware he’s busy and that he will attend when he can. No escalation to more senior staff.
• Observations not repeated till later in the day and score has increased with patient now unresponsive.
• Seen by critical care staff. Patient transferred to ICU. Poor outcome due to delay, increased stay in ICU

NOW

• Automatic calculation of EWS and 100% completeness
• Personalised observation score recorded in Patientrack
• Visible dashboard showing observations due and current EWS for all ward based service users.
• Increased compliance with on time recording of observations.
• Automatic alerts to appropriate staff. Nurse in charge alerts in place.
• Multidisciplinary Team discussion re deteriorating service users across acute areas using Patientrack.
• Improved outcomes for patient with early detection of deterioration. Transfer to High Dependency for closer monitoring. Recovers within 2 days and transferred back to ward for step down care.
• Visibility across all areas for viewing observation charts. Medical staff can access on any pc
• Weekly reports to SCN re compliance
• Automatic dietetic referral at point of nutrition assessment recording
• Automatic task creation for frailty assessment to be completed within 4 hours of admission.
• Task creation for monitoring of the PVC using the on demand assessment. Compliance audit for infection control weekly.

NEXT

• Connect to lab results to identify service users at risk.
• Paperlite process for tasks.
• Process to review laboratory results overnight and assigned to Hospital at Night
• Bedside assessments and removing paper processes.
• Use in the community for continuation of care and use of assessments.
• Transferred for rehabilitation to community hospital where staff can view the assessments and observation recorded in acute care. Continuation of recording.
• Expansion of use to other areas within both acute and community.
COMMUNITY CASE STUDY

Margie is ready to be discharged home but needs some additional support. The hospital makes a referral to the Integrated Community Assessment and Support Service (ICASS) via the single point of access.

THEN

- Referral noted on a spreadsheet and the paper referral faxed or sent to the necessary service.
- Service goes to visit Margie in her home with paper copies of assessments.
- Care plan also completed and left in the home.
- Any onward referrals undertaken either on paper or by telephone
- Subsequent assessments recorded on paper by each service separately.
- Statistical information completed, again separately on spreadsheets.
- Correspondence to other involved services all typed manually and posted.

NOW

- Referrals come via email or paper and are entered into MIDIS – electronic record commenced
- Referral is triaged electronically and accepted onto the caseload of the appropriate teams
- Care plans still require to be left in the home.
- Assessments undertaken within the patient’s home are recorded as close to real time as possible and are shareable across other MIDIS users (it should be noted that some users can only record in MIDIS when back at base meaning records are not always contemporaneous)
- Statistics are derived from the data entered into the system albeit this can be cumbersome.
- Limited correspondence is produced from the data already recorded and transmitted electronically.

NEXT

- Referral is received and triaged electronically and accepted onto the caseload of the appropriate teams.
- Assessments undertaken within the patient’s home are recorded as close to real time as possible and are shareable across users of the Health and Social Care Portal.
- No paper care plans require to be left in the home, information is accessed on electronic devices.
- Statistics are derived from the data entered into the system.
- Correspondence is produced from the data already recorded and transmitted electronically.
GP CASE STUDY

Margie is 89 and needs to see her GP regularly, Margie sees a number of clinicians within the community and takes a considerable number of prescribed medications.

THEN

- Margie would phone her GP every time an appointment was due or would book on her way out.
- Margie would see separate community clinicians with separate appointments at separate times; this would result in Margie travelling to her GP Practice 6 miles away on a bus each time.
- Margie would reorder prescriptions every time she was in and would have to come back into the practice, another 6 miles to collect the prescription and visit the pharmacy to dispense.

NOW

- Margie would either have been given an appointment or would phone or go online to make one. Although may struggle due to appointment availability.
- She may see separate clinicians for her care but these would be coordinated for chronic disease monitoring to reduce the number of visits.
- Prescriptions can be ordered by post, at the front desk or online, the latter being the easiest. Prescriptions can then be put through to a designated pharmacy for collection or delivery. There is also the option of Chronic Medication Service (CMS) where a years’ worth of prescriptions are done and the pharmacy simply dispenses on a regular basis.

NEXT

- Multi Disciplinary Teams (MDT) will use remote access to link key groups together and discuss Margies’ case to ensure continuity and joined up patient care.
- Refresher Appointments with the GP can be conducted via Video Conferencing to reduce Margies’ travel.
- Prescriptions can be dispensed to Margies’ local pharmacy to prevent trip into town.
- Community Pharmacist can review Margies’ prescriptions regularly by video conferencing to ensure best patient care.
Key Ambitions for 2019–2024

5 Key Ambitions have been identified which provide a framework for planning and communicating the delivery of our goals. They have been informed by the Scottish Government digital strategy and NHS Fife’s clinical strategy they are:

Modernising Patient Delivery

Modernising Patient Delivery is about ensuring we provide our service users and staff with a modern, fit for purpose healthcare service, using digital. This incorporates ambitions which were laid out by the Scottish Government in “The Modern Outpatient: A Collaborative Approach 2017-2020”, which aimed to provide service users with timely access to advice, treatment and support with minimum disruption when clinically appropriate.

