



**Humber Health
Partnership**



DIGITAL STRATEGY

2025 - 2028

Other Formats

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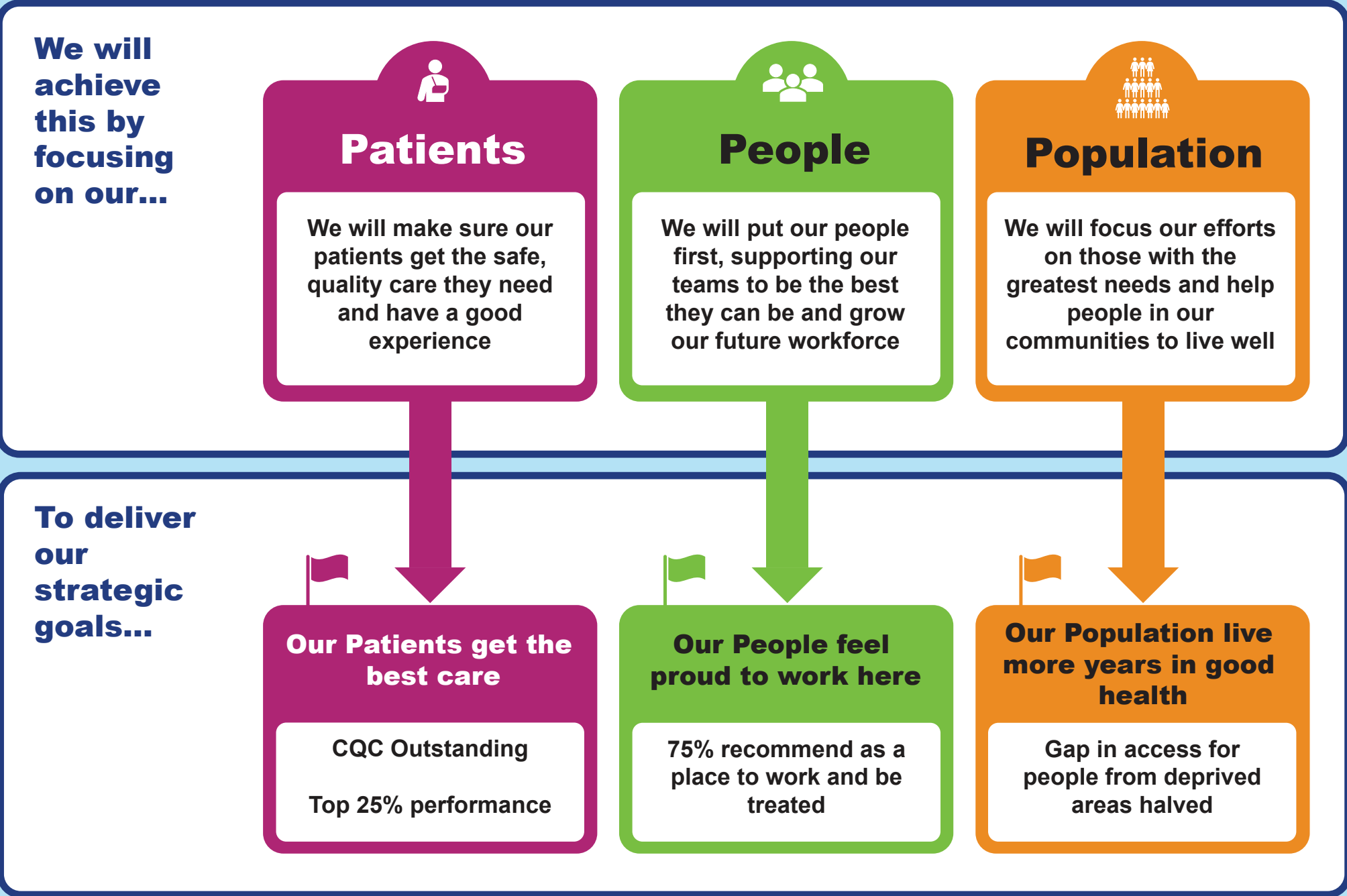
Strategy on a Page (2025 - 2030)
United by Compassion – Driving for Excellence

In five years...

we will be one of the leading hospital groups in the UK, delivering safe, sustainable and inclusive healthcare services

Guided by our values...

**Compassion | Honesty
Respect | Teamwork**



We will strive to be...

