

**Reference:** FOI.ICB-2324/161

**Subject:** IT Software, Hardware and Procurement

*I can confirm that the ICB does hold some of the information requested; please see responses below:*

| QUESTION                                      | RESPONSE |
|---|----------|
| Please refer to requesters template enclosed. |          |

***The information provided in this response is accurate as of 17 August 2023 and has been approved for release by Deborah El-Sayed, Director of Transformation and Chief Digital Information Officer for NHS Bristol, North Somerset and South Gloucestershire ICB.***

| Q1. Can you please list the number of devices deployed by your organisation for the following?              |  |
|---|--|
| Device Type   | Number of Devices                            |
| Desktop PCs   | 30   |
| Laptops   | 673  |
| Mobile Phones   | 148  |
| Printers  | 1  |
| Multi Functional Devices (MFDs)   | 3  |
| Tablets   | 4  |
| Physical Servers  | 0 (part of our SLA with our Digital Partner) |
| Storage Devices (for example: NAS, SAN)   | 0 (part of our SLA with our Digital Partner) |
| Networking Infrastructure (for example: Switches, Routers, Interfaces, Wireless Access Points)              | 0 (part of our SLA with our Digital Partner) |
| Security Infrastructure (for example: Firewalls, Intrusion Detection Systems (IDS), Virus Monitoring Tools) | 0 (part of our SLA with our Digital Partner) |

| Q2. Does your organisation have any plans to procure below software applications, if yes then please provide required information in the below format? |                      |          |
|--|----------------------|----------|
| Application Name   | Estimated/Total Cost | Duration |
| Digital Electronic Discharge Systems   | Not part of the ICB  |          |
| Maternity Information Systems  | Not part of the ICB  |          |
| Laboratory Information Management System   | Not part of the ICB  |          |

| Q3. Can your organisation provide Clinical ICT Strategy key decisions and priorities or ICT strategy documents for present and future years? |   |   |   |   |   |
|--|---|---|---|---|---|
|  | 23/24   | 24/25   | 25/26   | 26/27   | 27/28   |
| Key Decisions  | Primary Care EPR procurement/replacement of HSCN connection in GP practices | Shared Care Record procurement                                  |   |   |   |
| Priorities   | Priorities as included within BNSSG Digital Strategy (attached)             | Priorities as included within BNSSG Digital Strategy (attached) | Priorities as included within BNSSG Digital Strategy (attached) | Priorities as included within BNSSG Digital Strategy (attached) | Priorities as included within BNSSG Digital Strategy (attached) |

| Q4. Does your organisation use Artificial Intelligence and Robotics, if yes then please list the services and their estimated cost for 23/24 and 24/25?  |
|--|
| We use some advanced tools that can be considered to be in the AI/Machine Learning space. These are currently delivered through existing infrastructure and tools and therefore don't have any specific separate cost. We don't currently use anything that fits within the common definition of robotics. |

| Q5. Can your organisation provide planned ICT procurement plans across software, hardware or services for current and future years?<br>(Software Applications/Hardware Devices/IT Managed Services) |                      |          |
|---|----------------------|----------|
|   | Estimated/Total Cost | Duration |
| <b>Example: Financial Software</b>  | 800,000              | 2023/26  |
| N365 renewal/ refresh of ICB Devices (20% of estate )/moving to cloud based products  | 1 million            | 2023/26  |



**Bristol, North Somerset  
and South Gloucestershire**  
Integrated Care Board

# Digital Strategy

## 2023–25



**Healthier Together**

Improving health and care in Bristol,  
North Somerset and South Gloucestershire



## Introduction from the Chair

**The creation of the Bristol, North Somerset and South Gloucestershire Integrated Care System provides an exciting opportunity to forge a new path for health and social care in our region, setting a new standard for what it means for our partners to work together to improve outcomes for our population and to truly address health inequalities.**

Against that exciting opportunity, we face some significant challenges. As we continue to recover from the impact of the Covid-19 pandemic, our health and care systems are under huge strain, facing greater demand than ever before.

Across the landscape of our system there are significant changes occurring - an ageing population with more complex health needs; greater demand for mental health services; ongoing recruitment and retention challenges; higher expectations for a more joined up and digitally enabled service across our provision; and patients having more control to determine how they are supported.

Key to our success will be facilitating a smoother flow of people and patients around our region's health and care systems. This will only be possible with greater use of digital tools, and smarter use of data.

We recognise that using technology effectively is a key enabler for our wider system ambition. It will create opportunities to enhance care, empower citizens and deliver efficiencies, helping make the system work better for everyone.

This document articulates a clear, focused and ambitious digital strategy, which reflects and responds to the needs of our population, our workforce and our system partners. It also reinforces the crucial role digital transformation will have in delivering our four system level strategic objectives:

1. **Improve outcomes in population health and healthcare**
2. **Tackle inequalities in outcomes, experience and access**
3. **Enhance productivity and value for money**
4. **Help the NHS support broader social and economic development**

This document is not intended to replace the individual digital strategies of our system partners, but rather is intended to elevate, clarify and codify what we are doing across the region, so that we can achieve together, that which cannot be done alone.

I look forward to working with all our system partners and stakeholders to deliver the outcomes that our population demands and deserves.



Dr Jeff Farrar QPM, OSTJ  
BNSGG ICB Chair

*“a vision to deliver a better experience for staff, people and carers”*

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### SECTION 3

## Our Digital Delivery Themes

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## Our digital vision

To become an exemplar of a digitally advanced ICS.

Working collaboratively and optimising design, data and modern technology to make ground-breaking improvements for the health and well-being of our population.

## Six aspects of our vision:

- 1 The benefits and opportunities of digital and data are embedded in our integrated design process.
- 2 We have a robust collaborative digital infrastructure that allows frictionless working for our staff across the full range of care settings.
- 3 We avoid duplication by integrating and reusing systems, architecture, shared services, support and expertise.
- 4 The experience of integrated seamless care for the person is underpinned and enabled by digital functionality and infrastructure that supports staff working.
- 5 Digital first channels are available for our citizens, empowering them to self-serve and make choices about their care journey.
- 6 Our integrated data-sharing and planning platform helps us to make the right decisions for people and our system.

See why, what and how p6–9

Our one page digital strategy p12

See our digital principles p16

## Why are we doing this?

We have the opportunity to design a system-wide strategy that responds directly to the needs of our citizens and balances the pressures we face to create better outcomes for the people we serve.

Digital transformation and new technologies will be key enablers in delivering new models of care.

### Key opportunities:

Making collaboration easier by improving information and data sharing

Using data analysis to predict healthcare needs

Using technology-enabled care to provide support to people in their own homes

### Critical challenges:

Our health system is under huge pressure due to the rising demand for health and social care, resulting in slow patient flow through the system

Limitations in funding mean that we have to prioritise carefully and think differently to achieve our goals

There are systemic inequalities in health outcomes across our system that must be addressed, associated with ethnicity, deprivation, learning disabilities and autism

The high number of digital systems and tools in use across our system can make interoperability and compatibility difficult

## What are we doing?

Digital teams from across our system have come together as a single group to explore and agree on how we can best work together to support our citizens.

