New website content management system (CMS)
Tender specification

February 2019

1.0 About us

Derbyshire Community Health Services NHS Foundation Trust is one of the largest providers of specialist community health services in the country. We serve a population of over one million in Derby and Derbyshire delivering 3,500 patient contacts every day. We employ more than 4,400 staff serving a widespread local patient population.

We care for patients in 11 community hospitals and more than 30 health centres, as well as in clinics, GP practices, schools, care homes and, increasingly, in people's own homes. Service transformation to provide more care in community settings is ongoing, with our partners in health and social care in Derbyshire.

We have operated as a standalone NHS organisation since April 2011 and became a fully-fledged foundation trust on 1 November 2014. Our Council of Governors is responsible for holding the Board of Directors to account, sharing opinions and providing appropriate challenge on any major decisions.

Looking forward …..
We continue to work closely with our partners in health and social care towards greater integration of services in line with the forward-looking aims of the Derbyshire Sustainability and Transformation Partnership/Integrated Care System. Being able to provide greater levels of care out of hospitals and closer to people's homes in their own communities is a cornerstone of our future plans.

2.0 The DCHS Way – our vision, our values

The DCHS Way is a fundamental 'pledge' to our staff and patients which sets out how we develop and govern our organisation to deliver our vision of being the best provider of safe, personalised community healthcare services, and a great place to work, to enrich the lives of our local people and communities.   It is underpinned by our values to get the basics right, with compassion and respect, such that we make a real difference in an environment where all staff members are recognised as making a significant contribution.

We have a vigilant approach to safety and governance which is reinforced by our segment one and governance green rating. We continue to aim to provide personalised and safe care, promote the health and well-being of all, enhance the life chances of many and promote independence and opportunity wherever possible. We are a well-established local organisation with the aspiration and specialist expertise to provide the type of care which people need, every day, if they are to be looked after in or as near to their homes as possible.

3.0 About our services

Our services are managed across three divisions: integrated community-based services, planned care & specialist services and health, wellbeing and inclusion. See list over page.

Our services

Derbyshire Community Health Services NHS Foundation Trust

Integrated community-based services

- Acquired brain injury
- Cardiac rehabilitation
- Community nursing, district nursing and matrons
- Community therapy (including physiotherapy & occupational therapy)
- Continence care
- Day centre services
- Discharge facilitation/ clinical navigation in local trusts
- End of life care
- Falls rehabilitation
- Falls response service
- Heart failure specialist nursing
- Intravenous (IV) service
- Learning disability services
- Long-term conditions
- Neurological support
- Neuro-rehabilitation outpatients
- Older people's mental health
- Parkinson's nurse specialist
- Pharmacy
- Pulmonary rehabilitation
- Rehabilitation (including intermediate bedded care)
- Single point of access care
- Stroke coordination and rehabilitation
- Urgent care (minor injury units)
- Virtual ward/care at home.

Planned care and specialist services

- Consultant outpatients/day case
- Community dental services (in Derbyshire and Leicestershire)
- Occupational therapy
- Outpatient physiotherapy
- Musculoskeletal service
- Podiatry and podiatric surgery
- Specialist wheelchair service
- Speech and language therapy.

Health, wellbeing and inclusion

- Children's services
  - Health visiting and school nursing
  - School-aged immunisation service
  - Breastfeeding peer support workers
  - Starting point and tier two continence services
- Family doctor services (General Practice)
- Health promotion services
- Health psychology
- Integrated sexual health services.

4.0 More about our performance, Derbyshire and the population we care for

4.1 *Performance*
As with other organisations in the NHS, DCHS faces considerable financial constraints and challenges arising from the current economic climate and the growing demand for services due to population growth and an increasingly ageing population. Yet despite these pressures,

- The Trust met its objectives and performed well – operationally and financially – during 2017/2018.
- DCHS last received a full inspection of the Trust's services by the CQC in 2016 and was rated as 'Good' overall and this included 'Outstanding' for 'caring' and some of our specific services.
- The Trust is rated at Segment 1 in the Single Oversight Framework, the highest possible rating, by NHS Improvement. The next inspection, including a 'Well Led' review is expected in mid-2019.
- We were rated the Top Community Trust nationally for staff engagement and our staff survey consistently rates our Trust to be a good place to work, exemplified by us having the one of the lowest staff turnover rates in the region.

4.2 *Derbyshire and its population*

- The county covers an area of approximately 1,016 square miles.
- The county population is predominantly white with higher than average employment, and has a relatively high proportion of rural residents.
- With a population of approximately 250,000 the city of Derby is by far the largest town. It is multicultural and home to a wide range of industries, with many global companies based there, including Rolls-Royce, Toyota and Bombardier.