Pioneers 

We will embrace digital and tech, prioritise research and innovation and build skills for transformation

We push the boundaries

Partners 

We will work well with others, build trust and develop ambitious partnerships for the future

We work in partnership

Guardians of the Public Purse 

We will live within our means, deliver value-based care and reduce our impact on the planet

We use our resources well

Digital Strategy 2025/28

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Digital Strategy 2025-28 Foreword

The UK Government has declared that the NHS is broken and one of the 3 missions to fix it over the next 10 years is to shift from analogue to digital. Digitising the UK Health and Care sector is a task that has challenged multiple governments for decades, but that does not mean that the task is insurmountable.

In developing this digital strategy, we engaged with over 600 members of our workforce across all sites and specialties. The high-level feedback is referenced in the case for change later in this document, but the clearest message was that our people just want the basics to work. Fixing our digital foundations is a complex and potentially expensive task, however, we have a clear, common-sense mandate from our people that will not change. The challenge we face in sorting the basics is bridging the complex technical fixes that may be required to explain the impact they will have on the front line. This strategy looks to address this with clear, plain English objectives of what we will fix and how we will measure it so we can face the challenge of improving our digital maturity together. It also makes it clear that 'digital' within the Humber Health Partnership spans much more than the scope of the digital directorate with multiple systems procured and administered by other directorates and services.

If we are to shift from analogue to digital however, we will need to do much more than fix the basics. We will need to enable our own organisation and the wider regional system to transform its method of care delivery. We face unprecedented financial and operational challenges that will require innovative new solutions, enabled through technology and data. To deliver these, we will need to change the way we work both as an organisation and as a digital team. We need to truly come together as a group and all our digital systems need to reflect this.

Above all, we need to work together. Digital transformation is service transformation first. Without clinical and operational leadership and a clear line of sight to the problem we are looking to solve, our plans will not achieve their full potential.

The potential improvements available with modern technology, notably Artificial Intelligence are massively exciting and give us an incredible opportunity to meet the challenges we face. However, if we're to deliver the shift required, we need to ensure that every single member of our organisation understands the plan and pulls in the same direction to achieve it.

Andy Haywood, Group Chief Digital Officer



Who we are

We are 19,500 talented, passionate people, driven to help our communities in some of the most challenged health economies in the UK. Our Group is formed of two separate Trusts, each with their own proud history across 5 main hospital sites. Our organisational vision is to become one of the leading hospital groups in the UK within the next 5 years, with a focus on our patients, our people and population health.

Our digital team was one of the first to come together under the group model, even before the group was formed, and work has been underway prior to delivery of our first group digital strategy to start bringing our very different digital infrastructures together. However, 'digital' is still delivered across multiple teams within our current operating model. This is most easily highlighted by how we spend our money. We spend around £9 million of our operating budget on digital services within the 'digital' directorate, and then another £7 million outside of the directorate within individual care groups and specialties. As a result, we miss many of the opportunities to consolidate activity and unlock the true potential of centralised services across the group.

This scope of this strategy encompasses all Group digital activity, including that within care groups and individual services. Unless we consider the whole, we cannot possibly hope to deliver the coordinated 'shift' to digital that our people and patients deserve.

So why is a strategy required? The strategy looks at all the aspects of our digital journey to come, telling us where to go and keeping us on track while we get there.





Desktops
8075

Laptops
6466

Servers
520

People
162

Applications
200+

Projects
72

The case for change

Local

In order to develop this strategy, we engaged with over 600 members of our staff across all specialties, as well as patient representatives. A common theme was fatigue from the disconnect between stated ambition and the reality felt in our workplace, illustrated by this quote from one of our Consultants in response to “How would you use digital technology to excel?”

“Sorry but this is such a vague general question that I would question its usefulness/purpose. We all want a seamless patient information system where all elements of the system work with one another and are compatible with other digital systems in use in other trusts and in primary care. This has been wanted since day 1 of ‘the digital NHS’ decades ago and which continues to be a massive failing.”

The case for change was unanimous across the key themes below:

Performance

Staff across all sessions complained that they waste time daily through waiting for equipment to load, or reboot.

“We have 8 laptops in total - All of which run too slow to perform clinical tasks in a timely manner. When post operative patients wake from surgery in pain, sometime excruciating pain, there is a significant delay in them receiving care.”