Our discussion and assessment have led to the creation of three clear priorities for our digital transformation activity:

### 1. Designing a digitally enhanced ICS

- a. Driving up digital and data integration opportunities
- b. Establishing population health platform and tools
- c. Increased collaboration and learning
- d. Digital development leadership and training
- e. Embedding collaboration and shared system development
- f. Developing a culture and environment for innovation

### 2. Developing digitally empowered citizens

- a. Improving information sharing between citizens and health and social care providers
- b. Focusing on citizen engagement and digital inclusion
- c. Implementing more citizen-based technology and shared care tools to enable greater choice
- d. Providing more digital channels and services
- e. Providing more support to citizens to improve their digital literacy
- f. Embedding co-production and human-centred design in partnership with our citizens

### 3. Delivering digitally enabled care

- a. Providing seamless and timely information sharing between all health and care providers
- b. Ensuring care pathways work across organisational boundaries to support shared caseload and care planning
- c. Releasing time to care, developing new models of care and digitally enabled pathways
- d. Improving access to population health management insight
- e. Improving our digital infrastructure and security, through single sign-on; common cyber standards;
- f. Enhancing our electronic patient records interoperability

These priorities allow us to align our core activity, projects and resources to deliver for the people of the BNSSG system as a whole.

## How will it make a difference?

We believe that this strategy will deliver a better experience for the three key groups of people we serve – staff, people and carers.

### Improved experience for our staff

**As a professional I will:**

Have more time to spend with the people that need to see me the most

Be able to communicate quickly and easily with colleagues

Have confidence that the information I am looking at is accurate

Be able to update and share my findings, insights and agreed changes to a person's care plan

Be able to see the outcome for the person and understand how I have contributed

Have the tools and the training to consider the health of the wider population to influence and drive improvement

Feel confident that if I have new ideas on how technology can help us to improve I will be heard

### Improved experience for people

**As a person engaging with the system, I will:**

Be able to make a choice about using digital services to access my information, get advice, and communicate with the team supporting me

Be cared for in the location most appropriate to me and my needs

Understand better what the clinician said after my consultation by viewing my notes and sharing this with my carer

Feel safer knowing my needs can be monitored whilst I am at home

Feel more able to make decisions about my own health and care by feeling a part of the team not just a recipient of care

Feel like you actually know me as I won't need to repeat the same information that I have already told somebody else

Be able to avoid potential problems by having access to advice about important aspects of my care

### Improved experience for carers

**As a carer I will:**

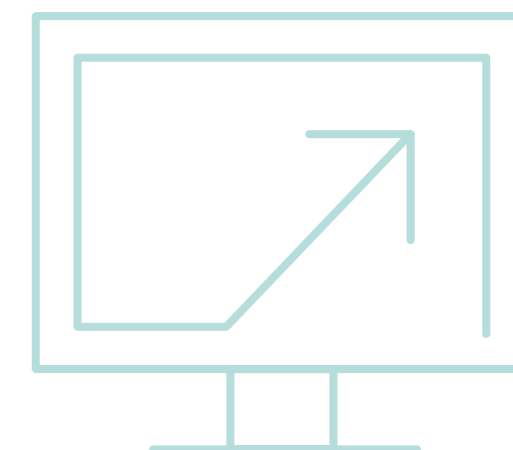
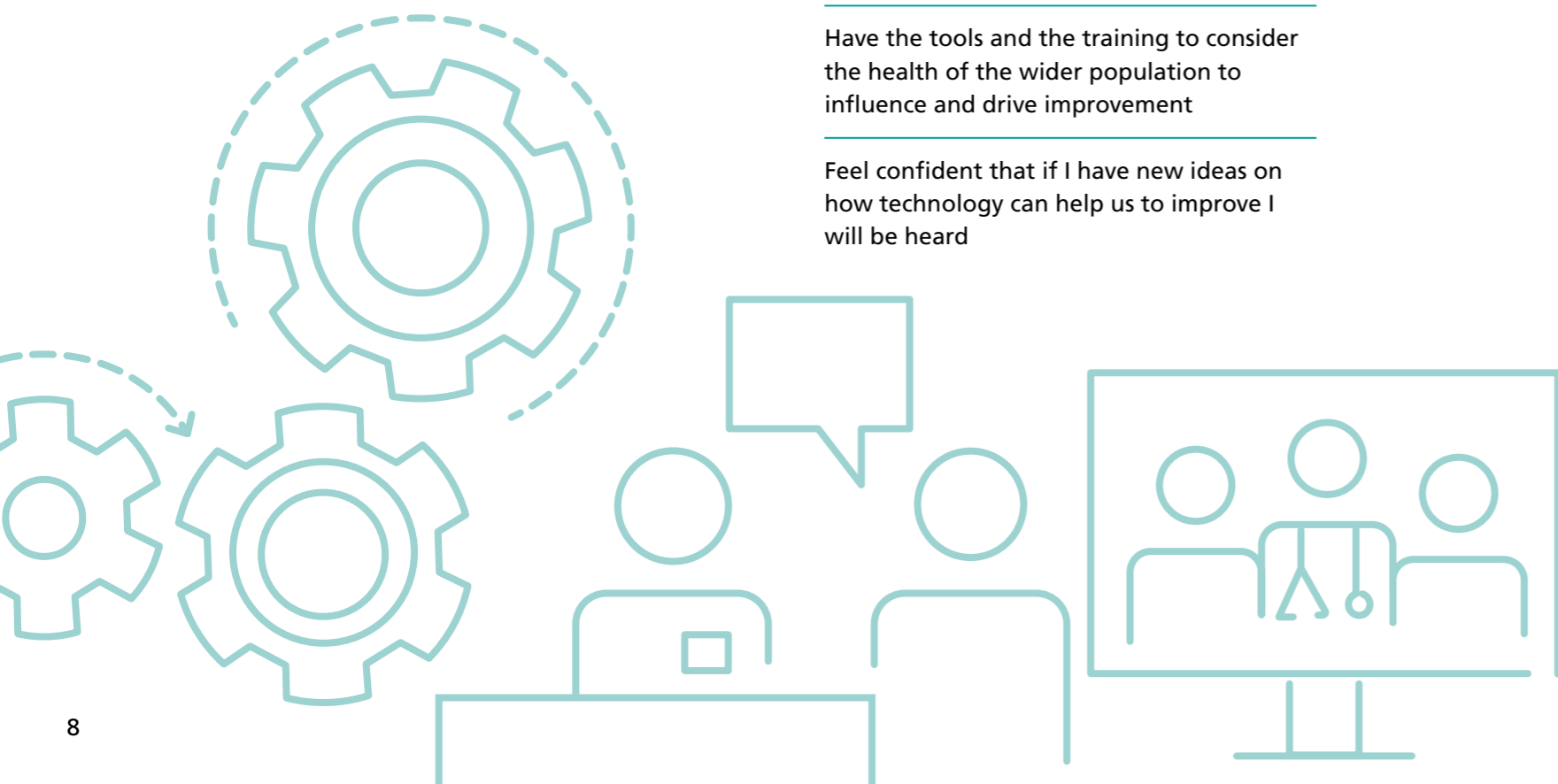
Not spend as much of my time having to go to health and care establishments

