



AGENDA ITEM

4.1

DIGITAL & DATA COMMITTEE

DIGITAL PROGRAMME ASSURANCE REPORT

Date of meeting

12th July 2021

FOI Status

Open/Public

If closed please indicate reason

Choose an item.

Prepared by

Assistant Director - ICT

Presented by

Chief Information Officer

Approving Executive Sponsor

Executive Director of Public Health

Report purpose

FOR NOTING

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

Committee/Group/Individuals

Date

Outcome

Choose an item.









ACRONYMS

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1. SITUATION/BACKGROUND

1.1 A update on the progress of the prioritised digital deliverables within the corporate Integrated Medium Term Plan across the 8 strategic solutions:

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

2.1 Digital Health Board

- The SMB for the Digital patient record (CITO) has been established, as enter the Business As Usual / benefits realisation stage. To date 16,080 records have been scanned, of which 10,452 are live patients. 248 clinicians and their teams have gone live and are now using the e-record backed up by skinny notes.
- The business case and project plan for Real time inpatient management and flow application (e-Whiteboard) has been submitted for internal consideration via unscheduled care board
- Programme boards for the adoption of WCCIS, the system for community and mental health, have been established with Local

Authorities and Aneurin Bevan Health Board engagement.
Challenges continue in respect of the security model and data sharing being considered both at regional and national level

- Welsh Emergency Department System is planned to go live in Q3/Q4 of 2021. User acceptance testing environment has now been enabled, with the Emergency department teams working on the gap analysis

2.2 **Insights-driven healthcare**

Population Health

- The detailed review of the impact of covid-19 on our community has been completed. This work will inform the work of the Regional Partnership Board in determining how we can improve local lives and communities as we come out of the pandemic.

Clinical Coding

- The backlog of uncoded finished consultant episodes currently sits at 14,151 uncoded episodes for 2021/22, with a further 5,678 uncoded for 2020/21 and 14,056 uncoded for 2019/20.
- A decision was made at year end to focus coding efforts on clearing the backlog for the last financial year with the intention of improving our compliance with the WG quality and delivery target of having 98% coded activity. We ended the year at c.94%.
- A review of the digital and patient records in maternity has identified discrepancies which may have an impact on patient safety

NDR/CDR

- FHIR server & MS SQL server have been installed
- Small Application installed on the Vision Virtual Private Network which extracts and displays GP data now working - proving we can link and see the tables.
- Discussions with AEROS (company) have confirmed that the National Data Resource can proceed with proposed architecture & approach for moving data between NHS and Vision on a daily basis
- No progress with Cellma and Endscopy due to capacity constraints
- Continued work on the app developed to use the NHS Wales ontoserver as Proof Of Concept

2.3 Single patient view

- There have been significant performance issues with the Welsh Clinical Portal since the end of May which has seen loading times increasing to 3-5 minutes. Working with DHCW, 3 issues have been identified:
 - CTM professional standards have not been consistently met with c.56000 alerts and notifications not signed off by the clinical teams. Due to the architecture this hindered performance. These have now been reduced, following the Medical Director's approval that any alert over 30 days would be deleted. This did not affect any results or documentation
 - The performance of Internet Explorer in supporting the latest upgrade: Following a brief pilot, it has now been agreed to move to Chrome to run WCP across the UHB (Bridgend were already using Chrome).
 - The requirement to re-index applications, as the messaging architecture was found to be sub-optimal.
- The consequence of this is exemplified by the Radiology e-test requesting figures for the first 2 months of this financial year (April and May). Where despite being substantial, with 61,433 tests being electronically requested in the 2 month period, we have seen electronic requesting rates fall by 50% in the Emergency Departments at time when the WCP problems present.

2.4 Intelligently integrated healthcare

Bridgend & CT aggregation

- Phase 2 of the Bridgend ICT disaggregation will result in the users in Bridgend being directed to the CTM ICT Service desk as of the 1st July. Associated with this £66k of the Swansea SLA will return to the UHB
- DHCW and the UHB have sought national funding to proceed with the PAS related elements of the programme plan, as part of the wider unified PAS for Wales development programme.
- Delivery, based on best endeavours, with minimal additional funding is progressing in line with the plan. However at the present time it appears that WG are not in a position to financially back the full business case. Further correspondence has been made to them, reminding them of discussions that were held at the time of the merger.