A number of initiatives are planned for the next 5 years. As outlined on the chart below alongside key strategies and benefits within NHS Fife over the 5 years.

Work To Be Done

- **Clinical Decision/Advice** - Improve through joining up and improving existing systems.
- **Consultant to Consultant** – Send and receive information electronically from other HealthBoards.
- **Digital Maturity** – Assess the digital maturity of our IT, in order to identify the priority areas for improvement.
- **Digital Hub** – Changing the way we communicate with our patients and citizens.
- **GPIT Replacement** – Modernisation as part of a wider National programme.
- **LIMS replacement** – Laboratory Informatio management system (LIMS), support implementation of replacement hardware whilst a new regional system is procured and implemented.
- **Near Me** - Video conferencing for our service users to engage with clinicians with minimal disruption.
- **Optimisation of Outpatients Appointments** – Patient focussed/ self booking, patient initiated follow up appointments and review of clinical letters.
- **Paperlight** – Reduce the reliance of paper with the ambition of 85% paperlight by 2022.
- **Technology Enabled Care** – Support projects which provide care to the patient within their home environment.
- **Theatres system replacement** – The system currently in use within Theatres requires replacement.

Digital Strategy Objectives

- Domain A – National Direction and Leadership
- Domain C – Service Transformation
- Domain D – Workforce Capability
- Domain F – Transition Process

Clinical Strategy Objectives

1. Person-centred
2. 3. Health Inequalities
4. Access
5. Ongoing Support / Follow Up
6. Community Service Development
7. Acute Services Development
8. Health and Technology
9. Workforce and Estates

Benefits Achieved

- Patient care is seamless both within NHS Fife and with other boards.
- Outpatient experience is improved.
- Care is provided in the right place at the right time.
- NHS Fife understand the digital challenge.
- Modern fit for purpose service delivery.
- Patient/Service User engagement is easy, fast and efficient.
- Environmental impact is reduced
- Complete electronic patient record.
- Systems remain fit for purpose.

Health and Social Care Priorities

1. Working with local people and communities to address inequalities and improve health and wellbeing outcomes across NHS Fife.
2. Working with communities, partners and our workforce to effectively transform, integrate and improve services.
3. Living well with long term conditions.
4. Managing resources effectively while delivering quality outcomes.
NHS Fife continues to work on utilising digital to provide joined up services across primary, community, acute and social care to ensure all relevant information is available to those working with our service users.

The new GP Framework Contract (2018) recognised one of the most challenging aspects of being a GP was workload. The contract committed to implement the recommendations of the Improving General Practice Sustainability Advisory Group report (2016), which identified a number of broad themes including effective primary and secondary care interface working. In addition, the contract committed to Health and Social Care Partnerships and NHS Boards placing additional primary care staff in GP practices and the community to work alongside GPs and practice staff to reduce GP practice workload. Implementation of digital changes and improvements to systems supports this delivery. The areas identified within this category all support the need for a more integrated care environment.

**Work To Be Done**

- **Bedside Risk Assessment** – Ensuring assessment of clinical risk is conducted at bedside.
- **CHI Replacement** – Modernisation of Community Health Index as part of a National programme.
- **Child Health Replacement** – Modernisation of the current Scottish Child Public Health and Wellbeing solution as part of a National programme.
- **Community System** – Replacing an end of life system (MiDIS) with a more integrated solution.
- **Community Pharmacy Access** – Connecting Community Pharmacy to other NHS Fife services.
- **Health and Social Care Portal** – Extending use to include more services and social care services.
- **HEPMA** – Hospital Electronic Prescribing and Medicines Administration.
- **Mental Health Pathways** – Ensuring pathways are implemented within our digital environment.
- **Neurology Electronic Referral** – Implementation of an e-Referral system for Neurology.
- **Palliative Care Plan** – Improve palliative care provision through digital.
- **Pharmacy Redesign** – Redesign pharmacy, introduction of robotics and management of falsified medicines within NHS Fife.
- **TrakCare Maximum Utilisation** – Achieve maximum benefit by implementing changes requested by practitioners.
- **Women and Children’s Redesign** – Site optimisation exercise to which digital delivery of service will be fundamental.

