



AGENDA ITEM

4.1

DIGITAL & DATA COMMITTEE

DIGITAL PROGRAMME ASSURANCE REPORT

Date of meeting	28/09/2022
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FOI Status	Open/Public
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If closed please indicate reason	Not Applicable - Public Report
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Prepared by	Karen Winder, Assistant Director of ICT
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Presented by	Karen Winder, Assistant Director of ICT
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Approving Executive Sponsor	Stuart Morris, Director of Digital
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Report purpose	FOR NOTING
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)







Committee/Group/Individuals	Date	Outcome
N/A	N/A	

ACRONYMS

CTM	Cwm Taf Morgannwg
DHCW	Digital Health and Care Wales
ILG	Integrated Locality Group
PCH	Prince Charles Hospital
POWH	Princess of Wales Hospital
RGH	Royal Glamorgan Hospital

1. SITUATION/BACKGROUND

1.1 This report, incorporating the programme delivery scorecard attached as an excel workbook, seeks to provide an updates on the progress, risks and challenges in delivering the prioritised digital objectives as identified in the corporate Integrated Medium Term Plan across our 8 strategic solutions (listed 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

1.2 In summary our subjective assessment is that of the 39 programmes which have thus far been agreed should be taken forward this year:

- 50% carry a medium/ high to high level of risk of non-delivery of the targeted objectives for 2022/23
- 38% have not progressed in line with the programmed timescales

Of schemes approved for delivery in 2022/23	September Risk to delivery	%	September Programme Status	%
High Risk	13	33%	11	28%
Medium High Risk	8	21%	4	10%
Medium Risk	9	23%	10	26%
Low Risk /Completed	9	23%	14	36%
Not started	0	0%	0	0%
Total	39		39	

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 Digital Health Board (& Single Patient View)

2.1.1 Electronic Test Requesting & WCP

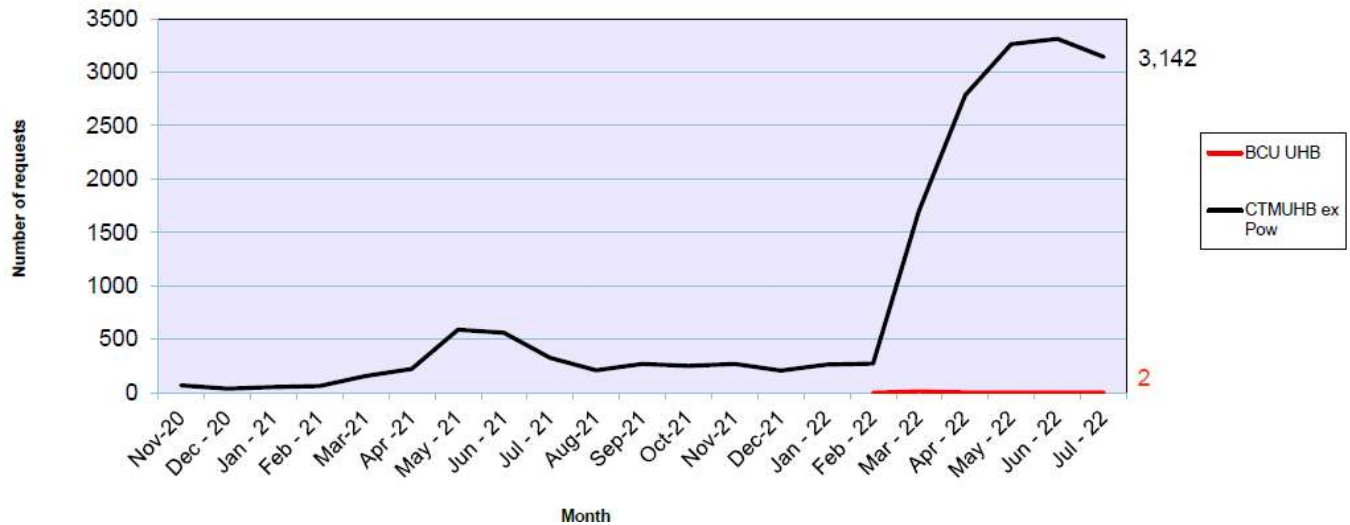
24/7 Radiology e requesting has now been rolled out into the RGH Emergency and outpatient departments and can be used by all services that will request tests for patients whilst they are in the Emergency Department. Following on from the RGH success, PCH Emergency department deployment is scheduled for late September 2022.