Feel better supported by health and care professionals through bespoke advice and guidance

I will be aware of what clinical teams have said, what medications are prescribed and when appointments are due, so I can plan my needs around this information

Be able to plan for my caring duties better by being able to reschedule appointments and having access to the required information from my smartphone

Feel more assured that technology is supporting the person I am caring for, when I am not around to be caring directly





# Examples of Our Digital Future

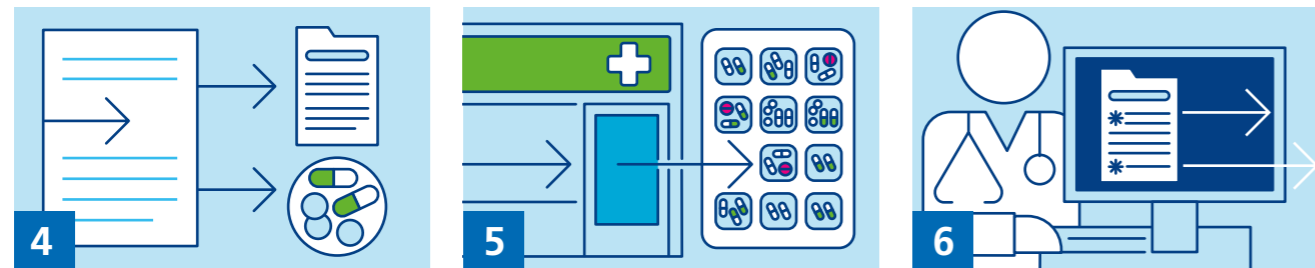
## Example 1: 84 year old woman is admitted to hospital with a fall, unable to mobilise



1 Ambulance record an Electronic Assessment in the home at beginning of electronic ED assessment. This is visible to everyone on the patient record.

2 There is a single electronic patient record throughout patient's hospital stay.

3 There is an autogenerated discharge summary from stay.



4 Hospital clinical discharge codes automatically update primary care codes (single patient record) and medications in records.

5 Electronic Medications update the community pharmacy supplying dosette box.

6 GP actions are automatically included into primary care record with prompts on the patient record.



7 CPR and Advanced care plan are updated with Read/Write plans in hospital in real time, which communicates to South West Ambulance Service, primary care and community records.

8 Social information, such as details of care package and key contacts, visibility of falls alarm data are on the shared care record.

9 Avon and Wiltshire Mental Health Partnership Trust (AWP) information is visible on cognition and mental health reviews.

## Example 2: Ambulance called to a 55 year old man found collapsed at home



1 Crew access the integrated care record en-route and find that he has seen the GP with headaches, takes warfarin, is allergic to penicillin and is hypertensive.

2 The ambulance crew suspect a neurological cause and divert directly to North Bristol Trust.

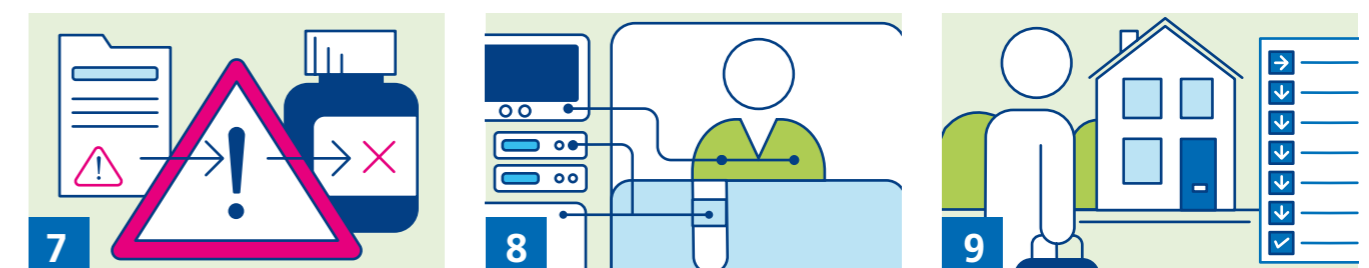
3 The Emergency Department team at NBT are pre-alerted and have the integrated care record open in resuscitation prior to arrival.



4 They can see the ambulance crew observations and notes in real time and prepare for intubation on arrival.

5 The integrated record contains details on the difficult airway and appropriate kit and senior anaesthetic staff are convened.

6 The patient is intubated on arrival and immediately CT scanned. He is taken to the interventional radiology suite and the aneurysm is coiled.



