



AGENDA ITEM

5.2

DIGITAL AND DATA COMMITTEE

DEVELOPING THE DIGITAL PLAN FOR DISAGGREGATION OF ICT SERVICES FROM SWANSEA BAY UHB

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 ICT
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Presented by	Karen Winder, Assistant Director, ICT
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Approving Executive Sponsor	Director of Digital
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Report purpose	FOR DISCUSSION / REVIEW
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
N/A		

ACRONYMS	
CTMUHB	Cwm Taf Morgannwg University Health Board
DPIF	Digital Prioritisation Investment Fund
ILG	Integrated Locality Group
SBUHB	Swansea Bay University Health Board
SLA	Service Level Agreement
WPAS	Wales Patient Administration System

1. BACKGROUND

- 1.1 This paper outlines the approach and updates on the progression of the disaggregation of Digital Services within the Bridgend Integrated Locality Group (ILG) from Swansea Bay University Health Board (SBUHB) and repatriating those services to Cwm Taf Morgannwg University Health Board (CTMUHB).
- 1.2 The responsibility for the provision of Digital Services within the Bridgend ILG moved to CTMUHB in April 2019 in accordance with the mandated changes in Health Board boundaries.
- 1.3 At the time of the realignment of the border, there was no funding or appropriate time to plan the switch of these services in a safe and controlled manner.
- 1.4 As a result, CTMUHB entered into a Service Level Agreement (SLA) with SBUHB so that service interruption was kept to a minimum. This SLA meant that SBUHB would continue to support Digital Services within the Bridgend ILG until a time in which these services could be safely transition to CTMUHB.
- 1.5 The supported digital services include: networking; telecoms; server infrastructure; devices; clinical systems, both in-house and third party.
- 1.6 In 2019 a business case to identify the required resources and costs to undertake the disaggregation was developed by CTMUHB at a cost of approximately £7m. Despite WG recognition that significant costs would be incurred, prior to March 2022, no additional funding had been provided by the Welsh Government to either the CTMUHB or the SBUHB Digital teams for this undertaking.

2. ASSESSMENT

SLA

- 2.1 Over the past 18 months, despite the absence of Welsh Government funding, both HBs have continued to work together to disaggregate services where possible within the funding restraints
- 2.2 To date the following areas and their associated SLA costs have been moved from SBUHB to CTMUB.
 - ICT service desk staff
 - ICT Service desk functionality
 - POW project support for pathology electronic test requesting
 - Tablet Smartphone BYOD Service
 - Percentage of Senior management costs

- Percentage of Corporate Overhead

The total net impact on the SLA is a recurrent reduction of £312k compared to 2021/22 (prior to 2022/23 inflationary uplift).

There has been considerable work in the areas below which is not reflected in any cost reduction of the SLA

- Both network, comms and server work on the infrastructure has improved the situation at Bridgend
- Part of the preparation of the WPAS merger is moving therapies off SBUHB PIMS+ on to CTMUHB WPAS. To date the CTMUHB WPAS team have completed
 - Physiotherapy
 - Speech and Language Paeds
 - Speech and Language Adults
 - Nutrition and Dietetics
 - Wound Clinic

