



**AGENDA ITEM**

5.1

**DIGITAL & DATA COMMITTEE**

**NEW OPERATING MODEL AND THE DIGITAL RESPONSE**

<b>Date of meeting</b>	22/06/2022
<b>FOI Status</b>	Open/Public
<b>If closed please indicate reason</b>	Not Applicable - Public Report
<b>Prepared by</b>	Stuart Morris, Director of Digital
<b>Presented by</b>	Stuart Morris, Director of Digital
<b>Approving Executive Sponsor</b>	Stuart Morris, Director of Digital
<b>Report purpose</b>	FOR NOTING

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

<b>Committee/Group/Individuals</b>	<b>Date</b>	<b>Outcome</b>
Executive Leadership Group	March – May 2022	NOTED
Senior Digital Leadership Team	27/05/2022	NOTED

**ACRONYMS**









CDPS	Centre for Digital Public Services
CTMUHB	Cwm Taf Morgannwg University Health Board
DCW	Digital Communities Wales
DHCW	Digital Health & Care Wales



## **1. BACKGROUND**

- 1.1 The Health Board has commenced an Organisational Change Process for the current Integrated Locality Group Model.
- 1.2 It is proposed that the Health Board will adopt a Care Group Model to align services across the organisation.
- 1.3 The Health Board has submitted an Annual Plan to Welsh Government and is awaiting clarity on the approval of the plan and confirmation of those streams of work that will be focused on in 2022/2023.
- 1.4 The Health Board is in the process of creating a new Unified Change and Transformation programme which will have digital embedded throughout the delivery outputs.
- 1.5 The Health Board is actively developing a new Clinical Strategy, CTM 2030.
- 1.6 There is a requirement that all enabling and corporate services consider their existing structures to ensure they are fit for purpose, align to support the new Care Model and meet the ambition for the CTM 2030 Strategy.
- 1.7 Within the digital directorate there are known skills and knowledge gaps that must be addressed if we are able to meet the ambition of the organisation.
- 1.8 It is anticipated that Welsh Government will consult on a refreshed Digital Strategy for Health and Care in the summer of 2022.
- 1.9 The existing Health Board Digital Strategy was developed in 2017 and despite being five years old, the key themes are still relevant today. These themes are outlined below.



1	 Digital health board	Digitising the processes across the health board that support patients and employees across all care settings, removing manual effort, eliminating paper and capturing valuable, reusable data as standard
2	 Insights-driven healthcare	Providing the platform to interrogate and analyse multi-source data, surfacing previously unknown insights on performance and driving optimal decision making
3	 Single patient view	Managing a single, digital view of a patient's care and history across Primary, Community and Secondary services, improving patient centric care, reducing delays in information seeking and removing re-keying errors
4	 Intelligently integrated healthcare	Intelligently integrating processes and systems, providing two-way communications across silos and implementing smart workflow to automate key process interactions across care settings, removing manual effort and baking in zero-error processing
5	 Digital workforce	Providing the digital tools to support employees in their day to day activity, reducing admin and travel time and enabling increased clinical contact
6	 Adoption and exploitation	Providing the resources, structures and toolkits to properly manage identification, implementation and adoption of new solutions; and supporting staff in exploiting the systems they have access to
7	 Managing innovation	Managing and encouraging innovation with innovation forums and idea receptors; as well as a governance and funding model to turn them into reality
8	 Digital enablers	Putting in place the enabling infrastructure and maturing the key supporting capabilities needed to deliver the strategy

## 2. ASSESSMENT

- 2.1 The current digital team has a track record of supporting the organisation and has delivered many significant digital changes.
- 2.2 The digital team has attempted to evolve its existing structure within its current operational budget.