Data below shows the only area of significant uptake has been in the use of electronic test requesting in radiology.



WCP Monthly Usage Figures – Radiology Requests (CTM UHB & BC UHB)

Radiology Requests Early Adopter Site CTM UHB & BC UHB
November 2020 – July 2022 (Live 30 September 2020)



	April	May	June	July
Users	3972	4049	4065	4049
Patient Records Accessed	48797	52917	50981	49791
Path ETR	29447	31685	29974	29896
ETR (Including POW)	80%	79%	79%	79%
Path Results Viewed	113256	124383	116768	115170
Radiology Reports Viewed	37869	41665	42230	40383
Rad ETR	2785	3263	3312	3142
PACS Images Viewed	7749	8454	8434	8087
A&N Signed off Results	13818	10090	11078	11865
DALs Sent	3050	3358	3448	3333
WPRS Referrals	1554	2012	1632	1610
Ad Hoc OCS Created	47	43	62	30
Diabetes Consultation Form Completed	1354	1615	1586	1382
Active WCP Mobile Users	53	59	49	63
COVID Mortality (cumulative total)	1302	1303	1305	1310

2.1.2 Welsh Critical Care Information System (WICIS)

The national programme has indicated that CTM (POWH 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 SRO is in place and engaged. National funding includes 12-month funding for a project manager who now in post, funding is also available from June 2022 until 2027 for a band 6 nurse who has been recruited but not yet in post.

A CTM project plan has been developed and will be working with DHCW to align dates as plan exceeds the proposed go live. DHCW have offered support to accelerate the project.

2.1.3 Ophthalmology (OpenEyes)

Old-CT is ready for 'go live' in Glaucoma, but this is dependent on the national program finalising the national service management framework, the Data Protection Impact Assessment (DPIA) and several outstanding technical issues with Toukan Labs and DHCW.

Presently there is no funding in place to either extend the programme to other ophthalmic pathways beyond glaucoma, or to deliver Public Sector Broadband Aggregation (PSBA) access for any additional CTM optometrists.

2.1.4 Welsh Community Care Information System (WCCIS)

The alignment of health and social care is critical to the future service provision of the Health Board. While the rollout of WCCIS across wales has been a challenge for many organisations, Aneurin Bevan University Health Board did go-live during the month of August 2022.

Cwm Taf Morgannwg now have plans to re-engage with the national team to determine next steps. In terms of strategic approach, the Health Board needs to align with its Local Authority partners, and as such, technical leads from the Health Board and Local Authorities for the Cwm Taf Morgannwg region are coming together to design the future plan for implementation of a system that will support the whole of the region.

It is recognised that there are immediate pressures on some elements of the Health Board, in particular Mental Health services. To this end, the digital team and colleagues from across the Community Health team are coming together to identify any current opportunities that can be implemented to bridge and address the existing pressures on services, while a longer term solution is sought.

2.1.5 Welsh Emergency Department System (WEDS)

Welsh Government (WG) have turned down all funding requests made to Digital Prioritisation Information Fund (DPIF) for capital and revenue to rollout WEDS and the local and national projects have been paused (due to lack of national funding).

At the WEDS project board when the decision was made to pause the project, it was agreed that the team would still explore the option to pilot Imprivata for single sign on.

The team has produced an Imprivata exception report, where it has been identified that, due to lack of identified technical and rollout support, the approach to single sign on will require further review and support from the digital team. This will be taken forward as a priority for the department, given the wide-ranging clinical support for single sign on, to clinical applications.

2.1.6 Welsh Nursing Care Record (WNCR)

The Welsh Nursing Care Record is now live and business as usual in Ysbyty Cwm Rhondda (YCR), Ysbyty Cwm Cynon (YCC) and RGH.

PCH has been supported with implementation during August and September 2022 and roll out will be completed by 16 September 2022, the onsite support will continue for a further 2 weeks.