- The characteristics of Derbyshire's population reflect both the largely rural nature of the county and its industrial heritage. The North East of the county is closely associated with the former mining industry and its legacy of relatively deprived communities with poor health.
- The percentage of people aged over 65 is significantly higher than the average for the whole country.
- The number of people aged over 65 is also growing faster in Derbyshire than in the rest of the country, and is projected to increase from 134,400 (2008) to 197,000 (2025). This is a 47% increase for Derbyshire against a projected increase for England of 37%.

5.0 Project background

Recognising that technology moves very quickly, and the challenges NHS trusts have in getting the right information to the right people at the right time, the Communications and Engagement team (C&E) undertook a review of the DCHS internet (external web) pages and the intranet (My DCHS) in autumn 2018.

The external pages were last revamped 4.5 years ago and make use of a content management system (CMS) that has not been upgraded since then. Whilst every effort is being made to ensure the public facing web pages are up to date; the CMS is an aging system, badly in need of investment to modernise it. Using this CMS is demanding on staff time or supplier system support for page content updates. Until early 2016 this system also 'drove' the staff intranet pages.

Responding to staff feedback, in particular staff wanting to have greater control over the content on their pages, and recognising that C&E could benefit from releasing staff time from system support activity, C&E reviewed the staff intranet in early 2015. A protracted procurement process and restricted access to funds resulted in a new supplier being appointed and in February 2016 My DCHS went live.

Since 2016 we have had two primary suppliers; two separate and different CMS systems and two SLA arrangements*. The CMS driving MyDCHS is open source and offers a flexible approach to delivering our staff pages if you have the skills to understand and use basic content management tools, and some code. The SLA/support package is limited and reflects both the budget available and the interests and skills of the Digital Communications manager at the point of purchase. His leaving (April 2018) highlighted a significant gap, for example, he was able to provide some technical support when this was not available from the developer. Recognising this, and feedback from staff on their frustrations with the system, it was felt now is a good time to review whether we have the best system for delivering critical communications to our staff.

The trust also has a number of services who have discrete SLAs with suppliers to provide bespoke microsites.

5.1 Where are we now?

We spoke to a number of teams and individuals working in a variety of departments in the trust to understand their frustrations with DCHS web pages, and in particular the staff only pages. This highlighted clear themes:

- search functionality very poor
- access to policies difficult*
- log-on – why do we need to log in? does everything need to be behind a log on?
- staff directory – not up to date, not useful
- signposting/navigation logic confusing and information presentation can 'overload' and add to this confusion

Access to policies and procedures
This was raised by staff in every conversation. MyDCHS signposts to a third party system – Sharepoint – which is currently used to house our policies and procedures. Staff expressed frustration - the 'double log on', MyDCHS and Sharepoint[1]; the navigation of the site is difficult - you need to know which category to look in - and it is very easy to miss the search function. Staff questioned why our policies are behind a log-in when other trusts have theirs viewable to all via their external web pages.

[1]*They can also access the system directly and only have to log in once*

The feedback also highlighted:

- **Risk** – always having to log-in, confusing navigation and poor search functionality has led to staff creating work-arounds and short cuts to save time. Examples include: clinicians not being able to find clinical documentation eg safeguarding risk assessment documents/sharps policy or HR documents eg templates for job descriptions, self-certification forms, appraisal information when

needed. In each example given staff resorted to using locally saved versions or overwriting previous versions risking introducing errors and recognising they might not be up to date. There is also a risk to the IT server capacity, with duplications of high res documents being saved locally.

- **Inefficient use of Resources** – frustrating navigation logic and poor search functionality discourages staff from becoming self-sufficient and they resort to telephoning departments for information. Staff are spending time answering queries – ranging from signposting to documents that are available on-line to sending locally saved versions of information because they also find it difficult to remember where to find information online. Out of date forms/templates being used creates extra work as staff are asked to re-do work. Clinicians report 'giving up' looking for information because they have to remember 'another' log-in, are overwhelmed by the presentation of information (navigation not logical) and search functionality is poor. A lot of people time is spent creating useful online resources and the current system is not supporting staff to make best use of this information.

- **Reputation concerns** – since we adopted two suppliers, run two CMS, and have MyDCHS as the default web page, there is more duplication of information. Ensuring our information is up to date is challenging; neither CMS has in-built support to help us manage regular updating. We rely heavily on feedback from the Patient Experience team and external users to highlight inaccuracies, which is potentially damaging to our reputation. Frustrations with search functionality and a staff directory that is not regularly updated is difficult for new starters and does little to help us to foster a positive culture.

