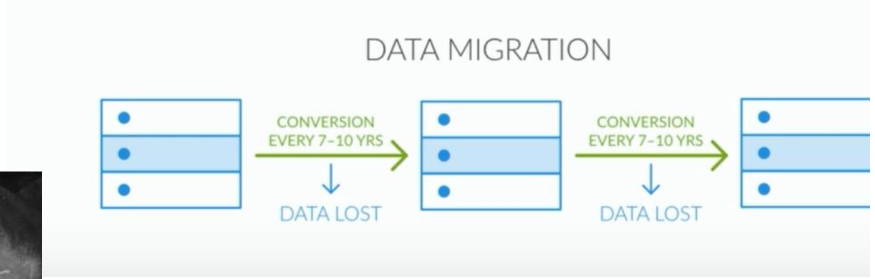
Surrey and Borders Partnership
NHS Foundation Trust

Keeping people at the centre:

Being a Digital Aspirant Plus Innovator

- Current monolithic IT is a major barrier to change
- Provider capabilities need to scale
- Traditional clinical and care models are being disrupted
- A new era of capability has rapidly evolved


DATA MIGRATION
CONVERSION EVERY 7-10 YRS
DATA LOST
CONVERSION EVERY 7-10 YRS
DATA LOST

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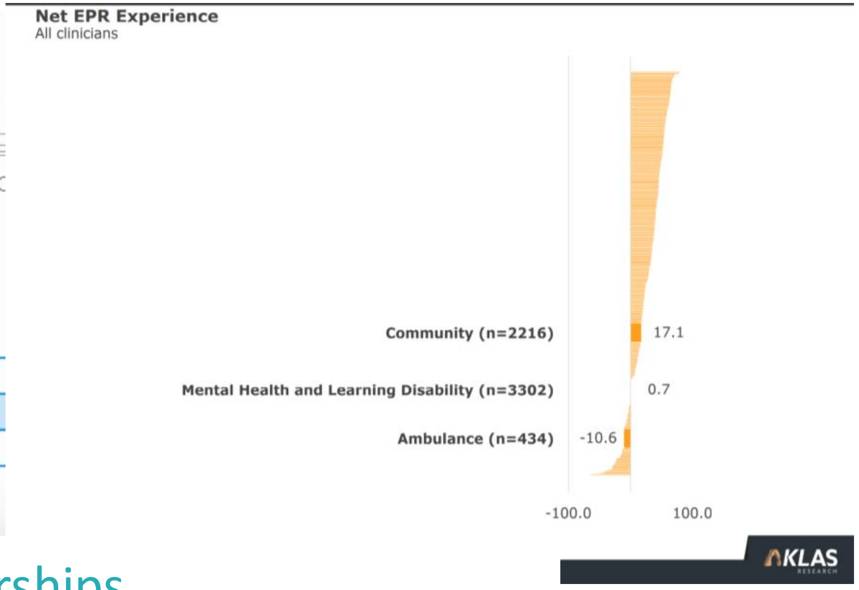
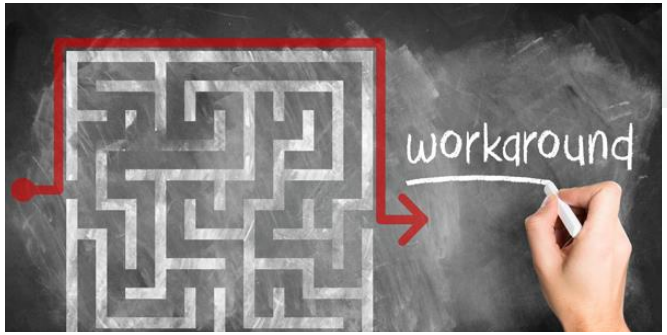
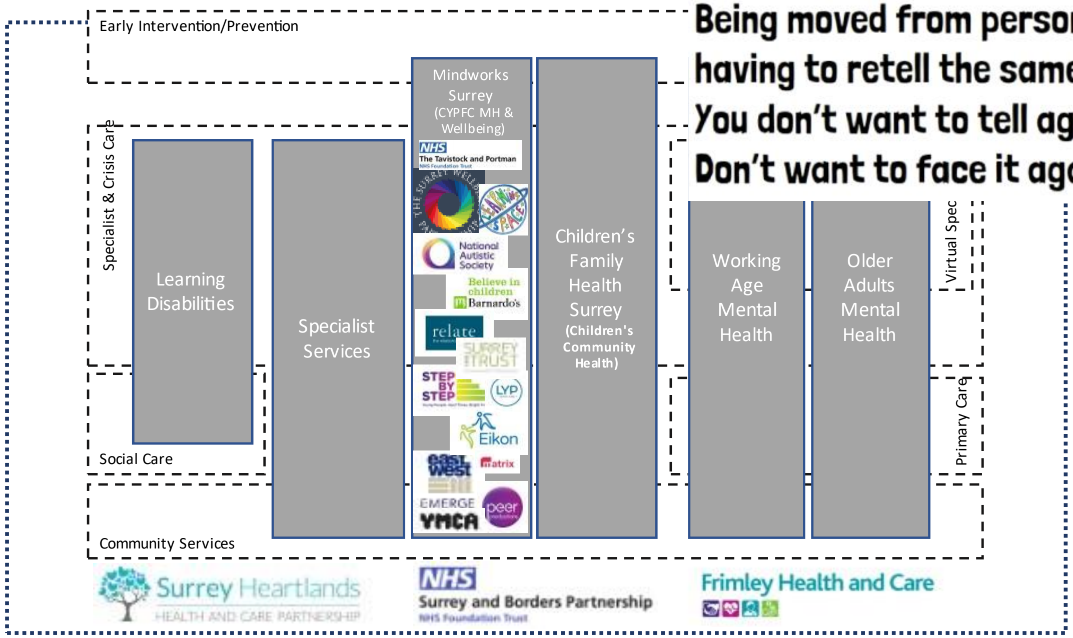