A survey of 75 staff has shown high satisfaction with the system, a larger survey is planned once full roll out completed:

Survey (75 staff)

65% WNCR has improved patient care
6% disagree

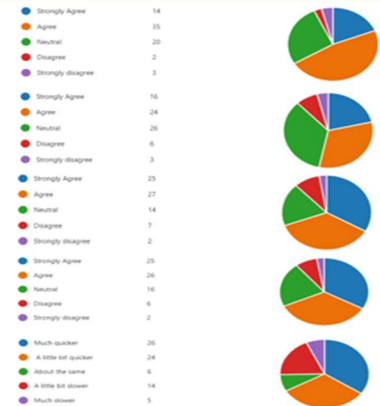
53% WNCR has improved communication
12 % disagree

69% WNCR has improved quality of documentation
12% disagree

68% WNCR has improved completion of documentation
10% disagree

66% WNCR is quicker than paper
18% little bit slower
6% much slower

8% would like to go back to paper



An audit was completed on 6th June 2022 comparing key documentation assurance metrics from a paper based national and local audit to the Welsh Nursing Care Record. The audit demonstrated an improvement in fifteen out of sixteen quality metrics measured, sample of metrics measured below:

Evaluation: Audit

Question	National	CTM	WNCR
Preferred language Recorded	63%	20%	95%
Learning Disability has been assessed	13%	20%	95%
Spiritual and cultural needs assessed.	38%	25%	92%
Preferred Name recorded	55%	22%	7%
Patient's pain has been assessed	74%	75%	95%
Falls and bone health Risk assessment completed within 6 hours of admission	56%	25%	96%
Continence needs has been assessed within four hours of admission	53%	30%	99%
Pressure ulcer risk assessment Completed within 6 hours of admission.	68%	35%*	95%
Patient handling risk assessment completed within 6 hours of admission.	68%	10%	95%
Nutritional risk assessment within 24 hours of admission	70%	65%	91%
All sections of the adult inpatient assessment completed.	24%	0%	79%
All care domains Sections completed	45%	0%	97%

During the first year of roll out the WNCR record project has saved 246,458 pages of A4 paper, the equivalent of 25 trees.



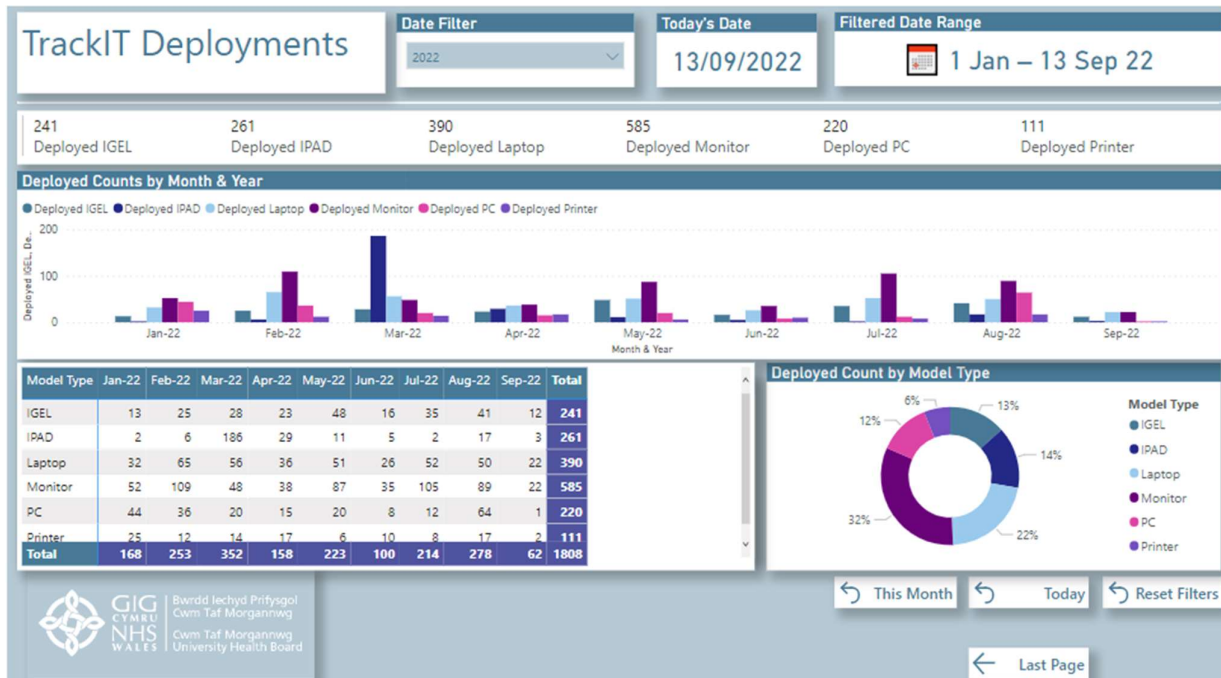
Work continues with the information team on creating an internal dashboard with the aim of providing ward to board assurance on documentation standards.

