



**AGENDA ITEM**

4.2

**DIGITAL & DATA COMMITTEE**

**DEVELOPING THE DIGITAL PLAN FOR BRIDGEND DISAGGREGATION OF SERVICES**

**Date of meeting**

22/06/2022

**FOI Status**

Open/Public

**If closed please indicate reason**

Not Applicable - Public Report

**Prepared by**

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**Approving Executive Sponsor**

Stuart Morris, Director of Digital

**Report purpose**

FOR NOTING

**Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)**

**Committee/Group/Individuals**

**Date**

**Outcome**

Digital Delivery Board

24/05/2022

Noted

Joint Management Group

24/05/2022

Endorsed for Approval

Joint Executive Group

09/06/2022

Update in Meeting: Paper submitted for Committee ahead of meeting



<b>ACRONYMS</b>	
CTMUHB	Cwm Taf Morgannwg University Health Board
DHCW	Digital Health Care Wales
DPIF	Digital Prioritisation Investment Fund
JMG	Joint Management Group
ICT	Information Communication Technology
ILG	Integrated Locality Group
PoWH	Princess of Wales Hospital
SBUHB	Swansea Bay University Health Board
SLA	Service Level Agreement
WCP	Welsh Clinical Portal
WPAS	Welsh Patient Administration System
WRRS	Welsh Results & Reporting Service

## **1. BACKGROUND**

- 1.1 This paper sets out the proposed approach to disaggregating the remaining Informatics and ICT services from SBUHB in a phased approach.
- 1.2 Responsibility for the provision of Informatics and ICT services in Bridgend moved to CTMUHB in April 2019. However, there was neither time nor funding for switching these services from legacy SBUHB systems to CTMUHB systems before April 2019. CTM therefore entered into an SLA with SBUHB to continue providing ICT services, an arrangement which presently extends up until the 31 March 2022.



- 1.3 An options appraisal and business case was developed at the time of the Bridgend transfer, which recommended that Welsh Government fund a programme of work to transfer all digital services across to the old CT footprint including the adoption of clinical applications. Despite assurances and further applications being submitted to WG no funding has been forthcoming. Consequently, a tactical phased approach to the transfer has been necessitated.
- 1.4 The SLA is broken down into thirteen components, four of which: IT Procurement, IT Systems and Integration, ICT Projects and Patient Knows Best have been disaggregated
- 1.5 The remaining 9 areas at the end of 2021/22 and their values are outlined below:

Cost Centre	Description	SLA 2021-22			
		Income £	Pay £	Non pay £	Total £
		6B24	Data Quality Team	£ -	£ 50,403
	Subject Access Team	£ -	£ 67,572	£ 10,485	£ 78,057
6D01	IMT Directorate Management	£ -	£ 158,661	£ 35,977	£ 194,638
6D02	Telecommunications	-£ 14,100	£ -	£ 293,168	£ 279,068
6D10	IT	-£ 14,091	£ 253,809	£ 261,118	£ 500,836
6D11	IT Procurement	-£ 0	£ -	-£ 0	-£ 1
6D12	Community Mobilisation Project	£ -	£ 121,895	£ 154,017	£ 275,913
6D20	IT Training & Application Support	£ -	£ 121,414	£ 786	£ 122,200
6D21	IT Development	£ -	£ 128,378	£ -	£ 128,378
6D22	IT Systems & Integration	£ -	£ -	£ -	£ -
6D30	Information Services (ONLY NON-PAY)	£ -	£ 41,820	£ 22,969	£ 64,789
6D41	ICT Projects	-£ 0	£ 0	-£ 0	-£ 0
6D42	Patient Knows Best	£ -	£ -	£ -	£ -
		-£ 28,191	£ 943,953	£ 778,519	£ 1,694,281
	Corporate Overhead @5%				£ 84,714
	Total SLA				£ 1,778,995

- 1.6 To date, IMT Directorate Management costs have been reduced as a percentage of the element of the SLA being disaggregated as the transfer will reduce the requirements on the SB Management Team.
- 1.7 It was agreed in the December JMG that the Community Mobilisation Project would be disaggregated by March 2022, consolidating all CTM users onto the INTUNE platform moving away from Blackberry and Mobileiron. NB This date due to the complexity of the work has moved to August 2022. The new date has been agreed by both HB.
- 1.8 JMG was also informed in December that DHCW have advised that work on the WPAS disaggregation can begin in June 2022. A high-level timescale has been received from DHCW and is incorporated into the road plan in **Appendix 1**.
- 1.9 The final draft of the Bridgend Transfer of Informatics Services by the Audit Wales is attached as **Appendix 2**.

## **2. ASSESSMENT**

- 2.1 A draft road map of the disaggregation has been developed to be presented to the Bridgend Disaggregation board on the 23 May 2022 for approval. See **Appendix 1**
- 2.2 The DPIF bid to start the WPAS disaggregation was submitted but as yet, no confirmation letter received, or details of the final amount allocated. This is delaying any recruitment to the posts and hence the project as a whole.
- 2.3 Mobilisation project is aimed to be completed by 8 June 2022. This includes moving over the file structures to O365.
- 2.4 Approach to Mobile Phone SLA disaggregation being investigated.
- 2.5 The provision of CTM server hardware in Princess of Wales (PoW) is being initiated this will allow services to be managed on CTMUHB

servers. Initially these will be Radiology, Endoscopy and Audiology.