workaround

Explaining Our Services in Partnerships


Early Intervention/Prevention
Specialist & Crisis Care
Social Care
Community Services
Learning Disabilities
Specialist Services
Mindworks Surrey (CYPFC MH & Wellbeing)
NHS The Tavistock and Portman NHS Foundation Trust
The Surrey Wellbeing Partnership
Learning Space
National Autistic Society
Believe in children Barnardo's
relate
Surrey Trust
Step by Step
LYP
Eikon
east west
matrix
EMERGE
YMCA
peer
Children's Family Health Surrey (Children's Community Health)
Working Age Mental Health
Older Adults Mental Health
Virtual Spec
Primary Care
Surrey Heartlands Health and Care Partnership
NHS Surrey and Borders Partnership NHS Foundation Trust
Frimley Health and Care

Being moved from person to person constantly, having to retell the same story
You don't want to tell again
Don't want to face it again

"My voice is important; I want professionals to listen to me and what I need" Age 14

"I want someone to really listen" Age 13

"I don't want to be just left on a waiting list" Age 16

Digital Aspirant Plus Programme (ADAPT)

SABP is one of 7 Trusts selected by NHSX, and one of 3 Mental Health and Community Trusts (with Sussex and Humber) chosen as ‘Innovators’.

Aim - to stimulate innovation in Electronic Patient Record (EPR) systems through 3 mechanisms:

- Opening up data schemas in established EPRs
- Developing architecture for separate Trust controlled persistent clinical data platform
- Creating Apps that use this source data – ‘collect once, use often’

Persistent data platform - we’re not alone in our thinking

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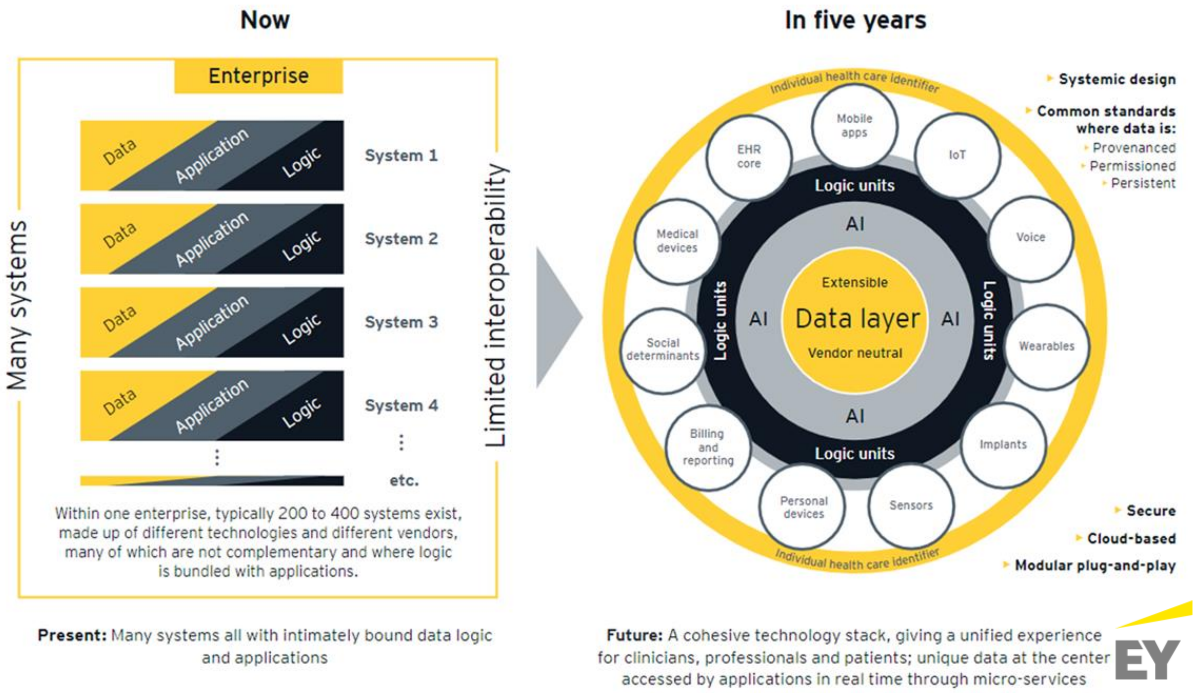
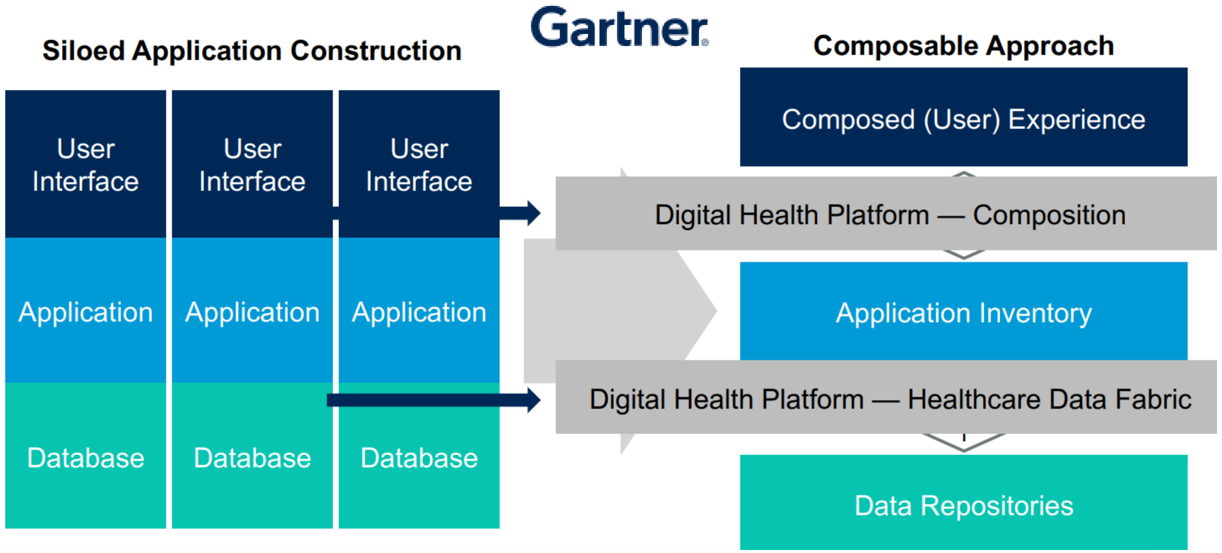