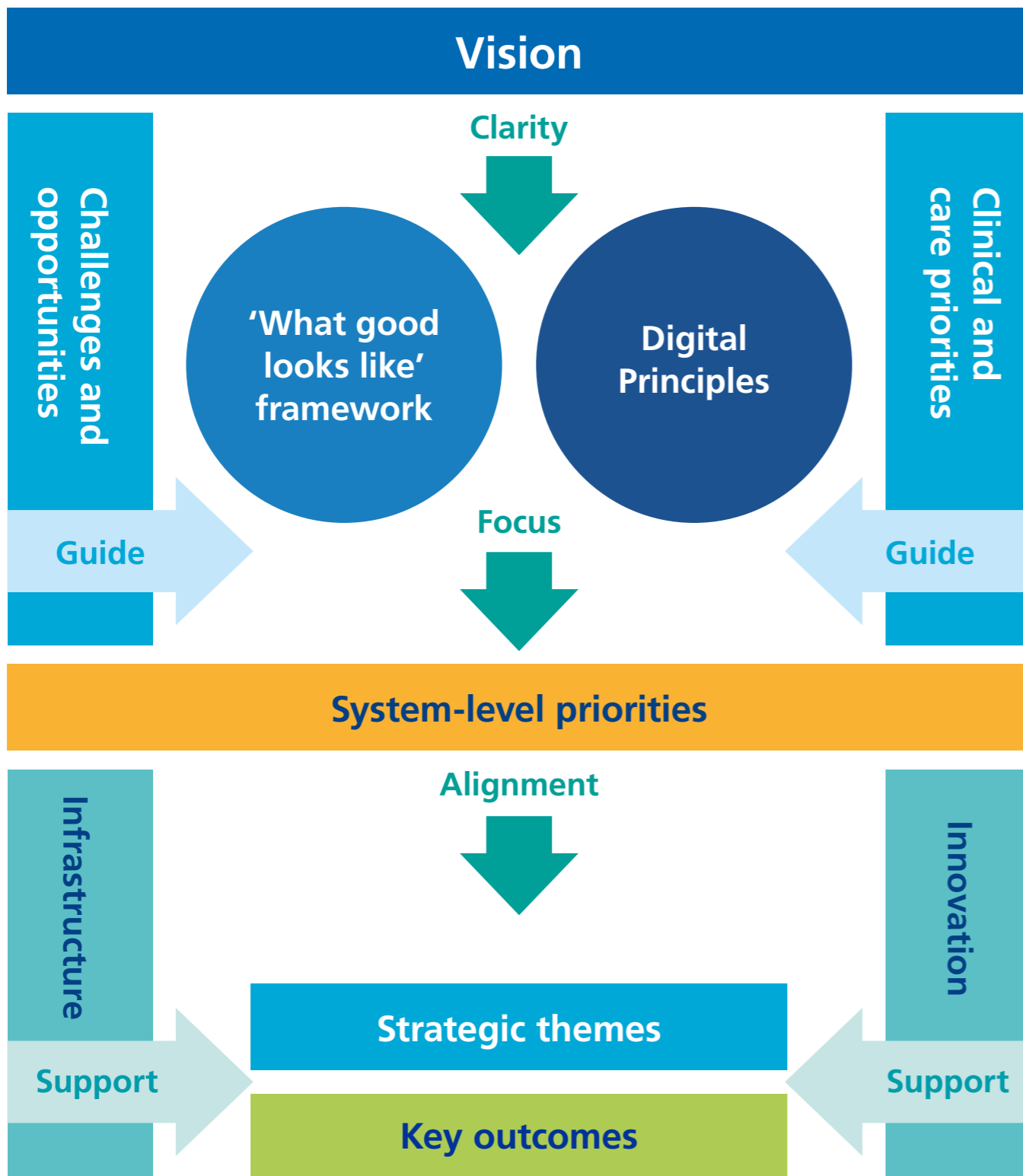
7 No antibiotics are given.

8 He is woken up the next day and leaves ICU a day later.

9 He returns home within a week



# Our digital strategy on a page



## Vision

Our single vision to develop BNSSG into an exemplar for a digitally advanced ICS provides the clarity and direction for our strategy. Every priority and action is in service to delivering this. *See page 4 for more details on our vision.*

## Challenges + opportunities

Every strategy must be designed to work within its context. We must respond to our environment and balance competing pressures to create the outcomes we desire. *See page 6 for more details of our key challenges and opportunities.*

## Clinical + care priorities

Digital transformation is an enabler of new models of care, and as such must be deployed in support of clear clinical and care aims. *See page 12 for details of our clinical and care priorities.*

## 'What good looks like' framework

The NHS have published the What Good Looks Like (WGLL) programme that draws on local learning and builds on established good practice to provide clear guidance for health and care leaders to digitise, connect and transform services safely and securely. *See page 18 for more details.*

## Digital principles

To help guide digital teams across our system on our digital transformation journey we have developed clear principles. We will be holding ourselves – and each other – to account against these principles. *See page 16 for details.*

## System level priorities

Synthesising our vision, context and clinical and care priorities allows us to establish clear priorities that provide focus to digital transformation activity across our system. These will change over time as we deliver our programme. *See page 7 for details of our current priorities.*

## Strategic themes

To deliver our priorities, and in response to the challenges and opportunities we face, we have structured our activity into delivery themes. These allow us to structure and align projects and activity across our ICS. *See page 22 onwards for more details.*

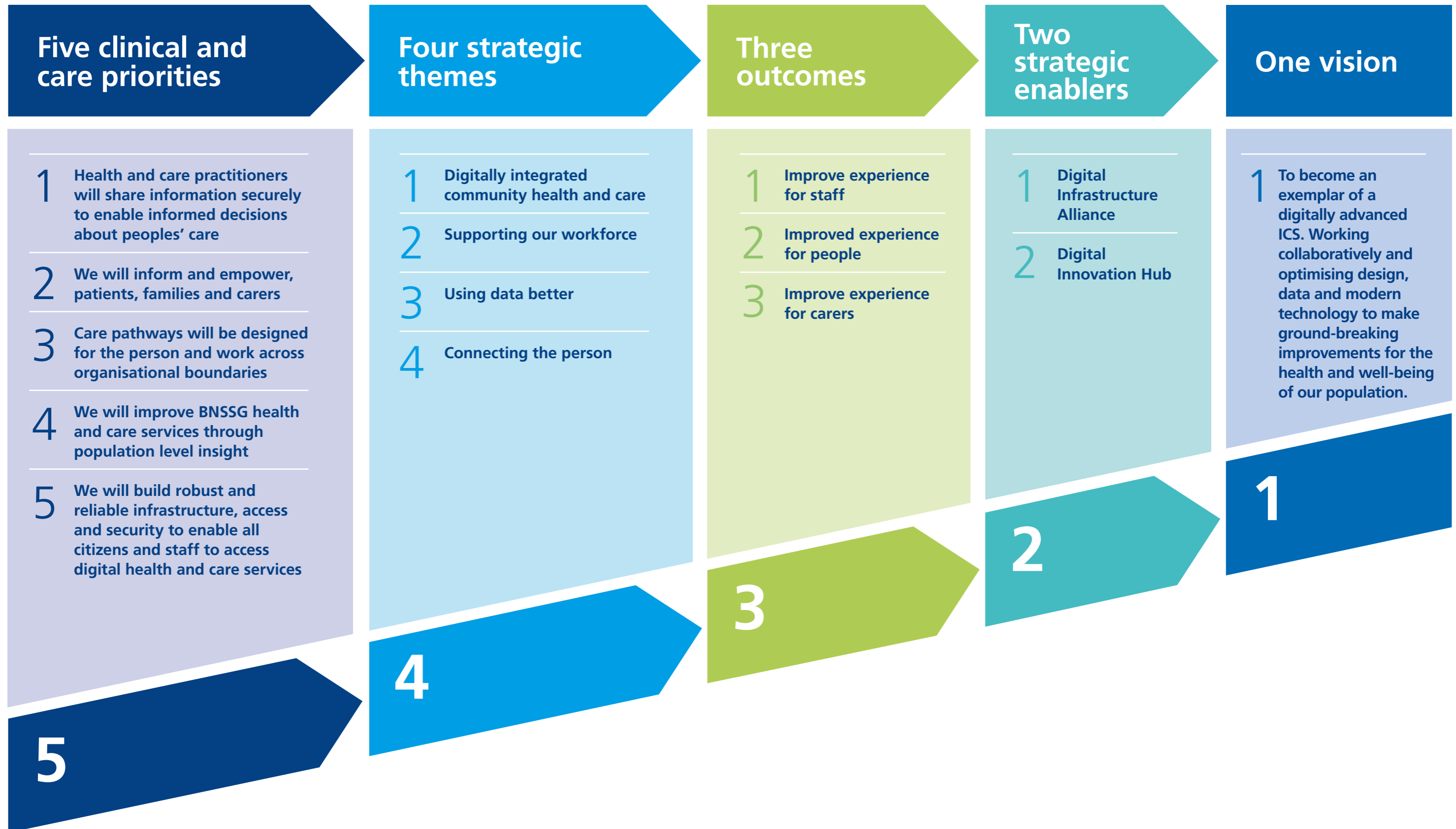
## Key outcomes

All of our digital transformation activity is designed to achieve tangible outcomes for our staff, ICS population and carers. Monitoring progress against these outcomes will inform our activity, and measure the effectiveness of our strategy. *See page 8 for more details.*

