

Blueprint

Support Hope and Recovery Online Network (An Online therapeutic network)

BLUEPRINT REFRESHED

Support Hope and Recovery Online Network (SHaRON) is a peer support-based e-health system, available via a mobile phone app and associated website, which is helping more than 3,000 people in Berkshire. Designed and developed by Berkshire Healthcare Foundation Trust clinicians and the IM&T team, this is a real success story which provides a safe digital space for service users, their peers, relatives & carers and the trust's clinical professions to talk at any time of the day or night.

- [Support Hope and Recovery Online Network - Blueprint on a page](#)

Berkshire Healthcare NHS logo CMYK BLUE

Large

sharon

Last updated Ryan Entwistle 17 Aug 2023

Refresh Updates

16 August 2023

The scale of rollout (to other clinical areas and other organisations)

- Implemented into other services in BHFT including CAMHS Anxiety & Depression Pathway, plus a platform for Mental Health Support in Schools for professionals.
- Implemented in Oxford/ Bucks NHS Trust in Perinatal and Talking Therapies.
- Implemented in Merseycare Eating Disorders.
- Implemented in Isle of Wight Community Mental Health Team.

Upgrades, Enhancements, extensions, and new functionalities

- Upgraded from Version 3 to Version 4 and in 2022 -2023 upgraded to Version 5 including trending hashtags, a character count, @ functionality, new present icons and improved visual layout.
- Also included unanswered posts widget to help moderators improve response to patients.
- Report functions improved to enable monthly data of activity on the wall, including access to forum information and blogs which is available to all SHaRON owners monthly.

Software/systems upgrade or new integrations with other technologies/systems.

Multifunction authentication to improve cyber security in version 5.

Potential challenges and solutions faced.

1. Capacity in Trust IG and Contracts teams . Develop a flexible working relationship to enable IG and contracts teams to understand how SHaRON is commissioned.
2. Ensure use of a Expression of Interest document before agreement and then using a balanced scorecard approach to make a decision about potential suitability to the service request.
3. Staff engagement at all levels including Trust Executive, Head of Service, Team Managers, all clinicians and admin staff have buy in to the new system.

Examples of adoption stories

MerseyCare, Oxford/ Bucks and IOW Trusts. Plus, interest from local ICS to deliver an integrated SHaRON into CAMHS BHFT Neuro-diversity service.

Benefits

Qualitative Benefits:

Staff time efficiency savings: telephone calls to service helpline usually staffed by Band 6 / 7 have decreased in CAMHS services with a SHaRON as service users are able to access information and get answers to questions from clinicians moderating by using SHaRON.

Quantitative Benefits:

1. Average efficiency savings of approximately £332,570 per annum as non-cash releasing.
2. Patient experience biannual audits have demonstrated SHaRON platforms for relatives & carers of young people in CAMHS services with a SHaRON are 76% satisfied that SHaRON provides helpful information. 61% of patients in services with a SHaRON platform were satisfied or very satisfied with using SHaRON to access support with their mental health. Staff moderators 91% feel they have had an impact on service users by

providing clinical moderation. Staff SHaRON

Emerging Benefits:

Being invited to take part in an NIHR research project being the lead Trust with Lancaster University about Digital Peer-to-Peer Support Platforms. A 3-year study where SHaRON is the only NHS platform in the study.

Sustainability

Any examples of how the solution has supported the sustainability/green/net zero agenda in your organisation (e.g. savings from implementing digital solutions, going paperless, reducing single-use plastics, and device recycling, etc)

People can access care and support for their mental health without having to travel across Berkshire to access physical peer-to-peer support groups. SHaRON is available 24 hours a day 365 days per year increasing NHS support without having to provide expensive 24-hour open clinical support.

Do you think your programme will have a positive or negative impact on the carbon emissions of each of these categories? (For example, if your programme will reduce patient travel by a significant amount)

Positive impact on NHS Carbon Footprint, Travel and Digital.

What is the rationale for this impact? (This can still be at a high-level but should be as detailed as is pragmatic).

Staff travel and patient travel to physical peer support groups. Also no need to use buildings therefore saving energy, waste and water

Workforce

Team Roles, Numbers and Skill Sets:

- Head of Intelligent Automation Manager
- SHaRON programme manager
- Senior Project Manager
- Project Manager
- Project Co-ordinator
- Administrator
- Senior Software Developer.
- Information Governance Manager.

- Contracts Manager
- Clinical safety Officer
- Information Security Manager

Services that want to implement a SHaRON into service will need a project team to work with the SHaRON Implementation team.

Need another Software Developer but due to lack of funding, this has not happened yet.

Training and change management initiatives.

1. Use of Expressions of Interest to start change management process.
2. SHaRON moderator training delivered by SHaRON team and then a Train the Trainer Model.
3. SHaRON admin training delivered by SHaRON team.
4. SHaRON Champions.

Equality Health Impact (EHI) Assessment been undertaken?

No, planning to complete one by the end of 2023.

Key Learnings and Advice

- To prevent reinventing the wheel use the SHaRON blueprint and contact SHaRON Implementation Programme Team at SHaRON@berkshire.nhs.uk.
- Ensure patient market research prior to project commencement.

Background & Context

Organisation Description

Combined Mental Health, Community and Primary Care Services NHS Foundation Trust. Berkshire based but wider geography served for some specialities

Historical highlight:

Consolidated MH in-patient services

Locality based community physical & mental health services

2/3rd of finance & workforce in community, 90% of activity

Health & Social Care Hub

Transformation led Digital Strategy

Project Overview

Berkshire Healthcare NHS Foundation Trust ("the Trust") is one of seven Mental Health Global Digital Exemplars across NHS England.

Support Hope and Recovery Online Network (SHaRON) is a peer support based ehealth system, available via a mobile phone app and associated website. It is supported by NHS clinical professionals, especially for people who have mental health conditions. It connects individuals to each other and their care providers. It takes the form of an online therapeutic networking platform.

Support Hope and Recovery Online Network (SHaRON) is a peer support based ehealth system, available via a mobile phone app and website. It is supported by NHS clinical professionals, especially for people who have mental health conditions. It connects individuals to each other and their care providers. It takes the form of an online therapeutic networking platform.

Business need

SHaRON stemmed from a sense of frustration at the idea of 'office hours', when health issues can strike at any time day or night. To address this, an always available, 24/7 solution was required, and SHaRON was born.

It was designed by patients and clinicians at Berkshire Healthcare NHS Foundation Trust in 2009.

SHaRON is an in-house product, designed and built by Berkshire Healthcare IM&T teams in 2009 and in continual development since. We decided to design and build it ourselves, because, at the time, the only other social based platforms were Facebook, BeBo and MySpace. Etc. We wanted to be in control of data, data storage, data ownership and data security.

Technically, SHaRON is built using PHP, sitting on Linux servers and uses MS SQL for the database. It is hosted in the cloud.

