



AGENDA ITEM

4.1

DIGITAL & DATA COMMITTEE

DIGITAL PROGRAMME ASSURANCE REPORT

Date of meeting	23/03/2022	
FOI Status	Open/Public	
If closed please indicate reason	Not Applicable - Public Report	
Prepared by	Karen Winder, Assistant Director - ICT	
Presented by	Karen Winder, Assistant Director - ICT	
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	10/02/2022	NOTED



ACRONYMS

CTMUHB	Cwm Taf Morgannwg University Health Board
POW	Princess of Wales Hospital
RGH	Royal Glamorgan Hospital
YCR	Ysbyty Cwm Rhondda
CAMHS	Child & Adolescent Mental Health Services
YCC	Ysbyty Cwm Cynon
DHCW	Digital Health Care Wales
WG	Welsh Government

1. SITUATION/BACKGROUND

1.1 This report provides an update on the progress of the prioritised digital deliverables within the corporate Integrated Medium Term Plan across the 8 strategic solutions:

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. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING

2.1 Digital Health Board & Single patient view

Electronic test requesting and WCP

The results of Endoscopy procedures for the old Cwm Taf area are now being stored in digital results repository (WRRS) and are visible in the Welsh Clinical Portal (WCP). POW will be going next as part of the roll out in Swansea Bay Health Board, and we anticipate that all CTM procedures will be available in the WCP by Q1 22/23

Radiology test requesting has progressed and the radiology and Emergency Medicine services are determining the workflow to enable the RGH to go live and have requesting in and out of hours.

The WCP upgrade was successfully implemented in December 2021, which provided clinical staff in the old Cwm Taf area with the following additional functionality:

- New Adverse Reactions Panel
- New Patient Warnings Panel
- New Results Notifications - Forwarded onto a different clinician.
- Diabetes Consultation Note – Antenatal release live
- Hepatitis C e-form (February go live)

Pleasingly there were no complaints or interruptions during the upgrade, an indication in the digital world of a highly successful deployment.

Also pleasing to note is that the Diabetes View has been released for User Acceptance Testing (UAT) across the whole of CTM. The UAT screen is shown below and to assure the discerning clinician, the full fat version does contain more fields\panels.

The screenshot displays the Diabetes View interface with the following panels:

- Diabetes Summary:**

Primary Diagnoses	Type 1 Diabetes Mellitus
Diagnosis Date	10-Dec-2020
Last Retinal Screening	12-Jan-2022
Attends Eye Clinic	Yes
Last Annual Review	Data Source Unavailable
Last Foot Assessment Date	12-Jan-2022
Smoking Status	Never smoked
Alcohol Consumption	2 units / week
Currently Driving	Yes
Preconception Advice	Not recorded
- Problem List:**
 - Active Comorbidities: Data not recorded
 - Diabetes Complications: Data not recorded
- Tests:**

Test	Date	Value	Unit	Ref Range
HbA1c				
HbA1c (IFCC trace)	11-Jan-2022	76	mmol/mol	H <48
Glucose Random Serum				
No Record Found				
Lipid Profile				
Test	Date	Value	Unit	Ref Range



WCP stats on CTM WCP are shown overleaf. The alerts and notifications recorded as being signed off in December hit an all time high, although, the veracity of these figures has been questioned with DHCW.

	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Users	3898	3872	3894	NOT RECEIVED	3901	3944
Patient Records Accessed	41856	45643	45802		44067	46030
Path ETR	34704	33793	34549		33747	35420
ETR	93%	93%	92%		77%	78%
Path Results Viewed	113657	114508	114665		113294	118062
Radiology Reports Viewed	34678	36910	36461		35679	37622
Rad ETR	208	268	249		205	262
PACS Images Viewed	7560	8178	8159		7915	7570
A&N Signed off Results	7823	7698	8723		37413	25321
DALs Sent	3019	3127	3206		3308	2759
WPRS Referrals	1058	1336	1245		1305	1515
Clinical Notes Created	1331	1554	1486		1521	1561
ACP Flags Created	10	20	10		21	17
Hep C form Created	2	0	66		1	1
OCS Created	127	104	109		92	113
Ad Hoc OCS Created	46	40	41		40	54
Diabetes Consultation Form Completed	1598	1575	1502		1250	1373
Active WCP Mobile Users	36	31	37		42	45
COVID Mortality (cumulative total)	1048	1094	1128		1174	1231
						ETR inc POW