Deployment into the Princess of Wales hospital remains in scope and the project team are working through options appraisal for implementing the application prior to the completion of the CT / POW PAS aggregation work. The project remains in budget with capital funds allocated for the POW implementation.

2.1.7 Mobile Users

The UHB continues to deploy kit to enable mobile agile working. Out of DPIF funds, some additional laptops were purchased and also some iPad devices to support the disaggregation work being undertaken in Bridgend. Laptop stock has now almost exhausted and due to current and future capital challenges, there will be reduced growth in this area but opportunities will be looked at where possible.

It is important that all UHB staff are aware that the supply chain issues faced in many sectors are presently causing delays of 3-4 months for end user device hardware purchases.



2.1.8 eWhiteboards

The WG capital made available in 2021/22 has been appropriately used to purchase the equipment required. ICT have been allocated a further £200k non recurrent revenue this year to proceed with the rollout of the system into Bridgend and are in the process of recruiting staff. A PM contractor will be commencing working with us to accelerate the rollout of the equipment.

The team are currently working closely with the 6 Goals team on:

- Improving the Schematic whiteboard content
- Developing an interactive list view from the schematic view whiteboard view to allow the ward rounds to capture all data
- Develop an electronic Transfer of Care form

2.2 **Insight Driven Healthcare**

2.2.1 Quantitative Analysis

Three new members of the team have joined this month, all former heads of Performance and Information in ILGs and will be fronting the Quantitative analysis team. Between them, they are offering the primary Information support to the Unplanned and Planned Care Group programmes.

Support for the Unscheduled Care and 6 Goals programme has resulted in the development of the OneList app – to capture important Flow and Delay reason data for Acute Care wards. Version 2 of this application is currently in testing and will be released at the end of September 2022.

The Planned Care programme work is focused around Demand and Capacity style modelling and Waiting List validation work that is beginning a new phase currently (further strongly supported by the WPAS team). This work is also starting to inform our reporting mechanisms as to how we can best present our data to be useful (e.g. Specialty Groups).

Planning support to the Covid-19 Vaccination programme continues for the Autumn Booster campaign, currently tracking changes to the plan due to national policy amendments and Bank Holiday changes.

2.2.2 BI Development

The implementation of the new update to QlikSense (QlikForts) is progressing well with our Qlik colleagues and is on track for implementation by the end of December 2022. The new version will bring increased functionality and performance to our Business Intelligence (BI) provision, including the ability to control subsets of information so users can be given only access to the data pertinent to their area. This will increase security and avoid some of the initial filtering that users have to go through.

Linked to the QlikForts implementation, the BI Team have begun their review of our BI Applications to evolve the product suite to both support Care Group Programmes and allow for more in-depth analysis. This review will also clean links between similar metrics across all BI applications and develop a data catalogue for users to reference when they are searching for data. Preliminary work on this catalogue has resulted in an 80% coverage of all BI applications already. Furthermore, to support data literacy, an internal reference set of metric definitions will be made available to assist in driving understanding of available measures.

A final part of the review centres around converting existing measures from ILG centric filtering to site-based information. This work is anticipated to be completed (in the Data Warehouse and BI products) by end Oct 22.

2.2.3 Information Support

The UHB has gone live with the Covid-19 Nosocomial application that is being used to record information for the related audit. A new version (with some requested changes) will be made available by the end of September 2022.

Ministerial Measures support has been a subject of much national discussion (related to the 21+ day stay acute

patients). The team have been able to closely reproduce and agreed the statistics developed centrally for formal reporting.

Development of the changes to move Text and Remind services, for POW appointments, to CTM controlled processes have been completed and are awaiting final signoff for implementation.

Patient communication support for the Covid-19 vaccination programme continues with the team engaged in identifying specific patient cohorts and generating required letters (where Welsh Immunisation System (WIS) is unable to).

2.2.4 Clinical Coding

The transformation of the coding profession and service model is continuing, with revised roles and job descriptions now described and developed. These map out the change towards supporting 'coding at point of entry' rather than retrospectively, and the role of coders as subject matter experts in providing training, auditing and form development. In addition, there are specialist posts that are being described that support development of digital tools to enable this way of working.

Much of the CTM strategic vision has been warmly received by other HBs in Wales and we have had numerous requests for engagement and collaboration, which we are seeking to facilitate.

The autocoder continues to be developed, with error capture and automated address now developed, and procedure codes incorporated.