## Infrastructure + innovation

The efficient use of our system-wide infrastructure and the maximisation of opportunities for innovation are two crucial enablers which will allow us to deliver our system-wide priorities. *See page 29 for more details.*

# How we will deliver our vision



# Our digital principles

As a newly-formed ICB comprising a diverse set of partners, each with different individual strategies and aims, we recognise the need to establish a clear way of working as a system to deliver the health outcomes our population deserve.

To facilitate and inform us on that journey, we have developed two sets of principles. The first set are for the system as a whole, for when our partner group are working together. The second set are for each partner, expressing the role they will all play in driving system-wide success.

We will be holding ourselves – and each other – to account against these principles.

## ICB Digital Principles

- 1 We will always act in the best interests of the system as a whole, putting the needs of our people at the centre of our decisions
- 2 We will be an independent arbiter to manage competing demands
- 3 We will dedicate leadership and resources to support our system partners, to create the best environment for our workforce and the best outcomes for our citizens
- 4 We will foster a culture of collaboration and trust between all system partners
- 5 We will empower collective decision making
- 6 We will define success at a system level, and share performance data to better understand our impact

## System partner principles

Each system partner commits to:

- 1 Make a clear **organisational contribution** to support the system achieve its priorities and deliver system first benefits
- 2 Sign a BNSSG **digital alliance strategic agreement (DASA)** which will underpin the digital strategy and make formal the shared focus and commitment of each organisation
- 3 Establish appropriate project and programme **governance** processes, delegated authority, gateway reviews and standardised methodology, which enable the successful implementation of system priorities
- 4 Drive the values of **shared accountability, mutual respect, support and collaboration**
- 5 **Provide dedicated leadership and system wide resources** to support the system deliver its objectives
- 6 Improve the **pace of decision making**, allowing the system to respond and adapt to changing events quicker
- 7 **Focus and commit to a clear and agreed set of priorities** that directly enable our system ambitions
- 8 **Provide investment** which acknowledges the potential Digital has to support system financial sustainability, under a spend to save delivery approach



# The role of digital in transforming health and social care

The NHS's 'What Good Looks Like' framework sets out seven digital capability success measures for Integrated Care Systems to judge themselves against. Meeting and exceeding these measures will ensure our digital delivery improves the outcomes, experience and safety of our citizens.

## Well Led

Own an ICS-wide digital and data strategy that drives 'levelling up' across the ICS and is underpinned by a sustainable financial plan

Establish ICS governance to regularly review and align all organisations' digital and data strategies, ICS-cyber security plan, programmes, procurements, services, delivery capability and risks

Ensure that your ICS digital and data strategy has had wide input from clinical representatives from across the ICS

Identify ICS-wide digital and data solutions for improving health and care outcomes by regularly engaging with partners, citizen and front line groups

Invest in regular board development sessions to develop digital competence

Support investment in ICS-wide multidisciplinary CCIO and CNIO functions

ICB digital priority which responds to these criteria: 'Designing a Digitally Enhanced ICS'

## Ensure Smart Foundations

Have a system-wide strategy for building multidisciplinary teams with clinical, operational, informatics, design and technical expertise to deliver the ICS digital and data ambitions

Ensure progress towards net zero carbon, sustainability and resilience ambitions by meeting the Sustainable ICT and Digital Services Strategy (2020 to 2025) objectives

Make sure that all projects, programmes and services meet the Technology Code of Practice and are cyber secure by design

Oversee across organisation investment in modern infrastructure to retire unsupported systems

Drive organisations towards 'simplification of the infrastructure' by sharing and considering consolidation of spending, strategies and contracts

Ensure levelling up of the use and scope of electronic care record systems, including using greater clinical functionality and links to diagnostic systems and EPMA

Lead the delivery and development of an ICS-wide shared care record (ShCR) which adheres to the Professional Records Standard Body's (PRSB) Core Information Standard

ICB digital priority which responds to these criteria: 'Designing a Digitally Enhanced ICS'

## Safe Practice

Have a system-wide plan for maintaining robust cyber security, including development of centralised capabilities to provide support across all organisations

Establish a process for managing the cyber risk with mitigation plans, investment and progress regularly reviewed at ICS level

Have an adequately resourced ICS-level cyber security function, including a senior information risk owner and data protection officer (DPO)

Ensure that you fully use national cyber services provided by NHS Digital

Ensure the organisations in your ICS are supported to comply with the requirements in the

Data Security and Protection Toolkit which incorporates the Cyber Essentials Framework

Have an adequately resourced clinical safety function, including a named CSO, to oversee ICS-wide digital and data development and deployment

Ensure ICS-wide clinical systems meet clinical safety standards as set out by DTAC and DCB0129 and DCB0160

Establish a clear system-wide process for reviewing and responding to relevant safety recommendations and alerts, including those from NHS Digital (cyber), NHS England, the MHRA and the Healthcare Service Investigation Branch (HSIB)

Ensure compliance with NHS national contract provisions related to technology-enabled delivery, for example, clinical correspondence and electronic discharge summaries

ICB digital priorities which respond to these criteria: 'Designing a Digitally Enhanced ICS' and 'Delivering Digitally Enabled Care'



## The role of digital in transforming health and social care (continued).

### Support People

Create and encourage a digital first approach across the ICS and share innovative improvement ideas from frontline health and care staff

Promote the use of systems and tools to enable frictionless movement of staff across the ICS - allowing staff from different organisations to work flexibly and remotely where appropriate

Ensure that front-line staff across your ICS have the information they need to do their job safely and efficiently at the point of care, including an ICS shared care record

Create ICS-wide professional development, front-line skills development, peer support mechanisms and training opportunities  
Pool resources to provide resilient digital support services across your ICS

**ICB digital priority which responds to these criteria: 'Developing Digital Empowered Citizens'**

### Empower Citizens

Develop a single, coherent ICS-wide strategy for citizen engagement and citizen-facing digital services that is led by and has been co-designed with citizens