Now
Enterprise
Data
Application
Logic
System 1
System 2
System 3
System 4
etc.
Many systems
Limited interoperability
In five years
Individual health care identifier
Mobile apps
EHR core
IoT
Voice
Medical devices
Wearables
Social determinants
Implants
Billing and reporting
Personal devices
Sensors
Logic units
AI
Extensible
Data layer
Vendor neutral
Systemic design
Common standards where data is:
Provenanced
Permissioned
Persistent
Secure
Cloud-based
Modular plug-and-play
EY

Within one enterprise, typically 200 to 400 systems exist, made up of different technologies and different vendors, many of which are not complementary and where logic is bundled with applications.

Present: Many systems all with intimately bound data logic and applications

Future: A cohesive technology stack, giving a unified experience for clinicians, professionals and patients; unique data at the center accessed by applications in real time through micro-services


Gartner

Siloed Application Construction

User Interface	User Interface	User Interface
Application	Application	Application
Database	Database	Database

Composable Approach

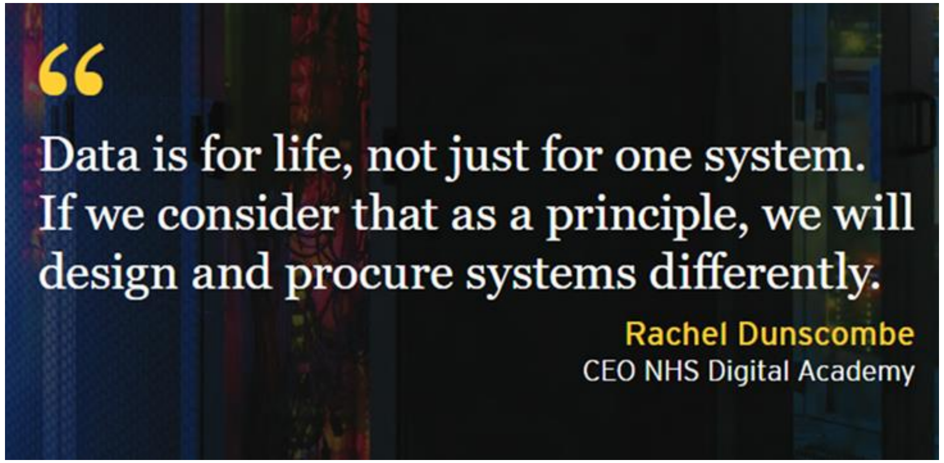
Composed (User) Experience

Digital Health Platform — Composition

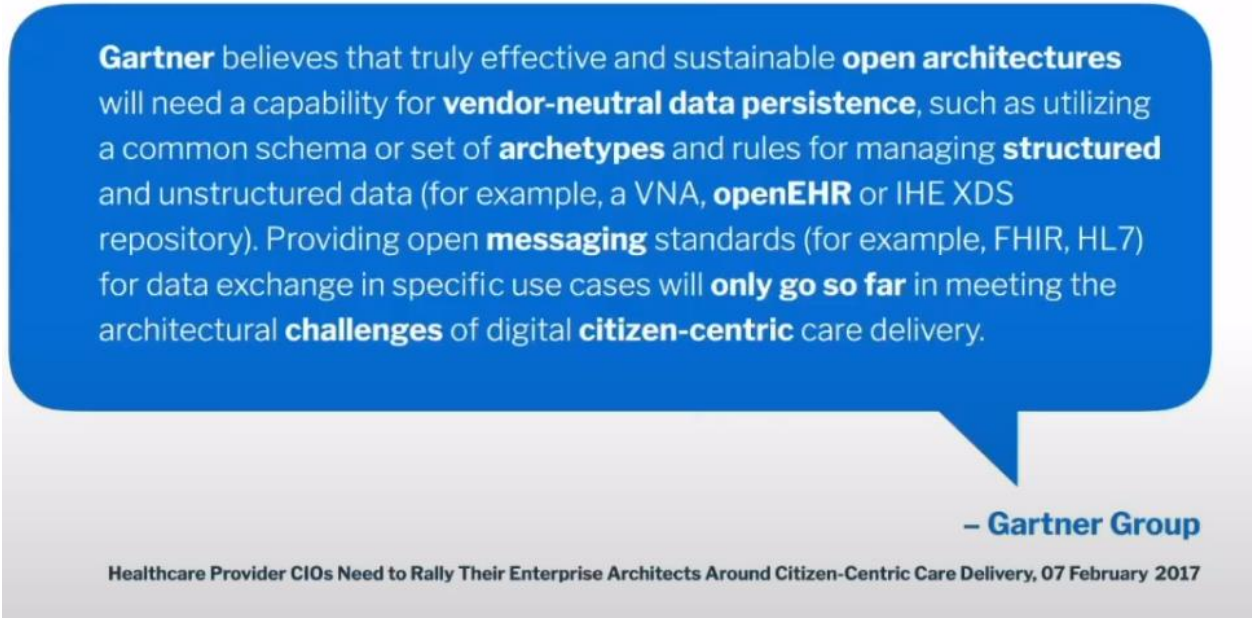
Application Inventory

Digital Health Platform — Healthcare Data Fabric

Data Repositories


> Data is for life, not just for one system. If we consider that as a principle, we will design and procure systems differently.

Rachel Dunscombe
CEO NHS Digital Academy


Gartner believes that truly effective and sustainable **open architectures** will need a capability for **vendor-neutral data persistence**, such as utilizing a common schema or set of **archetypes** and rules for managing **structured** and unstructured data (for example, a VNA, **openEHR** or IHE XDS repository). Providing open **messaging** standards (for example, FHIR, HL7) for data exchange in specific use cases will **only go so far** in meeting the architectural **challenges** of digital **citizen-centric** care delivery.

– Gartner Group

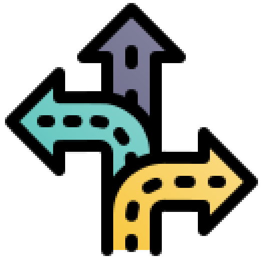
Healthcare Provider CIOs Need to Rally Their Enterprise Architects Around Citizen-Centric Care Delivery, 07 February 2017

Opportunities core to the way we think and work

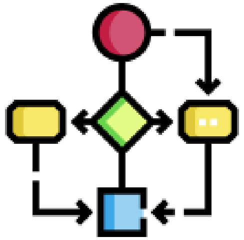
Opportunity to modernise and **future proof**

Shift towards health **promotion, diagnosis and early intervention**

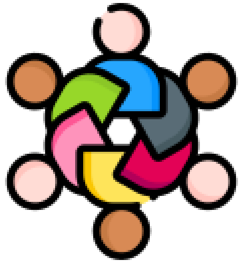
Digital as an enabler for **greater autonomy and choice** in care delivery



Need to **drive value** from local practices and pathways



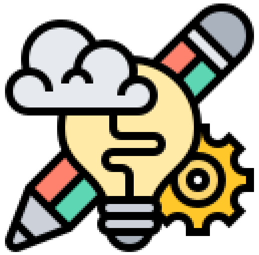
#PeopleBeforeTechnology – **people at the centre** of how solutions are designed, built and run