Although a web based application, SHaRON presents itself on a mobile device as a native mobile application and is fully responsive. SHaRON is available to other NHS Trusts via a procurement model, with associated charges. hosted, supported and managed by Berkshire

Healthcare, as a managed service.

Berkshire Healthcare also offer consultancy services, to support the required implementation programme.

The SHaRON platform is a 'software as a service' platform and it is not possible to have local, 'on premise' versions of SHaRON. There are no technical challenges to using or implementing SHaRON, it is offered as a fully managed service by Berkshire Healthcare, you access it via Phone / Tablet or PC.

You can 'have' access onto the SHaRON platform for your Trust or service, to do so you will need the help and support of Berkshire Healthcare, who are able to provide this help and support. Throughout this blueprint you will see reference to 'Berkshire Healthcare will, Berkshire Healthcare will not'. To clarify, this is related to you needing to commission Berkshire Healthcare to support the delivery of the SHaRON platform into your Trust, our responsibilities and yours.

You will need to provide your own project managers to support the programme for your own Trust, but you will need support from Berkshire Healthcare, in supporting you in delivering the programme on a consultancy basis.

If you can browse to www.sharon.nhs.uk you will be able to access the SHaRON platform. Visit www.sharon.nhs.uk for details on how to procure SHaRON.

If you are considering SHaRON for your Trust or service, the first thing you can do is contact the SHaRON team at Berkshire Healthcare (www.sharon.nhs.uk), who will be able to provide guidance around whether SHaRON could be something that could work for you, answer questions about first steps, the delivery programme, resourcing, governance, costs etc.

Going from 'not having SHaRON' to 'having SHaRON' is commonly an 7 month programme of work and service transformation.

SHaRON is in use providing 24hr support to:

- Early Intervention Psychosis
- Eating disorders services
- Perinatal services
- Relatives and carers of those with mental health conditions
- Talking therapies (IAPT)
- Child & adolescent mental health services
- Community Mental Health Services

We understood that, once someone was deemed well enough to leave treatment, there was no

permanent place for them to go for support, often leading them to crisis or relapse. We wanted to provide a safe, secure and comfortable environment for service users, relatives and carers alike to talk and support each other.

Members can read hundreds of blogs and forum posts from people who have suffered in the same way they have but are now well. This opportunity to connect with people at the end of their recovery journey instils hope to our current service users.

SHaRON provides an online source of help that is available 24/7 (forums, videos from peers and blogs), supported by clinicians and experienced peers who can provide real-time commentary and support. SHaRON transforms out of hours mental health support by decreasing isolation and providing a safe platform for patients to look to in times of need.

Which elements of the platform are most successful, depends on the service user type and service type. In eating disorders it is blogging, in Perinatal it is messaging and support via sending presents and conversations on the walls and time lines.

Forums are popular across all SHaRON services.

The Berkshire Experience:

We treat any SHaRON implementation as a service transformation project. This needs the full support of the Trust, service and staff, we have selection criteria, which if not met mean we would not offer the platform to the service.

Typically we would have an experienced clinical project manager, leading the program, with a junior project manager providing support. They would work intensively within the service, who would also need to make available (typically the Head of service and most senior clinician) on an ongoing and regular basis.

This relationship will last for the duration of the program. (8 Months). We estimate 3 days per week for both PM's, for the duration.

Senior leaders and Executive members, must all be openly aware and supportive of the programme.

Challenges will be around:

- Owner acceptance/understanding of responsibilities
- Concerns with managing risk
- Concerns with good Governance
 - From talking to multiple Trusts, we know that some are so risk adverse that a platform like SHaRON is a step too far. However we have demonstrated that, these risk and governance challenges can be mitigated away.

- Information governance including GDPR
- Service user numbers
- Staff capacity concerns
- Lack of staff interest and engagement
- In hours moderation and out of hours moderation
- Training
- Service user referral / high locum numbers
- Transforming to 24/7 responsibility

There is more details about how we manage these challenges in document B.

To summarise, SHaRON requires the transformation of physical pathways embracing digital working. Moving from a normal working week mentality to embracing providing services in a different manner (Digitally). Whilst keeping the physical pathways available and open can be challenging.

Winning the hearts and minds of key players is absolutely vital.

The service/Trust needs to understand that the benefit for our patients, is that they are now able to provide much needed support 24/7.

The biggest disadvantage is that the service is now responsible for being able to provide much needed support 24/7. Some services/staff/Trusts struggle with that.

Having the correct people working in services is key, so some of our services have changed job descriptions to include essentials such as:

- Able and willing to work digitally as required, using Office tools such as Skype, MSOffice, MSTeams and other digital platforms such as SHaRON.

Berkshire Healthcare have SHaRON working in:

- Eating disorders
- Perinatal care
- CAMHs
- Learning Disabilities
- Early Intervention Psychosis
- Relatives & Carers
- Waiting list support
- IAPTUs

We have had a single failure, when we tried to introduce it into one of our Psychiatric Hospitals and that failed, when the Head of Service left and the new Head of service was not able to be as supportive.

In activities below we detail how we overcame and learnt from these challenges.

10 Comments 1,600 views

Selection of comments

10 Comments, 1,439 views.

Selection of comments

The service user voice

- *“I was able to, at a time when life and world wasn’t real, to feel a sense of security and trust and I felt I could trust SHaRON” and many users take SHaRON on holiday for support “... in the USA in the middle of a hurricane when my Facebook friends wanted me to send photos, my SHaRON friends wanted me to make sure I had my medication available and by my side”*
- *“I want to share years of suffering and help give very simple strategies that make a difference. If only I had known the importance of the little things (take meds, take time out,*

sleep, you are not alone). Recovery is possible and will happen. It is so awful being so unwell and not having hope. There is always hope on SHaRON and I am really passionate about giving people the tools and knowledge to help their recover along and give them tools so that they become in charge of their own mental health. The professionals can give us some but the rest is down to us.”

- *“I really believe in peer support and for years all I did was recover and wait for the next episode and with bi-polar it is waiting for that to happen. Peer support has brought all the tools that can help I can give to other people and I can share how important the small things are-have a bath, take time out and I feel all that suffering has a purpose and keeps me well and stay well. I feel a sense of responsibility that if I am telling others then I have to follow that myself. It has given me a respect of mental health that I never had. There is a lot I do now that I never bothered to do before because my recovery is so important to me and I will do everything I can do to stay well having had a period of being well. I have had the freedom from poor mental health and it goes on and on and before you catch yourself a break you don't know what good mental health looks like and now I want to share that with everyone. Peer support is powerful”*

The service owner voice

Feedback received from Services using SHaRON have highlighted several common indicators where SHaRON has helped their clients:

- Offer support to clients both before and after discharge to prevent relapse, maintain wellbeing, and stop clients from re-entering services.
- Identify individuals who are deteriorating mentally and add in more support to enable them to remain in the community.
- Used as a tool to help facilitate earlier discharge by supporting a reduction in planned face to face contact and an alternative to onward referral to a treatment team.
- Provide signposting to and information about local community resources and initiatives.
- Users have access to SHaRON in any location – on holiday, in hospital.