- 2.6 The endoscopy systems in each health board is Medilogic. The preparatory work has been completed to move the Princess of Wales Hospital (PoWH) patients over from SBUHB to the CTMUHB instance and currently working with the departments on a project plan for the data migration and go live. Both CTMUHB and SBUHB have also worked with the Medilogic and DHCW to ensure reports from Medilogic (including PoWH generated reports) are available in the Welsh Results Reporting Service and therefore viewable in Welsh Clinical Portal. Both Health Boards are now live with this functionality.
- 2.7 SBUHB is decommissioning the 3rd party robot which integrates ADT's between PIMS+ and WPAS. As a result of this work CTMUHB will need to migrate staff over to using WPAS/WCP for ADT's and move to using MTED instead of ETOC for discharges. This will need to be completed by 31 March 2023. This work will bring consistency between PoWH and other CTMUHB sites in how ADT's and discharges are delivered.
- 2.8 There is ongoing work to move the Therapies in Bridgend from PIMS+ to CTMUHB WPAS. This piece of work is part of the preparation of the full merger of the WPAS's by 2024.
- 2.9 There is functionality with PIMS+ that has been developed to allow health visitors to capture the outcomes of a meeting and manage their caseload. This functionality cannot be replicated in WPAS therefore they will need to stay on PIMS+ until WCCIS is deployed.
- 2.10 To enable ETR for radiology to be deployed in PoWH the database will be moved to new servers and RadIS upgraded to the required version
- 2.11 Information SLA meeting held on 11th May between CTMUHB and SBUHB. The consensus opinion of CTMUHB and SBUHB information departments is that there remains a requirement for an information resource based in SBUHB and that there is no benefit on reducing the SLA based on the work completed to date.



Both departments agreed that it would be pragmatic to reduce the SLA when all relevant work is completed.

2.12 The SLA costs for 22/23 have yet to be formally agreed but the proposed schedule being considered is provided below. This includes the removal of the mobilisation element of the SLA from 1<sup>st</sup> April 2022 and the SLA uplift of 2.8%. The total proposed value of the SLA is £1.5m and will be adjusted in year as and when services are identified to be ceased. Due to the slippage of the transfer of mobilisation services a separate charge of £13.5k per month will be made until the services have migrated at the end of June.

Cost Centre	Description	SLA 2022-23			
		Income £	Pay £	Non pay £	Total £
6B24	Data Quality Team	£ -	£ 51,814	£ -	£ 51,814
	Subject Access Team	£ -	£ 69,464	£ 10,779	£ 80,243
6D01	IMT Directorate Management	£ -	£ 141,517	£ 36,984	£ 178,502
6D02	Telecommunications	-£ 14,495	£ -	£ 301,376	£ 286,882
6D10	IT	-£ 14,486	£ 260,916	£ 268,429	£ 514,860
6D11	IT Procurement	-£ 0	£ -	-£ 0	-£ 1
6D12	Community Mobilisation Project	£ -	£ 0	£ 0	£ 0
6D20	IT Training & Application Support	£ -	£ 124,814	£ 808	£ 125,622
6D21	IT Development	£ -	£ 131,972	£ -	£ 131,972
6D22	IT Systems & Integration	£ -	£ -	£ -	£ -
6D30	Information Services (ONLY NON-PAY)	£ -	£ 42,991	£ 23,612	£ 66,603
6D41	ICT Projects	-£ 0	£ 0	-£ 0	-£ 0
6D42	Patient Knows Best	£ -	£ -	£ -	£ -
		<b>-£ 28,980</b>	<b>£ 823,489</b>	<b>£ 641,988</b>	<b>£ 1,436,497</b>
	Corporate Overhead @5%				£ 71,825
	<b>Total SLA</b>				<b>£ 1,508,321</b>

### **3. KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE**

- 3.1 Pooling of the waiting lists is unachievable digitally until the WPAS disaggregation work by DHCW.
- 3.2 Individual clinical departments are requiring more ICT support with no funding to appropriately staff in Bridgend in the same manner clinical areas are supported in Merthyr/Rhondda Taff Ely and with accelerated disaggregation in light of the Neath Port Talbot notice, this needs to be recognised.
- 3.3 Both HR and Finance need to be involved in the SLA discussions as the disaggregation will now start to impact staff and due process will need to be followed.
- 3.4 Without management transfer CTM will not be able to run services.
- 3.5 SBUHB will be at a significant cost pressure as the opportunity for TUPE will be very small as most systems are HB wide and will still be required even when the PoWH element is no longer provided.



#### 4. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	Yes (Please see detail below)
	<p>The disaggregation of digital services will carry the risk of impact on clinical services.</p> <p>This ranges from the unavailability of digital systems and services through to the corruption of clinical data. It is imperative that plans are robust, and that the appropriate skilled resources made available to undertake the work</p>
<b>Related Health and Care standard(s)</b>	Effective Care
<b>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</b>	No (Include further detail below)
	EIA will be completed if we proceed to the next stage of this development
<b>Legal implications / impact</b>	There are no specific legal implications related to the activity outlined in this report.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	Yes (Include further detail below)
	<p>The disaggregation of digital services will carry the risk of impact on clinical services.</p> <p>This ranges from the unavailability of digital systems and services through to the corruption of clinical data. It is imperative that plans are robust, and that the appropriate skilled resources made available to undertake the work</p>
<b>Link to Strategic Goals</b>	Improving Care

#### 5. RECOMMENDATION

- 5.1 The Committee are requested to **NOTE** the contents of this report and the **APPROVE** the timelines in Appendix 1.