

**Reference Number:** FOIAH2425/157  
**From:** Private Individual  
**Date:** 14 June 2024  
**Subject:** IT Systems and devices

**Q1** What standard manufacturer, make and models of devices are clinicians using within the Trust?

- \* Desktop PCs/ Thin Clients (e.g. Dell, Lenovo, HP etc)
- \* Laptops (e.g. Dell, Lenovo, HP etc)
- \* Tablets (e.g. iPhone, Android, Zebra etc)
- \* Smartphone (e.g. iPhone, Android, Zebra etc)
- \* Wristband Printer (e.g. Zebra, Honeywell etc)
- \* Barcode Scanners (e.g. Zebra, Honeywell etc)

**A1** Information not held- no Thin Clients

Desktops - Lenovo M70Q, HP Z2, HP400G4, Dell OptiPlex, Dell AIO.Laptops = HP Dragonfly, Lenovo L14 and Dell 54 variant.  
Tablets Surface PRO, Dell Latitude 2in1, IPADs, Samsung Galaxy Tab, IPODs.  
Wristband printers - Zebra  
Barcode scanners - Newland or Metapace X62

**Q2** What quantity of devices do the Trust have deployed in use with Clinicians?

- \* Desktops (e.g. Dell, Lenovo, HP etc)
- \* Laptops (e.g. Dell, Lenovo, HP etc)
- \* Tablets (e.g. iPhone, Android, Zebra etc)
- \* Smartphone (e.g. iPhone, Android, Zebra etc)
- \* Wristband Printer (e.g. Zebra, Honeywell etc)
- \* Scanners (e.g. Zebra, Honeywell etc)

**A2** Information not held- unable to split between staff members.

For all Staff:  
Laptops- 2,700  
Desktops- 1,970  
Tablets- 1,700  
Smartphones android- 1,700  
Smartphones iPhone- 845  
Wristband Printer -approx. 50  
Scanners - approx. 120

**Q3** What type of end user devices are other non-clinical business (Admin, Support Services) users using within the Trust?

\*\*\*If the Trust does not know the split between Clinician and Non Clinical Staff Q2&Q3 please say so and give a combined total \*\*\*

- \* Desktops (e.g. Dell, Lenovo, HP etc)

- \* Laptops (e.g. Dell, Lenovo, HP etc)
- \* Tablets (e.g. iPhone, Android, Zebra etc)
- \* Smartphone (e.g. iPhone, Android, Zebra etc)

A3 Information not held- not able to split between clinical and non-clinical.

For all staff:

Laptops- 2,700

Desktops- 1,970

Tablets- 1,700

Smartphones android- 1,700

Smartphones iPhone - 845

Wristband Printer – approx. 50

Scanners - approx. 120

Q4 What software systems do the Trust use to support and manage the end user devices? This includes deployment, ongoing support, remote monitoring and management for the following areas?

- \* Desktops (e.g., Dell, Lenovo, HP etc)
- \* Laptops (e.g. Dell, Lenovo, HP etc)
- \* Tablets (e.g. iPhone, Android, Zebra etc)
- \* Smartphone (e.g. iPhone, Android, Zebra etc)
- \* Wristband Printer (e.g. Zebra, Honeywell etc)
- \* Scanners (e.g. Zebra, Honeywell etc)

A4 LANSweeper, Kaseya, Bomgar, IT Health, Intune, Sophos, AD Manager

Q5 How many service calls (calls to an IT service desk to report a fault, does the Trust manager per year for the following?

- \* Desktops (e.g. Dell, Lenovo, HP etc)
- \* Laptops (e.g. Dell, Lenovo, HP etc)
- \* Tablets (e.g. iPhone, Android, Zebra etc)
- \* Smartphone (e.g. iPhone, Android, Zebra etc)
- \* Wristband Printer (e.g. Zebra, Honeywell etc)
- \* Scanners (e.g. Zebra, Honeywell etc)

A5 Information not held- unable to provide in breakdown requested. Hardware specific data not held.

However, total number of jobs logged with Alder Hey Desktop and Alder Hey Drop-In:

2022 - Desktop- 9,461

2022- Drop-in- 1,516

2023- Desktop- 7,307

2023 - Drop-in - 2,127

Q6 Do you have a breakdown of incident types for 22/23 for the following areas (Breakdown of incident type meaning - The reason the call for service was logged)

- \* Desktops (e.g. Dell, Lenovo, HP etc)
- \* Laptops (e.g. Dell, Lenovo, HP etc)
- \* Tablets (e.g. iPhone, Android, Zebra etc)
- \* Smartphone (e.g. iPhone, Android, Zebra etc)
- \* Wristband Printer (e.g. Zebra, Honeywell etc)
- \* Scanners (e.g. Zebra, Honeywell etc)

- A6 Information not held- unable to provide the information in the breakdown requested.  
Hardware specific data not held.
- Q7 Does the Trust have a bring your own device strategy? (If documented can this be shared)
- A7 Yes, please see attached 'Mobile Device and Bring your Own Device (BYOD) policy
- Q8 Are the Trust currently using NHS Mail or do the Trust have their own Exchange?
- A8 Exchange
- Q9 Does the Trust have a plan to replace their current Electronic Patient Record System?
- A9 No
- Q10 When?
- A10 Not applicable, as per A9.
- Q11 If the Trust does not have a current ERP system does the Trust have plans to implement a new Electronic Patient Record System?
- A11 Information not held, as per A9.
- Q12 When
- A12 Information not held, as per A9.
- Q13 Has a business case been submitted or been approved for a new Electronic Patient Record System?
- A13 Information not held, as per A9.
- Q14 What software systems to the trust currently use to manage the following areas?
- \* HR
  - \* Payroll
  - \* Finance
  - \* Procurement
- A14 HR- Electronic Staff Record  
Payroll- Information not held - payroll services for the Trust are provided by St Helens & Knowsley Teaching Hospitals NHS Trust  
Finance - Oracle NEP  
Procurement - Oracle NEP
- Q15 Does the Trust have plans to implement either a new HR and Payroll, Finance or Procurement system?
- A15 No

Q16 Does the Trust use Microsoft 365?

A16 Yes

Q17 What type of Microsoft agreements do the Trust purchase under?

A17 Enterprise Agreement

Q18 Do the Trust have a data strategy or IT Strategy that can be shared?

A18 Yes, please see attached 'Digital and Data Futures Strategy'





# M62 - MOBILE DEVICE & BRING YOUR OWN DEVICE (BYOD) ACCEPTABLE USAGE POLICY

Document Properties	
<b>Version:</b>	8
<b>Name of Ratifying Committee:</b>	Digital Oversight Committee
<b>Date Ratified:</b>	26/06/2024
<b>Name of Originator/Author:</b>	Paul Grimes, Cyber Security Manager
<b>Name of Approval Committee:</b>	Operational IT Group
<b>Date Approved:</b>	June 2024
<b>Executive Sponsor:</b>	Kate Warriner, Chief Digital and Information Officer
<b>Date Issued:</b>	June 2024
<b>Review Date:</b>	July 2027



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### 1. [Version Control, Review and Amendment Logs](#)

Version Control Table				
Version	Date	Author	Status	Comment
8	June 2024	Jaswant Sagoo	Current	Updated template
7	December 2022	Cyber Security Manager	Archived	Substantial rewrite due to changes in working practice.
6.1	September 2022	Cyber Security Manager	Archived	
6	September 2021	Cyber Security Manager	Archived	Move to Annual Review
5	April 2019	IG Manager	Archived	Modified to reflect changes in legislation and altered appendix sections.
4	February 2018	Head of Technical Services	Archived	
3	November 2017	Head of Technical Services	Archived	Minor changes to provider and updates
2	November 2016	Head of Technical Services	Archived	Minor changes to provider and updates related to the hospital move / organisational structures
1	September 2014	IM&T Project Manager, IG Manager	Archived	

Record of changes made to Bring Your Own Device Policy – Version 7			
Section Number	Page Number	Change/s made	Reason for change
Through out	Various	Substantial rewrite due to changes in working practice.	Compliance

## **M62 - MOBILE DEVICE & BRING YOUR OWN DEVICE (BYOD) ACCEPTABLE USAGE POLICY**

### **2. [Quick Reference Guide – Bring Your Own Device \(Acceptable Usage\)](#)**

The Trust recognises that employees may wish to use their own personal devices for work purposes.

This policy sets out the requirements of this service provision to staff.

# M62 - MOBILE DEVICE & BRING YOUR OWN DEVICE (BYOD) ACCEPTABLE USAGE POLICY

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## 3. [Introduction](#)

### 3.1 Purpose of policy

The purpose of this policy is to ensure that employees who prefer to use their personally-owned IT equipment for work purposes must:-

- must secure corporate data to the same extent as on corporate IT equipment,
- must not introduce unacceptable risks (such as malware) onto the corporate networks by failing to secure their own equipment;
- Feel assured from a Trust perspective that their privacy is maintained.

### 3.2 Scope of policy

This policy is applicable to all employees whom use Mobile Device Management.

## **M62 - MOBILE DEVICE & BRING YOUR OWN DEVICE (BYOD) ACCEPTABLE USAGE POLICY**

In order for you to use your personal mobile phone for work purposes and access your work email on it, you must enroll on the Trust's mobile device management (MDM) system. Mobile device management (MDM) is an industry term for the administration of mobile devices, such as smartphones, tablet computers, laptops and desktop computers. This requires installing an application on your mobile phone and connecting your mobile to the Trust's WiFi

### **4. Duties**

Duties for staff are detailed within the Information Governance Policy (see on [DMS](#)) and information available on the Information Governance Page on the Intranet.

The Information Governance Policy (see on [DMS](#)) also includes the framework features roles / committees and mechanisms within the IG function.

In addition to the above for the purposes of this policy all Staff will have the following responsibilities.

- Must adhere to the Terms of Service - See [Appendix A](#).
- If your personal device is damaged, it is your responsibility to get the device repaired; the Trust is not liable for the repair of your device.
- If your device is suspected lost you must inform IM&T as soon as is possible.

### **5. Bring Your Own Device (BYOD)**

5.1 Access to the Trust Systems is available for devices enrolled in the Trusts Mobile Device Management (MDM) software. Access to the Trusts email systems is accessible via the Outlook Application for personal devices, installing this on your device will also enrol it on the Trust's mobile device management (MDM) system and enforce certain minimum controls to your devices any differences between the controls and usage requirements between Trust owned and BYOD devices will be highlighted in the following sections.

5.2 Multiple failed password attempts to access the application, or failure to meet its prerequisites, will result in the application removing itself and associated data from your device.

5.3 If your personal device is damaged, it is your responsibility to get the device repaired; the Trust is not liable for the repair of your device.

5.4 You are liable for any damage incurred to your device on Trust premises

5.5 If your device is suspected lost you must inform IM&T as soon as is possible.

5.6 If your device is returned to the manufacturer, you must inform IM&T of this in advance so IT administrators can ensure the removal of Trust applications from your device.

## **6. Physical Security**

Mobile devices are stolen each year so physical security remains high on the priority list for the Trust. All mobile devices should be securely locked away when not in use and follow the below practice in use

- The device should be treated as if it is your own property. It is your responsibility to keep it safe.
- If you have a secure access token never leave it in the same location as the mobile device.
- Do not leave the mobile device unattended in a public place / car.
- Mobile systems, devices or information shall be transported securely.
- If you are travelling on your own, please keep your device with you during the journey.
- Try to avoid using 'flashy' carry cases as they can attract unnecessary attention.
- If you're travelling with a colleague, use a buddy system to watch each other's mobile devices.
- Never leave your mobile device in a vehicle where it can be seen through the window, when traveling in car lock it in the boot.
- Even when it's in the boot, it is still vulnerable so avoid leaving a mobile device in an unattended car.
- Do not leave a mobile device in view, when using at home.
- A mobile device should only have the minimal amount of data stored on it.
- Do not allow unauthorized persons (friends, family, associates, etc.) to gain access to mobile systems, devices or Trust information.
- Secure mobile systems, devices or information overnight, such as by physically locking down / away devices.
- Trust equipment should be brought back to the Trust for secure disposal.
- Precautions should be taken to protect assets against opportunistic theft.
- Precautions should be taken to protect the asset and information when working at remote locations.

## **7. Software Security**

The mobile devices will be registered with the Trust mobile device management system and are to be subject to the following practice.

- You are not authorized to load any unauthorized software onto Trust mobile devices.
- If you require any additional licensed software for your work please contact the IT Service Desk.
- Do not 'Jailbreak' or make any attempts to gain elevated privileges on the mobile device.
- No applications should be used that interfere with the correct operation of the device.

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- Mobile devices will have security options enabled, such as pin numbers and/or a password.
- Passwords and/or pin numbers should not be shared with anyone else.
- Passwords should be formulated from a mixture of letters (upper and lower case), numbers, and special characters.
- Passwords should be changed in line with Trust ISMS policy.
- The Trust cannot assert for sure where the various mobile device suppliers elect to store biometric data. Therefore, it is up to the user to decide whether or not to use this access control feature.
- Do not disable or bypass /disable security measures or anti-malware protection software / mobile device settings put in place by the Trust.
- Data export restrictions apply, as per Trust policy.
- Trust data is not to be exported from the device.
- Do not store any patient information or any form of sensitive data on the mobile device. It is recognize that this sort of data can be transmitted via the Trust e-mail. This can result in the data being stored on the mobile device. Therefore it is important that the good practice guidelines in this document are followed..
- In order to maintain the security of the network minimum Operating System requirements will be applied to the mobile devices connecting to the Trust, if the device does not meet these then access to the device may be restricted or blocked.
- All removable media must be virus checked prior to use and will be prompted to have to Trust encryption applied to the storage before data can written to it.

### **8. Loss of Data**

To minimise data loss the following should be followed•

- Users should not store sensitive data locally on the device.
- If the biometric access controls were to fail to work correctly then a user may need to revert to password / pin code entry to access the device. IT will not store user passwords.
- If the user fails to remember their password / pin then the system may reset back to its default settings and any data stored may be lost.
- It is important you notify the IT Service Desk / raise an incident promptly if you think your mobile device has been stolen.
- All incidents that constitute a loss of hardware or data, or that could lead to a data breach must be reported via the Trust incident reporting procedures, and include notifying the IT Help Desk and raising an incident.
- Any loss or potential loss of personal data will be investigated.

### **9. Internet Use**

Use of the Internet is encouraged where it supports the Trust objectives. The Internet is a valuable business tool. However, its misuse can have a negative impact on productivity and the reputation of the Trust.

## **M62 - MOBILE DEVICE & BRING YOUR OWN DEVICE (BYOD) ACCEPTABLE USAGE POLICY**

The Trust will monitor the use of the Internet for volume of traffic and sites visited.

