



AGENDA ITEM

5.1

DIGITAL AND DATA COMMITTEE

UPDATE ON THE PLANNING PROCESS FOR THE DIGITAL ELEMENT OF THE CORPORATE INTEGRATED MEDIUM TERM PLAN (IMTP)

Date of meeting	23/03/2022
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Andrew Nelson, Chief Information Officer
Presented by	Andrew Nelson, Chief Information Officer
Approving Executive Sponsor	Stuart Morris, Director of Digital
Report purpose	FOR DISCUSSION / REVIEW

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

Committee/Group/Individuals	Date	Outcome

ACRONYMS

CTMUHB	Cwm Taf Morgannwg University Health Board
WG	Welsh Government
SLA	Service Level Agreement
PCH	Prince Charles Hospital
YCR	Ysbyty Cwm Rhondda
POW	Princess of Wales Hospital



1. SITUATION/BACKGROUND

- 1.1 CTM has a strong strategic programme for delivering digital and data Services, which has been endorsed by WG and aligns to Informed Health and Care. As with all digital strategies, it has iteratively developed to requirements and opportunities in rapid fashion.
- 1.2 However, the strategic solutions described at the time, are considered to remain valid, even though the detail and methodology may change:

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 (ASSESSMENT)

- 2.1 The digital programme has rapidly accelerated over the past two years in response to the pandemic. Without doubt, culture and attitudes to providing and receiving care digitally have changed for the positive, but as too have expectations and reliance on the technology. Increasingly services are expecting 24/7 support for the digital services and to be able to benefit from the plethora of digital products now on the market, or which they have developed themselves. Increasing adoption of paperless working and access to an integrated record, leads to frustrations when this access is lost or there is a requirement to revert to paper or where there are gaps in the record. Meanwhile the opportunities to innovate and improve care and the health of populations are being visualized and progressed, and organisations are increasingly able to facilitate the safe provision of networked and regionalized services.



- 2.2 Attitudes to sharing data are being tested as people and individuals start to realise the financial and commercial value of this data, as evidenced by the big tech companies identifying health as one of the three fastest growing high value markets in the world, all at a time when the COPI36 regulation brought in to support management of the Covid pandemic has shone a light on the significant benefits Health and care can derive by sharing data more freely. And, finally, we must not forget the pariahs, who wish to illegally benefit from access to this data, and who may hold it to ransom or extortion. If we wish to enable data sharing and we want to maintain the trust of our population, whose sensitive information we hold, we must protect it and keep it safe.
- 2.3 We have over 100 initiatives on the digital project catalogue, which we have assessed and prioritized, resulting in a shorter list of the more material projects the UHB is considering. These have been considered from numerous perspectives including the benefits they are anticipated to realise, resource requirements, sequencing and inter-dependencies. The product of this work is summarised in the Excel workbook attached.
- 2.4 As with every other department, this year digital has received some recurring financial support from the corporate allocation, but must again work to deliver a 2% saving on revenue. It is our intention to achieve this by re-providing elements of the Bridgend service, which are presently provided via the SLA with Swansea Bay at a lower cost. There is however, no slack in the team to pick up significant amounts of work, as addressing backlog requirements and attending to business as usual requirements consumes the majority of the resource available. Thus, revenue requirements has become a key decision making criterion as to the deliverability and thus prioritization of a project.
- 2.5 A further constraint is provided by the capital position for the UHB. Last year £2.25m was made available to support and improve the digital estate. This was put to good use and the reliability and performance of the network and tools has markedly improved. This year, the team have been presented with a planning assumption that only £1.2m will be available.

Against this £854k has been already committed to programmes such as the PCH ground and first floor refurbishment, the CITO digitized patient note programme and the Welsh Nursing Care Record Programme. In normal years, provision of £1.5m would be made for the replacement programme and a further £250k for additional requests and new users. However, at this time this is unaffordable and would result in an inability to proceed with any of the capital dependent initiatives on the digital programme.

3. ASSESSMENT

- 3.1 The digital team provide a benefit and resource requirements matrix which some decision makers consider useful. This is provided most clearly in the excel document attached and overleaf. Also within the Excel document are spreadsheets identifying costs, and which corporate objectives each of the digital initiatives support.
- 3.2 As affordability is a significant determinant, the UHB is proposing to continue into the second year of its present three-year digital accelerator programme, with the primary focus being the **aggregation of the Bridgend and old-CT digital services**. This development being a critical development for the UHB, enabling and facilitating integrated working across the Health Board and allowing the spread and scale of locally born digital innovations.
- 3.3 In addition there are a further 28 transformational business critical programmes that we are proposing taking forward, all of which have funding, or for which the likelihood of funding being forthcoming from national programmes, has been assessed as high. These are:

