

<b>AGENDA ITEM</b>
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<b>DIGITAL &amp; DATA COMMITTEE</b>
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<b>BRIDGEND ALIGNMENT UPDATE</b>
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<b>Date of meeting</b>	13 March 2023	
<b>FOI Status</b>	Open/Public	
<b>If closed please indicate reason</b>	Choose an item.	
<b>Prepared by</b>	Karen Winder Assistant Director of Informatics	
<b>Presented by</b>	Karen Winder Assistant Director of Informatics	
<b>Approving Executive Sponsor</b>	Stuart Morris Director of Digital	
<b>Report purpose</b>	FOR NOTING	
<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)</b>		
<b>Committee/Group/Individuals</b>	<b>Date</b>	<b>Outcome</b>
<b>None</b>		

<b>ACRONYMS</b>			
CTMUHB	Cwm Taf Morgannwg University Health Board	SBUHB	Swansea Bay University Health Board
POW	Princess of Wales	SBUHB	Swansea Bay University Health Board
WCP	Welsh Clinical Portal	WNCR	Welsh Nursing Care Record
WPAS	Welsh Patient Administration System	ETOC	Electronic Transfer of Care
MTED	Medicine Transcription Electronic Discharge	ADT	Admission Transfer and Discharge
CDAT	Community Drug and Alcohol Team	ETR	Electronic Test Requesting

## 1. SITUATION/BACKGROUND

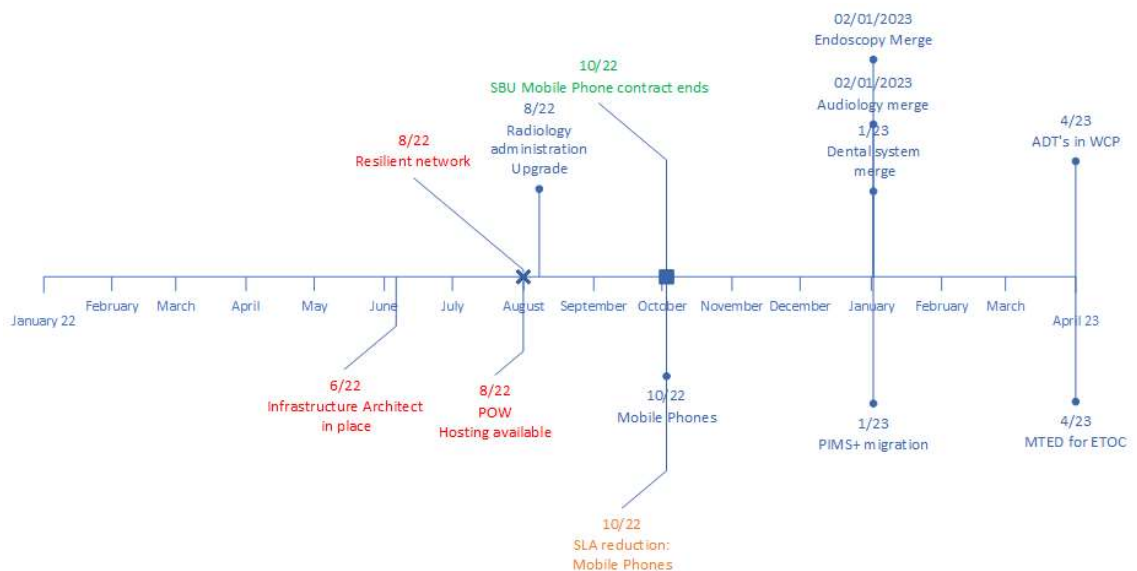
- 1.1 Responsibility for the provision of Digital Services in Bridgend moved to Cwm Taf Morgannwg University Health Board (CTMUHB) in April 2019. However, there was neither time nor funding for switching these services from legacy SBUHB systems to CTMUHB systems before April 2019. CTMUHB therefore entered into a Service Level Agreement (SLA) with SBUHB to continue providing Digital Services, an arrangement which presently extends up until the 31<sup>st</sup> March 2023.
- 1.2 The health board (HB) has prioritised aggregation as the most important informatics priority for the past 18 months. Pleasingly in September 2022 Welsh Government (WG) confirmed the funding for the disaggregation of WPAS, which is circa £2m over 3 years. This is revenue funding and is required to cover all the work that needs to be undertaken by CTMUHB, SBUHB and Digital Health & Care Wales (DHCW).
- 1.3 The Digital Programme Investment Fund is funding the upgrade of the WPAS to meet present standards and to commence the work on merging the two instances of WPAS used in CTMUHB. 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.