- 2.3 The digital team has a focus on continuing the development of digital professionals across the team.
- 2.4 There are increasing demands on the digital team, and the current capacity within the team cannot meet this demand.
- 2.5 The Health Board requires capital, recurrent and non-recurrent revenue investment to deliver its core foundational requirements. These requirements are most prominent from an infrastructure, integration, systems and analytical/intelligence perspective.
- 2.6 The Health Board needs to consider and develop strategic partnerships from academia, public, private and the third sector to support its future digital provision.
- 2.7 The Health Board has a small cohort of committed and effective clinical digital professionals and leaders. However, it is recognised that this group needs to be grown from both a clinical and broader service perspective.
- 2.8 As such the Health Board needs to consider the development of a broader design authority underpinned by a clinical digital forum to support the shaping and development of the future Health Board services.
- 2.9 While the existing digital strategy was developed in 2017, the Health Board needs to consider how it develops its strategic plans and story, enabled and underpinned by digital to achieve its digital first ambition.
- 2.10 There is a need to develop of a longer-term strategic delivery plan/roadmap and story board in to communicate and engage the whole of the Health Board.
- 2.11 This plan and story will also support a more robust prioritisation of the digital delivery roadmap.

2.12 The senior digital team have commenced engagement on the functions required to meet the future service demands. These are outlined below.

2.13 There are a number of services that reside outside of the digital directorate that need to be considered from a future ways of working and alignment relationship, for example Information Governance, Mental Health Medical Records and the iCTM Change Hub.



Digital Intelligence

Digital Systems

Digital Delivery

Digital Programme

Digital Clinical

Data Literacy, Maturity, Quality  
Development  
Planning & Performance  
Population Health  
Data Science  
AI / NLP / Decision Support  
Coding  
Clinical Audit  
(WPAS)

Requirements Analysis  
Systems Design  
Systems Support  
Patient Facing Technologies  
Implementation  
Training  
Automation Design & Support

Financial Management  
Infrastructure Services  
Cyber Services  
Architecture Design  
Service Management  
Risk Management  
Desktop Support  
Estates Transformation  
Health & Safety

Portfolio / Programme / Project  
User Research / Engagement  
Service Change  
User Experience  
Business Case Development  
Clinical Record Transformation  
Prioritisation

Chief Clinical Information Officer  
Nursing Information Officer  
Pharmacy  
Therapies & AHP  
Care Stream Roles  
Primary Care  
Clinical Safety Officers

**Key Strategic Responsibilities:**

- Data Strategic Plan
- Implement Digital Intelligence Partner Model
- AI Strategy
- HB lead on NDR – local / national alignment
- Strategic plan for HB wide records management

**Key Strategic Responsibilities:**

- Systems Strategy
- Digital Applications Road Map
- Local / National applications alignment
- National Applications Assurance
- Digital Record Road Map

**Key Strategic Responsibilities:**

- Infrastructure Strategy
- Device strategy
- Cyber Response
- Local / National Alignment
- NIS-D
- Tech refresh 5-10 yr plan
- Estates Design
- New builds / Relocation
- On-call strategy
- National Infrastructure Assurance

**Key Strategic Responsibilities:**

- Annual Digital Programme Plan
- Local / National Alignment
- National Projects & Applications Assurance
- Exit Strategy for Paper Records
- Horizon Scanning
- Partnership Development

**Key Strategic Responsibilities:**

- Clinical Digital Leadership
- Engagement
- Adoption & Scale
- Education
- National Alignment with Local Delivery



### 3. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING

3.1 The Committee is requested to note the contents of this report, the gaps that the digital team need to address and the way in which the current digital functions have been mapped.

### 4. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 There are no key risks for escalation to the Board at this time although it should be noted that additional investment is required to meet this proposed functional alignment.

### 5. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	There are no specific quality and safety implications related to the activity outlined in this report.
<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 considered as part of any new or changed processes
<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>	There is no direct impact on resources as a result of the activity outlined in this report.
<b>Link to Strategic Goals</b>	Improving Care

### 6. RECOMMENDATION

6.1 The Committee are requested to **NOTE** the contents of this report