For instance, the following are deemed to be unacceptable:-

- Visiting Internet sites that contain obscene, pornographic, hateful or illegal material
- Visiting sites to perpetrate any form of fraud, software, film or music piracy
- Using the Internet to send offensive material
- Downloading illegal software
- Hacking into unauthorized areas both inside and outside the Trust
- Publishing defamatory, insulting, abusive or false material about an Organization or individuals
- Using the Internet to publish any confidential information about an Organization or individual
- Using unauthorized tools or services

### **10. Telephone Use**

- Trust mobile phones should be used for Trust business use.
- Trust staff issued with a mobile phone should make every effort to minimise the use of their mobile phone, and should be careful which numbers they dial.
- Dialling premium/international rate numbers will cost the Trust significantly in phone bills and should be minimised.
- Trust phone usage will be monitored and high usage staff may be contacted.
- It is illegal to use your phone while driving or riding a motorcycle unless you have hands-free access, such as a Bluetooth headset.

### **11. Sanctions**

If an employee has not complied with this policy they could face disciplinary procedures through the Trust Disciplinary Policy (see on [DMS](#)).

### **12. Incidents**

Where it is found that security of our systems / network / data has been put at risk as a result of non-compliance of this policy or otherwise, an incident must be logged on our Trust incident system.

### **13. Monitoring**

- 13.1 The end user agrees to and accepts that their access and/or connection to Trust networks and systems may be monitored to in order to identify unusual usage patterns or other suspicious activity.
- 13.2 Monitoring of compliance with this policy will include the review of incidents in relation to Mobile devices and BYOD.



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- 13.3 The Trust must ensure that functions exist to monitor access and usage of systems. Individual use of the Trust MDM system will not be proactively monitored, this will be conducted upon request in line with this policy.
- 13.4 Monitoring information must only be retained for as long as is required for any investigatory or disciplinary procedures to be completed.
- 13.5 In order to maintain the security of the network Information Governance and Information Security audits will be completed. The outcome of the audits will be reported to the Information Governance Steering Group. The audit programme will incorporate the following to ensure:
- i That personal identifiable and business sensitive information is shared in line with safe haven procedures.
  - ii That mobile devices in use comply with this policy (including patch status).
  - iii That information is kept secure in line with this policy.
  - iv That access to information and information systems is compliant with this policy.
- 13.6 Having the Trust MDM application installed on your mobile phone or device will allow IT system administrators where required to view various aspects of your device. This could include your location last seen (if location services is enabled).
- 13.7 This information will only be viewed / gathered where there would be a legal requirement to do so, for HR investigation or on instruction from the individual to whom the device belongs. For Example:
- Criminal investigations
  - Investigation subject to section 12 of the Information Security Policy
  - Suspected loss / stolen device.

All information will be held securely in line with Data Protection Policy and Legislation.

Under no circumstances via the Trust MDM solution are the following to be accessed by IT administrators:

- Personal Email
- Personal Messages
- Personal Contacts
- Pictures or Videos
- Call history
- Content / Personal details held within the apps.

### **14. [Further Information](#)**

#### **References (Legal & Regulatory Framework)**

## **M62 - MOBILE DEVICE & BRING YOUR OWN DEVICE (BYOD) ACCEPTABLE USAGE POLICY**

The Trust has a duty to comply with legislation affecting the stewardship and control of information.

The relevant legislation and regulation includes:

- General Data Protection Regulation (GDPR)
- Data Protection Act 2018 (DPA18)
- Human Rights Act 1998
- Access to Health Records Act 1990 (where not superseded)
- Freedom of Information Act 2000
- Computer Misuse Act 1990
- Copyright, designs and patents Act 1988 (as amended by the Copyright (Computer Programs) Regulations 1992)
- Electronic Communications Act 2000
- Regulation of Investigatory Powers Act (& Lawful Business Practice Regulations 2000)
- The Caldicott Report (incorporating Caldicott Principles)
- Information Governance Toolkit Assessment
- ISO 27001 Information Security Standards
- CQC Essential Standards
- NHS Information Risk Management, Digital Information Policy, January 2009
- Information Security Management: NHS Code of Practice, April 2007
- Information Commissioner's Office (custodians of DPA18 & FOI who provide guidance material to ensure compliance with legislation and security for BYOD)

**Associated Documentation** (see on [DMS](#)).

- Overarching Information Security Policy – RM42
- ICT Network Security Policy – RM66
- Email and Internet Access Acceptable Use Policy – M24
- Data Protection Policy – RM44
- Code of Conduct for Handling Personal Data
- Information Governance Policy – M45
- Security Policy – RM48
- Mandatory Training Policy – M31
- Induction Policy – E6
- Disciplinary Policy – E5
- Data Quality Policy – RM45
- Risk Assessment Policy – RM4

### **15. [Appendices](#)**

#### **15.1. [Appendix A – BYOD Terms of Service](#)**

**Dear User**

## **M62 - MOBILE DEVICE & BRING YOUR OWN DEVICE (BYOD) ACCEPTABLE USAGE POLICY**

Your access to this service is completely at the discretion of the Trust, and your access to the service may be blocked, suspended, or terminated at any time for any reason including, but not limited to, violation of this Agreement, actions that may lead to liability for our hospital, disruption of access to other users or networks, or violation of applicable laws or regulations. Users not conforming to these responsibilities may be in breach of Trust policy and disciplinary rules, and therefore subject to disciplinary action.

**You must agree to the following terms of service:**

### **Our Obligations to You:**

- We will use reasonable endeavours to ensure that you are provided with uninterrupted access to this Service 24 hours a day. We will not be liable however, for any reason if the service is not available at any time for any period.
- We may suspend access at any time and for any reason, including routine or emergency maintenance of the servers. For this reason we strongly recommend that you regularly save any progress where this facility exists whilst using the service.
- In the event of your device being lost or stolen, IM&T will reserve the right to remove Trust Applications from your device, which will remove all Trust applications added during this process.
- We will push out alerts to your mobile device to inform you when the terms of service and BYOD Policy have been updated.
- Under no circumstance, will IM&T perform a full wipe of your device without your permission to do so.
- We will run reports of a frequent basis to identify failed login attempts to mobile device passcode and/or mobile device management and will contact users that have a high number of failed login attempts, to confirm that the attempts have been made by the user, not someone else.

### **Your Obligations to Us:**

- You must read and understand your responsibilities with regards to the BYOD Policy before adhering to this disclaimer.
- If your device is lost or stolen, this must be reported to IM&T.
- All mobile devices (smartphones/tablets) must register with the Trust's Mobile Device Management. This provides secure access to email, calendar, contacts and Avaya (softphone). You undertake to us that whilst using this Service provided by us you will do so responsibly and that you will behave in a lawful, honest and proper manner when accessing the services.
- We may terminate your use of the service at any time without notice if we become aware of any behaviour that has a negative effect on our equipment or network, or the use by other customers of our equipment or network or the internet in general, or which damages, or has the potential to damage, our reputation.
- You must not use the service for any illegal purpose (including but not limited to breaching any intellectual property or computer misuse legislation and

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downloading or uploading any illegal material); send any unsolicited commercial email (or “spam”) or any activity relating to it; carry out any “hacking” activities such as attempting to access systems without authorization or carry out denial of service attacks.

- You must not use the service to download and/or save any documentation on the device (including device screen shots) that you are using that may contravene the individual’s responsibilities concerning confidentiality re: patients, staff or the Trust’s business. Users must be reminded that the duty of confidentiality extends outside of the work environment and also after employment ceases. Information relating to patients, staff and the Trust must not be disclosed in a manner that may breach confidentiality, be defamatory or bring the reputation of the Trust into disrepute. Examples would include viewing such information in a public area with no attempt to be discrete.
- You must only print person identifiable data, when necessary, and in an environment where Trust services are being provided. Consideration must be given to printing location and the security of printed documentation. Such data must not be printed outside a recognised work environment, and must not be disclosed in a manner that may breach patient or staff confidentiality. Where non person identifiable Trust documentation / records e.g. emails, policies or agendas are to be printed, consideration again, must be given to printing location and the security of printed documentation. For example, if it is necessary to print non identifiable information at home or in a public setting, consideration must be given to security to avoid it being accessed by other individuals, particularly where information is not already in the public arena, e.g. not on the Trust website. When there is no longer a business need for the printed copy to be available it must be destroyed by a secure method to avoid accessibility after use.
- When updates are applied to the Terms of Service –disclaimer and BYOD Policy, you must read them to ensure that you adhere to the updated disclaimer and policy.
- If your device is damaged, it is your responsibility to get the device repaired; the Trust is not liable for the repair of your device.
- If your device is returned to the manufacturer, you must inform IM&T of this in advance so that IT administrators can remove Trust Applications.
- It is your responsibility to ensure that the operating system on your device is kept up-to-date.
- IM&T are not responsible for providing support for your device, other than for the purpose Mobile Device Management solution.

**Please note** that we may revise these terms at any time. You must accept this Agreement each time you use the Service, and it is your responsibility to review it for any changes each time.

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### 16. Checklist for Approval of Policies

		Yes/No/ Unsure	Comments
<b>1.</b>	<b>Title</b>		
	Is the title clear and unambiguous?	Y	
	Is it clear that the document is a Trust policy?	Y	
<b>2.</b>	<b>Rationale</b>		
	Are reasons for development of the policy stated?	Y	
<b>3.</b>	<b>Development Process</b>		
	Is the method described in brief?	Y	
	Are individuals involved in the development identified?	Y	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Y	
	Is there evidence of consultation with stakeholders and users?	Y	
<b>4.</b>	<b>Content</b>		
	Is the objective of the document clear?	Y	
	Is the target population clear and unambiguous?	Y	
	Are the intended outcomes described?	Y	
	Are the statements clear and unambiguous?	Y	
<b>5.</b>	<b>Evidence Base</b>		
	Is the type of evidence to support the document identified explicitly?	Y	
	Are key references cited?	Y	
	Are the references cited in full?	Y	
	Are local/organisational supporting documents referenced?	Y	
<b>6.</b>	<b>Approval</b>		
	Does the document identify which committee/group will approve it?	Y	
	If appropriate, have the joint Human Resources/staff side committee (or equivalent) approved the document?	N/A	
<b>7.</b>	<b>Dissemination and Implementation</b>		
	Is there an outline/plan to identify how this will be done?	Y	
	Does the plan include the necessary training/support to ensure compliance?	Y	
<b>8.</b>	<b>Document Control</b>		
	Does the document include version history and identify key changes since the last approved version?	Y	
<b>9.</b>	<b>Process for Monitoring Compliance</b>		

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USAGE POLICY**

		Yes/No/ Unsure	Comments
	Are there measurable standards or KPIs to support monitoring compliance of the document?	Y	
	Is there a plan to review or audit compliance with the document?	Y	
<b>10.</b>	<b>Review Date</b>		
	Is the review date identified?	Y	
	Is the frequency of review identified? If so, is it acceptable (Default is 3 years)?	Y	
<b>11.</b>	<b>Overall Responsibility for the Document</b>		
	Is it clear who will be responsible for coordinating the dissemination, implementation and review of the documentation?	Y	

17. [Equality Impact Assessment](#)

Initial Equality Impact Assessment (EIA) Form	
This section must be completed at the development stage i.e. before approval or ratification. For further guidance please refer to the Equality Impact Assessment (EIA) Policy on <a href="#">DMS</a> .	
Part 1	
<b>Name and Job Title of Responsible Person(s):</b> Paul Grimes	<b>Contact Number:</b> Click or tap here to enter text.
<b>Department(s):</b> Cyber Security	<b>Date of Assessment:</b> 01/10/2022
<b>Name of the policy / procedure being assessed:</b> Bring your own device acceptable usage policy	
<b>Is the policy new or existing?</b> Existing	
<b>Who will be affected by the policy</b> <i>(please tick all that apply)?</i> Staff	
<b>How will these groups / key stakeholders be consulted with?</b> Committee and comms	
<b>What is the main purpose of the policy?</b> To ensure that employees who prefer to use their own personally-owned IT equipment for work purposes are explicitly authorised to do so, and to ensure the security of corporate data to the same extent as on corporate IT equipment	
<b>What are the benefits of the policy and how will these be measured?</b> To ensure that employees who prefer to use their own personally-owned IT equipment for work purposes are explicitly authorised to do so, and to ensure the security of corporate data to the same extent as on corporate IT equipment	
<b>Is the policy associated with any other policies, procedures, guidelines, projects or services?</b> Yes <i>If yes, please give brief details:</i> Information Governance Policy	
<b>What is the potential for discrimination or disproportionate treatment of any of the protected characteristics?</b> <i>Please use the <b>Equality Relevance</b> guidance (see on <a href="#">DMS</a>) to specify who would be affected (e.g. patients with a hearing impairment, staff aged over 50).</i> <i>Please tick either positive, negative or no impact then explain in reasons and include any mitigation e.g. requiring applicants to apply for jobs online would be negative as there is potential disadvantage to individuals with learning difficulties or older people (detail this in the reason column with evidence) however applicants can ask for an offline application as an alternative (detail this in the mitigation column)</i>	

**M62 - MOBILE DEVICE & BRING YOUR OWN DEVICE (BYOD) ACCEPTABLE USAGE POLICY**

Protected Characteristic	Tick either positive, negative or no impact			Reasons to support your decision and evidence sought	Mitigation / adjustments already put in place
	Positive Impact (benefit)	Negative (disadvantage or potential disadvantage)	No Impact		
Age	<input type="checkbox"/>	<input type="checkbox"/>	Y		
Sex	<input type="checkbox"/>	<input type="checkbox"/>	Y		
Race	<input type="checkbox"/>	<input type="checkbox"/>	Y		
Religion or belief	<input type="checkbox"/>	<input type="checkbox"/>	Y		
Disability	<input type="checkbox"/>	<input type="checkbox"/>	Y		
Sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	Y		
Pregnancy and maternity	<input type="checkbox"/>	<input type="checkbox"/>	Y		
Gender reassignment	<input type="checkbox"/>	<input type="checkbox"/>	Y		
Marriage and civil partnership	<input type="checkbox"/>	<input type="checkbox"/>	Y		
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	Y		
<p>If you have identified no negative impact for all please explain how you reached that decision and provide reference to any evidence (e.g. reviews undertaken, surveys, feedback, patient data etc.)</p> <p>The purpose of the policy is to provide guidance and details of staff responsibilities in order to comply with information security requirements. Therefore, having considered the equality implications of the policy, they are of low relevance</p>					
<p><b>Does the policy raise any issues in relation to Human Rights as set out in the Human Rights Act 1998?</b> No  <i>See <b>Equality Relevance</b> guidance (on <a href="#">DMS</a>) for more details (NB if an absolute right is removed or affected the policy will need to be changed. If a limited or qualified right is removed or affected the decision needs to be proportional and legal)</i></p>					



## M62 - MOBILE DEVICE & BRING YOUR OWN DEVICE (BYOD) ACCEPTABLE USAGE POLICY

<b>If you have identified negative impact for any of the above characteristics, and have not been able to identify any mitigation, you MUST complete a Full Equality Impact Assessment. Please speak to the Head of Equality, Diversity and Inclusion and see the Full Equality Impact Assessment (EIA) Form on <a href="#">DMS</a></b>			
Action	Lead	Timescale	Review Date
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.