Integration services

- There have been 3 outages in the past 14 days associated with the DHCW Fiorano integration engine which have taken down numerous clinical applications. We are working with DHCW to understand the cause and on future mitigations.

2.5 **Digital workforce**

O365

- In the latest quarter (Jan-March 2021), usage stats for MS365 across the whole of Wales of which CTM is >11% are:
 - 1.3 million 1 to 1 calls made
 - 95 million minutes of audio calls completed
 - 8.5 million chat messages sent
 - 154 years of video calls made
 - 1.7 million Teams meetings organised
 - 45% of users were active
- All mailboxes have now been migrated circa 14,000
- One Drive roll out will be commencing shortly
- O365 SharePoint site being developed to provide a source of ICT training from O365, office applications to clinical systems
- The Health Boards Microsoft costs for this year is circa £2.3 million

2.6 **Adoption and Exploitation**

- A digital training site is being developed to support users within the MS365 and the MS office suite. The first few productions have been made available
- The DHCW 'On demand training centre' for WCP, WPRS, WIS, PAS and other clinical applications has been provided to us for testing and review. We hope to be able to accept and release this to our teams in July.
- The HEIW skills assessment for AHPs is presently way as the pilot for other clinical disciplines and to inform conversations at the digital skills competencies, leadership and learning workshop planned for July 27th

2.7 **Managing Innovation**

- Numerous citizen facing digital services are being considered across a range of services and disciplines, including patient advice in therapies, diabetes and cardiac home monitoring, Patient reported experience and outcome measures.
- Digital support to ensure that these services are interfaced appropriately are secure is presently being developed. We envisage national and local standards being available in Q3.

2.8 Digital enablers

Infrastructure review

- An independent assessment of CTM infrastructure has been undertaken by 4C. There have been 5 areas identified that will now have an in-depth review
 - Citrix / Application Delivery / End User Devices
 - Network performance / Wi-Fi coverage (including Internet breakout)
 - Telephony, UC & Paging
 - Wider data centre / hosting strategy
 - Print & Digital Strategy

Infrastructure plan

- Dewi Sant had a 1G network commissioned on the 9th June as part of the infrastructure improvements in preparation for the department moves w/c 14th June
- Firewall and routers upgrade at PCH and RGH are due for completion by end July to enable the 10G network link between the sites to be activated
- RGH telephone lines migrated 10th June from the old ISDN30 DASS standard to the newer SIP
- A pilot of mobile phone boosters has been deployed in areas of poor mobile signal reception in Y Bwthyn RGH
- A new contract for the provision of mobile telephony is currently being procured
- A new public Wi-Fi solution is being rolled out under the Welsh Government PSBA contract. This will significantly increase capacity for both patients and staff. Currently the bandwidth is 200M this will increase to 1G. Completion planned for end of July

Internal Audit

- A review of the management of the deployment of IT in relation to the COVID-19 pandemic within Cwm Taf Morgannwg University Health Board (the 'Health Board' or the 'organisation') has been completed in line with the 2020/21 Internal Audit Plan
- The overall report stated the Health Board reacted in an agile and rapid manner to the pandemic with the rapid deployment of equipment for homeworking and of digital services for patients and GPs. There were limitations on resources and a prioritisation process was established to ensure services could continue



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

- 3.1 Funding for the disaggregation of Bridgend from Swansea Bay UHB
- 3.2 Coding performance did not meet the WG required standard of 98%
- 3.3 WCP and Fiorano performance issues and the MITS clinical coding audit, incorporating the non-adherence to professional standard

4. 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
	If more than one Healthcare Standard applies please list below:
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)
	Report for noting
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.
	However funding to continue both infrastructure and Bridgend disaggregation are risks
Link to Strategic Well-being Objectives	Provide high quality, evidence based, and accessible care

5. RECOMMENDATION

- 5.1 **To note** the progress made in delivering the digital programme