**Clinical Strategy Objectives**

1. Person-centred
2. Access
3. Ongoing Support / Follow Up
4. Community Service Development
5. Acute Services Development
6. Community Service Development
7. Health and Technology
8. Workforce and Estates
9. Workforce and Estates

**Health and Social Care Priorities**

1. Working with local people and communities to address inequalities and improve health and wellbeing outcomes across NHS Fife.
2. Promoting Mental Health and Wellbeing.
3. Working with communities, partners and our workforce to effectively transform, integrate and improve services.
4. Living well with long term conditions.
5. Managing resources effectively while delivering quality outcomes.

**Benefits Achieved**

- Time to treat patient is reduced due to point of care assessment.
- Ensures NHS Fife has the same view as other Boards in Scotland.
- Improves data quality and reporting.
- Delivery of a full picture of care within Fife.
- Increases patient safety.
- Improves clinical communication and digital support.
- Improves clinical effectiveness and quality improvement.
- Improve access to clinical pathways.
- Creates a truly joined up service.
- Improves compliance with Government legislation.
We need to provide our staff with reporting tools and reporting solutions that are accessible and intelligible. We are committed to ensuring that our digital ambitions are robustly supported by information at the centre of delivery and ensure that these deliveries are well-planned and appropriately resourced.

NHS Fife recently delivered an extremely successful informatics project - Fife Early Warning Score (FEWS) was the culmination of IT, reporting, and clinical rules-based expertise. This was a very successful collaborative approach and points a way forward for NHS Fife, combining clinical rules-based knowledge with information and technology to move services forward.

Increased use of dashboard visualisations, a focus on trigger reports, and alerts generated by our Patient Administration Systems will ensure that our collective data assets are more proactive and productive.

Information Governance and Security

Effective adherence to Information Governance and Security standards and regulations, this covers information and records management, privacy, access to information and risks relating to confidentiality, integrity and availability of information.

NHS Fife need to ensure that our employees have controlled and efficient access to the information they require to function optimally in their various roles. Improving and sharing access to information across our organisation, and beyond, is a high priority and will ensure multi-disciplinary teams have oversight of their services.
NHS Fife is committed to:
- Ensuring that data is utilised in the right way at the right time
- Accepting information governance is key to all deliveries for Digital and Information.
- Information governance being viewed as a significant enabler for the design and improvement of care:
  - Addressing information risks ensures safe sharing of patient information
  - Access to relevant key patient information supports clinical decision making
  - Approved Information improves decision making about the service design for the future
  - Approved Information improves opportunities for efficiency and timeliness of delivery

Legislation

The General Data Protection Regulation (GDPR) is the most important change in data privacy regulation in 20 years. GDPR aims to give citizens more control over their data and create uniformity of rules across the EU. There are a number of requirements that NHS Fife must meet to be compliant with this standard, they must:
- Implement Duty of Candour to support consistent responses across health and social care providers when there has been an unexpected event or incident that has resulted in death or harm.
- Ensure records are managed effectively
- We must ensure that personal data is processed securely using appropriate technical and operational measures.

In addition the Scottish Government has mandated that NHS Fife must have:
- A Senior Information Risk Owner (SIRO)
- An operational Information Security Management System that aligns to ISO-27001 standards.
- Ensure plans are made to safeguard the confidentiality, integrity and availability of information necessary for the delivery of health and care.
- Have plans which show steady incremental progress in conforming to the information security policy framework.

NHS Fife was one of the 1st boards in Scotland to achieve ISO-27001 and is carrying out extensive work packages to ensure GDPR compliance.
A fuller picture of the technical work that is carried out is detailed within the ‘Keeping Us Safe and Secure’ section which outlines the Business As Usual (BAU) work that is undertaken.

Alongside the transformational change which is outlined within this strategy there is a need to also improve the technical Infrastructure. The infrastructure ensures the changes are sustainable for NHS Fife.

Management of systems and ensuring best value for NHS Fife is critically important. Best value allows NHS Fife to maximise return on investment and generate savings which can be reallocated to delivery of patient care.

**Technical Infrastructure**

A fuller picture of the technical work that is carried out is detailed within the ‘Keeping Us Safe and Secure’ section which outlines the Business As Usual (BAU) work that is undertaken.

Alongside the transformational change which is outlined within this strategy there is a need to also improve the technical Infrastructure. The infrastructure ensures the changes are sustainable for NHS Fife.

Management of systems and ensuring best value for NHS Fife is critically important. Best value allows NHS Fife to maximise return on investment and generate savings which can be reallocated to delivery of patient care.
Technical Infrastructure for Acute, GP and Community 2019/2024
Ensuring the Infrastructure on which digital is situated is fit for purpose, secure and meets the needs of our service.