5.2 What are we hoping to achieve?

We want to address the problems we know exist on our website for staff and other users. We have been given the funding and opportunity to radically review and overhaul our web presence and wish to create a new, up to date web presence for DCHS which includes a staff only section, bearing in mind the following.

As a priority, we want our website to help users:

- **Connect with people** (who can help them eg staff finding colleague contact details/ patients finding details about wards/services)
- **Find information** (about the organisation/ programmes or initiatives) easily and in a timely manner
- **Help people complete a task** (eg staff – Datix, eg patients registering for an appointment/phoning a ward to enquire about a loved one).

Our key audiences are:

a. Patients – all ages, but an increasingly aging population – see detail above in section 3.0
b. Staff
c. Potential staff
d. Carers
e. Suppliers
f. Health commissioners and regulators
g. Social Care partners

6.0 Our requirements

6.1 Overall requirements

a. A mobile-friendly, responsive website, including an intranet/extranet, ensuring a professional and easy-to-navigate lay-out regardless of the device being used to visit the site
b. A modern, professional design in keeping with the trust's visual identity and NHS brand guidelines
c. An ability to restrict/dictate the font used (size style etc) to facilitate consistency throughout the site
d. Effective search function making it easy for users to find what they're looking for
e. Fast load times
f. Easy-to-use WYSWYG content management system with content approval process.

    g. Potential to create different areas or micro-sites in a complementary style, for partnerships or specific departmental needs

    h. Potential to connect to patient systems so that patients can complete forms/register for services online. A DPIA (Data Protection Impact Assessment) must be completed for all new initiatives where personal data is involved

    i. The potential ability to adapt and develop the site in the future to incorporate further requirements (eg possible payment options or online booking of appointments by patients) – by different developers if required.

6.2 CMS requirements and functionality

6.2.1 Overall CMS requirements

    a. Must provide templates and produce web pages that meet Web Content Accessibility Guidelines (WCAG) AA accessibility rating

    b. Must be open source

    c. Responsive and mobile device friendly. Must render effectively on a range of devices and browsers. Compatible with Internet Explorer 11; but please bear in mind the trust is not generally a Google Chrome user

    d. Must adhere to W3C and Google standards for visibility, mark up and indexing so that the website ranks highly on search engines

    e. Must have built-in accessibility tools eg translation, variable text size/font colour & backgrounds as standard across all pages

    f. Must have a clear site structure and a dynamic sitemap that makes all the pages visible at any time, making it less likely that pages are created and then forgotten and not updated. Additionally the ability to set a page 'live' for a defined timeframe, with it being removed automatically but still listed within the sitemap list of pages eg having something live over Christmas or for Community Week annually

    g. Must provide detailed audit reporting of all CMS admin and editing activity

    h. Must be able to link with a range of plugins (eg online forms, user forums, events management, Youtube, Soundcloud, Facebook, Eventbrite widgets, news/RSS)

    i. Must provide workflow/approval process – with the ability for users to draft content and submit to a designated member of the Communications team for approval

    j. Must be able to integrate with a range of back office functions on a range of platforms (currently 'push' performance information) or be able to create searchable directories of information

    k. Online forms must be secure, with the ability to redirect information to electronic mailboxes and to store information in the administrative area of the site, to be retrieved in spreadsheet format

    l. Must allow for document resource management with easy upload and search for all users, version control and review date reminders. Must be able to archive documents and retrieve from archive easily. Must be able to handle uploading PDF, .doc, xls, xlsm, ppt and other file formats. Must 'force' editors to include metadata when uploading

    m. Must allow for image approval pop up form to ensure copyright is acknowledged and permission gained from the people in the images (if photos) or flag to indicate we have correct permissions for use

    n. Policies section – with ability to search for policies based on selected categories eg policies, procedures, guidance notes and toolkits. Must be able to link with staff so they can read targeted content that is for staff view only. Ability for mandatory read documents with alerts and "audit trail"

    o. Must enable retention schedules for documents, pages and media items – with prompts to review old content. Must adhere to trust retention schedule policy

    p. Version control of content – ability to easily roll back to previous versions of content

    q. Must allow flexible rendering of pictures, graphics, animations and video/audio without the need for third-party software

    r. Must provide methods of publishing dynamic content onto the site

    s. Able to feature feeds and updates from the central trust social media accounts – 'sticky' feeds. Also allow for featuring 'local' (team/department or service) social media feeds at page level

    t. Must allow for collaboration through functionality such as: like, share, follow, tag, blog elements

    u. Must have a news feed with continual archival function

    v. Jobs section must link through to NHS Jobs so that vacancies are visible

w. Must allow the development of community site functionality (eg discussion boards etc)

x. Must allow for front-end registration and authentication (e.g. with a user ID and password) so that certain areas of the website could be visible only to certain groups of users and contain secured content

y. Must be able to link to the trust's Active Directory to facilitate user login to the staff only pages – this must be 'single sign on' without the requirement to enter a username or password from the corporate network (a one-time log in could be permissible)

z. Must offer potential for website visitors to find information based on geographic location (for example where trust services are located and what constituency our trust members live in)

aa. Administration: must have set page access for admin users (content editor permissions to be set at page level; only webmasters (super-users) to have access to all pages)