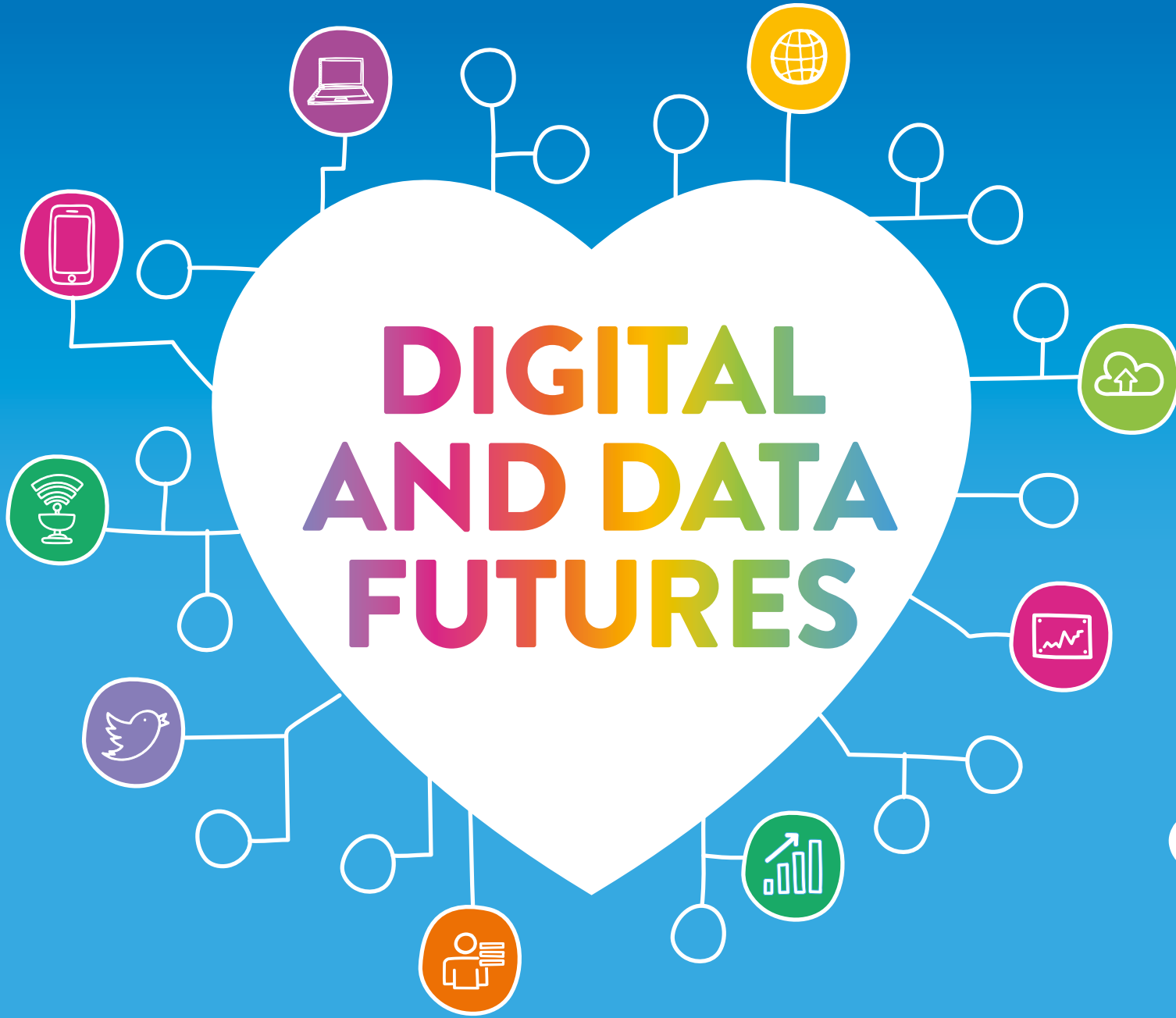
Declaration	
<b>I am satisfied this document / activity has been satisfactorily equality impact assessed and the outcome is:</b>	Tick one box
<b>Continue</b> – EIA has not identified any potential for discrimination/adverse impact, or where it has this can be mitigated & all opportunities to promote equality have been taken	<input type="checkbox"/>
<b>Justify and continue</b> – EIA has identified an adverse impact but it is felt the policy cannot be amended. <i><b>You must complete a Full Equality Impact Assessment (EIA) Form before this policy can be ratified.</b></i>	<input type="checkbox"/>
<b>Make Changes</b> – EIA has identified a need to amend the policy in order to remove barriers or to better promote equality <i><b>You must ensure the policy has been amended before it can be ratified.</b></i>	<input type="checkbox"/>
<b>Stop</b> – EIA has shown actual or potential unlawful discrimination and the policy has been removed	<input type="checkbox"/>
Name: Click or tap here to enter text.	Date: Click or tap to enter a date.

Approval & Ratification		
<b>Policy Author:</b>	Name: Paul Grimes	Job title: Cyber Security Manager
<b>Approval Committee:</b>	IT Operational Group	Date approved: 01/10/2022
<b>Ratification Committee:</b>	Digital Oversight Committee	Date ratified: 12/12/2022
<b>Person to Review Equality Analysis:</b>	Name: Paul Grimes	Review Date: 12/12/2023

**M62 - MOBILE DEVICE & BRING YOUR OWN DEVICE (BYOD) ACCEPTABLE USAGE POLICY**

**Comments:**

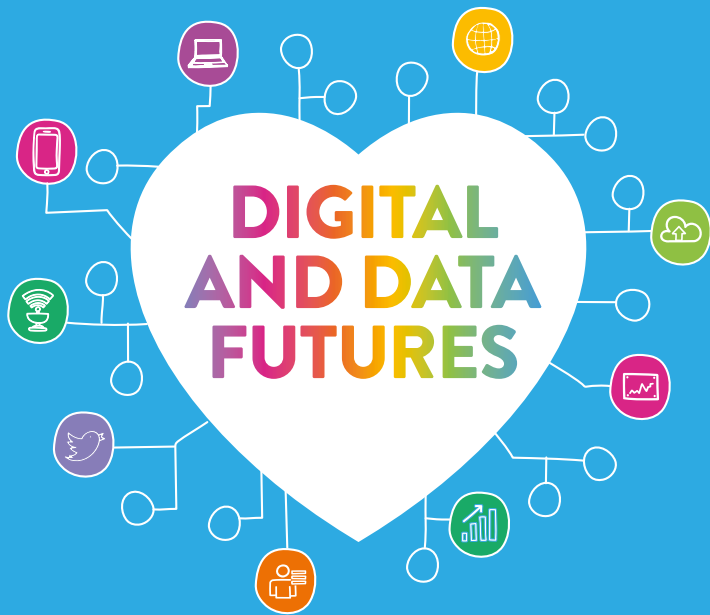
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## Foreword

**Almost everything we do in healthcare is driven by our ability to do it backed by the power of digital technology. The care we provide can be enhanced and improved through the aid that digital technology provides to deliver that care effectively and efficiently. Alder Hey set out to make the digital power central to its care in its first Digital Futures strategy published in 2019.**

The impact was game changing. From the basics of delivering a high-quality user experience for Alder Hey staff to putting Electronic Patient Record delivery as the central goal of daily care we delivered a Trust-wide digital approach that provided confidence in our infrastructure and ambitions.

Today, we need to move to the next phase of our Digital Future with a strategy that locks in the benefits we have and moves forward to ensure that digital helps deliver our Vision: A healthier future for children and young people.

One key new element of that will be a focus on Data: delivering the information we need to analyse and improve upon what we do, on a day to day, minute by minute basis. This addition to our update strategy is a key

commitment. It is a pledge to ensure that every interaction, every outcome, every decision will have the capacity to be informed by real time information from which we will learn and adapt.

Delivering this new strategy will not be easy. It requires the guarantee that the future infrastructure enhances staff experience, for example Alder Care must be a success with clinical staff if it is to retain the confidence of those who use it. The detailed work by the iDigital Team must be expertly delivered continuously. The adoption of new technology and approaches by Alder Hey staff has to be with their consent and full confidence. The resources in a tight NHS budget need to be applied efficiently and transparently.

This strategy is about setting the framework for doing all of this whilst keeping our eye on the future needs of our children and young people.

**Dame Jo Williams**  
Chair

**Louise Shepherd, CBE**  
Chief Executive



SECTION 1

**Digital and Data Futures:**  
A Healthier Future  
for Children and  
Young People



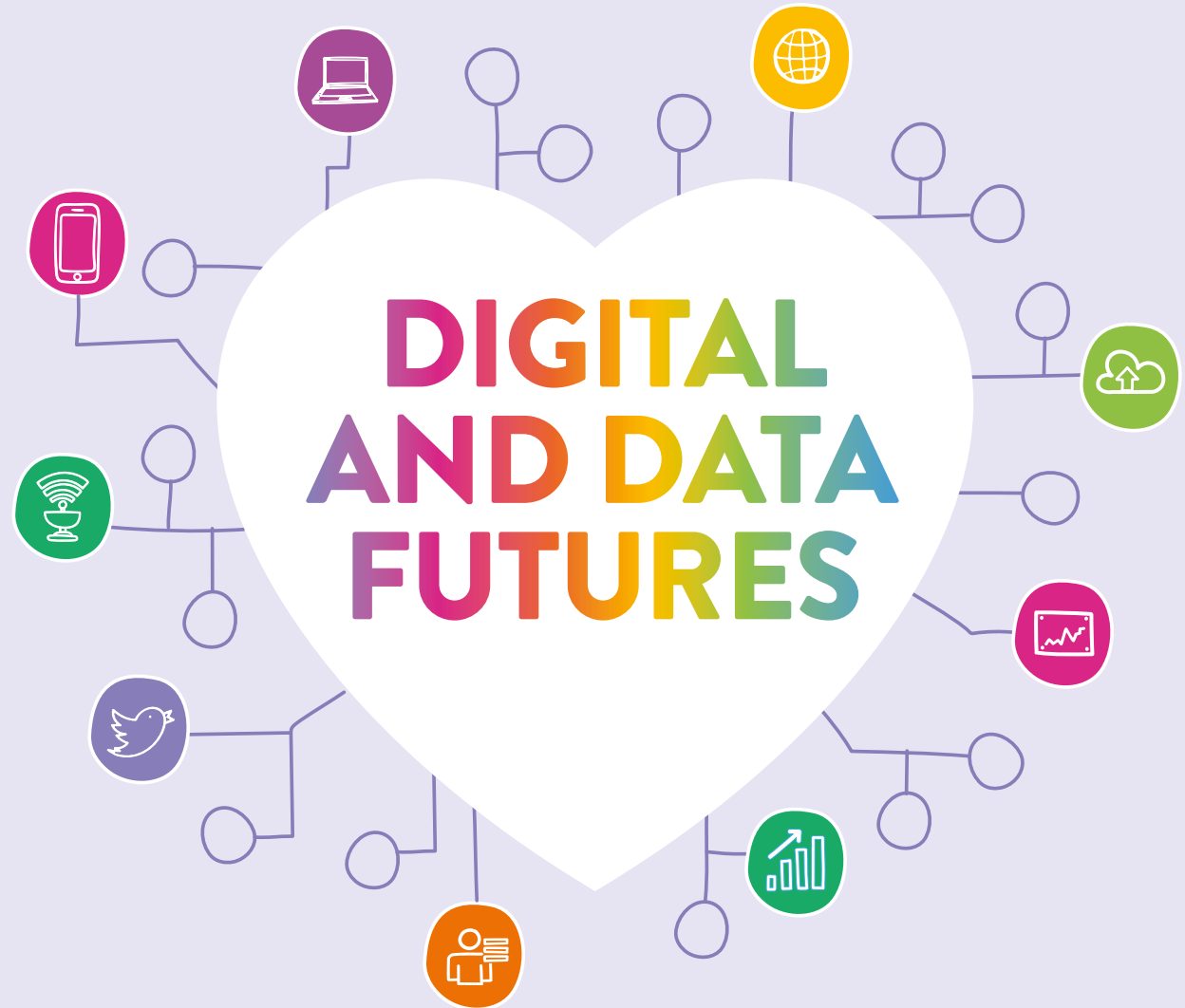
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A very warm welcome to **Digital and Data Futures**. This strategy sets out the direction for the next phase of a long standing and successful digital journey for Alder Hey. It is part of a suite of components in delivering our vision to create a 'Healthier Future for Children and Young People'.

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We are passionate about this vision which is a big part of why we do what we do each and every day.

At the heart of this vision are a set of joined up facets including providing outstanding care, creating a great place to work, working in partnership and pioneering new innovations, research and education opportunities. All of these are underpinned by Digital and Data Futures.



1.1

## Digital and Data Futures Ambition

We live and work in an era powered by digital and data in everything we do. Our ambition is to deliver '**Outstanding Digital and Data Excellence**'.

At the heart of this is our 'north star' vision and focus **on creating the best experience and outcomes**, truly empowering Children, Young People and Families, and Staff.

### THROUGH THIS WE WILL STRIVE TO:

- **PROVIDE** the best possible digital technology services and systems to support, enable and drive outstanding safe care
- **DELIVER** Information Technology basics well, within an operational excellence framework that enables Alder Hey colleagues to do their very best work
- **EMBED** digital developments and innovations at scale within divisions and clinical teams to maximise the opportunity of new models of care
- **ENSURE** intelligence led analytics and data are at the heart of operational and clinical services and at the forefront of service developments
- **CHAMPION** the digital profession and collaborative working through the support and development of a talented digital workforce
- **PLAY** a critical role in advocating for children and young people digital and data priorities locally in Place, regionally and nationally





1.2

## Feedback from Children, Young People and Families

In the development of Digital and Data Futures we have worked with children and young people to ensure their views are central to our plans.

We have undertaken extensive engagement with clinical and divisional colleagues and wider stakeholders internally and externally.