Make consistent, ICS-wide use of national tools and services (NHS.uk, NHS login and the NHS App), supplemented by complementary local digital services that provide a consistent and coherent user experience

Ensure and monitor a consistent citizen offer by ICS organisations

Ensure a system-wide approach to the use of digital communication tools to enable self-service pathways such as self triage, referral, condition management, advice and guidance

Ensure a system-wide approach for people to access and contribute to their health and care data

Take an ICS-wide approach to access to care plans, test results, medications, history, correspondence, appointment management, screening alerts and tools

Have a clear ICS digital inclusion strategy, incorporating initiatives to ensure digitally disempowered communities are better able to access and take advantage of digital opportunities

**ICB digital priority which responds to these criteria: 'Developing Digitally Empowered Citizens'**

### Improve Care

Have an ICS-wide approach to the use of data and digital solutions to redesign care pathways across organisational boundaries to give patients the right care in the most appropriate setting

Ensure that organisations across your ICS make use of digital tools and technologies that support safer care, such as EPMA and bar coding

Ensure that organisations across your ICS employ decision support and other tools to help clinicians follow best practice and eliminate quality variation across the entire care pathway

Ensure that organisations across your ICS provide a consistent and cost-effective approach to remote consultations, monitoring and care services

Lead a system-wide approach to collaborative and multidisciplinary care planning using an array of digital tools and services alongside PRSB standards

**ICB digital priority which responds to these criteria: 'Delivering Digitally Enabled Care'**

### Healthy Populations

Lead the delivery and development of an ICS-wide intelligence platform with a fully linked, longitudinal data-set (including primary, secondary, mental health, social care and community data) to enable population segmentation, risk stratification and population health management

Use data and analytics to redesign care pathways and promote wellbeing, prevention and independence (for example, identifying patients for whom remote monitoring is appropriate)

Create integrated care models for at risk population groups, using data and analytics to optimise the use of local resources and ensure seamless coordination across care settings

Ensure that local ICS and place-based decision making forums, including PCN multi-disciplinary teams, have access to timely population health insight and analytical support

Make data available to support clinical trials, real-world evidencing and AI tool development

Drive ICS digital and data innovation through collaborations with academia, industry and other partners

**ICB digital priority which responds to these criteria: 'Designing a Digitally Enhanced ICS'**





## Section 3

# Our Digital delivery themes

To deliver our priorities, and in response to the challenges and opportunities we face, we have structured our activity into four delivery themes. These are:

**Theme 1:**  
**Digitally enabled community health and care**

**Theme 2:**  
**Supporting our workforce**

**Theme 3:**  
**Using data better**

**Theme 4:**  
**Connecting the person**

All these themes are supported by our Infrastructure and Innovation practices. In this section, we outline the outcomes each theme will provide, and identify some of the key projects happening across our system that will deliver them.

## Theme 1: Digitally enabled community health and care

Enable multi-disciplinary teams working in the community and support place-based partnerships and integrated models of care.

This theme is focused on delivering three strategic outcomes for the system.

### a. Enable locality partnerships

Key projects and activities which support the delivery of this outcome include:

Read Write Care Plan project will enable an interoperable digital care plan with read and write capability that can be integrated with ICS clinical systems. This will accelerate care for those most in need, reduce admissions and conveyances for those at the end of life, release time to care for hospital staff and improve care in the community, across a broad range of clinical pathways

Implement a new clinical management tool to enable locality partnership working, including managing patient workflows, bed management and reporting on where a patient is on their journey

Roll out an Advice and Guidance solution to enable dynamic clinical advice guidance, soft hand-over, referral of a patient onto an agreed pathway, and reporting across a number of pan-ICS services

### b. Re-procure Electronic Patient Records (EPR) systems

Key projects and activities which support the delivery of this outcome include:

Shared Care Record system re-procurement with improved functionality, which will release time to care by providing accurate and live data feeds, leading to improved patient care and outcomes

Mental health EPR re-procurement with enhancements that enable greater pan-ICS collaboration and interoperability

Primary care EPR re-procurement with enhancements that enable greater pan-ICS collaboration, and support faster data sharing between ICS EPRs, leading to improved patient care and outcomes

Community EPR re-procurement to promote improved working across community, primary care, mental health and acute pathways

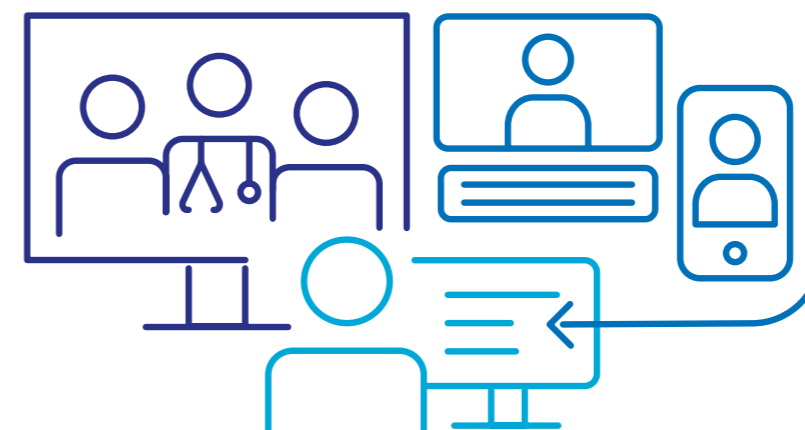
### c. Address gaps in digital maturity

Key projects and activities which support the delivery of this outcome include:

Our ICS Digital Executive will ensure robust design authority, finance oversight and cyber security governance, which will embed metrics to ensure minimum standards of digital capability across the system are achieved or exceeded

Digital Maturity in Care Settings project will improve the digital maturity of care organisations, helping them to use ICS health clinical systems and solutions. This will reduce admissions and conveyances due to providing the right care in the right place, and will release time to care for staff and improve patient care

VCSE Digital Action Plan will identify and bridge gaps in digital maturity across the sector, enabling our VCSE partners to engage with our system to effectively support our ICS priorities



## Theme 2: Supporting our workforce

Using digital to release time to care, create frictionless working and drive new pathways and models of care that help support the workforce shortages we will continue to face.