Reliability and Resilience

Our people can't rely on all of their digital technology to work consistently as expected. Disparate teams and lack of unified digital governance means that resilience and disaster recovery plans are difficult and complex to map.

Duplication

Whilst not a complete surprise for a Group formed of two Trusts, duplication and variation is prolific when it comes to digital systems. We have different systems fulfilling the same task; in some cases, the same system, but contracted twice, and we also have systems that are maintained by digital on one site and by individual services on the other (i.e. Radiology).

Lack of integration

“We have so many different systems and none of them talk to one another,” was a constant complaint across all of our engagement sessions. Lack of integration and multiple separate systems mean that data has to be inputted multiple times, increasing the margin of error and negating any benefit of moving away from paper.





Digital Literacy, Adoption and Training

Our people don't feel empowered to use the technology they already have. Our digital teams are not resourced to support training and optimisation of all our systems through life. As a result, the potential benefits of even simple tools such as Microsoft 365 and Teams are never fully realised.

Lack of User-led design

In addition to problems caused by the multiple systems the Group currently operates, the problem is compounded by many of them being old and counterintuitive to use. Systems have not been designed with sufficient clinical or user input, which can lead to errors, or in some cases the workforce cease to use the systems entirely developing paper workarounds instead.

Confusion

Staff experience problems with digital systems and expect that the 'digital' team will be able to help. This is not always the case, with some major digital systems being owned by separate services with their own support models. People do not know where to contact for new ideas and innovations.

Finance and Sustainability

The Group does not have comprehensive oversight of pay and non-pay revenue spend on digital. However, the overall quantum of 1.9% of turnover is low for an organisation with the scale and ambition of Humber Health Partnership.



The case for change

Regional

Our region has some of the highest demand in the UK, brought about by a population with the highest disease burden, which is getting older on average. The way in which our system functions need to change to be able to cope with the future we face.

Inter-organisational working

The organisation currently struggles to share information with system partners across key areas like Care Plans. Key capability for simple tasks like secondary care e-prescribing for primary care do not currently exist. Digital technology and data are currently hindering cross sector working rather than enabling it.

National

The Independent Investigation of the National Health Service in England

The report by Lord Darzi was commissioned by the new Secretary of State for Health and Social Care in order to lay the foundations for a new 10-year plan for the NHS. The report is scathing about the ability of the NHS as a whole to leverage the value of data and technology.

However, it states that digital is a key pillar of a successful future:

“Tilt towards technology. There must be a major tilt towards technology to unlock productivity. In particular, the hundreds of thousands of NHS staff working outside hospitals urgently need the benefits of digital systems. There is enormous potential in AI to transform care and for life sciences breakthroughs to create new treatments.”¹

[1Independent Investigation of the National Health Service in England](#)

The What Good Looks Like framework (WGLL)

WGLL² is directed at all NHS leaders, as they work with their system partners, and sets out what good digital transformation looks like at both a system and organisation level. It describes how arrangements across a whole ICS, including all its constituent organisations can support success.



[2What Good Looks Like framework - What Good Looks Like - NHS Transformation Directorate](#)

Where we are trying to get to

In our Group strategic framework - we set out four key priorities for digital. They are:

- We will build robust digital foundations that are secure, resilient and interoperable.
- We will improve the way we use data to drive decision-making in real time and plan more effectively for the future.
- We will build a virtual hospital, which will work alongside our physical sites and be fully integrated into our existing service offer.
- We will keep digital inclusion at the heart of what we do so that those living in our most deprived communities are not excluded.

This digital strategy builds upon these commitments and links them more closely to our organisational goals. We have also added a new mission as mission 1.



1

Mission 1 - We unlock productivity with everything we do.

Our digital transformation must allow our people to do more of what matters. If digital schemes don't shift the dial for our patients, people or improve population health, then they will be deprioritised for schemes that do. Our ability to increase productivity, improve quality and safety, and enable financial sustainability rests upon us deploying systems and technologies that minimise human effort wherever possible.

Objective 1 - We are a leader in automation and the application of Artificial Intelligence.

We have an innovation process that allows rapid prototyping of ward level improvement initiatives that meet the test of increasing productivity or improving quality and safety. This will link to our wider innovation strategy. We are Pioneers.



2

Mission 2: We will build robust digital foundations that are secure, resilient and interoperable.