Systems wrapped around people, providing the **best possible experience**

Approach to data: single source of truth, **collect once, use many**

Opportunity to **build on significant foundations** made throughout pandemic

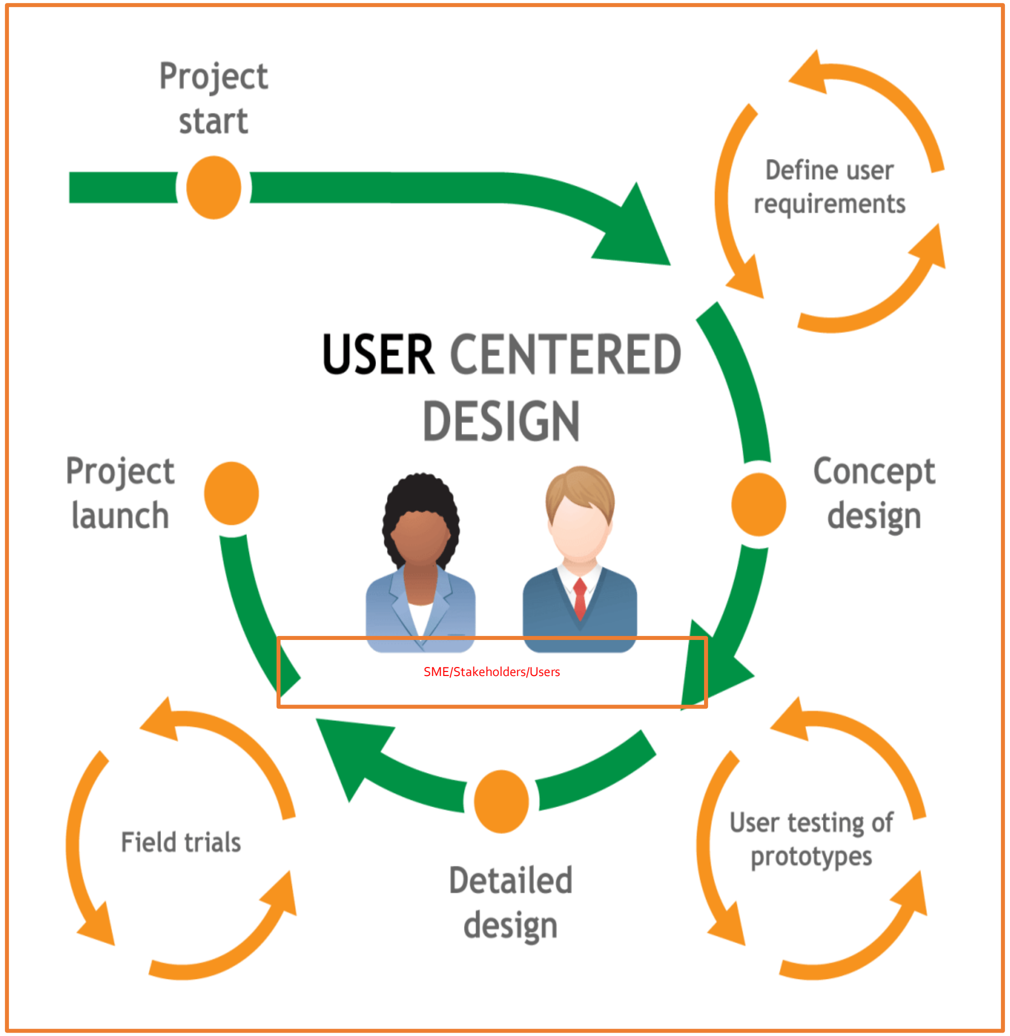


We need a **more dynamic capability** and build a future infrastructure that works