*Our Children and Young people have told us that they want us to help them through giving them digital and innovative ways of accessing our services when they are at home. They want us to make sure that when they come to Alder Hey they can access our Wi-Fi easily on their own devices and that when they are waiting to be seen there are digital opportunities to distract them.*

*Our Families have told us that they want easy online access to Alder Hey services – making their experience of accessing health services as easy as other aspects of their lives. Our Families want their children and young people to have seamless care where all of our information and communications are joined up together.*



1.3

## Outcomes and Benefits

Through Digital and Data Futures, we believe that we will make an impact across a range of outcomes and deliver significant benefits. These are grouped into four key areas as highlighted below.

# Outcomes and Benefits



### Safety and Clinical Outcomes

- Improve Patient Safety
- Enhance Clinical Outcomes
- Support elective and covid recovery



### Experience and Empowerment

- Continually improve staff and patient experience
- Empower children, young people and families to achieve their goals
- Empower staff to innovate and deliver new models of care



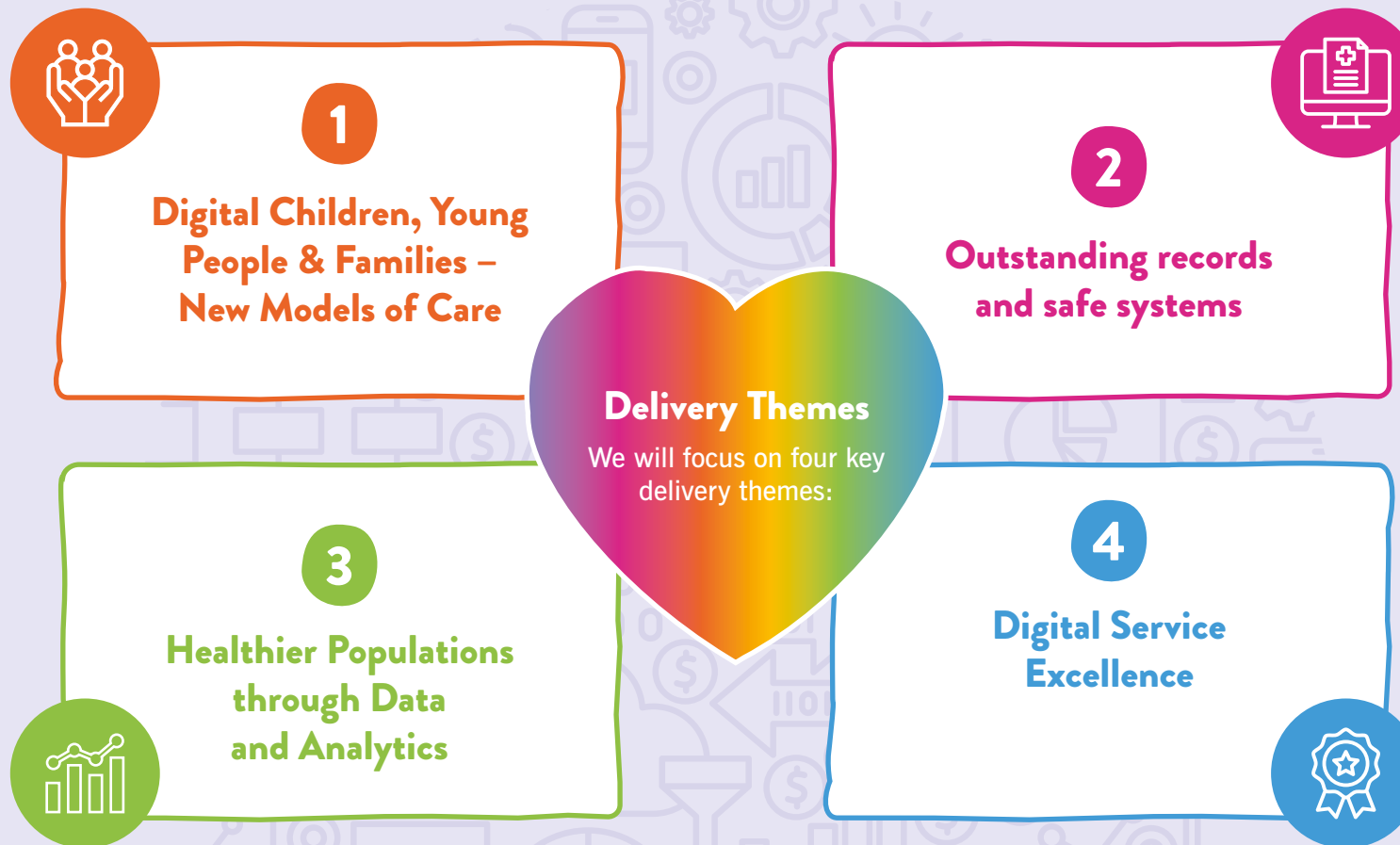
### Population Health

- Improve the population health of children and young people
- Reduce Digital Exclusion
- Support the reduction in Health Inequalities



### Efficiency

- Release more time for direct patient care
- Release cost improvement efficiencies
- Net zero contribution



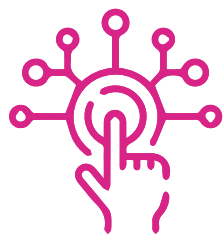
The opportunity of digital and data is immense for health and care services. It has developed exponentially over the past three years and is at the core of operational delivery, safety and innovation. The covid 19 pandemic has been a digital transformation catalyst for many businesses and health services across the globe.

***This will grow and grow as we continue to innovate and deliver health and care services for the future.***

SECTION 2

**The Context:**  
Framing Digital and  
Data Futures





**'Digitally Enabled'** is identified as a strong foundation in Alder Hey's 'Our Plan' It is a core component of our strategy which runs through our whole strategy from Brilliant Basics and Outstanding Care, supporting our people to do their best work, through to growing the future with game changing research and innovation.

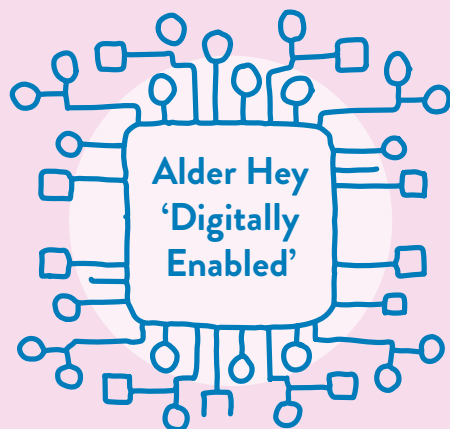
**We expect and get a 'digital experience' every day and it isn't unusual, or even "digital".**

It just is what we do and get - from waking up to our phone alarm, to listening to music, to using 'sat nav' on way to work, online shopping, messaging family and friends on WhatsApp etc.

In health and care services, the use and development of digital, data and technology are critical factors prevalent in much of what we do, but has way more potential and opportunity to truly support and transform the way in which we provide, plan and deliver care.

Digital healthcare in the future is an area of rapid growth and development. We anticipate major changes linked to self care, digitally enabled precision healthcare and preventative medicine, however there are also expected changes to workforce behaviours and patterns. This will be continually reviewed as we set our Alder Hey Futures 2030 vision and strategy.

**There is an opportunity for Alder Hey to lead the way with this pioneering thinking including the potential development of national peer networks and internationally working with other children's hospitals.**



***"the use and development of digital and technology are critical factors prevalent in much of what we do..."***



2.1

## Alder Hey Children's NHS Foundation Trust

**Digital and Data are key parts of our quality improvement Brilliant Basics approach and support all of our operational priorities.**

**Brilliant Basics** aspires to provide care and treatment of the very highest safety and quality, in collaboration with the children, young people and their families who use our services. Each of the workstreams within the Digital & Data Strategy will align with Brilliant Basics to ensure any improvement has a big impact on our staff, children, young people and families.

The Digital and Innovation teams at Alder Hey have always worked closely together in delivering transformation through technology. The new Digital and Data Futures and



Innovation strategies have been developed together to further build on this relationship, supporting the interdependencies across the two and harnessing expertise from both teams to improve the way healthcare is delivered for children, young people and families at Alder Hey.

**Looking ahead to Alder Hey Futures, in concert with research, innovation and education, digital and data are part of the pioneering powerhouse to help us meet our 2030 ambitions for a healthier future for children and young people.**

---

***Brilliant Basics aspires to provide care and treatment of the very highest safety and quality in collaboration with the children...***

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## 2.2

## Working with Partners



Alder Play plays an active role nationally, regionally and at Place. We work with many partners to deliver, improve and innovate how we care for children and young people. Our partners include local, regional, national and international experts in health, care, academic and industry fields. Working together in collaboration is a core part of how we deliver with impact, passion and energy.

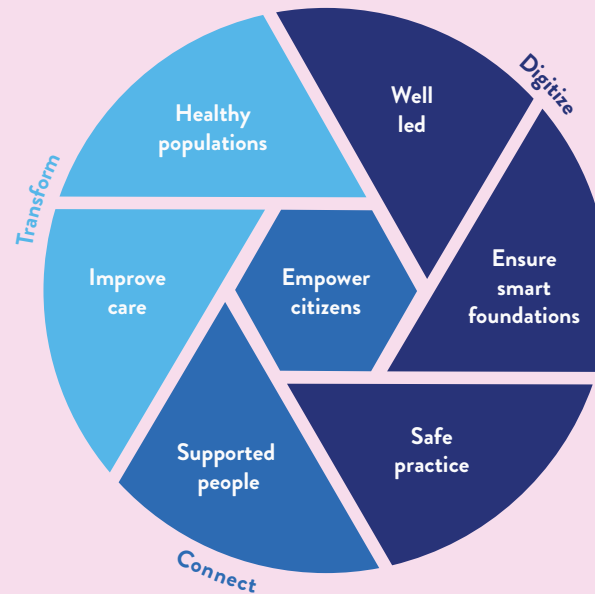
## 2.3

## National and Regional Landscape

Nationally, there has been a significant change in the structure and priorities of digital and data. The Digital, Data and Technology (DDaT) approach, functions and profession have been significantly strengthened and integrated into NHS England / Improvement structures.

The NHS digital and data strategy is focussed into three interconnecting ambitions of Digitise, Connect and Transform. These ambitions are underpinned by the NHS data strategy and What Good Looks Like (WGLL) Framework. A more streamlined approach to investments is underway alongside the devolution of some areas to emerging integrated care systems and boards.

The WGLL framework is based around seven success measures aligned to the top line themes of digitise, connect, transform.



WGLL sets out a clear set of expectations for local systems and organisations with regards to good digital practice across health and care. Its aim is to provide clear guidance for leaders to digitise, connect and transform services safely and securely.

**Sonia Patel, System CIO for NHE England and Improvement commented on WGLL at Alder Hey:** “I’m overwhelmed by what I’ve seen, from the innovation work to

implementing brilliant basics. The best way to describe it is ‘awesome.’ The standout for me has been looking at the user centric digital transformations. Alder Hey have developed a culture of understanding and trust with clinical and operational staff which has forged a foundation where digital transformation has been able to flourish whilst also keeping focussed on ensuring brilliant basics.”

There is potential to work with national colleagues in trailblazing work on a paediatric minimum data set for an electronic patient record. This could include creating a blueprint for a national eRedbook making the best use of the national infrastructure to trial something locally.

Nationally, much work is ongoing with regards to the digital profession with a move to encourage professional registration and membership of digital and data professionals. ‘The Year of the Digital Profession’ has been launched in 2022.

**“...Alder Hey have developed a culture of understanding and trust with clinical and operational staff which has forged a foundation where digital transformation has been able to flourish whilst also keeping focussed on ensuring brilliant basics.”**

## 2.4

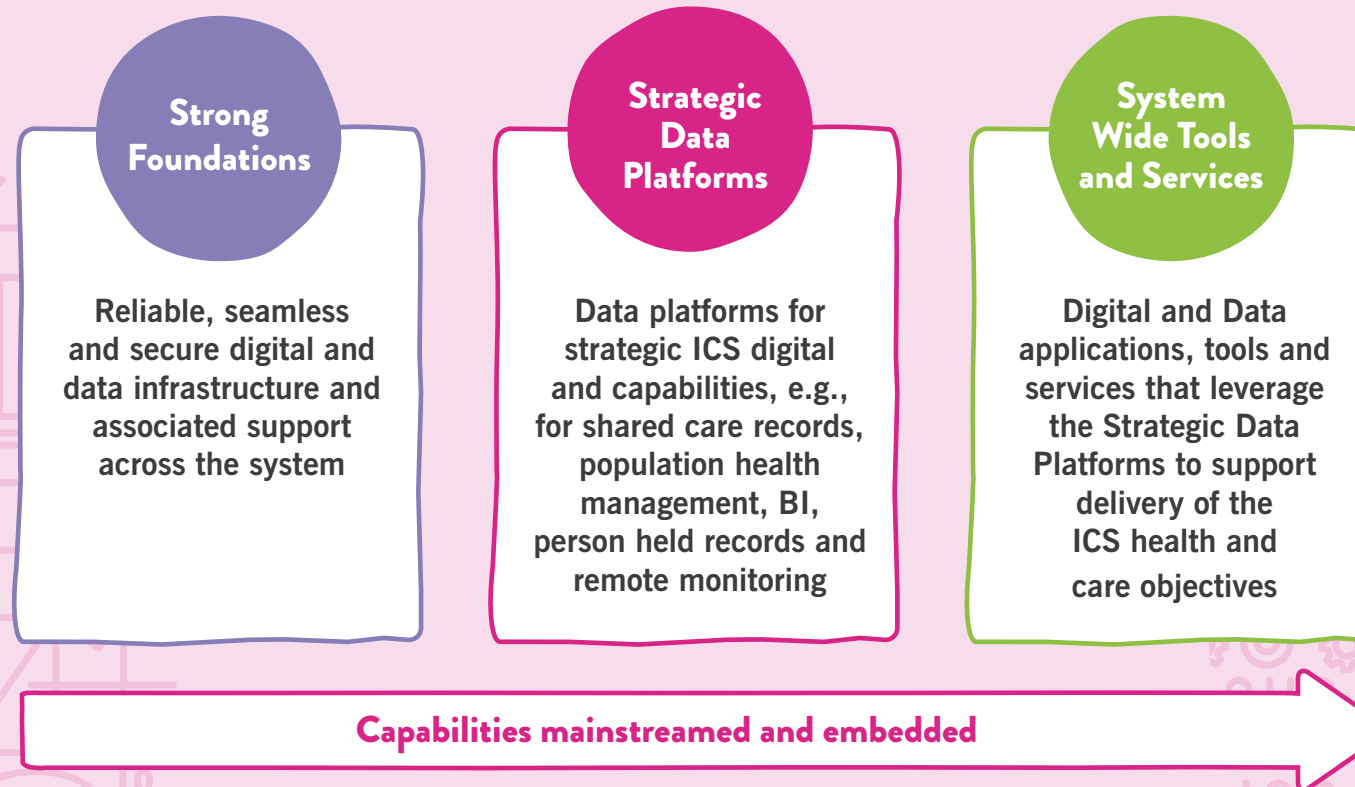
## Cheshire & Merseyside Digital and Data Strategy

Across Cheshire and Merseyside, there is a wealth of talent and expertise in relation to digital and data. Cheshire and Merseyside is one of the more digitally mature Integrated Care Systems with many of its members having well established, digitally mature systems.