The solution has yielded a number of benefits; it has increased flexibility for clinicians, service users and relatives and carers as it is accessible at any time, from anywhere via a PC, tablet or mobile phone. Improved choice has been delivered since people are able to work at their own pace with online clinical support.

The Support Hope and Recovery Online Network is invaluable in providing support to its users who might struggle in the evenings, during the night and at weekends, and helps to relieve the pressure on crisis mental healthcare services and Primary Care providers. Digital support also helps avoid appointment cancellations and helps patients who live more remotely in rural communities or who are reliant on public transport to receive support.

Mental health can cause both physical and perceived social isolation as many people don't want to go out and engage with anybody. With SHaRON we are creating a safe networking environment for our users; they can access it when they want to, in addition to attending appointments.

SHaRON enables a digital interface in which to deliver therapy, eliminating an element of social anxiety for the service user. This is especially useful for patients who are having trouble leaving their home or suffering from low self-esteem; SHaRON eliminates perceived judgement on the service user's part.

Our service users are anonymous to each other, with their own pseudonyms, so users can openly share without fear of judgement. This means users can be honest about how they are feeling. The culture on the site is one of mutual support and is non-judgemental.

In a recent survey we carried out, over 80% of SHaRON users agree that it has been helpful in their recovery. As of June 2018, the service was supporting more than 2,500 members.

The Support Hope and Recovery Online Network also helps to relieve the pressure on mental health staffing; they can now be online and responsive to clients whilst completing other administrative work. We've also empowered peer moderators, recovered service users, who are trained and supervised to work for us at no extra cost. This also has huge benefits to their own ongoing recovery. For one service user her journey using SHaRON has led to employment in the Trust.

Peer support also appears to have a beneficial impact on the peer offering support. Our service users report a positive feeling of wellbeing knowing that they are able to support other individuals in their own journey when they are struggling.

SHaRON is also available to relatives and carers, who are also able to share support amongst peers. Even where no cure is available for the dependent, parents and carers have an opportunity to discuss care strategies and share information around available literature and relevant specialist services for their dependent. Again, all of this is online and available 24/7. A parent can post about her struggles with getting a child dressed for school, the meltdowns and the feelings of frustration and guilt. Other parents respond with comments of compassion, understanding and share what they have tried and may have helped.

The 3rd Sector are also involved in not only referring clients onto SHaRON but are also able to moderate on the site and offer support and advice online. They are also able to add to the forums with up to date information about local facilities / courses/ workshops which enhances their marketing.

Why the project is important

Patient benefits - Promote recovery, self-management, offers patient choice, management in community close to home/at home, accessible online any time, tailored to disease-specific

needs/considerations

Organisation benefits - Reduce demand on community mental health teams, inpatient services, physical health teams (CARSS), more efficient use of staffing, waiting time management, increased knowledge of staff using SHaRON – learning from service users and other moderators.

System benefits – Reduce demand on primary and acute settings, social services. Increased access to 3rd sector support and information in a timely manner.

We asked our users what support was available to them 'outside of normal working hours' and before they had access to SHaRON. This is what they told us.

As part of the 2016 Annual Plan, the Trust set the objectives of using their overall 'good' Care Quality Commission rating to drive further improvement and achieve 'good' or on our way to 'outstanding' across service areas; through achieving the top 25% performance in mental health services.

A critical aspect of developing these services and improving performance was the increased use of technology to drive efficiency and embracing digital to support both our service users and their relatives and carers.

Nationally, there are also clear drivers for the NHS to increase innovation and the use of technology.

*The Trust owns the intellectual property rights subsisting in all materials (including but not limited to any concepts, images, photographs, designs, drawings, texts, artwork, graphics, sound recordings, video and audio materials, logos, taglines, processes, know-how, business methods, programming codes, software and data) created for or developed by or on behalf of the Trust in the Global Digital Exemplar Programme ("**GDE Programme IPR**"). The Trust hereby permits you to use, copy, modify and/or develop of the GDE Programme IPR subject to compliance with the following conditions:*

- 1. any use, copying, modification and/or development of the GDE Programme IPR is for non-commercial purposes;*
- 2. you acknowledge that any and all intellectual property rights in any modifications, improvements, adaptations and/or derivative works created from the GDE Programme IPR by you ("**Derivative IPR**") will vest in the Trust and upon the Trust's request you agree to execute documents and to do all acts necessary to ensure that legal title to the Derivative IPR vests in Trust and you waive, and agrees to procure the waiver of individuals engaged by you in the creation of Derivative IPR, any and all moral rights arising under the*

Copyright, Designs and Patents Act 1988 and so far as is legally possible, any broadly equivalent rights you may have in any territory of the world in the Derivative IPR;

3. *you notify the Trust of any use, copying, development and/or modification of the GDE Programme IPR by notification to the following e-mail address: england.blueprinting@nhs.net*
4. *you provide acknowledgements that the Trust owns the intellectual property rights in the GDE Programme IPR and Derivative IPR;*
5. *Upon the Trust's request, or the request of NHS England acting on behalf of the Trust, you provide (at the requestor's choice) physical or electronic copies of any Derivative IPR to the following e-mail address: england.blueprinting@nhs.net or such other address as stated by the requestor.*

Failure to comply with any of these terms will result in all rights and permissions ceasing automatically.

- sharon.nhs.uk

You can view the SHaRON marketing website here, please note this is not the SHaRON platform itself.

- [BBC report on SHaRON](#)

- [Janssen research](#)

Janssen Healthcare carried out a research programme on the SHaRON platform and its use in eating disorders

- [Healtheuropa](#)

Healtheuropa reported on the SHaRON platform

Adoption Story

- [SHaRON Adoption Story](#)

Technical Prerequisites

- Full support from the Executive and senior leaders
- An acknowledgement of ownership and responsibility from the Trust and services using SHaRON
- A digitally engaged and clinically qualified workforce
- A Culture that embraces digital working and change
- A Well-led service, probably CQC 'Good' or higher
- Clinical quality and good outcomes
- Excellent project management and support

GDE Blueprinting Team

Development lead:

[SHaRON GDE Programme manager](#)

Senior SHaRON GDE Project managers

Senior SHaRON GDE delivery officers

Subject matter experts:

Heads of services using SHaRON

BHFT clinical experts

SHaRON leads

Executive sponsor:

[GDE Programme Director](#)

CIO

Chief Financial Officer (Programme SRO)

Planning & Preparing

Project Planning/Start (Month 1)

Why?

Support Hope and Recovery Online Network (SHaRON) is a peer support based ehealth system, available via a mobile phone app and website. It is supported by NHS clinical professionals, especially for people who have mental health conditions. It connects individuals to each other and their care providers. It takes the form of an online therapeutic networking platform.

SHaRON stemmed from a sense of frustration at the idea of 'office hours', when health issues can strike at any time day or night. To address this, an always available, 24/7 solution was required, and SHaRON was born.