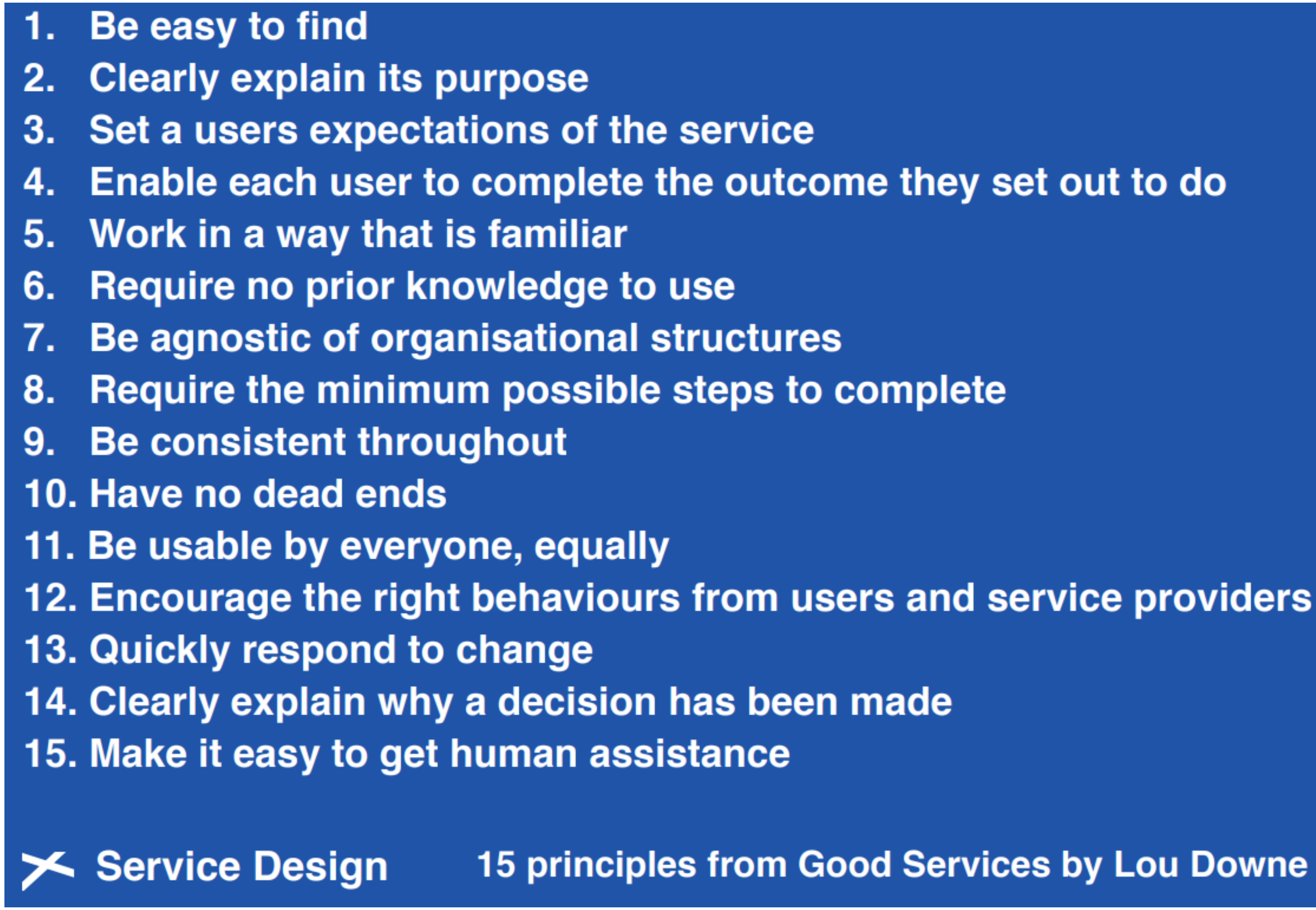
EVERYTHING

Introducing UCD and GSD changes things

User Centred Design


Project start
Define user requirements
USER CENTERED DESIGN
Project launch
Concept design
SME/Stakeholders/Users
Field trials
Detailed design
User testing of prototypes

Good Service Design



1. Be easy to find
2. Clearly explain its purpose
3. Set a users expectations of the service
4. Enable each user to complete the outcome they set out to do
5. Work in a way that is familiar
6. Require no prior knowledge to use
7. Be agnostic of organisational structures
8. Require the minimum possible steps to complete
9. Be consistent throughout
10. Have no dead ends
11. Be usable by everyone, equally
12. Encourage the right behaviours from users and service providers
13. Quickly respond to change
14. Clearly explain why a decision has been made
15. Make it easy to get human assistance

Service Design 15 principles from Good Services by Lou Downe

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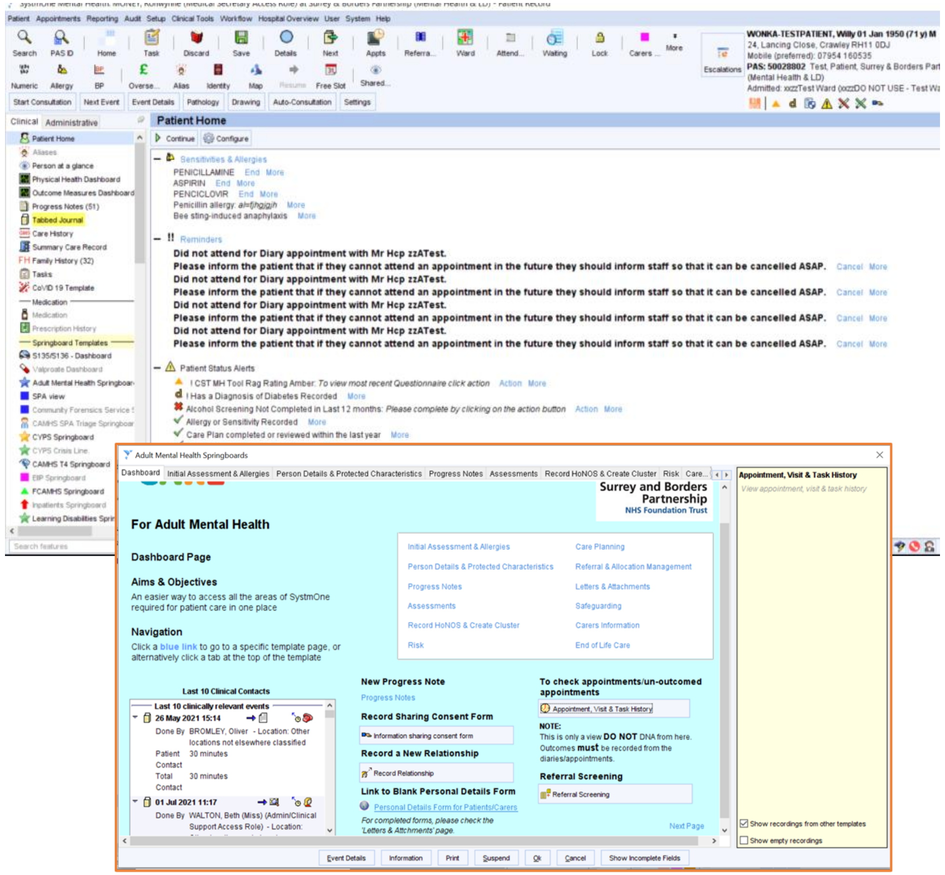
Patient Appointments Reporting Audit Setup Clinical Tools Workflow Hospital Overview User System Help

WONKA-TESTPATIENT, Willy 01 Jan 1950 (71 y) M
24, Lancing Close, Crawley RH11 0DJ
Mobile (preferred): 07954 160535
PAS: 50028802 Test, Patient, Surrey & Borders Part
(Mental Health & LD)
Admitted: xxzTest Ward (xxzDO NOT USE - Test Wa

Patient Home

Sensitivities & Allergies
PENICILLAMINE End More
ASPIRIN End More
PENCICLOVIR End More
Penicillin allergy: *al=fjhgjgjh* More
Bee sting-induced anaphylaxis More