Scanned Records (CITO)

Following a request from the Electronic Patient Record steering group, non-recurrent funding was prioritised from within the Digital revenue budget for 2021/22 and is now being used to support the following:

- i) Two Band 5 Patient Record Quality Officers are in post from early January to 31 March 2022, seconded from Medical Records. Tasked with contacting wards, outpatients, various clinical areas and other staff working with digital notes, to raise awareness of the importance of accurate categorisation and filing of clinical documents to reduce errors and wasted correction time prior to scanning. Multiple areas including 50% of wards have been contacted to date and are receptive to the support and advice offered. Some early improvements are now being seen and outreach work continues in earnest. Contact with senior clinicians has been harder to achieve but some progress is now being made. Initial feedback from some is that



they require CITO training - options for addressing this will be discussed amongst the DPN project team and colleagues.

ii) the equivalent of five x Band 2 staff have been contracted to process scanning material, correct categorisation errors and reduce backlog. Current employees and bank staff are being trained and utilised to support this. At present, the delay in scanning material within 48 hours of receipt has reduced from 11 days to 8. 53,570 day-forward files to date have been received for scanning; 43,323 have been scanned and quality checked.

Discussions are currently ongoing with the lead supplier about the legacy scanning backlog and a package of solutions to escalate scanning rates, recoup lost ground and complete on time is being examined; these include ongoing offsite scanning, increased head-count and operating hours at their Williamstown bureau, along with assurance regarding the IG prerequisites. Senior Procurement and Finance colleagues are supporting this work. 49,672 legacy records have now been digitised to date - 16% of the total target records rather than the 36% planned at this stage.

Critical Care Services (WICIS)

The national programme has indicated that CTM (POW and old CT combined) will be the second UHB to go live with the new WICIS system, with a planned date of Q4 2022/23. A funded Senior Responsible Officer (SRO) is in place and engaged. National funding includes 12 month funding for a project manager which is currently out for advert, funding is also available from June 2022 until 2027 for a band 6 nurse, which will go out for advert shortly. These posts will develop the local business case.

Technical discussions around deployment and disaster recovery are on-going with National project following the identification of deficiencies. The national Infrastructure Management Board has recently proposed that the business continuity arrangements should mirror that for national systems such as the nursing care record.

Ophthalmology (OpenEyes)

The project plans to go live with a limited number of clinics, possibly 1 or 2, before the end of March 2022.



However, project management resources are only funded until the end of March 2022. Consequently, a critical risk has been raised by the project manager to the Senior Responsible Officer (SRO).

Without further resources, it is not safe to continue with rollout to other clinics and locations/

The project manager has now been asked to prepare appropriate documentation to suspend all project activity as from the 31 March 2022.

Community Services (WCCIS)

The Deployment order for the staff already using WCCIS in conjunction with the Local Authority teams has been signed. Current discussions are underway on how support is delivered as we rollout to CAMHS.

Unfortunately, the funding to enable the use of WCCIS by CAMHS at Bridgend was never in the CTM business plan and as a result the finance department are assessing whether costs could be met from existing funding presently spent within the Bridgend / Swansea Bay HB SLA.

Before the Health Board considers further roll out the National performance issues will need to be rectified. The latest update from the national team states

"The national programme team and representatives from local organisations have been working closely with Advanced to help them to diagnose and put in place mitigating actions to resolve the ongoing issues with the system which has resulted in poor performance.

Users in all live organisations have been affected when the system has been running slowly, timeout error messages received and sporadic downtime. This is clearly unacceptable and has been escalated to the highest level within Advanced, who are working closely with Microsoft to diagnose what is causing the problem and to find ways of resolving the issues as soon as possible to ensure their system operates as it should.

To support this work, an incident management team has been set up comprising of national programme team members, local organisation representatives and Advanced. This team will evaluate and expedite any future proposed changes put forward by Advanced as they seek to resolve performance issues."



Given the history of poor performance and non-delivery, the digital team within CTM remains very cautious about supporting any further deployment of this system.