Work To Be Done

- **Adaptation of Revenue Based Business Model** – Suppliers are offering the best solutions and services using a revenue/subscription based business model and we need to embrace this change.
- **Always within Support Lifecycle** – Maintain all systems and solutions (hardware & software) within a current support lifecycle and manage suppliers/contracts accordingly.
- **Balanced use of public, private cloud and on premise solutions and resilience** – Adopt a balanced and risk and merit based approach to choosing public cloud, private cloud or on premise solutions.
- **Cyber Essentials/NIS/GDPR and Information Security** – Protect against cyber attacks and comply with NIS regulations, ensure network is secure, risks are understood, impact of incidents are minimised and governance is followed.
- **Exit Plans for Poor Suppliers** – Maintain a flexible and versatile approach to supplier contracts. Maintain a product lifecycle which is secure and fit for purpose.
- **National Digital Platform** – Relevant real time data and information from health and care records and services is available nationally.
- **PACS Upgrade** – Upgrade to Picture Archiving Communications System (PACS).
- **Resilient and Secure by Design** – Adopt best practice systems and application architectural design principles and ensure resilience, implement solutions which have been designed with cyber security threats and vulnerabilities in mind.
- **Regional IT Service Management** – Rollout of system within the Region and ongoing sharing of best practice.
- **Security Upgrades** – Undertake all security upgrades.
- **Windows 10** – Ensure most up to date operating system.

Digital Strategy Objectives
- Domain A – National Direction and Leadership
- Domain B – Information Governance, Assurance and Cyber Security
- Domain D – Workforce Capability
- Domain E – National Digital Platform

Clinical Strategy Objectives
- 1. Person-centred
- 4. Access
- 8. Health and Technology
- 9. Workforce and Estates

Health and Social Care Priorities
- 3. Working with communities, partners and our workforce to effectively transform, integrate and improve services.
- 5. Managing resources effectively while delivering quality outcomes.

Benefits Achieved
- Patients are reassured Digital and Information are doing the right thing.
- We comply with all relevant guidance.
- We minimise the risk of cyber attack, are prepared to respond quickly to a cyber attack and minimise impact and damage.
- Service Users are assured we are operating on best value.
- Clinical teams are provided with a safe working environment.
- Everyone can be assured the systems implemented are resilient and secure.
We need to ensure that alongside delivery of this strategy we undertake true engagement with our workforce, they are central to all we do. We will balance how we deliver our ambitions with delivery of traditional medical roles.

We can support our workforce by providing them with digital systems. This will ensure they receive maximum benefit with minimum systems.

**Workforce and Business Systems**

We need to ensure that alongside delivery of this strategy we undertake true engagement with our workforce, they are central to all we do. We will balance how we deliver our ambitions with delivery of traditional medical roles.

We can support our workforce by providing them with digital systems. This will ensure they receive maximum benefit with minimum systems.

**Workforce and Business Systems 2019/2024**

Assisting our workforce by ensuring the systems on which they operate are effective, efficient and compliment their working practices.

**Work To Be Done**
- **Consolidating GP Business Systems** – Provide the most appropriate delivery of service to primary care colleagues.
- **e-Rostering** – Regional / National e-Rostering solution to assist with staff management.
- **Framework for Attracting Youth in NHS Digital** – Invest in more apprenticeships to help address the ageing workforce problems facing the NHS in Scotland.
- **Maximising Return On Investment** – Achieve maximum benefit from the systems which are in use.
- **Office 365** – National deployment of office 365, all NHS employees in Scotland to communicate and share information from a single platform.
- **Printing Capability Review** – Centralising printing, to minimise costs per specialty.
- **Virtual Workforce** – Consider modernising ways of working e.g. the use of robotics for on-boarding and off-boarding of staff.
- **Digital and Information Literacy** – Implement training tools to achieve basic Digital, Business Intelligence and Information Governance & Security skills for all staff, ensure training is appropriate on new digital systems and engage with all Scottish Government training programmes e.g. Digital Champions Development Programme and the Digital Participation Charter.

**Digital Strategy Objectives**
- Domain A – National Direction and Leadership
- Domain B – Information Governance, Assurance and Cyber Security
- Domain C – Service Transformation
- Domain D – Workforce Capability
- Domain E – National Digital Platform
- Domain F – Transition Process

**Clinical Strategy Objectives**
- 4. Access
- 6. Community Service Development
- 7. Acute Services Development
- 8. Health and Technology
- 9. Workforce and Estates

**Health and Social Care Priorities**
- 3. Working with communities, partners and our workforce to effectively transform, integrate and improve services.
- 5. Managing resources effectively while delivering quality outcomes.