The success of our digital transformation needs to be rooted in getting the basics right. The engagement with our people proves that we need to get to a future where the following statements are true.

Objective 2 - Our Digital systems and hardware ‘just work’.

Systems are immediately accessible from anywhere, on any appropriate device. There is little to no downtime. We are in constant contact with our users to ensure that the digital estate is continuously improved.

Objective 3 - We have One Digital Estate.

We have a single digital estate, with no duplication. The user experience is consistent for anyone working within our Group or connecting to it. All digital systems and services live under the same governance, in a single delivery pipeline, funded in the same way.

Objective 4 - We do once, not many.

Our systems architecture is built to ensure our people only have to do things once. One login; Data only inputted once; Problems only raised once before being resolved.

Objective 5 - Collaboration is the rule, anything else is an exception.

We are not unique. Where we can share digital services with other providers for proven mutual benefit, we should. We do not hold the monopoly on good ideas, and we should ‘steal with pride’ from the best where we can.

Objective 6 - We are an intelligent customer.

We are in full control of our contracts and renewal schedule. We leverage the scale of our organisation and our strengths to drive optimum value for our budget, working as a strategic partner to key suppliers.

Objective 7 - We are cyber resilient.

We are fully aware of our threat surface and have removed the risks posed by legacy operating systems and gaps in process. We constantly monitor our risks and we provide ‘significant assurance’ in the Data Security and Protection Toolkit (DSPT) return.

Where we are trying to get to

3

Mission 3: We will improve the way we use data to drive decision-making in real time and plan more effectively for the future.

Data is a valuable asset to our people, our patients and our partners. We need to maximise its use to drive effective decision making in the short, medium and long term.

Objective 8 - We have a best-in-class Data Warehouse that allows us to enable effective decision making in real time.

We have an integrated data warehouse which allows us to see, query and understand all our data. This allows us to drive maximum value from all our information and answer the right questions.

4

Mission 4: We will build a virtual hospital, which will work alongside our physical sites and be fully integrated into our existing service offer.

We will use digital technology to reshape the way health and care is delivered across our region.

Objective 9 - Virtual care is an integrated part of our clinical model

We have identified all areas where virtual care is a viable alternative to physical interactions. This allows us to avoid unnecessary admittance and improve flow by stepping down care into virtual pathways.

Objective 10 - Our virtual hospital enables our region to work together more effectively

Our virtual care models allow system partners to refer into virtual pathways that enable enhanced care, without requiring admittance into hospital beds or physical clinics.

5

Mission 5: We will keep digital inclusion at the heart of what we do.

This mission was originally aligned to our patients, however our engagement with our people highlighted that digital inclusion is equally important when it comes to our staff.

Objective 11 - All our systems and software have user-led design at their heart.

Our systems are designed to be intuitive, requiring less training for their effective use. Design takes accessibility into account for all protected characteristics.

Objective 12 - We provide equity of access to our patients, people and partners.

We provide multiple channels of access to ensure that no person is excluded from accessing our services. We also provide sufficient training for deployment of new systems and to allow people to get maximum value from the systems we already have.



How we are going to get there

Year
1

Year 1 will encompass design work for some of the key enablers to long term success.

Revised Digital Governance

We will implement a more sustainable digital governance regime that encompasses all digital activity across the Group, regardless of whether it is part of the Digital Directorate or not. This will allow us to build a comprehensive overview of digital risks, investment and procurement, as well as opportunities for optimisation.

Digital Innovation Group

As part of our revised governance structure, we will bring forward the case for a new, clinically led forum for digital innovation. This will empower increased innovation from ward level, with new ideas prioritised for investment and support on the basis of the value they will deliver to our people and our patients. We need to be bold about how digital technology can reshape the landscape, rather than improving the existing one.

We will also commence partnering conversations with academia and industry to see how we can further accelerate progress once established.

Digital Foundations Business Case

We will develop a business case for a programme of work to improve our digital foundations, including the capital and revenue implications of key enablers such as moving to the cloud.

Professional Registration

We will maintain professional registration with the British Computer Society (BCS) and the Federation of Informatics Professionals (FEDIP) for all our digital teams as NHS England continues to develop the NHS Digital Profession as part of the 10 year plan.