It was designed by patients and clinicians at Berkshire Healthcare NHS Foundation Trust in 2009.

Visit www.sharon.nhs.uk for details on how to procure SHaRON.

You can 'have' access onto the SHaRON platform for your Trust or service, to do so you will need the help and support of Berkshire Healthcare, who are able to provide this help and support. Throughout this blueprint you will see reference to 'Berkshire Healthcare will, Berkshire Healthcare will not'. To clarify, this is related to you needing to commission Berkshire Healthcare to support the delivery of the SHaRON platform into your Trust, our responsibilities and yours.

You will need to provide your own project managers to support the programme for your own Trust, but you will need support from Berkshire Healthcare, in supporting you in delivering the programme on a consultancy basis.

The SHaRON platform is a 'software as a service' platform and it is not possible to have local, 'on premise' versions of SHaRON. There are no technical challenges to using or implementing SHaRON, it is offered as a fully managed service by Berkshire Healthcare.

If you can browse to www.sharon.nhs.uk you will be able to access the SHaRON platform

If you are considering SHaRON for your Trust or service, the first thing you can do is contact the SHaRON team at Berkshire Healthcare (www.sharon.nhs.uk), who will be able to provide guidance around whether SHaRON could be something that could work for you, answer questions about first steps, the delivery programme, resourcing, governance, costs etc.

Going from 'not having SHaRON' to 'having SHaRON' is commonly an 8 month programme of work and service transformation.

Introducing the SHaRON platform into Service requires Service transformation and the support of senior clinical and senior non-clinical leaders. It requires the involvement of experienced project managers and the use of a robust and tested project plan. A project board is required, consisting of senior clinical leads for the Service implementing the platform and project managers.

- Without introducing SHaRON correctly using appropriate project planning and delivery methodology's, it is likely the project will fail
- Without having the full support of the Service senior leads and Trust senior leads, it is likely the project will fail
- It is a pre-requisite to use the Berkshire Healthcare SHaRON platform and SHaRON clinical/project team for consultancy

The project plan has been developed by the Berkshire Healthcare team and used to deliver the platform into multiple Services. It has clear tasks, objectives and timeframes, born out of experience and lessons learnt.

Regular project team meetings need to be held to ensure actions are completed on time and to monitor risks and issues. When implementing the platform, it is important to have the support of Service leads, Service staff and Service users from the start.

Digital/SHaRON champions need to be identified within the Service. These will be staff who understand and fully support the implementation of SHaRON and embrace digital as a way of providing support. Marketing to the Trust/Service, staff, Service users and commissioners is vital. A robust marketing and communications plan needs to be developed and followed.

Who?

The Berkshire Healthcare team support the delivery of the project, working closely with senior Service clinicians, senior Service leaders and Service project managers. The project team report into a wider programme board, consisting of the Trust Chief Information Officer and Lead Clinical Director and other senior Project Managers who provide oversight.

How?

A Project Board responsible for managing, directing and supporting the project was enabled. Terms of reference and attendees were agreed ensuring that all aspects of Trust business, patient safety governance and confidentiality are considered during the life of the project.

- Project meetings are held regularly to cover project tasks and milestones
- Standard project activities are defined and reported to the board including highlight

reporting, risks and issue log, project plans, progress and delivery updates

- Business continuity plans were maintained by using digital solutions to manage demand and staff shortages
- Minutes and reports were shared with the wider Programme Board

Key Learnings & Advice

- Understand that delivering SHaRON into Services requires transformation and the **Service needs to be ready to support this transformation**
- **Transitioning a Service** onto the platform from the start to become sustainable **is an 8-month programme of work**
- Ensure you have the **full support of the Service senior leaders**
- Ensure there is **senior Service leadership involvement in understanding project progression**, as this is a critical aspect to adoption and roll out of the platform across the Service workforce
- **Ensure project meetings are attended and that there is good communication**, ensuring key stakeholders are updated and actions are completed
- **Plan ahead to ensure key players are available during the pre-live, go live and post live periods**. Consider all reasons for potential absence during these periods, such as end of year reporting, as well as typical absence such as leave.
- **It is important to develop a strong and open working relationship with the Berkshire Healthcare team, to seek as much clarity as possible from the outset regarding operating the SHaRON platform safely and risk free**
- Ensure **financial arrangements** are in place.

Key Decisions

- **Ensure that the Service wanting to transition onto using the platform meet our selection criteria**
- We use a **well-tested project plan**
- We use **experienced project managers**
- We gave ourselves **realistic timescales** to deliver the project

Artefacts & References

- [SHaRON Project Plan](#)
- [New Service Plan](#)

Ownership & Commitment (Month 2)

Why?

Integrating the SHaRON platform into Service, requires Service transformation, ownership, digital readiness, and a willingness to integrate the platform into routines and daily processes.

Objective

This process allowed the Berkshire Healthcare team to confirm that the Service is ready and able to make the changes required to transition onto using the platform successfully.

Project Acceptance Criteria

The Service must be able to demonstrate that they can deliver on all 6 requirements.

- Are the senior teams and senior leaders supportive?
- Do they have two senior Service leads accepting ownership?
- Are they supportive and do they understand their responsibilities?
- Is the Service digitally aware and enabled are they ready for the change?
- Can the Service recruit enough digital champions to help drive the project forward?
- Can the Service create and deliver on a marketing strategy and plan?
- Is the Service confident of transforming enough that the platform becomes fully integrated and sustainable?
- Are the number of potential Service users adequate; do they have enough?
- Is there enough support within the Service for staff to moderate and provide day-to-day oversight of the platform?
- Have the Service approached their user base, to discuss using the SHaRON platform?
- Have they had positive feedback confirming a need?
- Funding is required, is it there?

Who?

The Berkshire Healthcare SHaRON team are able to support (via consultancy) the delivery of the platform into new Trusts/Services. The Berkshire Healthcare team includes:

- Chief Information Officer
- Lead Clinical Director
- Senior Project leads
- Senior Clinical leads

How?

The Berkshire Healthcare team hold workshops and invite potential platform users to attend. During the workshop our acceptance criteria is discussed and worked through. Trusts/Services unable to fulfil the requirements of the acceptance criteria are not progressed; those that do are asked to complete a 'Memorandum of understanding' (MoU) committing to delivering and supporting the project.

Once the MoU is agreed and signed the programme of transforming the Service to a place where they are able to use the platform safely and successfully can begin.