ID	Programme
1	Cancer - See the signs - <i>GP guide to identifying cancer</i>
2	Endoscopy - <i>set up of mobile units to help with the backlog</i>
3	Commercialisation / Research & Development strategy - <i>Development of a framework to underpin UHB 's role as an anchor organisation for the region identifying options and requirements for digital initiative</i>



ID	Programme
4	Single sign on - <i>Roll out of the Imprivata single sign on functionality to YCR</i>
5	PCH Ground & First Floor refurbishment - <i>to modernise the ICT set up alongside the hospital refurbishment</i>
6	e-referrals (H2H) - <i>move from paper to digital referrals</i>
7	Estate strategy - <i>home working, Seren closure, changes to inventory management & support requirements</i>
8	Cyber Security - <i>reducing the risk of cyber-attacks and protect against the unauthorised exploitation of systems, networks and technologies.</i>
9	Workforce development- <i>-Developing the digital and data skills of the informatics professionals and wider UHB staff</i>
10	NLP - auto coding / data management - <i>developing automated Natural language processes to code clinical data to provide real time coding</i>
11	Business Intelligence development - <i>To improve the functionality, scope and user experience of the UHB's BI tools including a re-appraisal of the service provider</i>
12	System demand capacity modelling - <i>Using analysis to improve the UHB's operational and tactical approach to care provision across the system in line with NCCU recommendations</i>
13	Performance Management framework and tools - <i>Ensure that at all levels of the organisation there is a focus on and understanding of realising our strategic priorities.</i>
14	Benchmarking - <i>measuring our services, and processes against those of organisations known to be leaders</i>
15	Park prison - <i>to support the provision of health care delivered at Parc Prison</i>
16	PAS upgrade - <i>upgrade WPAS to latest version required for CanISC replacement and move to WPAS to manage MDT's</i>



ID	Programme
17	Critical Care System replacement – Undertaking the needs analysis and business case development for the national system
18	e-prescribing - Undertaking the needs analysis and business case development for the <i>move from paper to electronic prescribing</i>
19	Snomed e-forms - <i>coding of data at source of data capture for analytics</i>
20	Infrastructure review programme - <i>assess current infrastructure to maximise and improve existing solution</i>
21	NDR - <i>work on both the local and National Data repository</i>
22	API management - <i>to develop the API's with DHCW</i>
23	POW community dental - <i>to replace the POW solution with the CT solution for community dental</i>
24	Pathology ETR –Bridgend - continue rolling out pathology ETR in Bridgend
25	Digitising Inpatient Care - continue deploying WNCR and enhance scope to be multidisciplinary
26	Community Care - <i>continue deploying WCCIS the national community system</i>
27	LINC - <i>replace current Laboratory system with Citadel</i>
28	PACS & RIS upgrades – <i>re-procurement of current RIS and PACS due to end of contract</i>

3.4 Subject to the availability of resources, capabilities and competencies, over and above those required for Bridgend and supporting the rapidly expanding digital service, we have greater ambitions to rapidly digitise our ways of working. Thus over the course of the year, we will continue to seek out opportunities and ways of resourcing the following initiatives:



ID	Programme	Implementation costs - revenue	Ongoing costs - revenue	Capital
a	Clinical AD&Ts <i>move to real time ADT's exploring the option for clinical staff to undertake the process</i>	£43,139	£43,139	£0
b	e-Whiteboards <i>real time digital patient flow</i>	£64,234	£104,593	£0
c	Digitisation of cancer record <i>adopt WPAS and WCP to manage MDT's as CanISC is decommissioned</i>	£13,901	£54,260	£0
d	Digital Histopath / AI in pathology <i>move from to digital histology enabling the use Natural Language Processing to be able to apply AI</i>	£34,433	£59,536	£100,000
e	Digital transcription <i>to move from digital dictation to digital voice recognition</i>	£48,902	£42,900	£100,000
f	foetal monitors <i>two stage project to replace out of data monitors then move to capturing the CTG's digitally across CTM</i>	£81,320	£154,593	£500,000
g	Tarian development (3 parts) <i>an initiative to enable UHB to sharing data across care sectors and by making the care record more accessible to patients</i>	£37,070	£126,942	£0
h	IG development plan <i>Improve UHB's ability to use and share data securely, ethically and legally</i>	£0	£40,329	£0

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

- As described in the risk register
- Availability of capital and revenue funding
- Clinical and service engagement
- Sequencing and support for the enabling and 'defensive components' of the digital and data service
- The legacy of technical debt that follows rapid deployment of digital tools in a sub optimal way as required by the pandemic response.

5. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outlined in this report.
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) Completed as part of IMTP process
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.



Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below)
	Capital and Revenue required to undertake tasks to progress the disaggregation
Link to Strategic Goals	Creating Health

6. RECOMMENDATION

- 6.1 The Committee is asked to discuss and review the scope and content of the Digital and Data plan as it stands, and consider whether it supports delivery of the UHB's strategic intentions at the requisite pace, acknowledging the strategic environment faced by the Board.