Cheshire and Merseyside have been working together on digital developments for many years leveraging national investments and partnerships. Successes include a vibrant cyber security community, extensive sharing of records across boundaries and a shared system wide analytics platform. The development of the **Combined Intelligence for Population Health**

**Action (CIPHA)** platform and the **System P** programme present opportunities for Cheshire and Merseyside to develop a system wide population health approach.

The Cheshire and Merseyside digital and data strategy is currently in the process of being refreshed. The core elements of the new strategy are referenced in the diagram below.





## 2.5

## Liverpool Place

**Within Liverpool Place, a digital and data group has been established and strategy in the process of being developed for the City.**

The Liverpool Digital and Data Strategy sets out 5 integrated themes, built around 4 main pillars, that together aim to deliver a digital and data transformation for Liverpool Place's health and care sector. It sets out a framework for pursuing, up to 2025, an ambitious but realistic approach to how digital and data solutions that align with WGLL standards can contribute to improving people's health, care and well-being, raising user satisfaction with health and care services, encouraging self-care, prevention and self-management of diseases whilst tackling the considerable challenges of an ageing population and increasing demands on a health and care sector that has human resource constraints and continuing financial pressures.

### THE KEY THEMES, BUILT AROUND THE 4 PRIMARY PILLARS, ARE:

- **EMPOWERING CITIZENS:** Digital access to the NHS and digital tools to self-manage health, care and well-being
- **BOOSTING HEALTH** and care service quality, capability and efficiency
- **SUPPORTING HEALTH** and Social Care Professionals
- **EXPLOITING DATA** for business intelligence, research and innovation to improve population health
- **INNOVATION,** sustainable health and social care services, economic development and high-value jobs
- **IMPROVING** the digital and data infrastructure and cyber security resilience for Liverpool's health and care system

SECTION 3

**What a Journey...**  
**Reflections on the**  
**Last 3 Years**

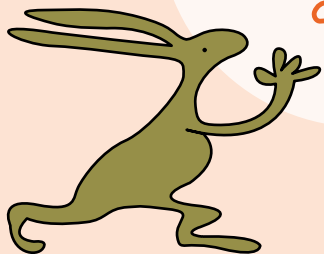
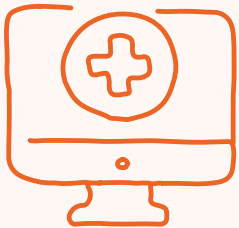


**Digital Futures was launched in Alder Hey in 2019.**

**Digital Futures was built on a set of solid foundations.**

Digital Futures strived to improve experiences for children and young people and for staff and to put Alder Hey firmly on the map with external kitemarking and endorsement of our digital developments.

Since 2019, major progress has been made with the delivery of a significant amount of digitally enabled change. To achieve this, whilst dealing with a global pandemic, typifies the culture at Alder Hey, which has embraced the technology and taken many leaps of faith along the way.



**Dr Christopher Grime, Chief Clinical Information Officer** reflected,

‘When we looked back at the last 3 years and our previous digital strategy, none of us could have predicted the arrival of a world-wide pandemic.

While COVID-19 has been devastating for many and is a significant challenge for the NHS in general, it has become an opportunity to develop and expand. Never before have we in the NHS been given the opportunity to stop and ‘reverse engineer’ what we do.

Thanks to the efforts put in place by our team before pandemic and generous donation from the charity allowing us to purchase new hardware, we enabled virtual working on a scale we never thought possible



before which allowed many of our services to continue uninterrupted.

Now that we are facing the recovery phase of the pandemic, we are reflecting on those new ways of working and acknowledging that many of them lead to more efficient processes and better care from patients.

With minor refinement, our new digital and data processes and pathways offer a great opportunity to improve the way we work. We are facing a very exciting future as a fully digitally enabled trust.’

## Key achievements from Digital Futures include...

3.1

### Safer care for children and young people

Digital Futures helped to enable much safer care through introducing a range of tools and technologies. Alder Hey staff developed a paperless programme with the increased adoption of the Electronic Patient Record and the introduction of many specialty packages through the Global Digital Exemplar programme, supporting specialties to capture key information digitally.

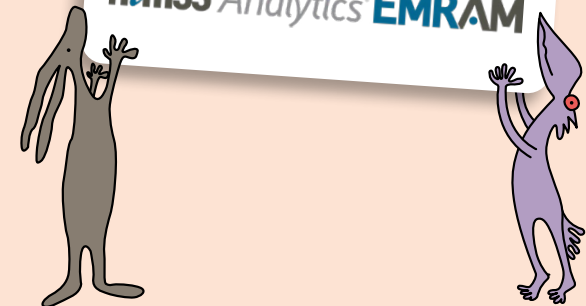
This enabled clinical records to be available from anywhere for staff, facilitating new and different models of care. Closed loop technologies were developed to support the safer administration of milk, blood and medicines and alerts and warnings were built into prescribing and clinical decision support systems.

Having achieved the prestigious **Healthcare Information and Management Systems Society (HIMSS) Electronic Medical Record Adoption Model (EMRAM) Stage 6** in December 2019, as part of the national Global Digital Exemplar (GDE) Programme, we then become the first specialist Trust in the UK and the first paediatric hospital in Europe to have been awarded **HIMSS EMRAM Stage 7** in November 2021. This international accreditation really put Alder Hey on the global map for digital healthcare demonstrating a culmination of achievements and clearly showcasing the difference improving care and services through digital in Alder Hey has made to children and families lives.

# Alder Hey

**HIMSS**  
LEVEL  
**7**

**HIMSS Analytics EMRAM**

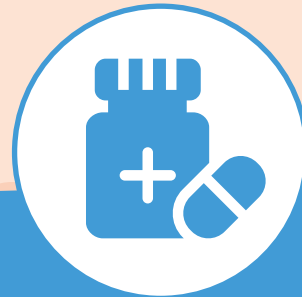


A number of analytics case studies were presented by clinical and operational leads from across the Trust as part of the accreditation. Each outlined how they had used data to identify and resolve clinical, financial and operational problems across the Trust. Example case studies included:



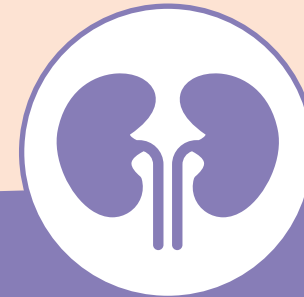
### Asthma Mapping

Liverpool children and young people with asthma are 15 times more likely to be admitted to ED for a preventable asthma attack. It is evident that there are major socioeconomic determinants of health within Liverpool are present. In order to better understand the incidents of asthma attacks across Liverpool, the goal of this project was to track Emergency Department admissions in order to highlight areas within the region with higher admission rates. A heat map was produced to depict locations with high paediatric asthma morbidity and its related contributing factors, before implementing specific evidence-based interventions



### Polypharmacy Ward Round

Adverse drug reactions are responsible for 3% of all paediatric admissions. In turn, adverse drug reactions lead to complications in 15% of inpatient stays. Reporting these adverse drug reactions to spontaneous reporting schemes in order to identify these suspected harms remains low. This project established a service to identify and monitor children and young people with potential problematic polypharmacy across Alder Hey and since the service began, there has been a significant reduction in children and young people taking more than 20 different medications



### Acute Kidney Injury

At Alder Hey we see around 200 children and young people every year with severe AKI and just over half of these have exposure to nephrotoxic medication. This is a significant, preventable, problem locally, nationally and internationally. This project aimed to reduce avoidable harm and death for children with acute kidney injury, and to improve care for patients whether in hospital or at home. The implementation resulted in a reduction in medication errors and adverse drug reactions

### The Cheshire and Merseyside Integrated Care System Digital Leadership

*“HIMSS Stage 7 status is the highest level of digital accreditation a healthcare organisation can achieve and it is rare with only a few organisations globally achieving this level of digital maturity. Cheshire and Merseyside are truly honoured to have Alder Hey operating at this level, not only because they are in a continuous improvement cycle using digital and data to benefit our children and young people, but they also act as a beacon to others, sharing and supporting others in our NHS community with great humility”.*

Major clinical digital improvements delivered through Digital Futures include:

- **Introduction of an Electronic Anaesthetic Record:** the implementation of a digital platform, which fully digitised the anaesthetic process in Theatres, improving efficiencies and patient care
- **Cardiology Imaging System:** A solution for Cardiology, helping them manage and report on Echos in a safer more efficient manner improving cardiac and cardiology services for our children and young people
- **Online Symptom Checker:** the demand on our Emergency Department grew exponentially during COVID recovery, the development of an innovative online symptom checker integrated into our website has meant families can glean clinical advice for their children from the comfort of their own homes.

*“The electronic anaesthetic record was implemented in early November 2021. It has already delivered several of the projected benefits including improved quality and detail of the anaesthetic record and provided instant availability of historical records at all times, both for clinical use and coding/audit. I believe features such as highlighting risk factors and clinical reminders for tasks have improved safety and quality of care. The implementation of this application has revolutionised the way the Theatre & Anaesthetic department work in Alder Hey”*

**Dr Harvey Livingstone, Clinical lead,  
Electronic Anaesthetic Record system**

**Alder Hey became one of the first Trusts in the UK to receive a formal Global Digital Exemplar accreditation from NHSX (now NHS England/Improvement). The Trust are formally nationally recognised as national ‘Digital Leaders’ in healthcare.**

## 3.2

**Improved Experience for Staff:**

In the development of digital futures, a key priority highlighted by colleagues was to work on a range of service improvements for staff. These included speed of access, access to modern equipment and digital tools to support colleagues in their day to day work. A major technology roadmap was developed to support this with significant levels of investment.

This work included a major shift to create a modern workspace for Alder Hey staff. This programme saw early migration to Office 365, which we did not know at the time would become so essential as a way of staying connected during covid times. Migrating all staff to Office 365 has garnered greater flexibility, security, access to key information enabling staff to work in a more agile manner. This was complimented with a huge device refresh programme ensuring staff have the best digital tools and equipment available to do their jobs.

Behind the scenes, a refresh of the core infrastructure was completed, providing greater resilience for our Digital Systems. There has also been some great work on keeping our information secure, with some major investments in Cyber Security. This has culminated in the Trust being accredited with the national Cyber Essentials kitemark.





## 3.3

**Digital COVID Response**

When the pandemic hit, the prevalence of digital technology catapulted into new heights across the globe. This was no different in Alder Hey where we embraced a 'digital first' approach using the technology that had been developed to keeping both patients and staff safe. Over 700 laptops were distributed to colleagues alongside a mass adoption of Microsoft Teams to ensure communication channels remained open amongst staff.

With over 700 clinicians trained in 3 weeks the Trust deployed Attend Anywhere enabling us to continue to care for our patients through virtual consultations. The Trust really embraced this and has performed over 50,000 virtual appointments to date. We are proud that no child or young person had their therapy appointments cancelled as we moved to new, virtual models of care.

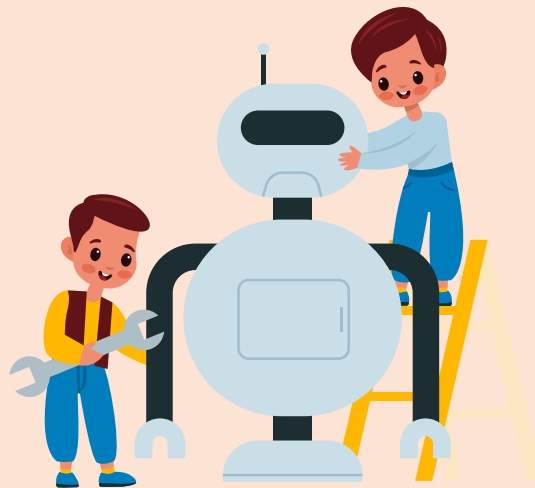
We provided virtual visiting solution with the Patient Liaison Service enabling children and young people who were inpatients to communicate with their families during the national restrictions.

*"I can't even begin to tell you what a difference such a small act has made to her. She was so low earlier today and this has enabled her to keep going during this difficult time."*

Feedback from an Alder Hey family member

The deployment of the 'RoboDoc', a telemedicine on wheels unit, meant shielding clinicians could still care and offer diagnosis for patients remotely, using high powered robotic camera technology. This was also deployed jointly across our partners at Liverpool Women's Hospital which enabled the neonatal teams to continue to provide safe care to their tiny patients and their families.

*A mother of a premature baby said, "Under normal circumstances a surgeon would travel from Alder Hey to check on his wound regularly. A week following surgery his wound started to weep, but there was no way for a surgeon to jump in a car and go across the city like they normally do. That's where the telemedicine robots came in. We used it throughout our time in hospital, the surgeon could zoom in on the wound and you felt like they were in the room. I genuinely don't know what we would have done without the robots. During lockdown this became the norm and it saved so much time as the surgeons could see him immediately when they needed to."*





3.4

## Benefits Impact

The digital initiatives implemented within Alder Hey over the last three years have introduced significant benefits. Over 10,000 hours of efficiencies have been saved through the introduction of technology.

There has been a marked improvement in both staff and patient experience across a number of projects. The projects within the safety programme have seen a considerable reduction in errors, making a marked improvement to the care patients receive within the Trust.