- 1.4 This is a highly complex project involving not only the instances of the WPASSs, 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).
- 1.5 Following the confirmation of the WPAS funding both health boards and DHCW will be starting to develop the plans to cover the 3-year project

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

- 2.1 Highlights of the projects and work plan delivered by Informatics 2022/2023.



**The diagram above details the 22/23 work plan which has been completed**

- 2.2 Current Overview

- Programme mapping is now almost complete, with a list of projects and work packages being finalised
- Risk register has been updated and a programme Gantt chart is in development

- Stakeholder mapping has commenced
- The Bridgend Transition Board has been reinstated
- WPAS, which is a key enabling project, is in initialisation with a PM and WPAS delivery team in place.
- Infrastructure architect runs weekly sessions to ensure progress is maintained across key activities
- Changes to the SLA identified which should unlock additional resource for further work

### 2.3 Key risks:

- Several identified work packages/projects are currently unfunded/un-resourced
- A significant number of systems cannot be merged until WPAS work is completed. At the earliest, the WPAS upgrade is likely to be completed in Q1 2025
  - A review of the POW estate both network and servers has identified significant challenges which will require capital and revenue funding. The infrastructure design will require a technical Architect to ensure it complies with CTM design plans going forward.

<b>UPDATE</b>	
Completed	<ul style="list-style-type: none"> <li>• POW hosting available to enable services to be moved to CTMUHB servers</li> <li>• Resilient network in place</li> <li>• Infrastructure Audit and survey completed</li> <li>• New POW paging solution live</li> <li>• Radiology upgraded to latest version to allow ETR in line with CTMUHB</li> <li>• Migration of therapies off SB Clinical Portal onto CTMUHB WPAS</li> <li>• ADT moved off SB Clinical portal (PIMS+) onto WCP and WPAS</li> <li>• ETOC moved off SB Clinical portal onto in MTED in WCP</li> <li>• Roll out of e Whiteboards and ETOC at POW and community sites               <ul style="list-style-type: none"> <li>➤ e Whiteboards are now live across adult acute inpatient wards in POW with positive feedback and usage</li> <li>➤ e Whiteboards Project team have been supporting existing e Whiteboards wards across CTMUHB with utilisation of e Whiteboards and refresher training to support the release of the list view and ETOC functionality delivered by the patient flow teams.</li> </ul> </li> </ul>



### UPDATE

	<ul style="list-style-type: none"><li>➤ Planning for next phases is now in progress which consists of designing the e Whiteboards for use in Maternity, Paediatrics, SCBU, mortuaries and palliative care</li></ul>
On target for completion by end March 2023	<ul style="list-style-type: none"><li>• Adult WNCR<ul style="list-style-type: none"><li>➤ W/C 27th February 3 wards went live in POW and is progressing very well. A strong team available for support for the roll out which is planned to end 31st March with 2 weeks of post project support to follow until April 14th</li></ul></li><li>• POW Endoscopy service moving onto CTMUHB version of the system</li><li>• Phase one of the Dental service to move the Bridgend system onto CTMUHB hardware</li><li>• Mobile phones</li><li>• Mobilisation project to move iPADS off SBUHB device management</li></ul>