**Benefits Achieved**
- Regional approach benefits both the estate and technology as they are the same within regions.
- Regional and National approaches share knowledge.
- Supports delivery for clinical staff.
- Understanding benefits against deliverables to improve delivery.
- Regional and National implementation share experiences.
- Reduces risk of system becoming out of support.
- Basic Digital Skills across NHS Fife and the Health and Social Care Partnership.
Current live paper records within NHS Fife are in excess of 475,500. They include Acute and Obstetric records and on average 5,900 records are brought back into the libraries for storage on a weekly basis. The workload is considerable and therefore NHS Fife are committed to moving forwards with an integrated electronic patient record.

This journey is known as the journey towards Paperlite.

Paperlite

Going paperless provides opportunities to improve workflow efficiency, reduce errors, and reduce space required for storage. Digitisation of health information also provides opportunities to leverage new analytics tools and clinical decision support technologies. However, it is challenging and costly to move to an entirely paperless system and few Health Care providers achieve this in reality. This can be for a number of reasons: paper charts and tools are typically more practical for clinicians to capture patient information during consultation there is a ‘fear’ for technology replacing the current paper and pen method.

NHS Fife is therefore working not on a paperless system but on a Paperlite system, with the ambition of being 85% Paperlite by 2022. Paperlite will provide for the full digitisation of all internally processed patient records, coupled with an ability to accept paper files from out with NHS Fife, which will then be electronically added to the patient record. The methodology, which will assist with delivery, will be legacy patient files in hard copy with digitisation of only new or updated records. This vision does not imply that all information and services are delivered electronically, but rather that digitisation should be selectively driven in accordance with the strategic priorities that deliver the greatest benefit for service users, clinicians, and the organisation.
NHS Fife are committed to implementing change, however alongside this we must maintain and improve on our existing Business As Usual (BAU) processes.

**Service Management**

Currently we are aligned to the Information Technology Infrastructure Library (ITIL) lifecycle principles to help ensure best practice within Information Technology (IT) Service Management. However, there is a requirement to invest time and resources in a ‘back to basics’ approach to process control over the next 5 years.

This will involve assessing our ITIL process portfolio and establishing and benchmarking maturity levels. Then work can begin to prioritise and improve the maturity of these processes to help us to meet various legislation, frameworks and guidelines.

The diagram opposite shows the 5 Core ITIL Lifecycle Processes:

**Network Information Services (NIS) Legislation**

As defined by the EU, the U.K. Government requires all Public and Corporate bodies to align to the Networks and Information Systems (NIS) Directive. Scottish Government has released a Cyber Resilience Framework to compliment the requirements of NIS and GDPR.

The NIS Directive is made up of four key principles:

1. **Risk Management** – Aligns with a Risk & Governance key action within the Cyber Resilience Framework.
2. **Service Protection** – Aligns with some of the technical assurances contained within the Cyber Essentials standards along with staff awareness across our organisation.
3. **Detect and Defend** – Aligns with the rest of the technical assurances and a proactive operating model regarding Cyber Security Resilience.

4. **Impact Management** – Focus on response and recovery procedures and minimising impact on services.

This aligns with both GDPR and the Cyber Essentials Standard, which provide five technical controls designed to protect services. The maturity of the IT Service Management processes described above will have a direct and positive impact on NHS Fife’s ability to demonstrate complicity with these principles.

**Cyber Security**

Compliance with Scottish Government Cyber Security Framework Standards is mandatory. NIS Directive and Cyber Essentials have set standards that will have a positive impact on NHS Fife’s resilience. A Cyber Security Roadmap has been developed, which will drive a plan for remediation of existing risks and issues and will steer the organisation towards a position of proactive management of the cyber threat and robust IT Security.

The key deliverables of the Cyber Security Roadmap are delivered on a Discover, Stabilise, and Improve approach. As detailed below.

<table>
<thead>
<tr>
<th>Discover</th>
<th>Stabilise</th>
<th>Improve</th>
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</table>
| • Assess and understand the organisation’s level of capability and compliance with SG Cyber Resilience Framework and recognised standards e.g. Network Information Systems (NIS) Directive, Cyber Essentials and the CIS Controls.  
  • Discover and document most vulnerable platforms within NHS Fife based on un-resilient design or un-supported operating systems or applications.  
  • Discover and document any inhibitors such as people, skills, user base awareness etc.  
  • Discover enhancements and improvements to infrastructure required to support the Cyber Security roadmap and invest accordingly in IT Security tools.  
| • Develop and improve the process, procedures and tools used by the Cyber Security Team enabling them to proactively discover, stabilise and improve the security posture of the organisation.  
  • Develop and test response plans or ‘playbooks’ for each of the mainstream cyber security threats.  
  • Gain control over change and stabilise our ability to transition into BAU with capability and control.  
  • Plan, consult and implement any organisational or technical changes required.  
| • Produce Business Cases and secure funding to secure vulnerable platforms based on priority.  
  • Develop an ongoing architectural review roadmap to refresh/upgrade management tools and IT security infrastructure based on priority.  
  • Continuous improvement of Security Posture needs to run right alongside all deliverables.  
  • Improve and test our readiness, resilience and crisis management in order to reduce the impact of security breaches or widespread cyber-attacks.  