### Peter White, Chief Nursing Information Officer

*Nurses in Alder Hey have benefited from continuous development to the EPR, safer medicines management and pioneering research from the DETECT study which enabled mobile observations and improvements in the management of deteriorating patients. Using data to improve care is the norm - dashboards displaying audits such as hygiene audits as well as Safe Staffing encourages staff to use data to continue delivering outstanding care to everyone. Nurses naturally have to evolve as medical practice develops. They also need to be current with the needs of their patients. For the Children and Young People accessing services within Alder Hey this involves an increasing reliance of digital solutions. Whether that is for entertainment, socialising or education, families expect the health service to keep pace and allow them to stay connected.*

## THE BENEFITS

A snapshot of benefits from various projects are highlighted below:



Telemedicine, virtual appointments and digitising height and weight have helped to achieve c.£115K in non cash releasing efficiencies saving patients having to travel to Alder Hey also contributing to our net zero ambitions



Approximately 11,000 hours have been saved through telemedicine, e-consent, electronic anaesthetic charts and surgery dashboard



Bedside verification, digital scales, econsent and ophthalmology digital records have helped to reduce harms by 59%



Attend Anywhere, virtual visiting and the ED symptom checker have supported an improvement in patient experience by 54%



An average £39k per month has been saved for patients not having to travel to site following the introduction of virtual consultations



Many programmes including better basic equipment, office 365, one drive have supported a 71% improvement in staff experience

3.5

## Digital Service and the Birth of iDigital



The digital service has grown from strength to strength over the past 3 years. The service has grown in size and shape and has gone from being somewhat ‘back office’ to front and centre alongside our clinical teams and a true clinical support service. Some of the huge successes include:

- **The much valued Digital Drop** in Centre in Room 5 on the Mezzanine in the main hospital and in community sites. This provides a single point of access for staff to Digital Support enabling faster turnaround times and better results when solving technology issues
- **Business partnership** model with digital, clinical and analytics colleagues embedded in divisional structures
- **Digital staff** known, valued and respected across Alder Hey teams

In June 2021, Alder Hey collaborated with Liverpool Heart and Chest Hospital to form an integrated digital service; iDigital (Integrated Digital). The iDigital team now provide a joint digital service to the two Trusts and the model has brought significant benefits including collaboration, efficiencies and knowledge sharing, as well as development opportunities for staff. Feedback from the organisations has highlighted the positive impact the collaboration has had on delivery of digital initiatives.

Staff development is a key priority of the iDigital service and over the last three years, each Trust has achieved the Northwest Informatics Skills Development Network accreditation for Excellence in Informatics. This accreditation assesses staff development opportunities, governance, and leadership value.

3.6

### Celebration and Recognition

The Digital team were awarded a number of accolades for work in support of the pandemic response, and work more widely. This included a prestigious HSJ Award in the 'Digitising Patient Services Initiative Award'.

#### Chief Digital and Information Officer, Kate Warriner

*"An extraordinary amount has been accomplished in the digital space at Alder Hey, and we are thrilled to achieve this award in recognition of that. In the face of unprecedented challenges, our Digital teams worked together with clinicians, innovation colleagues and other internal and external partners to achieve the seemingly impossible; delivering what was required to support our children and young people, their families and our staff."*

In 2020, Alder Hey was named Overall Winner at the Health Tech Awards hosted by Health Tech News. The team were also nominated for the Tech Project of the Year Award and the Delivering at Pace Award and were highly commended within each category.



SECTION 4

**The Difference is Digital:**  
A Bright Digital  
and Data Future



4.1

## Our Ambition

We live and work in an era powered by digital and data in everything we do. Our ambition is to deliver 'Outstanding Digital and Data Excellence'.

**At the heart of this is our 'north star' vision and focus on creating the best experience and outcomes, truly empowering Children, Young People and Families, and Staff.**



### Through this we will strive to:

- **Provide the best possible digital technology services** and systems to support, enable and drive outstanding safe care
- **Deliver Information Technology basics** well, within an operational excellence framework that enables Alder Hey colleagues to do their very best work
- **Embed digital developments and innovations** at scale within divisions and clinical teams to maximise the opportunity of new models of care
- **Ensure intelligence led analytics and data** are at the heart of operational and clinical services and at the forefront of service developments
- **Champion the digital profession** and collaborative working through the support and development of a talented digital workforce
- **Play a critical role in advocating for children and young people** digital and data priorities locally in Place, regionally and nationally

**Our vision for data through our strategy refresh is to establish a world leading Digital, Data and Insight Service.**

Our digital and data strategy will support us to use data and analytics not just as management information but at a personal level. The step change in strategy and approach will support our efforts in population and preventative health. We have never been at more risk of excluding people in our populations, a streamlined effort will help to minimise this risk and work in a system of inclusivity with a concerted effort to tackle health inequalities.





**As part of the strategy, we will help citizens to improve their digital skills and remain mindful of digital inclusivity in all that we do.**

Processes will be in place to ensure the strategy initiatives do not introduce digital exclusion through their delivery, whilst also embracing areas where digital and data can facilitate inclusion, for example digital letters allowing patients to translate into other languages or use screen readers.

The digital and data approach will support education and training coming together in a way that enables us to move forward, harnessing our data and intelligence to inform us where interventions and proactive support is needed. This will help with workforce skills, capability and capacity.

A real focus on data quality and data entry is vital including a move to automation and maximising the potential of innovation at scale leveraging all opportunities within our gift.

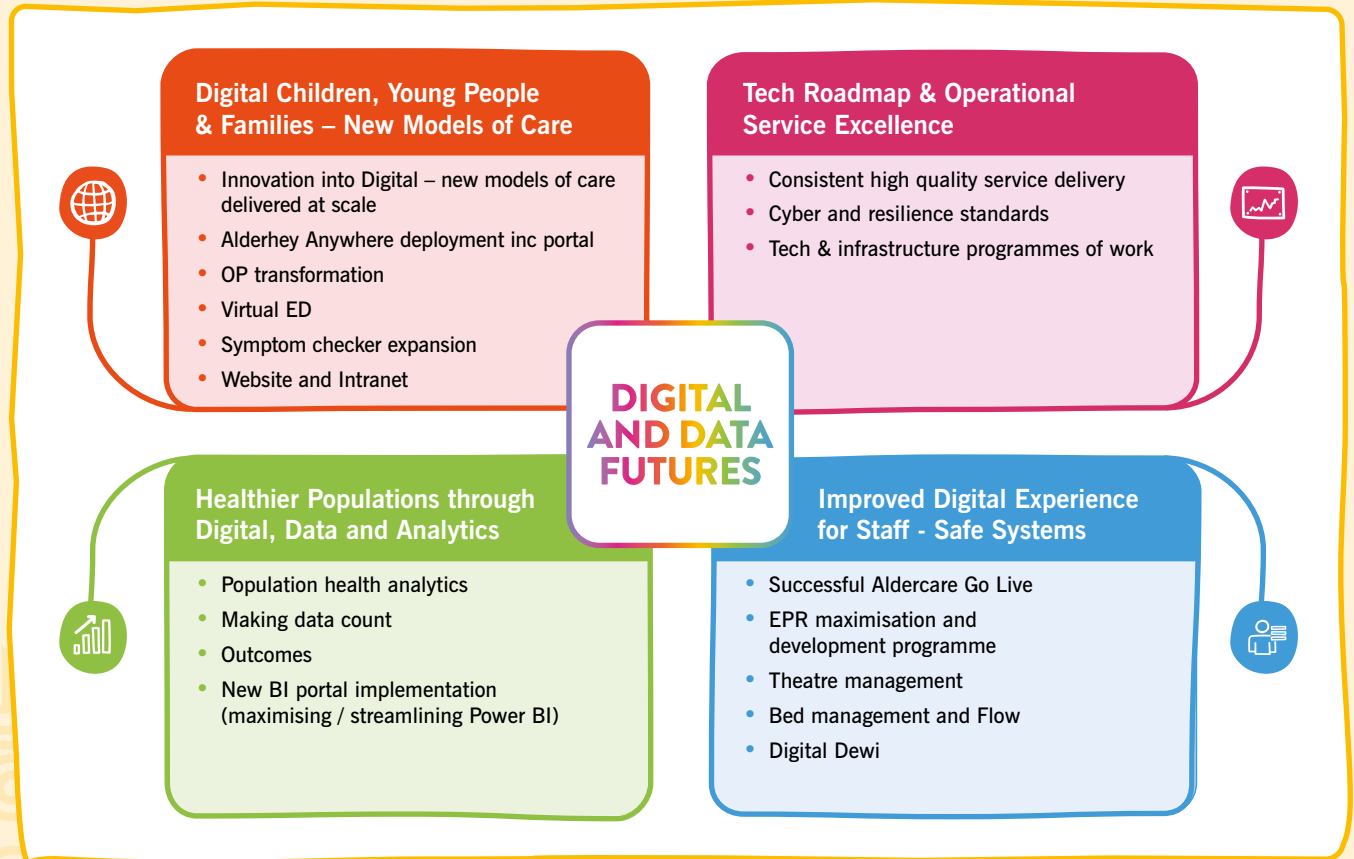
Integration with our research and innovation framework and research programmes is crucial, particularly in supporting the next generation of precision medicine and new therapies and treatments.



4.2

### Digital and Data Futures Themes

Digital Futures will be delivered through 4 core themes. Within each of these themes will be a number of distinct Programmes of work, which will each align and contribute to achieving overall outcomes of strategy.



**Theme 1:****Digital Children, Young People & Families – New Models of Care**

At Alder Hey our Children, Young People and Families are at the heart of everything we do and this theme strongly supports that value.

When the pandemic hit, we delivered care differently in order to keep our Children and Young People safe. This was largely enabled by digital technology, which was rapidly adopted by clinical services, facilitating remote care through a number of different vehicles.

Post pandemic, we are now in a recovery phase and we need to build on some of the successful models, growing our capability to care for more patients virtually, creating physical capacity for those that need it most.

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***When the pandemic hit, we delivered care differently in order to keep our Children and Young People safe.***

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**Through our virtual services, digital technology will support new models of care at scale including key priorities such as elective recovery and enable the reshaping of clinical services.** Through solutions like remote monitoring and the expansion of our online symptom checker, children and young people can receive care and be kept safe remotely, reducing the need for unnecessary attendances or follow ups.

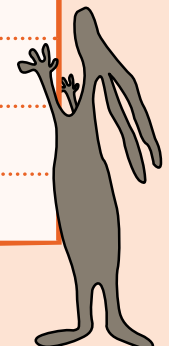
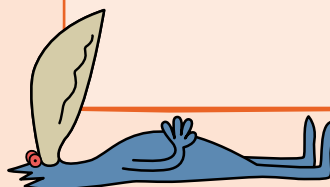
The main focus of this theme is providing patients with a portal; delivering one, central 'digital front door' to all of the virtual services within Alder Hey, improving access and modernising the way healthcare is delivered to children and young people.

Working alongside the Innovation Team, the successful delivery of **AlderHey@nywhere** platform will allow this portal to be developed. This solution will combine with the modernisation of the Trusts website and provide children and young people with a single point of access to a plethora of digital services and education. For clinicians, it will deliver an integrated platform, to monitor and patients' conditions in real time from any location enabling them to only bring patients to hospital when absolutely necessary.

Within Outpatient Transformation we will deliver a wide range of initiatives to improve the utilisation and efficiency of the service. This will support key priorities such as Patient Initiated Follow Ups, helping manage waiting lists more efficiently ensuring we see patients most in need more quickly.

Providing children, young people and families with greater access to clinical services, advice, guidance and subset of their medical record we will aim to empower our children, young people and their families to be able to take more ownership of their care and improve their experience and outcomes.

Programme	Deliverables / Projects	When
Virtual Services	Expansion of Online Symptom Checker	22/23 – 23/24
	New Intranet and Website	22/23
	Virtual Consultations for Emergency Care	23/24 – 24/25
	Advice & Guidance Consolidation	22/23 – 23/24
	Patient Portal/ Alderhey@nywhere	22/23 – 24/25
	Virtual Wards/Clinics	22/23 – 24/25
	Digital Community and Mental Health	22/23 – 23/24
Outpatient Transformation	Optimising Virtual Consultations	22/23 – 23/24
	Paperless Outpatients	23/24 – 24/25
	Remote monitoring	22/23 – 23/24
	Patient Initiated Follow Ups	22/23 – 23/24



## Theme 2:

### Outstanding Records and Safe Systems

This theme focusses on making a step change improvement in the usability of our digital systems and electronic patient records.

Our digital platforms support our staff to do their best work in delivering outstanding care to children and young people, so its vitally important they are optimised to meet the evolving needs of the Trust.

The theme will be delivered through 4 key programmes:

- AlderC@re
- Digital Safety
- EPR Optimisation
- Divisional Digital Programme

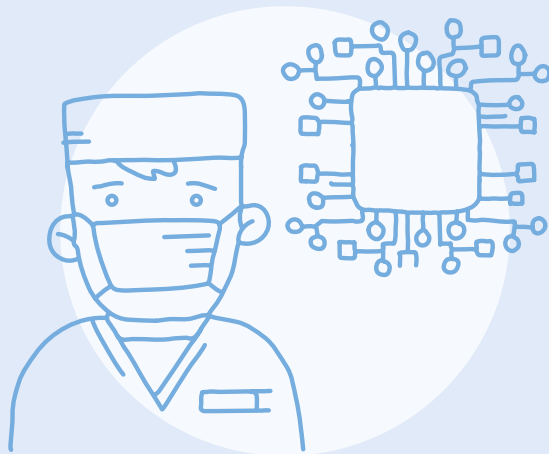
The successful delivery of **AlderC@re** is one of the main components of the strategy. This will see the move to the latest version of our Electronic Patient record which will provide a more modern and intuitive user interface along with improved functionality in key areas. We will work in partnership with clinical and divisional colleagues to ensure the transition is as seamless as possible.

Alongside this we will continue to develop and deliver our **Digital Safety Programme**. Reviewing and expanding on existing technologies, building on our current levels of clinical decision support and responding to divisional priorities will continue to contribute to a reduction in errors and improved outcomes.



Following the successful implementation of AlderC@re, a continuous optimisation programme will be established. We recognise that the needs of our services continuously evolve and our digital systems must be capable of responding to the changing needs. Through this programme we work collaboratively with the Divisions to create a mechanism for capturing and coordinating the delivery of prioritised system improvements.

It is pivotal that the digital and data strategy is shaped by the priorities of each of our clinical divisions. We will work together as 'one team' to provide a joined-up service to staff. Through our assigned Digital Divisional leads, we provide a single point of contact ensuring our service is fully integrated and aligned to clinical and operational needs.