Key Learnings & Advice

- **Lessons learnt confirm that Trusts/Services who are not able to meet the acceptance criteria are most likely to fail**
- **Select the correct Service via a workshop**, completed expressions of interest and use a balanced scorecard approach to select a service.
- **Ensure that you involve and get support from:**
 - Trust Executive
 - Senior Clinical leads
 - Senior Trust leads
 - Clinical governance leads
 - Information Governance leads
 - Project managers and Transformation/Digital Transformation leads
- **Be ready to introduce new governance processes and operational procedures**

Key Decisions

- **Formalise the appropriate Service selection process** to provide transparency and uniformity
- **Reduce the risk of project stalling** or failing by introducing a robust selection criteria
- **Be prepared to not support Trusts/Services that do not meet the acceptance criteria**

Artefacts & References

- [Memorandum of Understanding](#)
- [Risk Assessment](#)
- [Service Indicator](#)
- [New Service Expression of Interest](#)

Policies, Procedures & Pathways (Month 3)

Why?

The platform provides support to a wide range of Mental Health service users. There are risks which need to be fully understood and mitigated, governance policies and escalation pathways to be written and referral pathways to be created.

Examples of documentation includes:

- Terms of Reference for a SHaRON based Operational Board
- Terms of Reference for a SHaRON based Governance Board
- Operational policies and procedures
- Escalation Procedures.
- Referral Pathways
- Referral Forms
- Crisis Pathways
- Crisis information
- Roles and Responsibilities

An organisation which hasn't had access to the platform previously will not have these documents or processes in place. This work must be completed and in place prior to the SHaRON platform becoming live with Service users.

1. **GOVERNANCE**

The Integrated SHaRON Operational and Governance Board meets quarterly and owners/leads of service using SHaRON must attend (or nominate an attendee) regularly.

SHaRON service issues must be included as part of the service PSQ reporting and the table below shows the governance hierarchy within Berkshire Healthcare.

Who?

This work is completed by the Service moving onto the platform and would need to be carried out by their programme and project teams, governance and risk teams. The Berkshire Healthcare team provide support and oversight as required.

How?

Berkshire Healthcare Lawyers wrote the Terms and Conditions. These were subsequently signed off by the appropriate governance board.

All other documents, policies, procedures etc were written by the Berkshire Healthcare team, working closely with Senior Clinicians, Governance leads Heads of Service and reviewed by service users. All documents have been revisited over time and updated with revisions as necessary.

Key Learnings & Advice

- **Allow yourself time to create these documents**, pathways and policies and to have them ratified
- **Do not attempt to go live onto the platform until** all these documents and pathways are written, ratified and in circulation within the Trust/Service
- **Ensure all documents are revision and document controlled** with agreed review dates
- **Ensure all documents have owners**
- **Make all documentation freely available** and encourage review and act on feedback. This includes from service users.

Key Decisions

- **Governance procedures, management documentation, behavioural policies** will already exist, **incorporate them into specific SHaRON documentation, do not try to ‘reinvent the wheel’**.
- Writing policies and procedures takes **time, so allow it within the project**. Involve key people from the very start. If you are writing a crisis pathway, there is probably **one already in use that can be modified** to support crisis management on the platform.
- **Be prepared to delay a go live** if you do not have appropriate governance risk and policy documentation.

Artefacts & References

- [Referral Form - Carers](#)
- [Invitation email](#)
- [Email attachment- Terms and Conditions](#)
- [Escalating a concern pathway](#)
- [ToR Operational Board](#)
- [ToR Governance Board](#)
- [Roles and Responsibilities](#)
- [Referral Form Service User](#)
- [Crisis Action](#)
- [SHaRON Governance FAQ](#)

Finalisation (Month 4)

Why?

This is the final area of work prior to moving into implementation. At this stage previous activities should be complete and ready, the only exception might be documentation, which may not be complete. Finalisation ensures that the tasks required to ensure the platform is technically safe and risk free are addressed. This involves configuring the platform to suit the Service and how

they intend to use it. This needs to be completed at this time to allow the platform to be in a ready state for moving towards training.

As the technical configuration requires Berkshire Healthcare team involvement it is important that this occurs as planned, at month 4. The Service will need to produce their staff list, detailing individual roles; these will include:

Who are the:

- Owners
- Clinical Moderators
- Non-Clinical Moderators
- Clinical Administrators
- Non-Clinical Administrators
- Digital Champions

SHaRON sends alerts via email. For this to happen the Service using the platform will need to provide us with the email addresses and mailbox names they want to use. This is then updated in the platform. The Service will need to ensure that the appropriate people in the Service have access to these mailboxes and that they have schedules to monitor them. If these mailboxes are not monitored alerts are not received or acted upon.

The Service needs to have looked at future moderation rotas and started to place names against shifts. This involves seeking out people who are keen and would be ideal candidates. The first month's live moderation rota should be completed at this time.

The SHaRON platform can be configured in multiple ways, by default SHaRON makes use of:

- Forums
- Blogs
- Timelines
- Instant messaging
- Slow messaging
- Video libraries
- Image libraries
- Document libraries

Some Trusts/Services choose not to use some of these options; in addition it is possible to have separate areas with the platform to separate Service user types who you may not want to mix. An example of this would be ensuring that Anorexics and Bulimics cannot mix on the same SHaRON platform.

Configuring SHaRON safely and securely to deliver this requires the involvement of the Berkshire Healthcare team.

SHaRON has very complex permissions sets to ensure both security and to mitigate risk. It is not possible to expect people who do not have significant training and experience in setting permissions on the platform to be responsible for do this.

Setting up mailboxes in the Service is an important part of risk mitigation and this needs to be addressed early in the project, to allow time for technical delays and to allow space for training at the appropriate time.

Who?

Setting up and configuring mailboxes that can be monitored is the responsibility of the Trust/ Service. The Berkshire Healthcare team provide support and oversight as required.

Configuring SHaRON safely and securely to deliver the requirements of the Service is completed by the Berkshire Healthcare Team.

How?

The Service will need to liaise with their IT Service to arrange the creation of new and required email mailboxes. The necessary permissions will need to be granted to allow access by the appropriate people.

If commissioned, the Berkshire Healthcare SHaRON Team will work with the Service to configure the platform as required.

Key Learnings & Advice

- **Configuring the platform so that it delivers on the requirements of the Trust/ Service in a safe and risk-free manner is the most important activity within the project.** This will require thought from the Service and a clear understanding of the platform and how it works. This work will be led by the Berkshire Healthcare Team.
- Creating and setting up mailboxes with the correct permissions and having them available across a Service, **can take time so start early.** You cannot start planning and testing your staffing rotas early enough.

Key Decisions

- **Engage with the Service's most senior leaders** to gain a better understanding of their

platform usage requirements. **Use demonstrations to reinforce their understanding and get their agreement in writing.** Ensure that the Service understand that once configured and live with users, you should not need to rearrange Forums, Blogs, Pages etc. as this can/will confuse users of the platform. **Highlight the importance of getting it right first time.**

- **Ensure the Service understand the reasons for good email mailbox management and encourage them to have the mailboxes created, installed and tested speedily.**

Artefacts & References

- [Moderation Rota](#)

Implementing

Marketing and Outreach (Month 5)

Why?