This theme is focused on delivering three system-level outcomes:

### a. Release time to care

Key projects and activities which support the delivery of this outcome:

Provide our workforce with the tools to work anywhere across the BNSSG locality hubs and buildings network, ensuring our digital infrastructure is set-up to accommodate this. For example, providing accessible fixed wire or Wi-Fi at any site and an easy to access network connection from all sites to allow staff to connect to necessary networks

Deployment of a virtual desktop that will enable all relevant BNSSG staff access to clinical and operational systems required to deliver a specific service

Development of standardised and agreed digital practices and operational processes to ensure the safe, efficient and consistent operational use of shared solutions, whilst also improving frontline staff experience and adoption of new digital systems

A single order communications solution will enable all clinicians to easily locate – or be automatically presented with within their EPR – a patient's test results, saving time which will release time to care for patients

### b. Develop new models of care

Key projects and activities which support the delivery of this outcome:

Healthier Together at Home project will enable the remote home care of our citizens through a single team, supported by a consistent set of digital tools. This will reduce admissions and conveyances, reduce the length of stays in hospital, release time to care and improve patient care

### c. Enable digital confidence

Key projects and activities which support the delivery of this outcome:

Implementation of our Digital Workforce Plan, focusing on pan-ICS digital training and development for clinical and care staff

Our Digital Academy will deliver workforce development programmes which upskill our staff and develop a pool of digital healthcare professionals who can progress into digitally focused roles in the future

We will conduct an ICS wide care home staff training audit, which will inform the design and delivery of a corresponding upskilling programme that will increase digital confidence in staff working across social care

## Theme 3: Using data better

Improving clinical decision making by embedding population health management and developing a system-wide platform to make data and analytics more available to support key decisions.

This theme is focused on delivering three system-level outcomes:

### a. Connect care

Key projects and activities which support the delivery of this outcome:

Our re-procured shared care record will consume and present key clinical and population health management data to enable better clinical decision making and support improved patient outcomes

Enhancement to our EPR systems across the ICS will lead to improved communication between inter-organisational teams. For example, the acute Patient Administration System project will enable greater access to North Bristol NHS Trust and University Hospitals Bristol and Weston NHS Foundation Trust Patient Administration Systems (PAS), simplifying clinical communication across pan-ICS pathways

### b. Improve care traffic control

Key projects and activities which support the delivery of this outcome:

A Care Traffic Control programme will develop a platform that provides real-time assessments of activity, patient flow and the cross-system impact of initiatives across BNSSG, supporting system-wide, evidence-based decision making

A shared data and planning platform (SDPP) will make data easier to find, understand and use, improving our ability to manage patient flows across the system

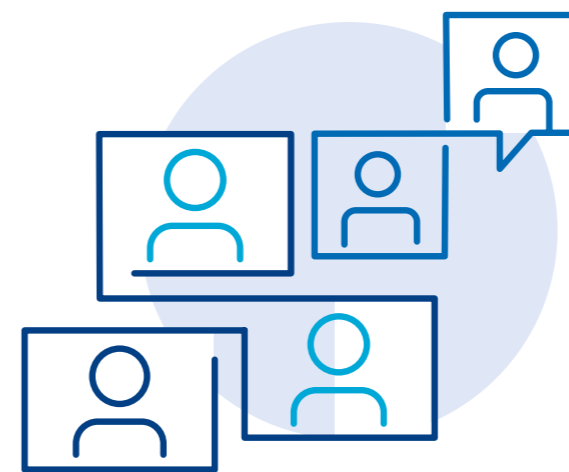
*See over the page for more details.*

### c. Enhance population health management

Key projects and activities which support the delivery of this outcome:

Our Population Health Management Intelligence Hub will allow us to understand more about how people with different needs interact with the various healthcare services, and identify opportunities for prevention, and to improve and better co-ordinate the delivery of healthcare across our region to support operational and clinical decision making

Continuous development of our Population Health Management Academy curriculum and advanced modules will improve our workforces' understanding of how to turn linked health and care data into improvements in frontline service delivery





# Shared Data and Planning Platform (SDPP) Alignment to BNSGG Digital Strategy

## Theme 4: Connecting the person

Creating a programme of citizen-first digital to drive up self-service and empower the person.

This theme is focused on delivering three system-level outcomes:

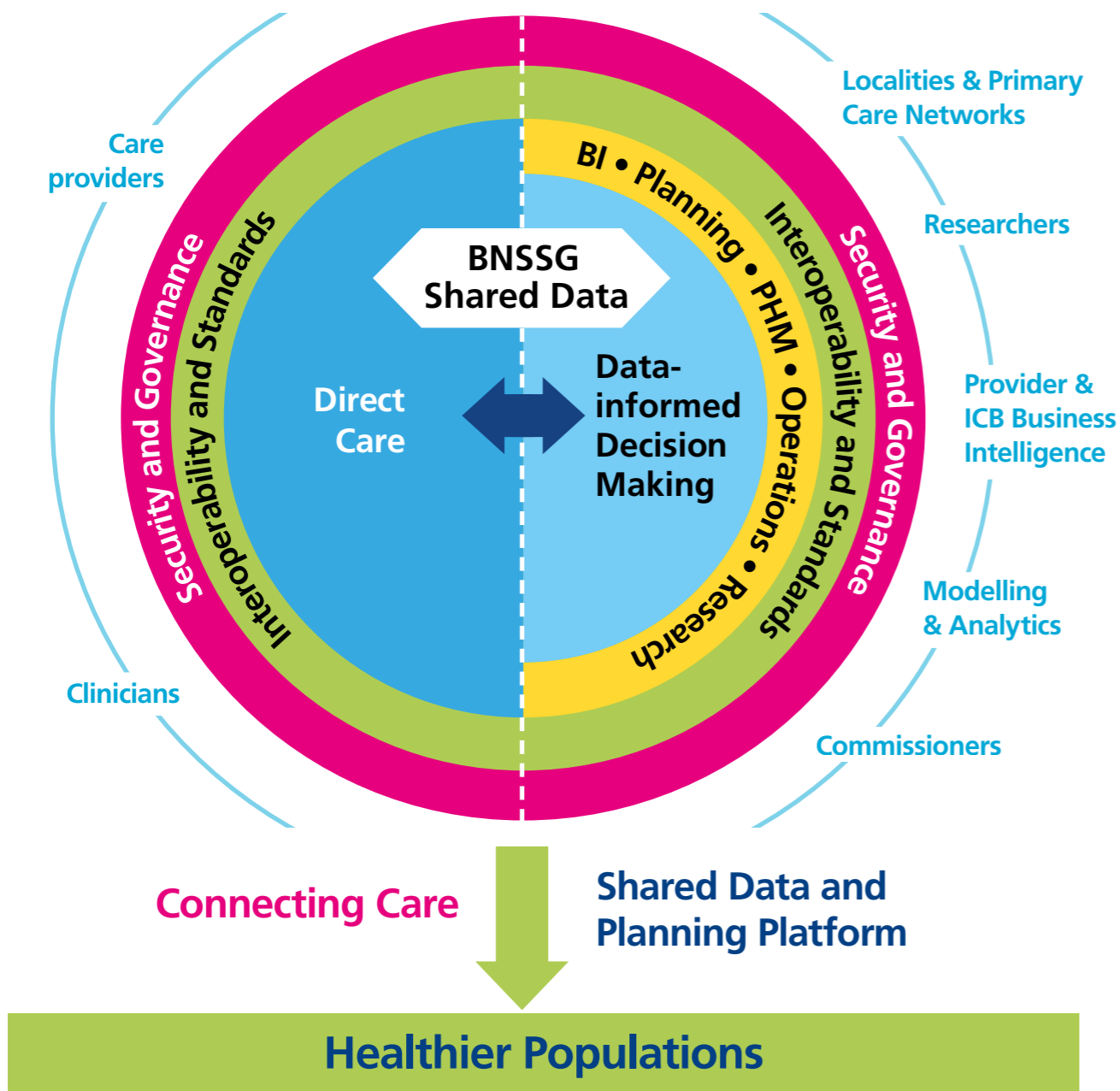
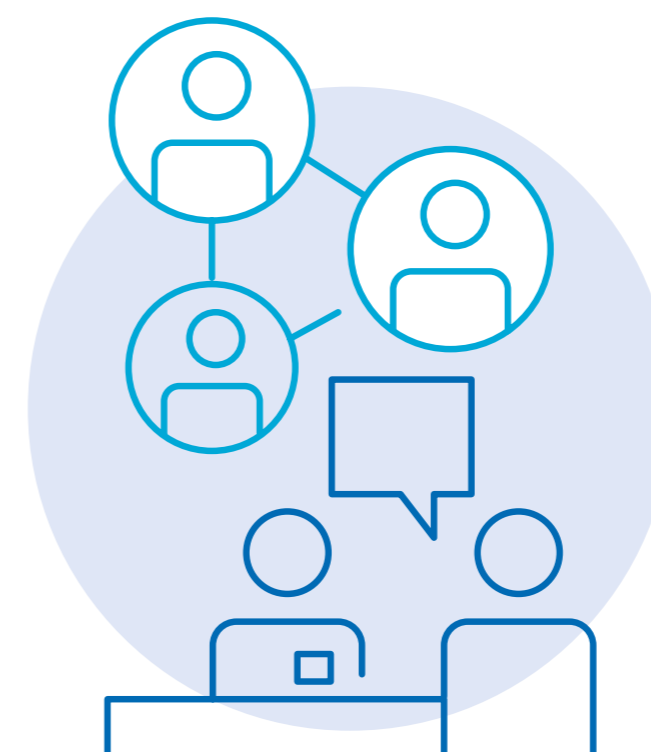
### a. Increase access to digital first services