Programme	Deliverables / Projects	When
<b>AlderC@re</b>	Go Live of Alderc@re programme	22/23 – 24/25
<b>Digital Safety and Efficiency Programmes</b>	Closed Loop Technology Phase 3	23/24 – 24/25
	Paperless Pharmacy and automation	23/24 – 24/25
	Digital ECGs	23/24 – 24/25
	Integrated observations	23/24 – 24/25
	E-Handover	23/24 – 24/25
	EMRAM HIMSS 7 Re-accreditation	23/24 – 24/25
	Facilities Improvement Projects	22/23 – 24/25
<b>EPR Optimisation</b>	Optimisation Strategy	23/24 – 24/25
	EPR Optimisation Group	22/23 – 24/25
<b>Surgery Digital Programme</b>	Digital Theatre Management Solution	22/23 – 23/24
	Digital Outpatient Room Booking and Utilisation	22/23 – 23/24
	Bed Management and Patient Flow	23/24 – 24/25
<b>Medicine Digital Programme</b>	Remote monitoring solutions	23/24 – 24/25
	Virtual Emergency Department	22/23 – 23/24
	Integration of Telederm with GP practices	22/23 – 23/24
	Expansion of symptom checker	22/23 – 23/24
<b>Community and Mental Health Digital Programme</b>	EMIS Optimisation	23/24 – 24/25
	Sunflower House	22/23 – 23/24
	Tier 4 In Patient Unit Digitisation	22/23 – 23/24

**Theme 3:****Healthier Populations through Digital, Data and Analytics**

**Data is an integral part of the NHS, effective use of data at all levels of the NHS, and beyond, can deliver better care for our children and young people.** The reliance on data and analytics for our clinical and operational services at Alder Hey has never been greater. The use of data at Alder Hey Children's NHS Foundation Trust has increased dramatically over the past 2 years in line with the pandemic, the alignment of Digital and Data is key to taking the next steps.

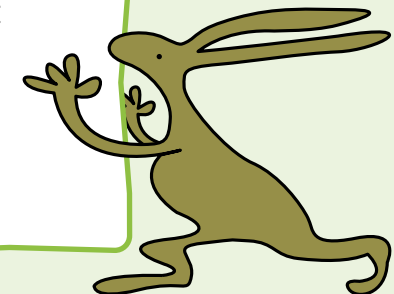
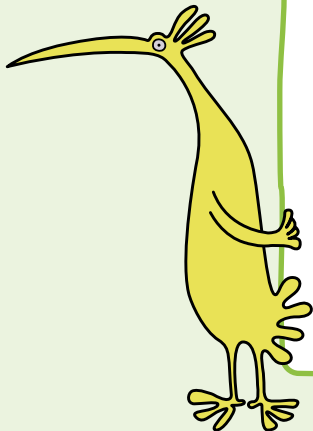
It is important we empower our staff, children, young people and families by making information as accessible, digestible and accurate as possible, for them to make key decisions and transform service delivery. Working with education and children's services, this work has a huge role in supporting outreach and promoting better health and wellbeing for children and young people.

This theme will also stretch beyond our virtual walls and strengthen our impact on population

health, connecting our data up with other providers and sectors, adding value to the rich data we already possess. The analysis of this combined data can lead to more targeted and preventative care across the region, improving the overall health of our population and reducing attendances and admissions to hospital.

**The 4 key programmes to support this theme are:**

- 1. Clinical Outcomes:** our vision is to collect data that allows us to measure changes in health, function or quality of life that result from our care.
- 2. Population Health Management:** we want to better understand our communities and the differing health and wellbeing needs of children and young people by analysing available data.
- 3. Making Data Count:** we will implement the principles of Making Data Count for all relevant reports and update our performance reporting narrative
- 4. Access to Data:** all staff members will have appropriate access to timely analysis or data that enables them to provide the best care to our children and young people

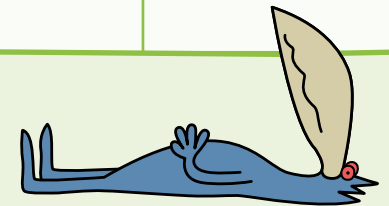


We will use the **HIMSS Adoption Model for Analytics Maturity (AMAM)** to provide an external kitemark assessment of our analytics capability and utilise the maturity model to govern the data aspect of the Digital Strategy.

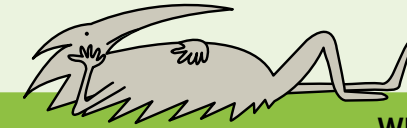
Our approach to data and analytics will include a blend of internal developments and resources, working in partnership with universities and co-innovating with industry. We will play our part as a partner within our **Integrated Care System** linking into the **CIPHA** and **System Programmes** of work. With the Innovation Centre, we will exploit the benefits of artificial intelligence, automation, machine learning and digital twin opportunities.

Programme	Deliverables / Projects	When
<b>Clinical Outcomes</b>	Optimising data capture for clinicians	<b>22/23 – 24/25</b>
	Analyse our data and work with clinicians to improve outcomes	
	Benchmark ourselves nationally and globally using the HIMSS AMAM model	
	Establish a patient reported outcomes measures service	
	Enable and support research and innovation data priorities	
<b>Population Health</b>	Linking our data to the ICS, working with system programmes to advocate for children and young people	<b>23/24 – 24/25</b>
	Improving data collection to better understand our children and young people	
	Analysing data to identify and reduce health inequalities	
	Work with partners such as strasys to embed a population health approach for children's transformation	
	Develop a strategic intelligence function	

(Table continued on following page)



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Programme	Deliverables / Projects	When
<b>Making Data Count</b>	Redeveloping all corporate reporting	<b>22/23 – 23/24</b>
	Upskilling Analysts via ApHA	
	Developing the organisations understanding of SPC Corporate and Divisional Dashboards	
<b>Access to Data</b>	Implement a new Analytics Portal	<b>22/23 – 23/24</b>
	Enable self service	
	Widen the Analytics community within the organisation	
	Improve the breadth and standard of content	
	Data Warehouse Optimisation	



**Theme 4:****Tech Roadmap & Operational Service Excellence**

**Our Digital Service Excellence theme builds on much work delivered to date and underpins our Brilliant Basics ethos. It focusses on ensuring the service maintains a consistent level of high-quality service delivery.**

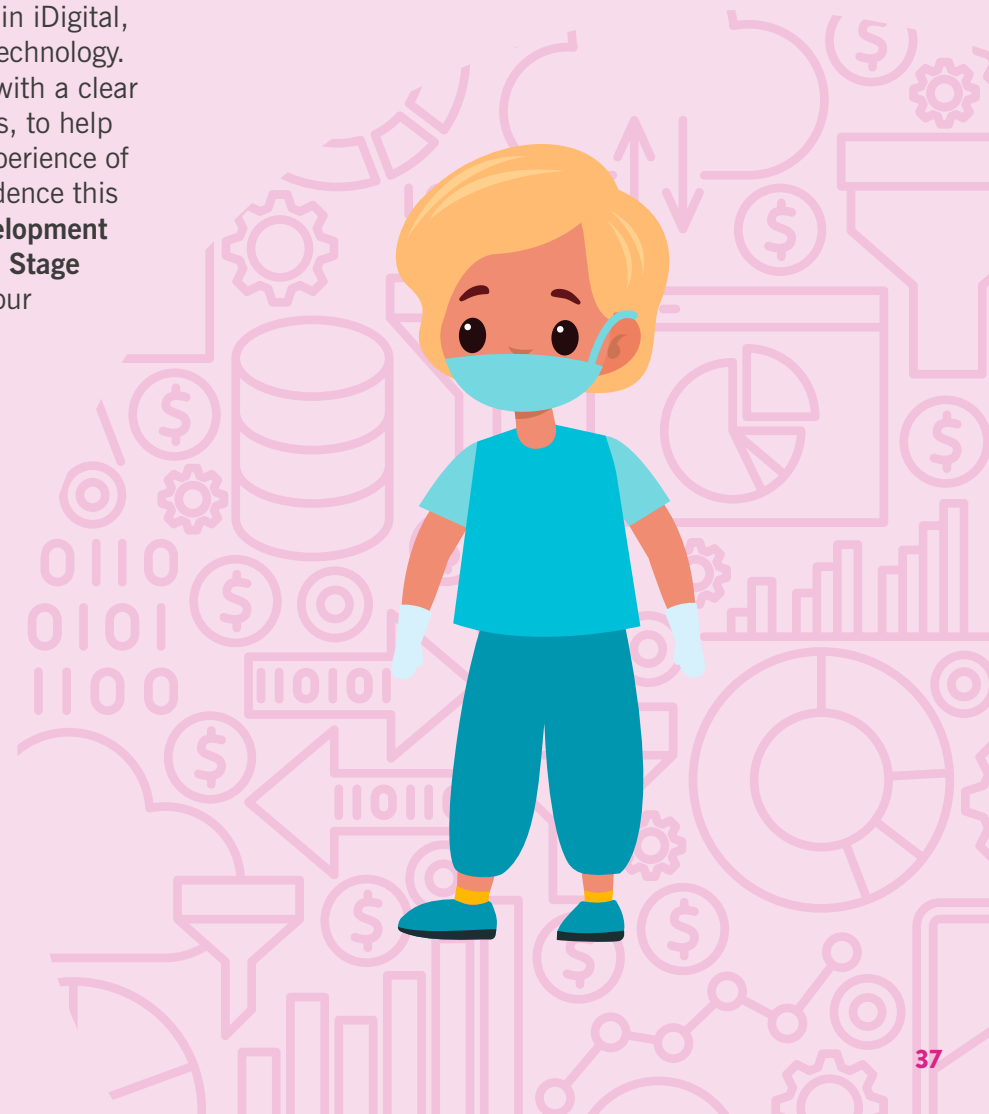
Our overall technology roadmap outlines a clear plan to improve our security, infrastructure and devices, providing our staff with the best tools to do their jobs. We will continue to take a proactive approach, through our device refresh programme, replacing ageing equipment on a rolling basis.

Learning from the successes of new support models such as the **'IT Drop in Clinic'**, we will look to further expand our digital support services, making them more accessible, reducing response and resolution times for our staff across all locations and sites.

**Cyber Security** is a major focus of our **Delivery and Assurance** function. It is important we continue to invest and enhance our preventative solutions and seek independent assurance through accreditations such as **Cyber Essentials Plus**.

Within this theme will also be a focus on digital service excellence for our staff within iDigital, investing in our people as well as technology. Our staff forum will be revamped, with a clear set of initiatives for the next 3 years, to help create solutions, to improve the experience of working in our service. We will evidence this through our Informatics **Skills Development Network Excellence In Informatics Stage 3** accreditation and strengthening our connections with the British Computing Society.

Work is also required to fill a gap in the workforce with the required skills to support becoming 'digitally enabled'. This theme supports the growth of a sustainable and skilled digital, data, technology and informatics workforce



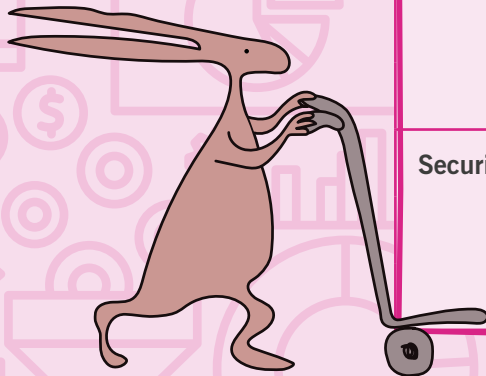


**This theme will be delivered through 3 Programmes:**

- Service Improvement
- Security and Resilience
- Digitally enabled staff



Programme	Deliverables / Projects	When
Service Improvement	Device strategy and refresh programme	22/23 – 23/24
	Maintenance of a robust network in line with KPIs	22/23-24/25
	Infrastructure Strategy	23/24
	Cloud data hosting	24/25
	Single Sign-On Optimisation	22/23
	Removal of historical technologies	23/24-24/25
Service Excellence	ISD Accreditation Stage 3	22/23
	Staff Forum Strategy	22/23
	Digital Professional Body	23/24
	Alignment to the national sustainable ICT Strategy	22/23-24/25
	Workforce skills development	22/23-24/25
	ISO Accreditations	24/25
Security and Resilience	Digital Theatre Management Solution	22/23 – 23/24
	Digital Outpatient Room Booking and Utilisation	22/23 – 23/24
	Bed Management and Patient Flow	23/24 – 24/25





SECTION 5

# Our Approach: Making IT Work

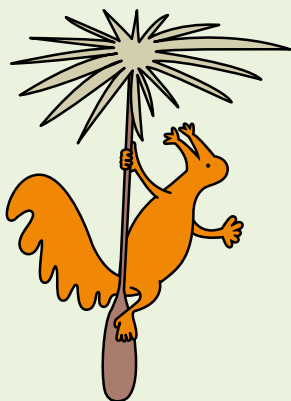







## OUR APPROACH

Our approach or our ‘how’ are of crucial importance in delivering Digital and Data Futures. This includes our values, our team, our governance and how we work with colleagues and partners internally and externally to deliver our goal in creating a healthier future for children and young people.

### 5.1 Values Pledge

Our values and culture importantly set out how we will achieve our ambitions. We will commit to a digital pledge linked to the Alder Hey values in the delivery of Digital and Data Futures. We are proud to highlight this pledge (right):



Trust Value	Design Principle / Values Pledge
<b>Excellence</b> 	Simplify – we will create a great experience for staff and our population by keeping things simple and not unnecessarily overcomplicating our approaches or duplicating effort ----- We will work with Empathy ----- We will have a customer focussed service model with feedback loop and confidence in resolution
<b>Innovation</b> 	We will work in partnership with our Innovation Centre to deliver digital innovations at scale ----- Licence to Succeed, Permission to Fail – we will create an environment and culture where we encourage innovation and learning and accept that with innovation there can be projects ----- It’s ok to be a geek or a nerd – unleash the inner nerd!
<b>Respect</b> 	No ‘Badges on Speedos’ – we will not use our credentials or level of hierarchy to undermine the views of others, we will be respectful of all opinions and input, and work together for our population ----- We are digitally responsible – for the Children and Young People we are here to serve, we will operate a digitally responsible environment
<b>Together</b> 	One Team Ethos – we will work together as ‘one team’ with our divisions in order to provide a joined up service to staff. We will work together, not in silos ----- Will ‘Do With not To’ Co-Design and Co-Produce with the Person at the Centre – We will work with our population and staff to ensure that the services we develop are designed around people not organisations ----- Work in Partnership – we will work together as a collaboration, build and lead our digital programmes together. Digital leaders will ‘walk the walk’ with their clinical colleagues and vice versa, to ensure a deep level of understanding of the impact of their work ----- Pool efforts and assets – working together to leverage best value, drive economies of scale, avoid duplication and unnecessary competition
<b>Openness</b> 	Share our Learning – We will share our work openly and transparently with one another and with external colleagues, creating learning from best practice approach. Where appropriate, we will share, co-commission or jointly procure systems

5.2

## Service Model and Approach

**Building on the early successes of iDigital, our service model and approach will have a focus on working together as one integrated service.** The model has recently undergone significant changes, based on a more streamlined professional digital portfolio model, underpinned by a single operating model. It supports further integration of teams and responds to the current priorities of Alder Hey and is the next stage of the evolution of iDigital.