Resourcing:

The current Berkshire Healthcare SHaRON team consists of 7 WTE Posts. You will not need the same (Details below)

Moderators / Moderating

You do not need to be clinical to be a moderator on SHaRON. We have many moderators who after training are exceptional supporters of our SHaRON users. We use volunteers extensively and increasingly.

(The numbers will depend on how you intend to use SHaRON.) If you are running 24/7 in a high-risk service such as Eating Disorders or Early Intervention Psychosis you may want to have moderators available to review content during the 08:00 – 22:00 periods, every day.

During normal working hours this would be members of the service, working as normal. During the 17:00 – 22:00 periods, this would be internal staff (SHaRON Champions / moderators/ volunteers) working flexibly and / or staff from other 24/7 hubs, such as crisis services, call handling, and out of hours services.

We have found no need, to have moderators actively working on SHaRON during overnight periods, and have only had 3 'notifiable' risks in 10 years.

Programme delivery

To deliver the 8 Month programme of work, you will need:

- An experienced project manager (2 days+ a week minimum)
- Senior leaders from the service introducing SHaRON (weekly availability with agreed ongoing availability)
- Support from Berkshire Healthcare (Consultancy)

To summarise, SHaRON is NOT a crisis service, this is clearly explained during user sign up, training, documentation, terms and conditions etc. It is not essential to have 24/7 monitoring of the SHaRON platform, by human moderators.

The SHaRON platform also looks for risk words such as 'Cutting', 'suicide' etc. and sends email alerts, pointing to these conversations, helping support out of hours risk management.

Common risks and concerns raised by key stakeholders e.g. clinicians and service users .

- Q: What if someone posts that they are going to hurt themselves or others and this isn't picked up for many hours and they do.

A1: SHaRON is referral by clinicians only. Clinicians do a risk assessment and part of that is to ascertain if the service user would be suitable for SHaRON.

A2: Each SHaRON has its own inclusion and exclusion criteria e.g. Perinatal would include not under 18, not actively suicidal, homicidal etc.

A3: Each SHaRON is risk assessed at the beginning of the project and the appropriate functionality of each SHaRON is tailored to the risk. Risk assessments are reviewed again prior to go live and reviewed at quarterly SHaRON Operational and Governance board meetings.

A4: Each SHaRON has its own list of critical words which SHaRON algorithms detect and send directly to the service SHaRON inbox.

A5: The level of moderation is also determined by the risk level of the SHaRON.

A6: Use of clinical / peer moderators/ volunteer moderators mitigate risk through robust use of moderation rotas.

A7: Although SHaRON is not a crisis service there is a Help & Support tab at the top of the home page of each SHaRON. This has service specific crisis information and contact telephone numbers including the service out of hours crisis team and The Samaritans.

A8: If a service user posts something of concern each SHaRON has a service specific escalation plan. This enables a clinician to be able to access the information required to identify

the service user and thereby access their clinical record where a clinical note is added, and any action taken is recorded.

A9: They are more than capable of alerting us to this anyway, such as leaving voicemails, or using contact us forms on Trust Websites. We don't believe this should preclude the use and availability of SHaRON, as these risks already exist.

- Q: Data protection concerns from clinicians and Trust Head of Information Governance.

A1: The service users on each SHaRON use a pseudonym. Their patient identifiable information is kept to a minimum and is stored on a Share Point outside of SHaRON.

A2: The Head of Information Governance attends the SHaRON quarterly Operational & Governance Board and is always available for advice at any stage.

A3: The SHaRON sites are penetration tested before go-live and approximately every three months.

- Q: How much time will I need to spend when I am moderating? I am already overwhelmed with my clinical work.

A: Moderation is very "light touch". As SHaRON is available on a mobile phone moderation can be done anywhere. Using a moderation rota shares the task especially if there is a duty worker system in place. The SHaRON site can be minimised and opened intermittently. The frequency of this will depend on the risk level of the SHaRON. A low risk SHaRON has a "moderation 4 times in 24 hours" standard. A refresh of the home page and the use of the notification icon on the homepage direct moderators to any updated posts. The only time the clinician will be required to spend more time on SHaRON is if an escalation incident occurs. However, this is very rare due to the process of selection by risk assessment of a service users suitability to use the site. This would be the same process if a service user made a phone call to the service. SHaRON may actually save clinical time as support, questions and information can all be accessed via SHaRON directly thus reducing time consuming phone calls and posting out literature etc.

A risk log and a lesson learned log were kept which enabled us to identify key themes. Themes included:

1. e.g. Services do not have Microsoft Project software. To ensure everyone is up to speed with the project plan and to avoid standard minutes a meeting bulletin was developed.
2. Communication with service users / teams at every stage. It is never too early to engage and communicate.
3. Timing e.g. planning go-live dates. Note not before Christmas, take account of services major work plan e.g. accreditation dates.
4. Especially staff and equipment for demonstrations. Agile working is recommended.

It is important to market the program across the Trust/Service. This involves the Berkshire Healthcare Team working closely with the Service to:

- Obtain 'buy-in' for this new way of working by staff
- Ensure staff are fully informed and involved in the project planning timescales and milestones at the earliest opportunity and encourage early involvement with ideas / suggestions / questions and concerns. Consider how this is passed to locum staff
- Listen and support/respond/escalate any concerns/issues/ potential barriers staff may be worried about, particularly risk, governance and escalation concerns
- Recognise that staff may see SHaRON as 'more work for them' rather than an addition to their 'toolkit' and expansion of Service provision
- Demonstrate how SHaRON works and how it would work within their Service
- Arrange training days for the Service
- Identify Service User Groups that would be helpful when setting up SHaRON – what information would users like to be made available?
- Identify peer moderators, their retention and supervision – what would this look like for that Service
- Further identify Digital champions
- Start the marketing campaign, using printed materials, such as information leaflets and banners, PC screen savers and items in organisational briefs and items on Trust intranets

Who?

Members of the Berkshire Healthcare Team attend Service team meetings. Regular skype meetings were set up between the Berkshire Healthcare Team and the Service to review project deadlines and progress to date.

Senior Project Managers had oversight of these activities.

How?