A New Digital Operating Model

We will partner with industry experts to define what our Group-wide digital services should look like in order to answer the concerns of our workforce and support our future ambitions. This will include provision of capabilities we don't currently have. This will take partnering with other providers within our ICS and potential outsourcing of services into consideration. We will also increase our use of apprenticeships and graduate pipelines to ensure we are unlocking and developing local talent.

In addition, we will consider digitally connected systems such as surgery robotics, medical devices and robotics within estates and facilities to look at how we develop a fully interconnected 'smart' hospital.

Virtual Hospital Programme Business Case

We will develop the business case for a team to broaden our virtual care model and define the future of our virtual hospital, including its place in the clinical model of the wider ICS.

EPR

Years 2 and 3 will see us roll out our new Electronic Patient Record across North and South bank sites. This will upgrade 32 existing clinical systems into one and move all services in scope on to a single Group Operating Model. This will transform our clinical model across all Care Groups, unlocking a host of new opportunities to operate in partnership with the wider system and improve quality through the availability of data and decision support.

Year
2-3

Use of AI and Automation

We will lead the way with our use of AI and automation to unlock new ways of working as we work towards our goal of unlocking 400,000 days of productivity. We will build on our digital innovation capability through joint working with local academic institutions, industry and regional bodies such as the Health Innovation Network.

How we will know we have been successful

Mission



We unlock productivity with everything we do.



We will build robust digital foundations that are secure, resilient and interoperable.

Objective

Objective 1

We are a leader in automation and the application of Artificial Intelligence.

Objective 2

Our Digital systems and hardware 'just work'.

Objective 3

We have One Digital Estate.

Objective 4

We do once, not many.

Measure

We will track the number of processes we are able to automate or remove entirely through the use of AI and automation.

We will track the number of days of productivity we are able to unlock through each application, as well as associated improvements in quality and safety.

We will provide a dashboard (available now) that tracks our digital service performance. We will be successful when we are able to reduce the number of outages and incidents on a monthly basis. This objective shares a KPI with cyber resilience in that we will also track and reduce the number of legacy operating systems.

We will also track and report on the results of user satisfaction surveys based on digital system performance.

We will know we have been successful in achieving this objective when we have completely removed duplicate contracts for common capability. We will know we have been successful when we deliver services (i.e. switchboard) in the same way, via common teams across the group.

We will know we have been successful when our people and patients:

- Only have to log in once
- Only have to input data once
- Only have to raise a problem or issue once
- Only have to raise an idea once.

Mission



We will build robust digital foundations that are secure, resilient and interoperable.



We will improve the way we use data to drive decision-making in real time and plan more effectively for the future.

Objective

Objective 5

Collaboration is the rule, anything else is an exception.

Objective 6

We work in true partnership with our suppliers.

Objective 7

We are cyber resilient.

Objective 8

We have a best-in-class Data Warehouse that allows us to enable effective decision making in real time.

Measure

We will know we have been successful when we have an increasing number of systems, software and hardware delivered under a single ICS-wide agreement and operating model.

We will be successful once we have a complete overview of all digital contracts and renewal dates across the group, regardless of which directorate they sit within.

We will be successful when we can demonstrate improved value for money through acting as a key reference site for suitable suppliers.

We are now required to benchmark our cyber resilience through aligning to the Cyber Assessment Framework on an annual basis, through the new NHS England Data Security and Protection Toolkit (DSPT). This will be formally audited and reviewed annually by our Audit, Risk and Governance Committee.

Success will be defined by the provision of a single data warehouse, which enables real-time accurate reporting on all key metrics.

Mission



We will build a virtual hospital, which will work alongside our physical sites and be fully integrated into our existing service offer.



We will keep digital inclusion at the heart of what we do.

Objective

Objective 9

Virtual care is an integrated part of our clinical model.

Objective 10

Our virtual hospital enables our region to work together more effectively.

Objective 11

All our systems and software have user-led design at their heart.

Objective 12

We provide equity of access to our patients, people and partners.

Measure

Success will be defined by the number of virtual beds and clinics we are able to provide and the number of virtual patient episodes we provide as a result.

Success will be defined by the provision of full virtual pathways that any of our partners can refer into.

Success will be defined by our performance in user satisfaction surveys. As part of our year one design work, we will agree the benchmark framework such as the KLAS framework for healthcare IT usability.

We will measure our performance against this standard through feedback from our patients and staff disability networks. We will also work with colleagues in organisational development to build a business case for continuous professional development and training in digital skills.



Humber Health
Partnership



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