**THE MODEL PREDOMINANTLY OPERATES WITHIN 2 CORE FUNCTIONS:**

### DATA & CHANGE

This function includes taking data and analytics to the next level both operationally and strategically.

### DELIVERY AND ASSURANCE

This function has a major role in ensuring operational excellence in core delivery across a range of areas critical to the day to day running of services in both trusts.

**Our approach will be one of creating a great experience for staff and delivering with a smile, positive and can do 'how can I help' service and culture.**

We will have an uncompromising approach to delivery models for staff. We will continue to strengthen our proactive support model with daily ward rounds and visits to clinical areas to ensure equipment, systems and technologies operate as per our ambition – and resolving issues quickly where there are issues that do not meet this standard.

We will work with staff, children, young people, families and other stakeholders to support the adoption of digital innovation and technology. We will also play our part in the wider City and system in relation to digital inclusion and digital skills.

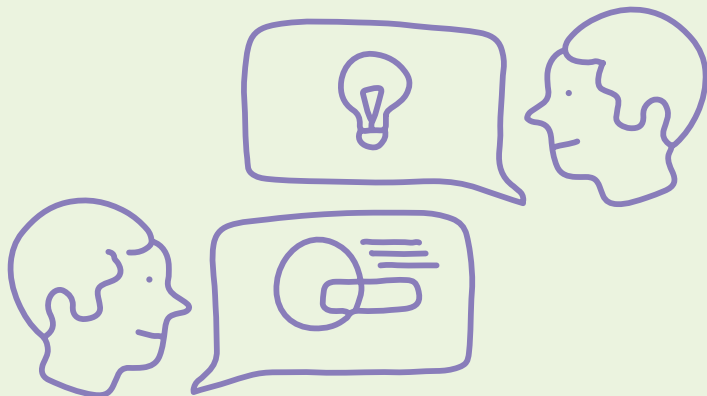


## 5.3

### Clinical Leadership

We will build on the fantastic leadership and expertise of the Alder Hey clinical digital team. This will include further developing and strengthening roles within this team including the **Chief Clinical Information Officer, Divisional Chief Clinical Information Officers, Chief Nursing Information Officer, Digital Nursing & AHP Team** and individuals working in Trust programmes with digital leadership or activities identified as part of job planning or objectives. This team will continue to work together supporting day to day activities across the Trust in terms of operations and advice on more strategic development.

Our iDigital team will support our clinical ambitions with expertise and specialist skills in their field.



## 5.4

### Working in Collaboration

As digital is such a fast paced area, often with areas of scarce specialist skills, we will work with partners to develop services together, attracting and maintaining talent and expertise ensuring value.

We will also work with other partners locally, nationally and internationally including:

- Local Health and Social Care Organisations
- Cheshire and Merseyside Health and Care Integrated Care Board / System
- Academia / Higher Education Partners
- National Regulators
- NHS E/I Transformation Unit
- NHS Digital
- Industry Partners
- Small and Medium Enterprise organisations
- Public Health

5.5

## Investment and Statement of Planned Benefits

**A significant level of investment will be needed in order to effectively deliver the Digital & Data Futures strategy.** A detailed piece of work around this investment is underway, including the identification of internal and external funding sources to progress proactively.

Planning around the Digital and Data Futures statement of planned benefits has also begun, ensuring robust, measurable benefits realisation is in place for each deliverable proposed. All significant projects will have business cases drafted and approved through the relevant governance structures in place across Alder Hey.



5.6

## Governance

**A robust governance structure will continue to support the delivery of the strategy ensuring it continually meets the needs of the organisation and Children, Young People and Families.**

The Digital Oversight Collaborative will remain the core function and will report into to the Board of Directors via the Resource and Business Development Committee.

Underneath the DOC, there are range of groups in place to support the day to day running of the different digital components in conjunction with providing assurance on performance, delivery, and benefits realisation.



**More strategically Digital and Data Futures will align to the emerging Alder Hey Futures 2030 programmes of work and associated governance.**

SECTION 6

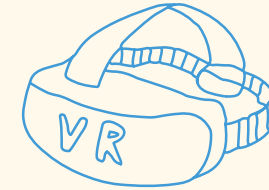
# Digital and Data Futures: So What?





We describe an exciting future with Digital and Data Futures, but what difference will all of this actually make...

Here we describe what 'A Day in the Life' could look like for our children, young people, families and staff in the future...



### Young Person

*I have been a patient at Alder Hey for a number of years now. I used to have to come to site for every single appointment and phone up if I needed to rearrange or ask any questions. I can now do some of my appointments virtually, saving me and my family a huge amount of time! **I love my online video appointments with my Consultant, they save me so much time and I really like being able to see her on the screen. I can manage all of my appointments on my phone and communicate with my clinical team if I need advice.** I can record results remotely, giving my clinical team assurance that I'm okay between appointments.*

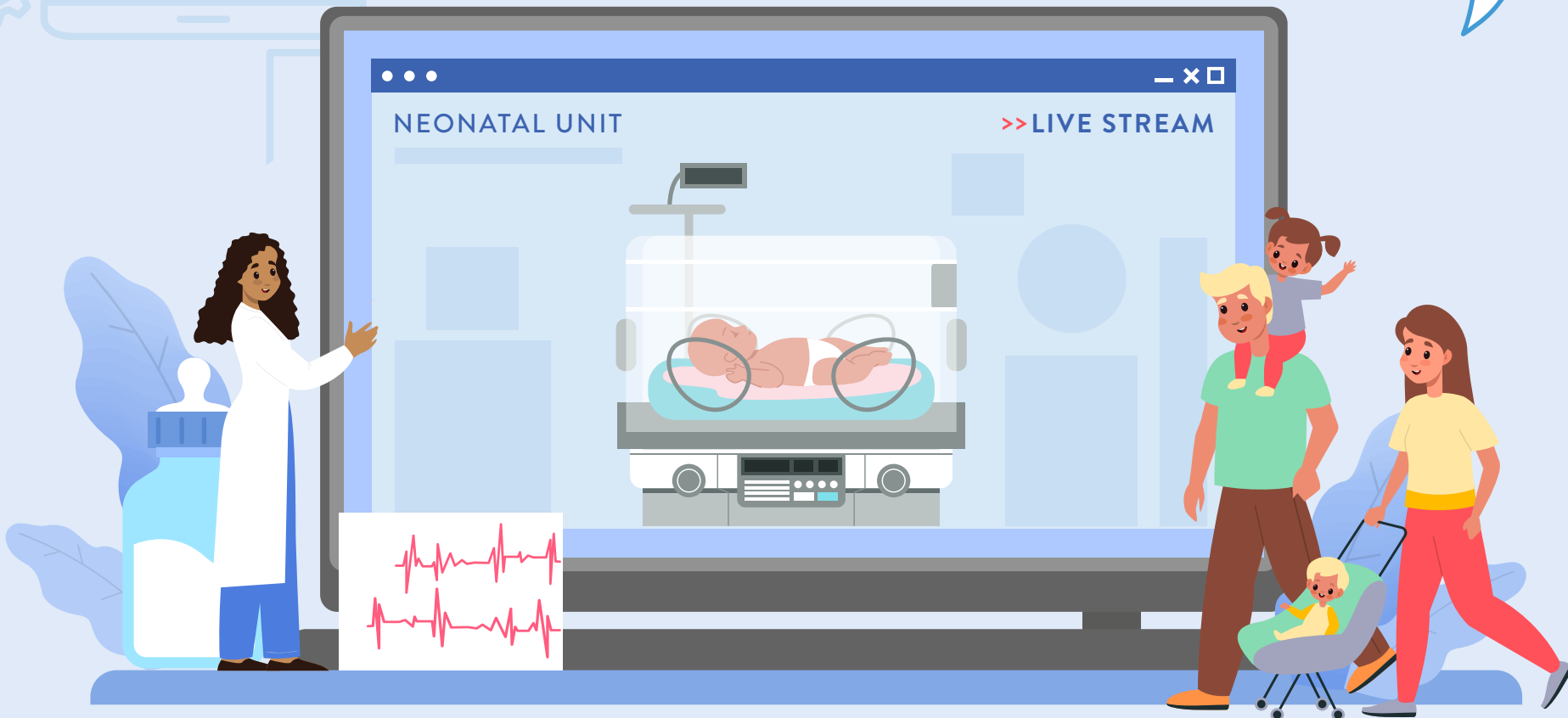
*When I do need to go in for various procedures, the equipment in the rooms is just great and keeps me entertained. When I had to stay in critical care, the access to technology there made my stay pass much more quickly and I was pleased to be able to listen to my favourite music and see my family and friends whilst I was in hospital. **I feel so much more independent and in control of my condition thanks to the technologies that have been put in place. It is so much better than it used to be :-)***





## Mother of Neonatal Baby

We have 2 children, a 5 year old and a tiny premature baby who is being cared for in the neonatal unit at Alder Hey. My husband and I are having to split our time between our new-born and his sibling which is so difficult for us. **The neonatal virtual visiting solution has provided us with 24/7 access to see our baby which would have been impossible had it not been for the technology in place.** The concept is brilliant and is allowing us to bond with our baby and share the new-born with others during a really challenging time. The new unit is exceptional and the staff are fantastic. Even though we can't be there together, our experience has been incredible and we feel truly connected to each other, our baby and the staff at Alder Hey.

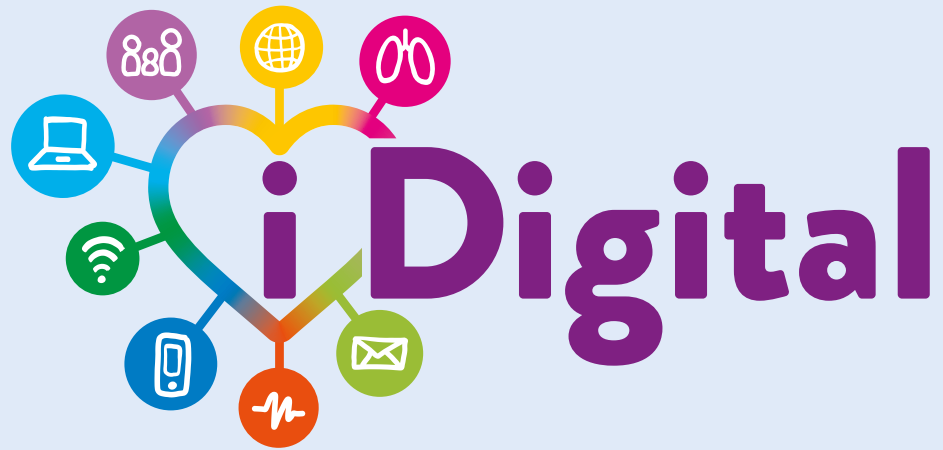




## Ward Sister

We used to record all referrals on paper, it was a nightmare. The process took a really long time and there was no record of the referral anywhere centrally, causing delays and safety concerns. The implementation of Alderc@re across Alder Hey has really benefitted us. It has meant that within the Burns unit receiving our referrals is much easier. It facilitates a far more robust process for our patients and is making life so much easier. It is saving staff significant amounts of time on writing referrals on paper forms. **Our IT devices and equipment just work for us these days and families having access to their records really helps them to be involved in their care.** Safety is considerably improved for a particularly vulnerable group of patients - it's just brilliant!





## Community Speech and Language Therapist



*When I started this role I could have never imagined the progress we have seen in such a short period of time. The digital infrastructure which has been developed means the Community & Mental Health division can now support hybrid working for nearly all staff within the division. They have been provided with the right equipment, use of virtual consultations and a single referral platform for all mental health referrals for CYP in Sefton & Liverpool, designed by young people for young people. **The support from the iDigital team is brilliant, they are always one step ahead and willing to work together to problem solve.***





## Consultant

*It's incredible to see where we have come from and what we now have in place. I remember someone saying 'noone ever says they hate their iPhone' – and we really hoped our work systems would have the same approach. I never thought I would see the day where remote video consultations are largely the norm. I love having access to everything I need via my own device – far more usable than previous clunky processes of having to be at the hospital for everything! The systems are so intuitive, prescribing and clinical decision making are supported by the EPR with links to clinical resources, care pathways are implemented, and*

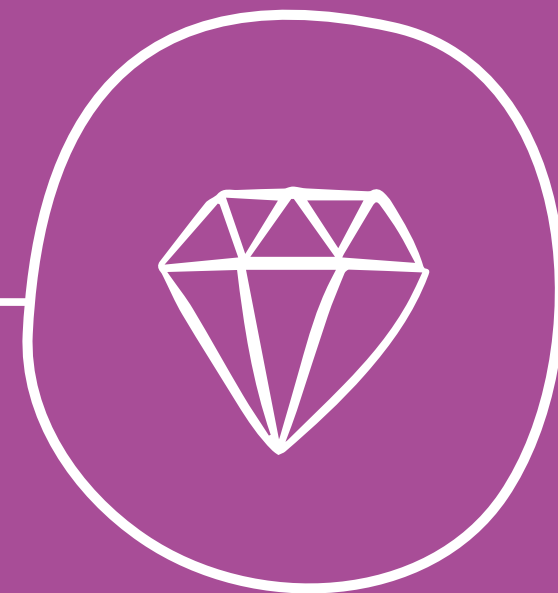
*I have access to everything I need to care for my patients – wherever I am. Including our regional Share2Care Record. Everything is there, it is safe and secure and easy to access.*

***The implementation of the Digital and Data Futures strategy over the next three years will improve the safety of our children and young people, as well as their experience whilst under the care of Alder Hey.*** Much of the focus also surrounds improving experience for staff, ensuring they have the right technology at their fingertips to deliver outstanding care at every opportunity. It will introduce efficiencies that will support staff in releasing time for direct patient care and enhance

*clinical outcomes through technology. Many of the deliverables are designed to support recovery following the pandemic, which is a main priority at a Trust and national level. It will ensure digital inclusivity is a common thread throughout implementation. Furthermore, aims to reduce health inequalities within the region, transforming the way the health of our population is managed.*



SECTION 7  
**Summary**



**Alder Hey is a wonderful place, a jewel in the crown of an iconic City. We deliver world class services to our Children and Young People. Building on our digital and technology developments and investments, it is a pivotal time for our next stage of delivery through Digital and Data Futures.**

The alignment of key strands of work will ensure we maximise the sum of many parts working together playing to our talents and expertise. It will both liberate and disrupt our ways of working to improve the care we give to Children and Young People. It will put us at further at the forefront of global digital and data leadership. We believe that our relationships, support, leadership and talents of our staff will enable us to deliver our aspirations.

**Our Digital and Data Futures is very bright and exciting.**



## Find out more...

You can download a copy of Digital Futures from our website [www.alderhey.nhs.uk](http://www.alderhey.nhs.uk)

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