3.
NHS Fife are committed to ensuring digital is viewed as an enabler for the organisation and our service users. To guarantee success we must:

- Ensure projects are clinically led, working closely with the dedicated project management team. Each project should have a Clinical Digital Ambassador to advocate the change.

- Plan for adequate training and resource to help our service users to be digitally fit and ready to embrace the digital changes.

- Establish a solid link between National and Local strategies and the Digital and Information Strategy.

- Identify and secure continued engagement of key stakeholders. Take them on the journey and build support for delivery of change.

- Ensure Business Cases are robust and communicate the benefits of project delivery both financial and non-financial. Ensure the business cases are clear, concise and approved before moving forward.

- Standardise, don’t customise, operations to allow them to be delivered effectively.

- Phase projects for delivery where appropriate to reduce the impact on operational services and deliver benefit early.
The current delivery plan is included within Appendix 1. The delivery plan is high level, each individual project will be managed in line with Prince 2 project management with strict governance and identification of the appropriate plans and strategies within the appropriate business cases.

The delivery plan is revisited regularly, as key deliverables may be added or removed based on national, regional or local priorities. Each new deliverable is assessed using the digital requests process, the deliverable is then prioritised and the agreed governance process is then followed.

Each governance committee has their own Terms of Reference detailing responsibilities/assurance levels (Appendix 5). Each project is supported by individual project documentation including plans, risks, lessons learned and benefits realisation.

**Upcoming Financial Challenges**

A number of challenges exist in relation to funding and sustainability.

- Modernising the estate using latest infrastructure standards and services is now the norm, this requires a recurring revenue budget rather than one off capital funding as has been the case in the past.
- Annual increases in support and maintenance contracts for RPI/CPI
- Increasing reliance on Wi-Fi and the short life of the technology. The cost of maintaining this estate is extensive as the technology is ever changing.
- We need to ensure that our end users devices (desktop/laptop/tablet etc) remain current, which means they are updated every 5 years. This is expensive and as we progress on our digital journey costs will increase alongside the increased number of devices.

We will work closely with the business to ensure the financial challenges are risk assessed and managed in accordance with the standard operating procedures of NHS Fife.

**Get Involved**

With the increasing impact of digital across the organisation, it is important to provide a feedback channel from customers of the Digital and Information Service – to ensure that the digital strategy continues to meet not only the strategic direction of the Board, and the Scottish Government, but also the needs of end-users.

Should you wish to discuss any aspect of the Strategy please do not hesitate to contact Marie Richmond, Head of Strategy and Programmes – Digital and Information, Marie.Richmond@nhs.net.
Appendix 1 – High Level Delivery Plan

Key:

<table>
<thead>
<tr>
<th>National Objective</th>
<th>Local Objective</th>
<th>Regional Objective</th>
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<tr>
<td>Technology Enabled Care</td>
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<tr>
<td>Clinical Decision / Advice</td>
<td>Optimisation of Outpatient Appointments</td>
<td></td>
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<tr>
<td>Consultant to Consultant</td>
<td>Near Me</td>
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</tr>
<tr>
<td>Digital Maturity</td>
<td>GP IT Replacement</td>
<td>Paperlite</td>
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<tr>
<td>Theatres System Replacement</td>
<td>Digital Hub</td>
<td></td>
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<tr>
<td></td>
<td>LIMS Replacement</td>
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<tr>
<th>Modernising Patient Delivery</th>
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<tr>
<td>2019</td>
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<tr>
<td>Technology Enabled Care</td>
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<tr>
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<tr>
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<tr>
<td>Near Me</td>
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<tr>
<td>Theatres System Replacement</td>
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<tr>
<th>Joined Up Care</th>
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<tr>
<td>2019</td>
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<tr>
<td>Bedside Risk Assessment</td>
</tr>
<tr>
<td>CHI and Child Health Replacement</td>
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<tr>
<td>Community and Mental Health System</td>
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<tr>
<td>Community Pharmacy Access</td>
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<tr>
<td>Health and Social Care Portal</td>
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Key:
- National Objective
- Local Objective
- Regional Objective
- Digital Maturity
- Theatres System Replacement
- LIMS Replacement
- Bedside Risk Assessment
- CHI and Child Health Replacement
- Community and Mental Health System
- Community Pharmacy Access
- Women and Childrens Redesign
- Health and Social Care Portal
- HEPMA
- Mental Health Pathways
- Neurology e-Referral
- Pharmacy Redesign
- Trakcare Maximum Utilisation