Reminders
Did not attend for Diary appointment with Mr Hcp zzATest.
Please inform the patient that if they cannot attend an appointment in the future they should inform staff so that it can be cancelled ASAP. Cancel More
Did not attend for Diary appointment with Mr Hcp zzATest.
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Patient Status Alerts
! CST MH Tool Rag Rating Amber: *To view most recent Questionnaire click action* Action More
! Has a Diagnosis of Diabetes Recorded More
Alcohol Screening Not Completed in Last 12 months: *Please complete by clicking on the action button* Action More
✓ Allergy or Sensitivity Recorded More
✓ Care Plan completed or reviewed within the last year More

Adult Mental Health Springboards

Surrey and Borders Partnership
NHS Foundation Trust

For Adult Mental Health

Dashboard Page

Aims & Objectives

An easier way to access all the areas of SystmOne required for patient care in one place

Navigation

Click a blue link to go to a specific template page, or alternatively click a tab at the top of the template

Last 10 Clinical Contacts

Last 10 clinically relevant events
26 May 2021 15:14
Done By BROMLEY, Oliver - Location: Other locations not elsewhere classified
Patient Contact 30 minutes
Total Contact 30 minutes
01 Jul 2021 11:17
Done By WALTON, Beth (Miss) (Admin/Clinical Support Access Role) - Location:

New Progress Note

Progress Notes

Record Sharing Consent Form

Information sharing consent form

Record a New Relationship

Record Relationship

Link to Blank Personal Details Form

Personal Details Form for Patients/Carers

For completed forms, please check the 'Letters & Attchments' page.

To check appointments/un-outcomed appointments

Appointment, Visit & Task History

NOTE:
This is only a view **DO NOT** DNA from here. Outcomes **must** be recorded from the diaries/appointments.