Emergency Medicine (WEDS)

An exception report has been developed and will be presented to the project board on 10 March 2022.

Although yet to be ratified by the Board, the recommendation in the report is:

“Continue with current resources until 31 March 2022 (whilst also identifying additional resources to enable 'go live'), to develop the project as much as possible.

Create a handover document which identified progress made at the point of stop and proposed next steps. Carry out a review of the suitability of WEDS (Symphony) deployment in CTM and identify all options.

Progress the deployment of Imprivata into YCR and ensure all clinics have the appropriate equipment. The project would then come to a halt and be suspended as of 31 March 2022, until resources are identified and secured.

This does not indicate a go-live date but allows CTM to produce a business case to go live when it is most feasible and safe to do so with proper and sustainable resourcing.”

Welsh Nursing Care Record (WNCR)

WNCR has now entered business as usual in YCC, YCR and the palliative care unit in RGH. Usage is monitored weekly and feedback on compliance against document completion standards is feedback to ward managers on a weekly snapshot basis.

Latest Weekly stats as of 02/02/2021

Total Digital patients	686
Nursing notes	34591
Risk assessments	20548
Pain scores	43726
Temp users	207
Total users	548



Data workshops to map out further local reporting and data access requirements for LHB's have been ongoing in Jan 2022. Once data is available in CTM data warehouse work will commence on creating a local dashboard.

The Royal Glamorgan Hospital has a planned go live date of March 2022, WNCR staff are on site with a mixed model of drop in sessions and ward based training. RGH site infrastructure assurance and review is ongoing.

Capital allocation for 2021-2022 has been spent within budget and all equipment required for RGH has been purchased.

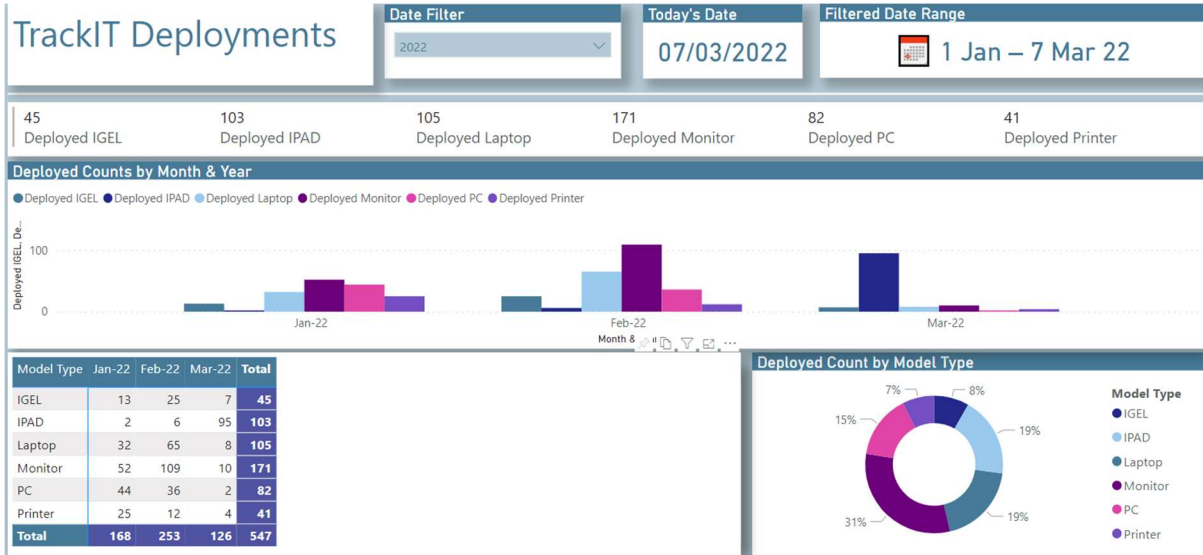
Prince Charles Hospital is planned to go live in summer 2022. Princess of Wales remains in scope however further exploratory work on how this may work prior to PAS disaggregation is ongoing and remains a risk to POW roll out.

Continued national funding is expected in 2022-2023 to fund two WTE band 6 posts (clinical nurse specialist and technical specialist) for a further 12 months. Revenue funding included in the original CTM business case has not been confirmed and the project will lose three training staff from May 2022.