2019 2020 2021 2022 2023 2024
Appendix 1 – High Level Delivery Plan (continued)
## Appendix 2 – Digital First Service Standard

There are 22 criteria for the Digital First Service Standard

<table>
<thead>
<tr>
<th></th>
<th>Criteria</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>User Centred</td>
<td>Understand user needs. Research to develop a deep knowledge of who the service users are and what that means for the design of the service.</td>
</tr>
<tr>
<td>2</td>
<td>Usable and Accessible</td>
<td>Create a service that is usable, accessible and intuitive enough that users succeed first time.</td>
</tr>
<tr>
<td>3</td>
<td>Channel Shift</td>
<td>Identify and, wherever possible, remove impediments that prevent users from using the digital service, clearly establishing it as the primary channel. Plan to provide appropriate assisted digital support if necessary.</td>
</tr>
<tr>
<td>4</td>
<td>Consistent User Experience</td>
<td>Build a service consistent with the user experience of the rest of mygov.scot including using the design patterns and style guide.</td>
</tr>
<tr>
<td>5</td>
<td>Continuous Feedback</td>
<td>Put a plan in place for ongoing user research and usability testing to continuously seek feedback and input from users to improve the service.</td>
</tr>
<tr>
<td>6</td>
<td>Data Driven</td>
<td>Use tools for analysis that collect performance data. Use this data to analyse the success of the service and to translate this into features and tasks for the next phase of development.</td>
</tr>
<tr>
<td>7</td>
<td>Cross-Functional Team</td>
<td>Put in place a sustainable multidisciplinary team that can design, build and operate the service, led by a suitably skilled senior manager with decision-making responsibility.</td>
</tr>
<tr>
<td>8</td>
<td>Sustainability</td>
<td>Build a service that can be iterated and improved on a frequent basis and make sure that you have the capability, resources and technical flexibility to do so.</td>
</tr>
<tr>
<td>9</td>
<td>Continuous Improvement</td>
<td>Build the service incrementally, releasing early and often, using the iterative and user-centred methods set out in the GDS service manual.</td>
</tr>
<tr>
<td>10</td>
<td>Business Continuity</td>
<td>Define, document and regularly test a plan to handle disasters and other incidents that may cause the digital service to be taken temporarily offline.</td>
</tr>
<tr>
<td>11</td>
<td>Technology Appraisal</td>
<td>Evaluate what technology, tools and systems will be used to build, host, operate and measure the service, and how to procure them.</td>
</tr>
<tr>
<td></td>
<td><strong>12 Information Governance</strong></td>
<td>Evaluate what user data and information the digital service will be providing or storing, and address the security level, legal responsibilities, privacy issues and risks associated with the service (consulting with experts where appropriate).</td>
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<tr>
<td></td>
<td><strong>13 Open Data</strong></td>
<td>Make all non-personal, non-commercially sensitive data from the service available for re-use by others under an appropriate licence.</td>
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<tr>
<td></td>
<td><strong>14 Ecosystem</strong></td>
<td>Identify how your service aligns with Scotland’s digital ecosystem.</td>
</tr>
<tr>
<td></td>
<td><strong>15 Open Source</strong></td>
<td>Make all new source code open and reusable, and publish it under appropriate licences (or provide a convincing explanation as to why this cannot be done for specific subsets of the source code).</td>
</tr>
<tr>
<td></td>
<td><strong>16 Open Standards</strong></td>
<td>Use open standards and common government platforms where available.</td>
</tr>
<tr>
<td></td>
<td><strong>17 Green ICT</strong></td>
<td>Deliver a digital service whose impact on the environment, over its whole lifecycle, is understood. Plan to reduce the environmental impact of the service over time.</td>
</tr>
<tr>
<td></td>
<td><strong>18 Data Hosting and Data Centres</strong></td>
<td>Adopt cloud computing or virtualisation as the preferred approaches to the delivery of data hosting for the service.</td>
</tr>
</tbody>
</table>
|   | **19 Performance Management** | Identify performance indicators for the service, including the 4 mandatory key performance indicators (KPIs) defined in the GDS service manual. Establish a benchmark for each metric and make a plan to enable improvements.  