6.2.2 Additionally on 'staff only' pages

a. Creation of 'workspaces' – digital work areas where users can share information privately with other staff based on their job roles or their membership of certain project groups or teams

b. Document collaboration within workspace areas, where colleagues can upload, share, amend and comment on documents

c. Staff Directory linked to Active Directory with easy searches for staff by name, position, location, e-mail address or tel number partial or full etc

d. A personalised homepage based on staff position, location etc

e. Specific areas where all users can post and interact – including a 'staff room' area where staff can post personal messages, and the option for discussion boards, trust 'e-bay' or similar.

f. Secure areas which partners or prospective employees can only enter using a login, and where they can access information or interact with our staff using a login

g. Blogging area for senior managers, with ability for readers to make comments

h. Must allow the development of community site functionality (eg discussion boards etc) with the option of private/closed communities based on a user's Active Directory details

i. An 'Ask Jeeves'-style icon/tool allowing people to search for information by writing questions in a search box, resulting in FAQs with automated response

j. Ability for mandatory read documents with alerts and "audit trail"

k. Video library with option of embedding videos on pages e.g. for training

l. Photo library/gallery with option for specific link to a pages or event

m. The ability for multiple separate rolling news feeds with continual archival function: eg Corporate news feed managed by the Communications team; team/department or division rolling news feed with continual archival function managed by local admins. Latest news items on each feed to be able to also appear on the homepage

n. Possibility of targeted content at paragraph level, plus ability to publish dynamic content onto the site e.g. lists of last visited/most frequently visited and new content, in particular 'Just Added/New/Updated' policy/procedure

6.3 Search (within the site)

a) Should use Google search or equivalent optimised search functionality

b) Must require metadata to be included

c) Site-wide and localised (eg policy documents) search facility

d) Key word search

e) Enhanced search – ie 'you may also be interested in' eg postcode search for nearest clinic

6.4 Security

Must include 256 AES SSL encryption, with the ability to encrypt data at rest as well as transit, or the ability to delete secure form submissions in accordance with NHS Data security standards.

6.5 Users

    a. Localised management of permissions by administrators
    b. Permissions can be locked down to certain areas of the site (including paragraphs/documents and sections of a page)

6.6 Performance/analytics

    a) Must be able to apply Google analytics or provide an analytics package of equivalent complexity. Must be able to track activity at page level (by user if logged in), events or goals so we can measure specific and relevant themes or items relating to KPIs (often set by Commissioners). Must be able to support ROI evaluation
    b) Must provide detailed audit reporting of all CMS admin and editing activity, including page use, content editors activity and general currency of pages (page 'ownership', last updated etc)

6.7 Hosting

    a) Must be externally hosted
    b) Hosting must be secure, reliable, available 24/7 and provide full backup and recovery
    c) Must conform with NHS hosting standards (at least 99.5% guaranteed uptime)
    d) Must have the potential to integrate with Active Directory for authentication purposes, for integration with intranet/extranet with the ability to offer a 'single sign on' solution for users
    e) Scalable storage options to accommodate our need for microsites for certain clinical services/teams

6.8 Support and maintenance

During development phase and post 'go-live'

    a) The contractor must support the trust's Communications and IT teams in developing the content and structure of the new site
    b) The contractor must build at least the top three levels of pages, ready for the content to be added
    c) Seven day a week support – SLA to set out support available during business hours (Monday to Friday 9am to 5pm), out of hours and in emergency situations
    d) The contractor must offer access to a dedicated support line/person or team
    e) Routine upgrades to be included in S&M contract
    f) All maintenance to be carried out outside of core working hours
    g) Data back up at least every 24 hours

6.9 Training

    a) 'Train the trainer' training (to be cascaded internally to editors) to be included – training for 4-5 super-users and training for 10 contributors/moderators on creating pages/service areas. Additional training to be priced.
    b) User guides to be provided.

7.0 Time line / key dates:

The website must be live and operational by **1 December 2019.**