With those services below in planning

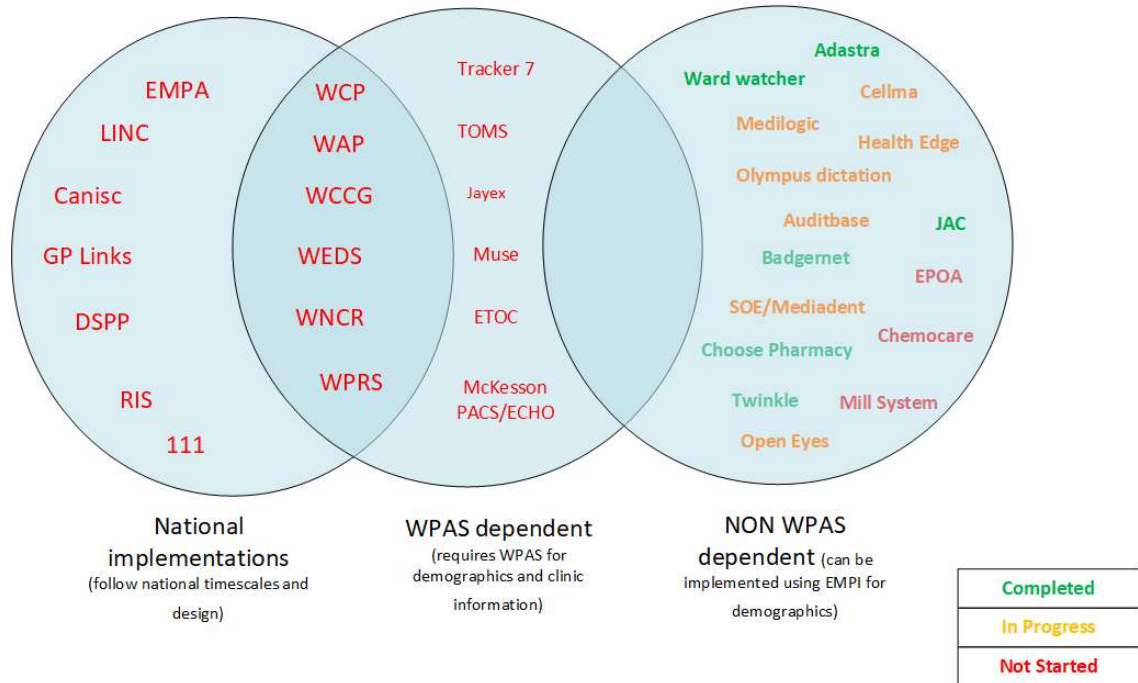
- Podiatry
- Occupational Therapy

PAS

2.3 In September 2022 WG confirmed that they would be providing funding from their 'Digital Programme Investment Fund' to 3 NHS Wales organisations (BC UHB, CTM UHB & DHCW) to upgrade the WPAS to meet present standards and to commence the work on merging the two instances of WPAS used in CTM. In essence this largely requires moving the Bridgend patients and their pathways out of the SBUHB instance of WPAS into the CTMUHB instance of WPAS, with the fields from both systems mapped onto new schemas.

2.4 This is a highly complex project involving not only the instances of the WPASs, but both the National architecture that sits around it (e.g. WCP, WPRS) and the local clinical systems that use the WPAS for demographics and clinic information (e.g. Cardiology McKesson).