A six months evaluation is in progress and will be available for the next meeting.

Mobile Users

As per the last report, the UHB continues to deploy kit to enable mobile agile working. The kit that was funded out of DPIF has been arriving and the rollout has begun. Mobilisation disaggregation for Morgannwg is approaching 50% completion with a target of finishing by the end of March. As previously stated, due to current and future capital challenges, there will be lesser growth in this area but opportunities will be looked at where possible.



E Whiteboards

The business case for the revenue component remains outstanding and is now subject to the IMTP prioritisation process. The capital elements have now been procured.

2.2 Insights-driven healthcare

NDR Data Strategy

An intense 12 week programme to establish a data strategy for NHS Wales and define the NDR has been completed.

Population Health

WG has agreed to allow the UHB to carry forward the full £305k of revenue they awarded through the DPIF programme into 2022/23. The process for procurement has commenced.

Clinical Coding

Despite losing a number of clinical coding trainees in the last six months and a number of coders utilising outstanding annual leave prior to the end of the financial year, there was an improvement in the coding position from January 2022 to early March 2022.

We continue to lose trainees to higher banded roles either within CTM or other Health Boards.



Since the last report, we have lost a Band 3 clinical coding trainee to a higher banded Admin & Clerical role (Band 5) within Velindre UHB. Measures to stem the loss of coding talent are currently being explored. They include discussions about recruitment and retention payments for Clinical Coding staff and addressing concerns around other Health Boards offering their coding staff double pay for overtime shifts. Two clinical coding trainees commenced in post mid-February 2022.

Efforts continue to address Maternity data quality issues on an all Wales basis with the introduction of a new maternity system. Efforts also continue locally to improve the quality of data held within the MITs system in collaboration with clinical and software development colleagues. Discrepancies in the MITS data have been flagged to the maternity improvement programme as it may affect their ability to meaningfully use our benchmarking solution for any more than indicative analysis.

Final systems testing of the M360 application is in progress but on hold due to issues granting elevated remote run access privileges to the Cwm Taf Active Directory group. DHCW are working through this to enable us complete testing prior to deployment (they advised this had been resolved 25/02/22 but further testing has shown this not to be the case).

The annual DHCW audit has been rescheduled to w/c 14 March 2022 (RGH & PCH) and 21 March 2022 (POW). Digital coding via CITO has been incorporated into this audit.

The electronic Discharge Advice Letter has been made available to the UHB and has been incorporated into the UHB's warehouse. This has enabled the project to use clinical natural language processing to commence, with the intention that a fully trained decision support tool which provides the snomed clinical terms and the ICD-10 and OPCS-4 codes for episodes of care will be operational and supporting the coding team by mid-March.



Uncoded FCE's (as at)	07.3.22	30.1.21	30.12.21	Change (since 30.1.22)
2021/2022	19,686	20,181	20,209	-495
% uncoded	17.9%	19.8%	23.2%	-1.9%
2020/2021	3,652	3,728	3,794	-76
% uncoded	3.9%	4.0%	4.1%	-0.1%
2019/2020	12,742	12,818	12,858	-76
% uncoded	8.3%	8.3%	8.3%	0.0%
Total	36,080	36,727	36,861	-647

Tarian Collaboration

On the 31 January 2022, the Executive Team gave agreement to the commencement of the next stage of the development of the collaboration with Tarian Ltd to provide digital tools for reducing the administrative burden on GPs and to support the digital sharing of data across primary and secondary care. A task and finish group has been established and work programme agreed which will submit a proposal to the IMTP prioritisation panel.

2.3 Intelligently integrated healthcare

Bridgend & CT aggregation

A separate paper has been provided on this key development

CanISC replacement

The CanISC system which is not only the Velindre PAS but also the system used across Wales for delivery of the Cancer service will be



replaced by modules of WPAS and WCP in Q1/Q2 2022/3, 8-12 months later than planned.

CTM has moved the driver for the CanISC project away from system replacement to a service transformation theme with the system replacement being an enabler. Associated with this, funding has been made available for 3 contractors to be able to support the CTM Cancer service to not only deliver the CanISC replacement but to improve the QLIK dashboard and increase the WPAS Tracker functionality.