Key projects and activities which support the delivery of this outcome:

Home First Care solutions will more allow move citizens to remain at home when receiving support or when their condition is being monitored, providing clinical readings via devices or apps, that are reported (and acted upon) via an interactive dashboard

Technology Enabled Care in Hospitals project will deploy technology-enabled care solutions within Discharge to Assess pathways, so staff in acute wards are confident and able to accelerate discharge and support citizens' recovery at home by deploying technology enabled support. This will reduce the length of stays, release time to care and improve patient care

Technology Enabled Care in Care Settings project will deploy technology-enabled care tools across care homes in BNSSG, including acoustic monitors, point of care testing and falls, predictors. This will reduce admissions and conveyances, reduce the length of stays, release time to care and improve patient care



- |   |   |
|---|---|
| Single information source that allows ICS to collaborate at scale | Fewer interfaces between systems to manage                  |
| Fewer systems and associated governance (de-duplication)          | Standardisation of data (easier collective decision making) |
|   | Simpler interoperability (now and in the future)            |

## Theme 4: Connecting the person

### b. Citizens become a partner in care

**Key projects and activities which support the delivery of this outcome:**

Digital Patient project will allow patients in acute and mental health settings to interact with clinicians regarding their outpatient care, including: appointment information, digital correspondence, virtual consultation and information collection

A new citizen interaction portal will support citizen's care journey to promote shared decision-making and person-centred care. For example, the Autism Discovery project will improve the experience for parents and carers of children waiting for an autism diagnosis

We will enable citizens to access the appropriate advice and support through clinically assured apps and platforms (such as ORCHA), to enable them and to manage ongoing conditions

### c. Address digital inclusion

**Key projects and activities which support the delivery of this outcome:**

Increase citizen uptake by embedding user centred design into all digital projects. For example, our BNSSG User Experience Lab will use of human-centred design as to ensure we consider digital inclusion and factor in health inequalities and diversity into the projects we take forward

Promote the use of apps to support citizen's health management. For example, we are piloting the deployment of Hear Me Now app to improve take-up of annual health checks and self-care for people with learning difficulties

Ensure our Digital Inclusion Strategy is consistently applied across all aspects of digital delivery including: improving health literacy, increasing citizen self-care competence and providing access to technology and data to tackle data poverty

## Infrastructure and Innovation

The efficient use of our system-wide infrastructure and the maximisation of opportunities for innovation are two crucial enablers which will allow us to deliver our system-wide priorities. Consequently, we are establishing two new entities which will bring system partners together to make better decisions about the use of our resources and develop new, innovative ways of delivering care; which will improve the experience for our citizens, carers and staff.

### Digital Infrastructure

We will create a BNSSG-wide collaborative Digital Alliance that joins up key systems to deliver cost savings by removing duplication and creating shared services and resources, creating greater value across the whole system.

#### Projects of immediate focus for the Digital Alliance:

Primary Care IT support options review

Digital Patient project

Support options for Connecting Care

Review of system-wide architecture, shared services and software

Creation of a single diagnostics hub

Create a single digital shared services hub in partnership with or to replace the CSU

Build on the existing joint Cyber Team and organisational commitments to enable greater collaboration and reflect the security we need for an integrated approach

### Digital Innovation

In partnership with the Academic Health Science Networks, Bristol health partners, the University of Bristol and the University of the West of England we will create a Digital Accelerator and Innovation Hub to test new technology and models of care. We will develop a pipeline of digital innovation that ensures we are able to use new developments in technology to deliver better care and outcomes for our population.

#### The Digital Accelerator and Innovation Hubs will:

Be clinically led with key clinical innovators at the helm.

Engage with professional and clinical teams across our system to ensure that ideas for technology-led improvements are taken through a robust and structured methodology that ensures both pace of development and a strong connection to the existing digital infrastructure in the system.

Be a joint endeavour linking the medical effectiveness capability across the system and technology-enhanced care teams in local authorities.

Bring together the significant resource within our system to drive up the levels of innovation moving from research into practice, including Tech Assistive Labs, Living Labs and Robotics Hubs.

Develop international partnerships to draw learning from experts across the globe to support our ICS systems and its citizens.

Secure external investment to maximise the impact for our citizens.



## Thank you

With thanks to everyone who has contributed to the development of this document.

We look forward to working with you to deliver our strategy over the next three years.



**Bristol, North Somerset  
and South Gloucestershire**  
Integrated Care Board

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