Referral Screening

Referral Screening

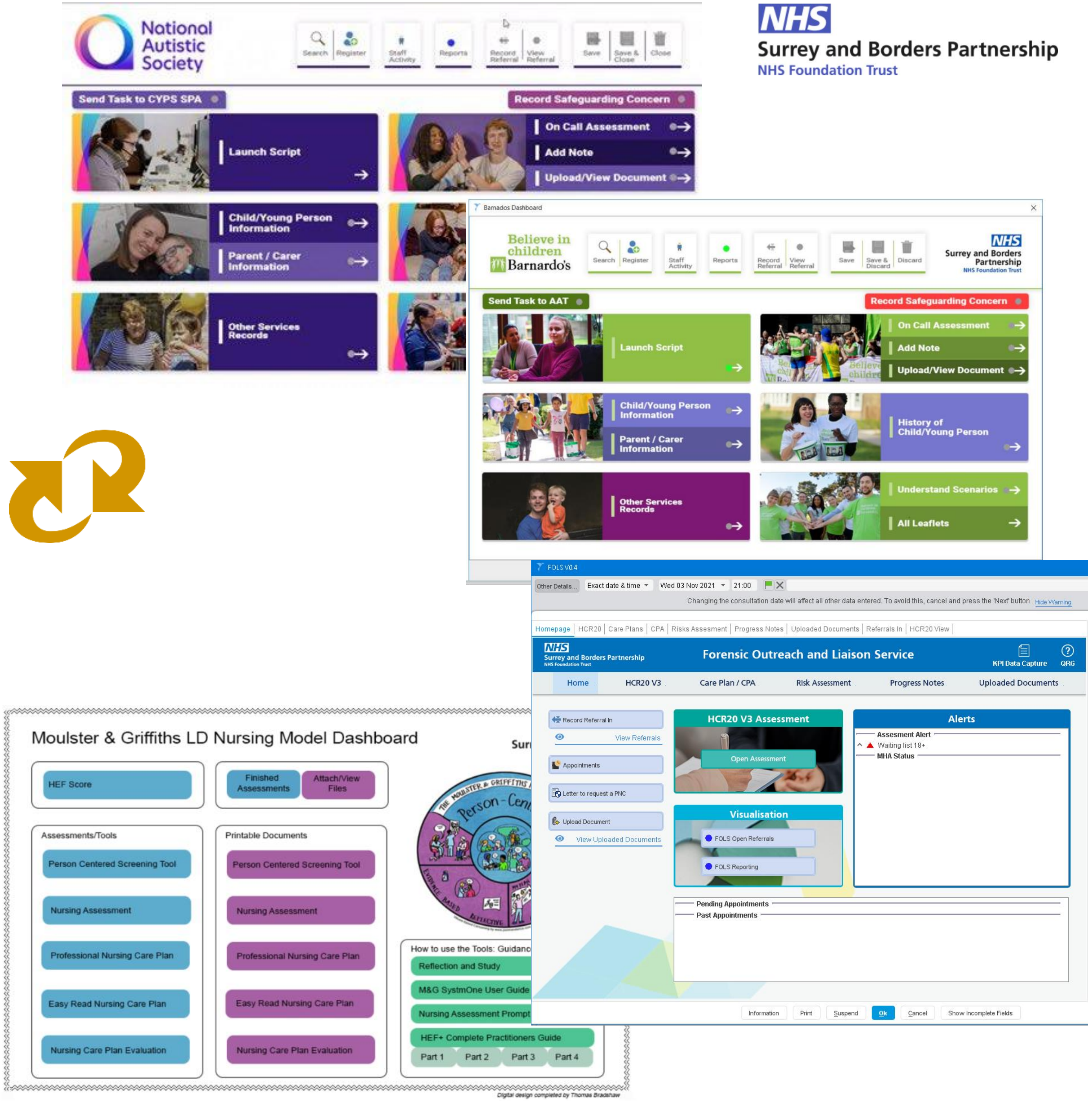
Next Page

Appointment, Visit & Task History

View appointment, visit & task history

☑ Show recordings from other templates
☐ Show empty recordings

Search
PAS ID
Home
Task
Discard
Save
Details
Next
Appts
Referra...
Ward
Attend...
Waiting
Lock
Carers ...
More
Escalations
Numeric
Allergy
BP
Overse...
Alias
Identity
Map
Resume
Free Slot
Shared...
Start Consultation
Next Event
Event Details
Pathology
Drawing
Auto-Consultation
Settings
Clinical
Administrative
Patient Home
Aliases
Person at a glance
Physical Health Dashboard
Outcome Measures Dashboard
Progress Notes (51)
Tabbed Journal
Care History
Summary Care Record
Family History (32)
Tasks
CoVID 19 Template
Medication
Medication
Prescription History
Springboard Templates
S135/S136 - Dashboard
Valproate Dashboard
Adult Mental Health Springboar
SPA view
Community Forensics Service
CAMHS SPA Triage Springboar
CYPS Springboard
CYPS Crisis Line
CAMHS T4 Springboard
EIP Springboard
FCAMHS Springboard
Inpatients Springboard
Learning Disabilities Sprin
Search features
Continue
Configure
Dashboard
Initial Assessment & Allergies
Person Details & Protected Characteristics
Progress Notes
Assessments
Record HoNOS & Create Cluster
Risk
Care...
Initial Assessment & Allergies
Person Details & Protected Characteristics
Progress Notes
Assessments
Record HoNOS & Create Cluster
Risk
Care Planning
Referral & Allocation Management
Letters & Attachments
Safeguarding
Carers Information
End of Life Care
Event Details
Information
Print
Suspend
Ok
Cancel
Show Incomplete Fields



National Autistic Society
Search
Register
Staff Activity
Reports
Record Referral
View Referral
Save
Save & Close
Close
Send Task to CYPS SPA
Record Safeguarding Concern
Launch Script
On Call Assessment
Add Note
Upload/View Document
Child/Young Person Information
Parent / Carer Information
Other Services Records
Barnados Dashboard
Believe in children Barnardo's
Search
Register
Staff Activity
Reports
Record Referral
View Referral
Save
Save & Discard
Discard
NHS Surrey and Borders Partnership NHS Foundation Trust
Send Task to AAT
Record Safeguarding Concern
Launch Script
On Call Assessment
Add Note
Upload/View Document
Child/Young Person Information
Parent / Carer Information
History of Child/Young Person
Other Services Records