UAT has commenced on the first MDT forms and cancer data set forms released from DHCW. All cancer data set forms in the MVP will be released by and April 2023

Working with the National group on plans to role out the e forms and move away from CANISC.

The end user computing group are starting to work with the Cancer coordinators to look at hardware requirements due to the new working practices

Foetal Monitors

As reported to DDB in November the UHB has purchased £660k of foetal monitors, which includes a new software module. These are intended to replace the Trium system in the old CT and a paper system in POW.

Unfortunately, the business case has overlooked how the data presently stored in Trium is to be retained by the UHB in line with legal requirements, how the system will integrate with the rest of the health record, and how the network requirements at POW will be provided.

At this time, these considerations remain outstanding and an option appraisal and business case is urgently required.

To ensure a way forward and to be able to deploy the new monitors the plan will be:

- POW monitors deployed as standalone with the paper CTG stored in the patient's notes
- PCH/RGH monitors maternity have been asked to decide if they want to deploy as stand alone or integrate into Trium. Based on



their decision the monitors can then be deployed subject to a DPIA being agreed

A short term project manager has been assigned to rapidly scope out requirements for both DGHS.

2.4 Digital workforce

Microsoft 365

SharePoint Online

As per the previous update, SharePoint Online is an ongoing concern. Discussions are ongoing regarding the three focus areas – Corporate File Data, Intranet and Platformed Services. Plans are being drawn up to address the three aforementioned areas with associated financial and resource requirements defined. These costs will however need to be prioritised.

Licensing

The UHB has submitted our figures for the licenses required for the Enterprise Agreement with Microsoft. Negotiations are ongoing between the National Team and Microsoft but there is a potential significant shift in the license models currently adopted which may have impact on the current services offered. This specifically relates to the lessons learnt from NHS Scotland and NHS Northern Ireland's renewals. No costs have been publicised as yet. However, financial provisions provided to Deputy Directors of Finance are presently 4 to 6 times higher than those estimated as being required by the digital team in a like for like scenario.

Power Platform

The digital team are receiving numerous requests from the wider business in regards to the Power Platform environment. This is a platform which has the potential to significantly help the organisational move to a digital approach to delivering its administrative and management functions. In addition to this demand, a scoping exercise has identified that there are numerous opportunities to replace currently "charged for systems/applications" with solutions using this platform.



Presently the department do not have a defined function and associated resources or skillsets within to be able to support this transformation and guidance will be required from Digital Delivery Board as to whether the development of capability and capacity in this area is a priority and is likely to be affordable in the next 24 months.

OneDrive

Staff migrations of HomeDrives (H Drive in Cwm Taf, M Drive in Morgannwg) are ongoing and are expected to finish before the end of March 2022. OneDrive enables staff to access their private files both on and off network using personal or work devices without the need for Citrix or VPN. The Bridgend ILG is 98% complete, only a cleanup exercise remains. Cwm Taf area was paused due to some technical issues and is due to re-commence by the end of February.

2.5 Adoption and Exploitation

Improving the ICT user experience

Handled calls January were 7764 through the service desk of which 98% (7582) were closed. Common themes include:

- WIS Support (vaccination centres)
- Password resets
- File & folder access requests
- Office 365 queries or issues
- New user & remote access requests
- Issues relating to teams access in citrix which generated 165 calls between 22nd & 23rd December 2021
- Six members of staff across the operational support team remain on sick leave.

The vaccination programme operated a new support model from 10 December 2021, acquiring 12 hours a day support, 7 days per week from ICT, this included over the Christmas period.

A new short-term model was introduced in order to meet this demand which included additional support sourced through contracting staff and a nominated on-call support service dedicated to the vaccination clinics, fulfilled by ICT staff on a rotational basis over the Christmas break.



This model is hugely dependent on the further goodwill of individuals within the team and the attractiveness of taking on provision of the support. Each vaccination centre was also visited in person by a member of the ICT support team over the lead up to the Christmas holidays to ensure staff had appropriate devices and the necessary support and tools to do their jobs effectively.