- SHaRON became a standard Team Meeting Agenda Item and a member of the Berkshire Healthcare team attended to raise awareness, provide demonstrations and be available to answer questions from the Service. This worked well as staff were able to be kept informed as to what stage the project had reached and were able to voice any concerns and put forward ideas
- Risk assessment with Service Owner was reviewed during regular skype meetings to ensure moderation would be in place at 'go-live' according to level of risk identified. This helped to confirm if the moderation rota completed during the 'Planning & preparing' phase was correct or if it required amending
- A secure place to store information was created – as all SHaRON users (excluding

moderators) are anonymous, a method of identifying a person if there is cause for concern is available in the form of a central point so that clinical records can be accessed, and appropriate action taken

- Attended Service User Group Meetings to obtain their feedback, what information would be useful to them
- Peer Moderators - ensured a process was in place for the identification and retention of peer moderators
- Digital Champions - ensured a process was in place for the identification and retention of peer moderators
- Communication teams supported the marketing campaign
- SHaRON was detailed at Trust induction and local induction

Key Learnings & Advice

- **Have answers to questions around:**
 - Risk management
 - Governance
 - Escalation processes
 - Managing current and additional workloads
 - Recovering back hours if moderating out of hours
 - Supporting Digital Champions
 - Using Volunteers
- Use all means of communicating and marketing SHaRON through the service. Meet and talk to staff as much as you can
- Set up a central location to store the Patient Identifiable Data (PID) allowing you to see who 'User A' is and access clinical records as appropriate
- Ensure SHaRON is on meeting agendas
- Plan how you will educate locum staff in understanding what SHaRON is and how they refer onto the platform
- Understand that not all staff will welcome the introduction of SHaRON

Key Decisions

- **Use your Digital Champions** to market and network around SHaRON, give them the training, space and capacity needed for this to be successful

- **Ensure SHaRON is on meeting agendas**
- **Start the marketing campaign**
- **Introduce SHaRON into Locum inductions**

Artefacts & References

- [Marketing SHaRON poster](#)
- [Marketing SHaRON leaflet](#)
- [Marketing SHaRON display](#)
- [Training attendance template](#)
- [Moderator Training](#)
- [SHaRON presentation](#)
- [SHaRON Governance FAQ](#)
- [Data Privacy Impact Assessment](#)

Training & Preparation (Month 6)

Why?

Training gives staff the opportunity to explore the platform in a safe environment, ask questions and build confidence to implement a different way of working within the team. From experience staff at different ability and experience levels, both clinical, non-clinical, are positive about the new way of working but are also nervous about what would happen if they identified a potential risk.

Training sessions are a mixture of 'hands-on', discussions and role play, which help staff to understand that the platform was designed to support users in a friendly, non-judgemental way, how to escalate any risks and take away the fear that this 'more work on top of what they were already doing'.

Feedback received has enabled Berkshire Healthcare to develop the training package so that it could be easily understood by staff and volunteers at all levels employed within or external to Berkshire Healthcare.

In conjunction with training, attendees identified key documentation for population of forums and crisis information on the platform and feel confident using the escalation process.

Regular weekly bulletin meetings monitor progress and ensure Service are kept fully up-to-date with developments.

Training in the use/management/governance of SHaRON covers 6 strands:

- Owner
- Clinical Moderator
- Non-Clinical Moderator
- Clinical Administrator
- Non-Clinical Administrator
- Volunteers

Both moderator and Administrator training are different, Clinical Administrators, for example, are responsible for ensuring that only Service users within the Service inclusion criteria are invited on to the platform.

Who?

Berkshire Healthcare had oversight of this phase and worked in conjunction with the Service to:

- Populate platform with key information
- Ensure staff, volunteers and peer moderators completed training provided by Berkshire Healthcare
- Meet regularly to monitor and manage progress and deadlines
- Ensure whole Service was aware of current progress via team meetings, briefings, bulletins
- Deliver training

How?

- Implement training programme to ensure all parties received and undertook training appropriate to their role
- Monitor and identify those individuals that may require additional support prior to go-live
- Regular communication with Service to maintain staff engagement and training attendance
- Platform is made available to Service to populate with key documents/information after completion of training
- Review training course following feedback survey

Key Learnings & Advice

- **Ensure senior leader support in releasing clinical staff**
- **Keep training groups small. (6 – 8)**
- **Allow training time. 3 – 4 hours**
- **Allow space for questions**
- **Use your Digital Champions** to support the delivery of training, staff engagement and share best practice
- **Training needs to be available ongoing** for new starters as well as sharing best practice by Digital Champions
- **Factual data to be provided to the Service by the Digital champion** so that the Service are kept informed of successes and encourage clinicians to offer and use the platform

Key Decisions

- E-learning was explored, but **feedback indicated face to face training was preferred** as discussions, shared experiences and role play, particularly about escalation, was found to be very helpful and alleviate anxiety.
- **Consider future cascade training for new members of staff in the Service, to be made part of the induction programme by the Digital Champions.**

Artefacts & References

- [Bulletin](#)

Pre-live (Month 7)

Why?

Confirmation that all key tasks (below) and the Service are confident to embrace the transformation required for successful implementation to mitigate risk.

- Escalation procedures are in place

- Governance procedures are in place
- Referrals are being received
- The marketing plan is in progress and is visible
- Training has been completed and the Service understand their responsibilities
- Moderators are aware of shifts
- Initial opening hours are known and agreed

Who?

This is completed between the Service Owners, Leads, Service Digital Champions and the Berkshire Healthcare Team.

It is overseen by the Senior Project Manager and the Service Owners, with the support of the Berkshire Healthcare team.

How?

The Service Owners and Berkshire Healthcare Team working together to ensure:

- Completion of all training packages to ensure the Service can take responsibility for all administration aspects of the platform
- Marketing is in place to ensure communication pathways to Service and wider Trust to promote and encourage referrals
- Review risk rating to ensure relevant mitigation is in place.

Key Learnings & Advice

- **Confirmation of moderation and administration roles within the team to ensure the Service are confident to take full administration responsibility** for the platform with support from Berkshire Healthcare Team reducing over a maximum period of 2 months.
- **Continue marketing to the wider Service** to promote and encourage referrals to ensure activation levels at go-live are sufficient to achieve a high level of activity.
- **Encourage peer moderation involvement within Service** tasks and communications to aid Service understanding of the possible concerns of new users accessing the platform for the very first time.

Key Decisions

- **Ensure Service is ready to go-live and are confident to embrace the transformation** via clear communication pathways, team meetings, regular updates, briefings.
- **Peer / Staff and volunteer moderators are involved at each step in this phase** as they are vital to raising and maintaining the level of activity on the platform from go-live.

Go Live (Month 8)

Why?

- 'Go Live' is a major event, it marks the beginning of full use of the platform, it marks the Service's transformational and cultural change to being able to deliver, live on-line support both in and out of normal operating hours
- The Trust should market this success across the service and wider organisation, including press releases, promotions across corporate website and intranets
- The service needs to be congratulated on the hard work and journey they have been on and just beginning, owners, moderators, digital champions and other involved colleagues need to have their success acknowledged
- The Service is independently responsible for their own platform and its daily management

Who?

The Trust and Service working together by involvement of:

- Senior leaders
- Senior Clinicians
- Digital champions

Supported by the Berkshire healthcare team.

How?

- From this point all referred users are activated and enabled, the Service becomes responsible for a live and active platform
- Moderation rotas are confirmed as being in place for the following 4 weeks as a minimum
- Pre-live tasks are confirmed as completed, and the Service is seen to be confident in the use of new procedures e.g. escalation, communication pathways and the use of the SHaRON platform

- Referrals continue to be received and processed by Service administrators
- Berkshire Healthcare and Service liaise 24 hours prior to Go-Live for final meetings

Key Learnings & Advice

- **Identify early mitigating factors that may have an impact on the 'go-live' date** e.g. national holidays, staff training events, annual leave, availability of senior staff, staff resource
- Documentation and procedures are confirmed earlier in the implementation process (Section 3, Policy, Procedures and Pathways) and included in the training package
- **Regular meetings following Go-Live to discuss site activity**
- Berkshire Healthcare provides onsite support at 'go-live' to maintain site activity and be a visible presence on the day.