The proportion of episodes that completed in the financial year 2022/23 that are coded is presently, performance at this point in the year is 63.9%, with the proportion coded within 3 months running at c. 75%. The two more significant issues of note being:

- NHS Wales does not yet have an API to either the coding software or the PAS system to write in the codes generated by the autocoder. As a result the bulk upload which includes autocoded results has a

higher completion rate than the PAS record (PAS being the present basis for the 75% figure)

- The Electronic Discharge Advice Letters are not being completed in a timely fashion by all clinical specialties. Representation has been made to a number of specialties and alternative arrangements are being considered to remediate for this.

At this point in the year we are expecting that we will be compliant or very close to achieving compliance with the 98% requirement. The main risk being the availability of the clinical record to code.

2.2.5 Integration of Primary Care & Health Board Data

The UHB has established the 'Patient Centred Contact' workstream as a core component of the CTM Transformational Programme. The objectives incorporate improving the quality, safety and effectiveness of communication between clinicians and between patients and clinicians.

Briefing sessions on the toolsets and capabilities which will form the target solution have been received by the Executive Leadership Group and a value based assessment has been commissioned.

2.3 **Intelligently Integrated Healthcare**

2.3.1 Bridgend Alignment

The Joint Management Paper has been submitted with the board papers as attachments.

2.3.2 Service Resilience

During the months of June, July and August, there have been notable losses of services and or performance in the following areas:

- National Email Issue – June 24th - Issues at Microsoft where wales.nhs.uk addresses had been marked as "bad" and were getting quarantined.
- Telephony Issues at PCH and RGH – 5th July – 3rd party took down circuit for 90mins for maintenance without any communication o CTM in advance.



- Network Issues at Keir Hardie Health Park – 8th July - Slow network due to fall out from BT work the previous day. Mis-match between circuit configuration and local network hardware.
- WRRS/WCP Issue – 11th July - Due to an issue with the Welsh Results and Reporting Service, there was a delay with diagnostic results being returned to the WCP view
- FACE system slow – 13th July – FACE system affected by a Microsoft patch. Removing the patch resolved the issue.
- BT Switch Room Rack 1 Power Loss – 13th July – A combination of increased heat (weather related) and therefore additional load on the kit with the fans working harder, and working being carried out A/C units, the power tripped.
- Servers down in NPT affecting CTM CAMHS user – 14th July – SBU confirmed it was network related.
- National Email and Internet Issues – 18th July – Firewall at DHCW had not failed over correctly when a process on the primary node crashed.
- Citrix Slowness Logon Issue – 25th July – Slowness caused by change work over the previous weekend.
- DAKS PC Issue – 26th July - The DAKS PC monitors the RGH crash calls alerts system and is approximately 10 years old. NB: Failure of this system doesn't stop crash call alerts from being sent. Failed PSU was the root cause, swapped out with PSU we had in storage in redundant equipment.
- Outlook issue caused by DHCW M365 licensing change – 27th July – DHCW resolved by “reprocessing” a group that contained all of the users.
- Printing Issue at PCH – 1st August – Confirmed root cause was Trend rules – these have now been disabled.
- National PSBA Issue – 1st August – PSBA issue affecting 283 sites across wales.
- Adastra / CareNotes Outage – 4th August - Advanced Ransomware attack – 04th August – 3rd Party Advanced hit with Ransomware attack affecting many organisations across the UK.
- CITO Missing Images – 8th August - CITO users were getting missing images being displayed when using the system – Related to a Rabbit configuration issue.
- Citrix Slowness Issue – 8th August - Due to increased load on servers due to move from Office Web Apps to

Full Client experience. Resolved by change of config (MTU size).

- Citrix RDS License Issue – Configuration issue with Group Policy.
- PCH Network Connectivity Issue – 16th August – Fibre cables cut by third party contractors.

2.3.3 Canisc replacement & Cancer Business Unit Improvements

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 with a Velindre go live in November 2022.

In order to provide a clinically safe service there has been considerable planning around coordination of Velindre go live and the health boards. It has been agreed that health boards will be going live with the Cancer Audit forms across Wales on agreed set dates starting with breast and urology.

Use of the MDT forms is being left to local health boards to decide when to deploy as they are more complex. It was felt that a stepwise consistent approach was the safest way to implement.

At CTM there are discussions underway with the urology team to pilot the MDT form and the audit form at the same time. Mock MDT runs are planned for October.

The End User Computing group are starting to work with the Cancer coordinators to look at hardware requirements due to the new working practices

2.3.4 Foetal Monitors

As reported to the 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 RGH & PCH and the paper system in POWH.

