



AGENDA ITEM

5.1

DIGITAL & DATA COMMITTEE

ICT MAJOR SCHEMES UPDATE

Date of meeting	28 th September 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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Executive Sponsor	Stuart Morris, Director of Digital
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Report purpose	FOR APPROVAL
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
Capital Management Group	August 2022	NOTED

ACRONYMS	
ECMG	Executive Capital Management Group
WEDS	Welsh Emergency Department System
DPN	Digital Patient Notes
WNCR	Welsh Nursing Care Record



WG	Welsh Government
EMIS	EMIS Health – Commercial company
CTM	Cwm Taf Morgannwg
ED	Emergency Department
SB	Swansea Bay
DPIF	Digital Priorities Investment Fund
YCC	Ysbyty Cwm Cynon
YCR	Ysbyty Cwm Rhondda
RGH	Royal Glamorgan Hospital
PCH	Prince Charles Hospital

1. SITUATION/BACKGROUND

- 1.1 The purpose of this report is to update The Committee on the progress of the approved ICT capital projects DPN, WEDS, electronic whiteboards, WNCR and the WG DPIF **AND** to seek approval DDB for a change in the capital programme (sections 3&4)
- 1.2 DPN went live on Thursday 18th March 2021.
- 1.3 WEDS has been impacted by both supplier and stability issues and has no current go live date
- 1.4 WNCR is now deployed in YCC, YCR and RGH. The system is being deployed in PCH in Q3 2022 with POW quarter 4 of 2022
- 1.5 eWhiteboards received capital funding for the kit 2021/2022 and revenue funding is now available 2022/20223
- 1.6 The DPIF funding letter for the preparation work for the WPAS merger has still not been received and 2 requests have been made by WG asking for the requested amount to be further reduced.



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

2.1 eWhiteboards

A business case was submitted for the further development of the e whiteboards and roll out to POW.

There are staffing (revenue) and equipment (capital) elements

- 1 Staff element comprised of
 - Fixed term staff to deliver the project initiation
 - Permanent Staff to continue its ongoing development and support
- 2 Hardware is to provide the wards at POW with the equipment required to deliver the solution

The capital allocation from 2020/2021 £250k capital funding has been spent on the equipment and there has been a revenue allocation for staff to project manage and develop the application. The posts are currently on Trac but to ensure no delay existing staff are commencing the work with contractors used to backfill any short falls.

2.2 Welsh Emergency Department System

SB deployed the solution in Neath Port Talbot hospital at the beginning of 2022. There have been issues with the system, supplier support and infrastructure. Discussions are on going with DHCW and EMIS but as yet there is no agreed go live date for Morriston. CTM roll out is currently on hold until SB roll out complete and both WG and HB funding allocated.

The capital allocation for WEDS this financial year is £70k. The WEDS project includes roll out of Imprivata (Single sign on) at all the EDs in the health board. The deployment of Imprivata will be undertaken at RGH ED as both proof of concept and preparation for a go live.

2.3 Digital Patient Notes

The DPN system went live on the 18th March 2021 and moved to BAU Business as Usual with a Service Management Board put in place.

The Programme board has been reconvened due increasing concerns with targets for legacy and day forward scanning not being met. The project is now under review



Legacy Scanning

Scanning as at 25/7/2022	Expected: as agreed January 2021	Actual
	201,228 records (64% of total)	89,213 records in total (28.4% of records but @52.3% of expected images)

Day forward scanning

Report date	Should be scanning records received	Actually scanning records received	Working days variance from 48 hr target
24/11/21	22/11/21	11/11/21	11
13/12/21	9/12/21	26/11/21	9
07/01/22	5/1/22	14/12/21	12 (15 Covid cases)
3/2/22	1/2/22	21/1/22	8
4/3/22	2/3/22	23/2/22	5
1/4/22	31/3/22	21/3/22	7 staff sickness
1/5/22	27/4/22	14/4/22	8
23/5/22	19/5/22	5/5/22	13 (systems downtime, ingestion issues and re-work caused delays)
27/6/22	23/6/22	26/5/22	18 days behind target
25/7/22	21/7/22	13/6/22	28 days behind target

The e form/support post has now been appointed into and based on this information the forecasted capital spend this year is £42k against a budget of £60k.

2.4 Welsh Nursing Care Record

WNCR is now live in YCC, YCR, RGH with the system is being deployed in PCH in Q3 2022 with POW quarter 4 of 2022.

The £200k funding is on track to be spent this financial year

Still awaiting confirmation of the £133k of recurrent revenue funding for staff from the business case that had been approved.

2.5 Paediatric Cardiology

The attached SBAR details the issue with paediatric cardiology.