Providing access to locum clinicians & Medefer

The UHB is proposing that all companies that we externally contract with to provide additional clinical activity, including virtual activity, who would be reliant on the UHB's diagnostic services, would be asked to use and add to the UHB's medical record to ensure continuity of care.

This would reduce the requirement for the transportation of paper records and the need for duplicate entry, but would require the UHB to ensure that the use of the record remains of a high standard is appropriate, auditable and remains open to the third party in order that they may satisfy clinical audit and medico-legal requirements.

Audit by the Information Commissioner

An audit of the UHB's ability to safeguard the privacy and data of individuals on whom we hold data was undertaken at the end of January. Significant effort was put into preparing for the audit by the IG and digital teams. The final report is anticipated by the 8 February 2022. Verbal feedback at the time of the report, which will be entirely exception based, identified improvements will be required in regards to:

- Resources
- Job descriptions and training of personnel in key and specialist roles
- The provision of a comprehensive ROPA (Record of Processing Activities)
- An up to date records management policy and procedure
- Clarity around the UHB's privacy notice
- Clear procedures which reduce the amount of variation across departments in handling subject access requests
- Improvements in understanding and documenting data sharing arrangements established pre-2021
- Improvements in reviewing legacy sharing arrangements



- Resilience in regards to the availability of personnel in specialist IG roles (e.g. nominated deputies)

It is unfortunate that our ability to assure the officers of the information commissioner may have been somewhat diminished by a reportable but controlled data breach involving the IC's officers.

Cyber Security

The digital team have now received the NIS-D cyber assessment report from the CTU. This is being reviewed and a local plan is being developed

Managing Innovation

UK levelling up fund / WIDI

The UHB has been approached to by WIDI to become a partner organisation in the levelling up of Newport City. Outline proposals for a regional ecosystem and the establishment of digital fellows have been drafted and approved in principle by the Executive Team, however as both require ongoing financial support they do not presently meet the terms of the approval.

Funding to support the digital fellows proposal could be potentially forthcoming by aligning their development within the programme for reducing elective waiting lists or the plans to support recruitment and retention of senior medical staff and GPs and the relevant leadership team have subsequently been made aware.

2.6 Digital enablers

Infrastructure plan

The HB has signed a new contract to cover all out of contract Vodafone devices (CT) and all migrating EE devices (Bridgend) under one contract to include more data and better coverage in all locations across the CTM estate, this will include Wi-Fi calling whilst in Hospitals and clinics. The initial meeting is planned for 24 March 2022 with a contract start date of 1 April 2022. It is planned to first migrate all SB Data users across to the new plan as they are current provisioned by EE via SB and the migration should be transparent and relatively easy.



The 1Gbps CTMUHB public Internet connection upgrade is now live in RGH and PCH. This has been temporarily extended into PoW whilst the UHB works with BT to make the same public Internet connection live there. Everything is prepared and ready for this, and the BT Equipment has been installed on the PoW site.

The UHB has taken ownership of the BT PSBA 1 Gbps WAN link at PoW from SBUHB and have submitted the order to BT PSBA to increase the existing circuit to 10Gbps, and also install a resilient 10Gbps circuit. This is a key milestone and pre-requisite of the Bridgend disaggregation work.

Server and Storage requirements were defined and costed, in order to support replacement of approaching 'End Of Life' systems, increased resilience and Hybrid cloud models of delivering services. Orders were placed with the supplier in December 2021, and deliveries are underway.

DPIF capital funding of £1.065m was awarded to the UHB by WG in December, and has already been committed with suppliers, providing replacements for the legacy Polycom audio visual systems, additional network switches, servers, laptops and iPads. Unfortunately, due to the lateness of the funding becoming available, the UHB had to decline the opportunity of funding for the replacement of the legacy RGH DECT telephone system, and also the device and application monitoring system. A letter confirming this funding was received and returned to WG in a timely manner.

3. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	Alerts and notifications not being acknowledged Discrepancies between the paper and electronic maternity record Backlog in coding
Related Health and Care standard(s)	Governance, Leadership and Accountability



Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below)
	Equality Impact Assessment to be completed as part of each project
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Improving Care

4. RECOMMENDATION

4.1 The Committee is asked to **NOTE** the progress made in delivering the digital programme

4.2 To consider the matters for escalation in section 2.