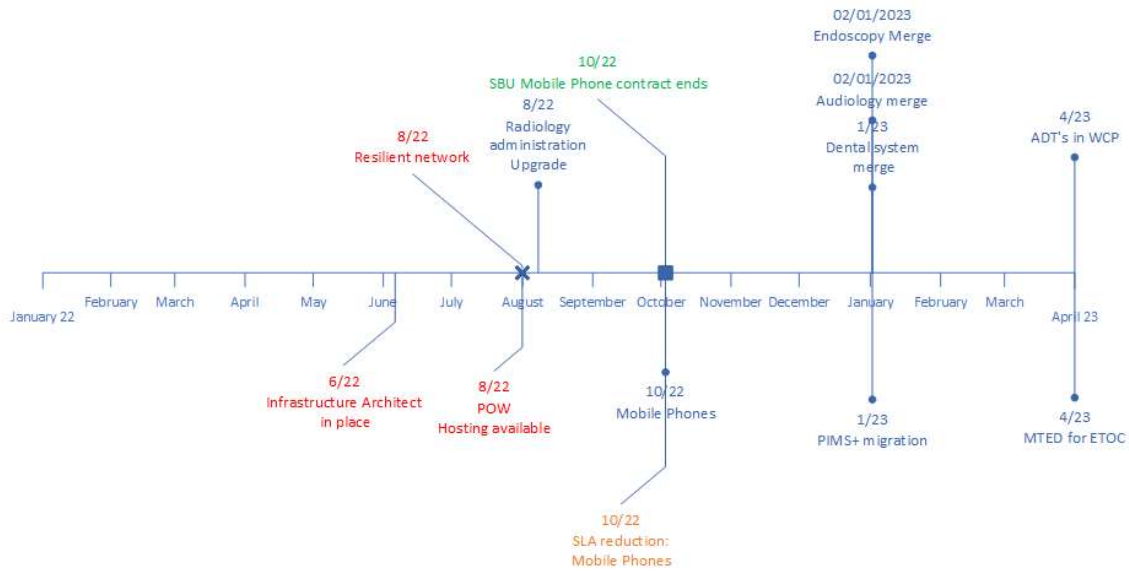
Principles of System Disaggregation



- 2.5 The funding that has been made available is for the WPAS disaggregation only and does not fund either:
- the infrastructure required to disaggregate CTMUHB from SBUHB
 - the resources and 3rd party inputs required to disaggregate the other clinical systems

Governance

- 2.6 The Bridgend Programme Manager has unfortunately finished, and the post is out to advert. Over the period programme governance arrangements have been strengthened with A Bridgend Disaggregation Programme RoadMap (and plans) for Infrastructure and supporting systems (Tranche 1) and Clinical and Non-Clinical Systems (Tranche 2) approved. These are shown below:



Bridgend Disaggregation – Overall timeline



Phase	Dates	Description
1	01/04/2022 – 30/03/2023	IT supporting services, mobilisation, mobile phones, minimum resources, CTM WPAS pre-reqs, local systems (tbc)
2	01/04/2023 – 30/03/2024	WPAS migration, local systems (tbc), network upgrade (tbc)
3	01/04/2024 – 30/03/2025	Network (tbc), WPAS dependent systems, local systems (tbc)

Clinical systems & underpinning infrastructure

- 2.7 Capital funding for both the PSBA upgrade and the replacement of the multitone bleep and crash call system at POW has been secured and the process to update and clinically validate these has commenced.
- 2.8 Currently we are working on assessing the various services who use SB WPAS and SB PIMS to ascertain a work plan for their disaggregation.
- 2.9 We are working on identifying the clinical systems that will require disaggregation from SBUHB and moving to CTMUHB. Either by consolidating

onto a CTMUHB instance already in operation e.g Endoscopy or with the National teams on the pending solutions e.g LINC

- 2.10 There are currently 64 identified systems and the CTMUHB clinical team are commencing engagement with suppliers and the service to determine the most appropriate way forward.
- 2.11 The WPAS preparatory work will require documentation and possible consolidation of the various code tables and fields within both WPAS and other National systems to enable the migration of the patients and pathways into CTM WPAS. DHCW currently working on the project scope and plan. This will include the various work streams required to under the preparatory work as well as the go live.

3. IMPACT ASSESSMENT

	Yes (Please see detail below)
Quality/Safety/Patient Experience implications	<p>The disaggregation of digital services will carry the risk of impact on clinical services.</p> <p>This ranges from the unavailability of digital systems and services through to the corruption of clinical data. It is imperative that plans are robust, and that the appropriate skilled resources made available to undertake the work</p>
Related Health and Care standard(s)	Effective Care
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	<p>No (Include further detail below)</p> <p>EIA will be completed if we proceed to the next stage of this development</p>
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	<p>Yes (Include further detail below)</p> <p>To be developed</p>
Link to Strategic Well-being Objectives	Provide high quality, evidence based, and accessible care

4. RECOMMENDATION

The Digital and Data Committee are requested to:

NOTE The Board are ask to note the progress made to date with the disaggregation and the recent confirmation received from WG of funding for c.£2m over the next 3 years

NOTE The contents of this report

APPROVE The continued roadmap for disaggregation