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 POWH will be provided.

Following a technical appraisal, the most pragmatic approach which enables these monitors to be used is considered to be:

- The POWH monitors to be deployed as standalone units with the paper CTG stored in the patient's notes
- The PCH and RGH monitors will be deployed across maternity and will be integrated into the existing system Trium

Still awaiting a business case to assess whether to move to the central system or consolidate on the Trium application. It must be noted that consideration of the WPAS merger and how it impacts the decision should be included in the options

2.4 Digital Workforce

2.4.1 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 against other Digital priorities.

Microsoft and other licensing

The UHB has now completed the agreement and subsequent migration to the new NHS Wales Microsoft Enterprise Agreement (MSEA). The migration and initial commitment were based on minimal requirements so any growth to staff in the organisation will require additional revenue commitment.

The cost pressure to CTM of the new MSEA was significantly lower than the projected cost pressure that was initially publicized, due to an internal review being undertaken of active users and devices. The potential



cost avoidance on that cost pressure is circa £1m per year. The numbers requested by CTM are on the basis of immediate and ongoing asset management for licenses and devices. As a result of a paper that was submitted, there are currently two 12 month fixed term asset management related posts within ICT out to advert. In order to both achieve and maintain these cost avoidance savings on a recurrent basis, plus identify further licensing cost avoidance opportunities, it is key that recurrent funding is provided for these posts.

2.4.2 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 in 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, 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.

2.5 Adoption & Exploitation

2.5.1 Improving the ICT user experience

Funding had been allocated this year to purchase Aternity which is a tool that proactively monitors end user devices. This has the scope to improve both user and ICT staff experience by identifying issues quickly and accurately. The initial implementation has been undertaken and the rollout of the product is ongoing.

The Desktop Support and Service Desk teams within ICT have recently been moved under the Head of EUC. The transition has worked well and to further develop and improve these areas, 12 month fixed term Desktop Support

Manager and Service Desk Manager vacancies have been created and are due to be interviewed shortly. We are confident this will improve the service ICT provides to the organisation and will need recurrent funding for this service to continue.

2.5.2 Cyber Security

The ongoing Cyber Incident affecting NHS Services accessing the Adastra system (Advanced breach) continues to cause disruption to services. Localised (NHS Wales) digital solutions have been deployed. There has been confirmation that no Welsh data was part of breach and plans to restore the system are underway, with NHS Scotland first to this.

2.6 Digital Enablers

2.6.1 Infrastructure Plan

Mobile phone clinics have now been enabled for all staff in PCH, RGH & PoW which will invite colleagues to book themselves to come into their local canteen at their nearest DGH where an ICT Colleague will assist them with changing across to a new CTMUHB SIM Card. The team will assess colleagues' handsets on the SIM refresh, and a tech fund has been secured to allow the UHB, at no extra cost, to replace or upgrade those handsets deemed too old or worn to continue.

ICT has received funding for firewalls to be located at PoW that will make full use of the 10Gbps PSBA WAN connection back to the rest of the CTMUHB Wide Area Network. We are also in the process of installing additional fibres to connect both Major comms rooms in PoW to give full resilience to the WAN links.

The new crash calls and alerts system has been installed and is now live in PoW and been undergoing clinical trials for the last four weeks. The new system in RGH has been installed, configured and we have recently completed all the necessary coverage tests. Next stage will be a Kick-off meeting with clinical staff on 16th September to agree baselined deliverables and staff the clinical part of the testing before go live. The same system has been installed and configured at PCH, the final part is the resilient part of

the system will be installed to the new GFDC over the next few weeks at which point we will start coverage testing.

The Health Board has in the month of August taken ownership of a new Ground Floor Data Center (GFDC) in PCH which will set the new standard for the HB for all “on prem” facilities. It is hoped to have all equipment and services transitioned from the old BT Switch Room to the GFDC over the next two months, with the room fully live and operational within the next three months.

A structured rolling programme of edge switch replacements at the Royal Glamorgan site is currently under way, with expected completion late in the 2022/23 year.

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, deliveries have now been completed, and commissioning plans being prepared with the supplier.

DPIF capital funding of £1.065m was awarded to the UHB by WG in December 2021, and was committed with suppliers, providing replacements for the legacy Polycom audio visual systems, additional network switches, servers, laptops and iPads. The equipment continues to be rolled out for the benefit of CTM users.



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