Key Decisions

- **Be ready to delay go live if:**
 - There are insufficient moderators. This is really uncommon, as should have been picked up and actioned much earlier in the project but is a possibility if the programme is not run appropriately.
 - Training has not been completed. As above.
 - There have been insufficient referrals. This **can** happen if there is a high level of Locums, and any Locum training fails to mention SHaRON or the Locum 'enthusiasm' for the platform is low. It can also happen, if the service has not gone to their service user base and marketed SHaRON appropriately and in time it is discovered that there is actually no appetite for using SHaRON within the user cohort.
 - Escalation processes are not in place and understood. This should not ever happen, if it did it would mean that the project plans were not followed, not having agreed risk escalation SOPs and OPS in place at this stage should red flag the whole project for review.
 - Governance procedures/processes are not in place. As above.

We have delayed the Go Live on several occasions, as this has proven to be less risky than going live when not ready. The most common reason for delay, are as a result of common overall project delays, that result in any agreed go live date being pushed back to a holiday period such as Christmas.

Trying to go live during a holiday period just makes it harder, you have less available users, less available moderators, less available senior leaders,

Sustaining

Sustainability (Month 9)

Why?

The Service using the platform needs to take full ownership and move towards a level of sustainability. Berkshire Healthcare is not able to offer ongoing direct support indefinitely.

Ownership encourages sustainability in the use of the platform, the Trust/Service, will need to be supported, to enable them to take ownership early after go live. Sustainability will need to be achieved within 2 months of go live as the Berkshire Healthcare team will be moving off directly supporting the programme.

The Berkshire Healthcare team will continue to provide ongoing advice, educate platform owners regarding new and future functionality, and manage the SHaRON development boards, (to which Service s and Trusts are invited) but they will not support day to day operations.

Who?

From the procuring Trust/Service

- The senior team
- The wider team
- All staff. (Digital champions, clinicians, the administration team and volunteers)
- The Berkshire Healthcare team in support

How?

The procuring Service will need to be supported by the Berkshire Healthcare Team in achieving sustainability.

Sustainability prerequisites required to be achieved with 2 months of go live:

- Users continue to be referred onto the platform
- Appropriate mailboxes are monitored to manage referrals, queries, alerts, etc.
- Escalation and operational policies are in place
- The platform and its usage is a standard item on agendas for clinical/team meetings and

supervision

- There is Service attendance at Berkshire Healthcare Operational and Support boards
- Local Induction training includes the platform and its use
- Cascade training on the platform is delivered by the Service
- There is regular, active and ongoing support and moderation being provided by the Service
- Moderation rotas for clinical/non-clinical/volunteer/peers are in place
- Local governance and risk escalation processes are in place and maintained ensuring any identified risks are escalated and actioned appropriately, within the Trust/Service
- Escalation processes are regularly reviewed to ensure all moderators are aware of process and use appropriately

Key Learnings & Advice

- **It is a pre-requisite to commission the Berkshire Healthcare team for consultancy**
- **Understand the sustainability prerequisites** and plan to deliver them within 2 months of post live
- **Start planning to achieve full ownership and sustainability from early on in the project**
- **Identify early on Digital champions** who will support this work
- **Use all available marketing channels** to communicate this work to staff, wider teams and Service users
- **Make achieving sustainability a success event and market it accordingly**

Key Decisions

- **Ensure that the Service senior leaders are aware of the move towards sustainability and have capacity to support it**, becoming involved as needed.
- **Seek out, support and encourage digital champions within all roles and responsibilities**, who will support this digital transformation and ongoing sustainability. Ensure that plans to replace digital champions who leave are replaced.
- **Develop the digital champion role as a career**, having a small number of committed, passionate and enthusiastic digital champions cannot be underestimated.

Benefits & Outcomes

Core Capabilities

Records, Assessments, & Plans

Service users and relatives and carers talk about all sorts of things on SHaRON, not only their mental health conditions. This allows clinicians a much broader window into the services users' life than is normally the case.

Transfers of care

Service users are referred onto the SHaRON platform, by clinical staff, following referral pathways. Plans and inclusion criteria.

Medicines Management & Optimisation

Pharmacists moderating on SHaRON are able to offer medicines management advice and support, directly or indirectly via forms and blogs.

Remote & Assistive Care

Being a fully digital platform SHaRON allows the service user to take their support network with them where ever they are. Being available 24/7 remove the constraints of 9 – 5 Monday – Friday traditional availability.

Decision Support

Observations on SHaRON allow very early sight of risky and challenging behaviours. This has allowed us to refer service users directly back into treatment, before they have self-referred themselves.

Asset & Resource Optimisation

One clinician is able to have sight of the activity of many service users and engage quickly and escalate concerns simply and easily.

System Transformation

Integrated care

The SHaRON platform extends a services support availability to 24/7. Professional support available on SHaRON includes, NHS Professionals, Local Authority professionals, Volunteers, Police sectors and the 3rd sector. Being a digital platform and available via the cloud, there are no limits on which services can access it and offer support.

Advanced analytics & proactive models of care

SHaRON provides support when the service user needs it, via their phone, 24/7. With access to trained moderators, and accurate and up to date crisis information is available. SHaRON is supporting people with Early Intervention Psychosis, those requiring Perinatal care, Eating Disorders and talking therapies.

Service-user empowerment & self-management

Services users have access to the SHaRON platform 24/7, with forums full of self-help advice, access to clinicians and trained moderators. Access to peers.

As they take the platform with them via their phones, they do not have to travel.

Care and Operational Delivery

Clinical Outcomes

Clinicians have a much clearer oversight of the 'whole' life of their service users and understand, through observation what else is going on in someone's life. They discover things that they will not see in traditional face to face consultations. This all supports and aids therapy and anecdotally, improved outcomes.

Staff & Patient Experience

Service users on SHaRON are anonymous to each other, with their own nicknames, so they don't feel judged about anything they might say to anyone else. This is so much easier for mental health patients than face-to-face networking, which involves all the social skills they might really struggle with. Even if they haven't been able to get out of bed and wash their hair or have a shower, they can still access the support they need with a digital service.

Our levels of satisfaction on SHaRON average at 86%.

We offer access onto the SHaRON platform to people on our waiting lists.

Resource Sustainability

Sharon allows hundreds of service users to obtain support and assistance, extremely cost efficiently. As a fully digital platform you can have many service users seeking support simultaneously. Needing only a few trained support staff, supported by a clinical service.



The [digital version of this document](https://future.nhs.uk) is available on FutureNHS, the national sharing platform for the health and social care community.
<https://future.nhs.uk>