The KPIs are:
- cost per transaction  
- user satisfaction  
- completion rate  
- digital take-up  
|   | **20 Transparent** | Publish performance data on the Digital First Performance Platform. |
|   | **21 Operational Acceptance** | Regularly test the end-to-end service in an environment identical to that of the live version, including on all common browsers and devices, and using dummy accounts and a representative sample of users. |
|   | **22 Sponsor Acceptance** | Test the service from beginning to end with the minister responsible for it. |
Guiding principles formed the building blocks for the development of the Clinical Strategy’s key recommendations.

1. The provision of services will be needs based, proportionate, person-centred and developed in partnership with people.

2. A whole system approach to support and services will be adopted across health and social care and other agencies.

3. Where appropriate, support and services will be delivered as close to people’s home as possible in a timely manner.

4. The provision of all health care will be value based in terms of outcomes, efficiency of resources and cost effectiveness.

5. People will take responsibility for their own health with a focus on prevention and early intervention and avoidable admission into hospital.
The Health and Social Care Partnership delivered their Strategic Priorities based on their:

**VISION** – To enable the people of Fife to live independent and healthier lives.

**MISSION** – We will deliver this by working with individuals and communities, using our collective resources effectively. We will transform how we provide services to ensure these are safe, timely, effective and high quality and based on achieving personal outcomes.

**VALUES** – Person Focused, Integrity, Caring, Respectful, Inclusive and Empowering.
Appendix 5 – Deliverable Prioritisation

A Digital and Information request follows the process below:

Digital and Information Request

**Requestor**

- Start
- Request submitted
- Digital And Information Request
- Requests can be from various sources:
  - Direct from the services
  - Equipment Management Group
  - Convergence exercise
  - Etc.

**Service Desk**

- Service Desk will carry out the initial vet of the request to ensure it is completed and return or assign to correct team based on predefined criteria
- Request assigned to D&I triage team
- Enough information passed?
- No: Return to requestor for additional information
- Yes: Digital and Information Triage Team (meet weekly)

**Digital and Information Triage Team**

- Ensure understand:
  - Prioritisation
  - Resources
  - Time
  - BAU or Project
  - Change Request
- Impact analysis
- Impact Analysis Form
- BAU – Change Request
- Planned and prioritised alongside others
- Update Delivery Plan (if req)
- Update Delivery Plan (if req)
- Close Service Desk Ticket
- End

**Delegated limits are pre-set:**
- Value
- Resources
- Time
- Etc.
- Within delegated limit? Aligned to strategy?
- No
- Yes

**Digital and Information Senior Leadership Team**

- Review impact analysis for new Digital Health and Care Request
- Ensure understand:
  - Prioritisation
  - Resources
  - Time
  - BAU or Project
  - Change Request
- Board Governance completed
- Each Sign Off IA
- Initial Agreement / Proposal Complete
- DPA Complete and reviewed
- SIP Complete and reviewed
- NSAQ Complete and reviewed

**Operational**

- Discussion with Supplier
- Discussion of IT Operational Group
- Approval
The prioritisation of the request is in two stages:

**Stage one:** Identify the deliverable ‘type’ of either a Digital Enablement Project (functional change) or Business as Usual Project (non-functional change).

**Stage two:** Identify National, Regional or Local status and then a level is assigned as follows:

<table>
<thead>
<tr>
<th>Clinical</th>
<th>Technical</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 High Clinical Risk – Impact to Patient care, potential to cause harm if not implemented</td>
<td>1 A real imperative eg national, system 'end of life', burning platform</td>
</tr>
<tr>
<td>2 Potential to Create Interoperability</td>
<td>2 Less obvious imperative or where real benefit to patient care would be achieved</td>
</tr>
<tr>
<td>3 Implementation of Government Guidance to improve care</td>
<td>3 Aligned with strategy but less imperative though improvement to patient care would be achieved</td>
</tr>
<tr>
<td>4 Potential to create Service Efficiencies</td>
<td>4 Have a current solution albeit out of support/at risk, small system change with no big patient benefit</td>
</tr>
<tr>
<td>5 Nice to have</td>
<td>5 Needs archive or purely an admin benefit</td>
</tr>
<tr>
<td>6 Overlapping functionality with another system</td>
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</tr>
</tbody>
</table>

Formal Governance as noted in the process chart above is defined overleaf. If at any stage the new deliverable is not approved the document is returned to the previous stage as not approved.

Each new project will be presented a maximum of 3 times to the relevant governance groups at Initial Agreement Stage, Outline Business Case and Full Business Case depending on value of deliverable.
Once a project is in place the boards above will be regularly updated by way of a Highlight Report and at project completion an End Project Report will be presented which will include Lessons Learned, Benefits which have been achieved and plan for outstanding benefits realisation, alongside timescales for delivery.
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NHS Fife
Hayfield House
Hayfield Road
Kirkcaldy, KY2 5AH

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