Understand Scenarios
All Leaflets
Moulster & Griffiths LD Nursing Model Dashboard
HEF Score
Finished Assessments
Attach/View Files
Assessments/Tools
Person Centered Screening Tool
Nursing Assessment
Professional Nursing Care Plan
Easy Read Nursing Care Plan
Nursing Care Plan Evaluation
Printable Documents
Person Centered Screening Tool
Nursing Assessment
Professional Nursing Care Plan
Easy Read Nursing Care Plan
Nursing Care Plan Evaluation
Moulster & Griffiths
Person-Cen
How to use the Tools: Guidanc
Reflection and Study
M&G SystmOne User Guide
Nursing Assessment Prompt
HEF+ Complete Practitioners Guide
Part 1
Part 2
Part 3
Part 4
Digital design completed by Thomas Bradshaw
FOLS V0.4
Other Details...
Exact date & time
Homepage
HCR20
Care Plans
CPA
Risks Assesment
Progress Notes
Uploaded Documents
Referrals In
HCR20 View
NHS Surrey and Borders Partnership NHS Foundation Trust
Forensic Outreach and Liaison Service
KPI Data Capture
QRG
Home
HCR20 V3
Care Plan / CPA
Risk Assessment
Progress Notes
Uploaded Documents
Record Referral In
View Referrals
Appointments
Letter to request a PNC
Upload Document
View Uploaded Documents
HCR20 V3 Assessment
Open Assessment
Visualisation
FOLS Open Referrals
FOLS Reporting
Alerts
Information
Print
Suspend
Ok
Cancel
Show Incomplete Fields

Wed 03 Nov 2021 21:00

Changing the consultation date will affect all other data entered. To avoid this, cancel and press the 'Next' button Hide Warning

Assesment Alert
Waiting list 18+
MHA Status

Pending Appointments
Past Appointments

The Value of Doing it Differently

Care Delivery Models are Changing

ADAPT to the changes recognising person centricity

- Focus on Prevention and Early Intervention
- Integrate our Partnerships and collaboratives
- Drive the embedding of models (e.g. Thrive)

Technology & Data Innovation is Fuelling Change

ADAPT to threats and lean into opportunities

- Virtual Care (remote monitoring and selfcare)
- Predictive AI and Algorithms
- Automation
- Robotics

The Experience is Bad & the Legacy can’t Keep Pace with the Change

ADAPT to iterating around developing needs

- Monolithic IT is a barrier to change & TCO is High
- We need to scale capabilities (IC)
- New tech era capabilities

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@SABPDigital

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