**UPDATE**

<p>In progress</p>	<ul style="list-style-type: none"> <li>• Phase two of the Dental service work is currently under way current supplier has now served notice and new supplier required.</li> <li>• POW Audiology system moving onto the CTMUHB SQL cluster</li> <li>• Merging of POW and CTMUHB audiology systems across CTMUHB</li> <li>• POW Radiology system moving onto the CTMUHB SQL cluster</li> <li>• POW Orthotics system is to be moved onto CTMUHB OPAS system as the service moves over to CTMUHB – the impact and requirements currently being assessed</li> <li>• Working with sexual health to consolidate all sites onto Lillie</li> <li>• Replacing the prescribing system in POW for CDAT to consolidate in CTMUHB</li> <li>• Moving the data file storage to CTM servers of             <ul style="list-style-type: none"> <li>➢ TDOC the tracking washers</li> <li>➢ Health Edge tracking of scopes and instruments</li> <li>➢ Endoscopy washers</li> </ul> </li> <li>• Audit &amp; survey - Bridgend community sites</li> <li>• Konica procurement for POW printers</li> <li>• POW server room upgrade &amp; reconfiguration</li> <li>• Smoothwall</li> <li>• POW CITRIX transition</li> <li>• Cybersecurity policy gap analysis</li> <li>• Firewall adoption setup - in progress</li> <li>• Server review &amp; rationalisation</li> <li>• Discussions with the clinical services with regards to service redesign and the impact to digital. Working with the service to ensure they understand what is possible as the WPAS merger is estimated for April 2025</li> </ul>
<p>WPAS migration update</p>	<ul style="list-style-type: none"> <li>• DCHW estimate 18-24 months for stage 1 of upgrading the WPAS system and then move onto stage 2 where CTM merge with Swansea Bay.</li> <li>• ICT Projects and WPAS team are currently engaging with POW Service leads and Medical Records to discuss the information/data required and answer any queries.</li> <li>• Service leads are engaged and providing WPAS data for their area. WPAS team are completing data cleansing and started work on location/printer codes.</li> <li>• Project Team have met with DHCW team and a benefits realisation workshop will be arranged via DCHW to map out and engage with other health boards.</li> </ul>



UPDATE	
	<ul style="list-style-type: none"><li>• Currently on target with no concerns.</li></ul>



### 3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

#### 3.1 The key risks are:

- The discussions around the SLA costs for 23/24 has commenced between the 2 Health Boards, this will be agreed prior to the start of the next financial year.
- It must be appreciated that the simple disaggregation has occurred, and the areas now being investigated are the more complex areas with multiple dependencies. Both Health Boards are working on the approach going forward but it must be understood the pressure both organisations have in terms of delivering the transition along with business as usual as well as the digital transformation that both organisations have engaged in since the transition of services to CTM in 2019 which has seen an increase in technology, digital systems and users of digital services



#### 4. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	There are no specific quality and safety implications related to the activity outlined in this report.
<b>Related Health and Care standard(s)</b>	Effective Care If more than one Healthcare Standard applies please list below:
<b>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</b>	No (Include further detail below)  If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below.  If no, please provide reasons why an EIA was not considered to be required in the box below.
<b>Legal implications / impact</b>	There are no specific legal implications related to the activity outlined in this report.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	Yes (Include further detail below) Delivery of the Digital Programme requires both capital and revenue funding which in the current financial climate is difficult
<b>Link to Strategic Goals</b>	Improving Care

#### 5. RECOMMENDATION

- 5.1 The Committee are asked to:
- 5.2 **NOTE** progress made with WPAS disaggregation
- 5.3 **NOTE** progress made with infrastructure improvements that has been completed without additional WG or HB funding



- 5.4 **NOTE** the discussions with the clinical services with regards to service redesign and the impact to digital. Working with the service to ensure they understand what is possible as the completion of the merger is estimated for April 2025