The quote from Change Healthcare (CHC) to expand the existing adult solution to include a separate paediatric partition is

On off Capital £82,966.19 + vat = £99,559.43

Re-occurring revenue £8,492.81 + vat = £10,191.37



3. ICT allocation

The opening ICT allocation is noted below:-

IT Allocation	£000
Capitalised IT Staff	300
Rolling Replacement Programme	300
IT Equipment new staff	100
Digitisation of Patient Records	60
WEDCIMS	70
ICT strategic schemes (subject to business case)	100
WNCR	200
Bridgend Schemes	120
Old Year ICT schemes	3
ICT contingency	17
ICT Sub Total	1,270

3.1 Summary of plans for, and progress against, ICT schemes

Progress against funded schemes, for noting at CMG and ECMG :-

- Capitalisation of ICT staff: The recharge of c£190k of substantive staff time is being actioned, and temporary staffing resources to assist with equipment rollout have been appointed, with no anticipated risk to scheme completion.
- Rolling Replacement (RR): The allocation of £300k is 20% of the annual RR that would normally be requested, as noted in the IMTP. To date, £27k of new spend has been committed, plus £49k of prior year spend that needs to be accounted for from this allocation, leaving a balance of £223k. As a result of the limited opening discretionary allocation for CTM, and uncertainty over any additional allocation later in the year, ICT has adopted a very cautious approach to committing funds to RR, to ensure that funds can be managed across the year. If the funding position changes, then a return to proactive replacement can resume.
- IT Equipment new Staff (SOURs): To date, £26k has been committed to servicing ICT statements of need.
- DPN: This scheme is managed by the DPN programme board. It is forecast that £42k of the allocation will be committed.

- WEDS: This scheme is managed by the WEDS programme board. This is no further clarity on the timescale for a project restart. Additionally, a review of the current and required implementation of Imprivata single sign-on is taking place.
- WNCR: £89k has been committed, with no anticipated risk to scheme completion.
- Bridgend specific schemes: £11k has been committed to date.

Further points:

- WG DPIF: A national review of DPIF schemes is currently under way, with a requirement to identify potential reductions in allocations.
- Increased cost of, and lead times for, ICT equipment: the position noted last year has not improved and, in some cases, has deteriorated further

4. Strategic schemes and contingency

4.1 There was an opening sum of £119k allocated to strategic schemes and contingency. Following a review of the IMTP and national schemes, a number of proposed schemes are summarised below:-

- WICIS: £80k required to service the local requirements of the national WICIS business case.
- Paediatric Cardiology: as noted last year, the Xcelera system needs to be replaced urgently. A cost of £100k has been obtained from CHC McKesson, with a recurring revenue cost of £10k
- MTED PoW: a requirement of £74k has been identified to rollout out across PoW.
- ETR PoW: a requirement of £42k has been identified to rollout out across PoW.

The total values of these strategic schemes is £296k.

4.2 It is proposed that the £119k allocated to strategic and contingency is now allocated to these schemes, and options for servicing the shortfall are:-

- Further allocation of capital funding to ICT;
- Redistribution of existing ICT allocations, with no further funding.

4.3 If the latter is selected, the following adjustments could be made to service most of the shortfall.

Scheme	Cost £000	Funding Adjustment £000
Strategic Schemes Requiring Funding		
WICIS	80	
Paeds McKesson - see SBAR	100	
MTED POWH	74	
ETR POWR	42	
Total Schemes Requiring Funding	296	
Provision for strategic Schemes		- 100
Uncommitted Bridged Strategic Schemes		- 109
ICT Contingency		- 17
Sub Total Uncommitted Funding		- 226
Shortfall in Strategic Schemes Funding	70	
Options to Fund From Existing ICT Approvals		
DPN Funding not required in 22/23		- 18
Revised Shortfall	52	

4.4 The balance of the £52K shortfall is initially proposed to be taken from the SOURS funding allocation however it is expected that there will be slippage on the WEDs allocation which could offset some of this should additional SOURS funding be required.

4.5 It is worthy of note that of the £223k remaining for the rolling replacement programme, the total value of SOURs requests currently sits at around £90k (processed requests plus those in the pipeline for discussion at the SOURs group), and we are sighted on a potential new request that may cost c£80k. (n.b. A bid for £80k is more of a service improvement/redesign than a request for equipment for new starters / ad hoc requirements, and should really be subject to its own bid for capital.) At this point there is c.£133k available in the SOURs line to support this approach

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

- Lack of national funding to proceed with POW disaggregation.
- The overall progress and position with Informatics schemes, including long delivery lead times.
- There are further opportunities for Informatics to progress the capital programme, but at this stage it is working to a breakeven position.



- Increased demands on Informatics capital budget by unavoidable system replacement and demand for additional equipment.

6. 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 If more than one Healthcare Standard applies please list below:
Equality impact assessment completed	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	Sustaining our Future

7. RECOMMENDATION

The Committee are asked to:

- 7.1 **AGREE** the adjustments described in section 4.
- 7.2 **NOTE** the progress, status and continued work of each of the key Informatics Projects.
- 7.3 **NOTE** The issues being identified at POW.
- 7.4 **NOTE** The request against the funding available for strategic schemes, including POW.