AGENDA ITEM
3.2.3

DIGITAL & DATA COMMITTEE

Disaggregation of ICT Services Support from Swansea Bay UHB

Date of meeting	14/10/2021

FOI Status	Open/Public

If closed please indicate reason	Choose an item.

Prepared by	Assistant Director of ICT
Presented by	Assistant Director of ICT
Approving Executive Sponsor	Executive Director of Public Health

Report purpose	FOR APPROVAL

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
ECMG	July 2020	NOTED

ACRONYMS	
CTM	Cwm Taf Morgannwg
SB	Swansea Bay
ICT	Information Communication Technology
SLA	Service Level Agreement
POW	Princess of Wales Hospital
CT	Cwm Taf

EMPI	Enterprise Master Patient Index
WPAS	Welsh Patient Administration System
PSBA	Public Sector Broadband Aggregation
TUPE	Transfer of Undertakings Protection of Employment

1. SITUATION/BACKGROUND

Responsibility for the provision of Informatics and ICT services in Bridgend moved to Cwm Taf Morgannwg UHB (CTMUHB) in April 2019. However, there was neither time nor funding for switching these services from legacy Swansea Bay UHB (SBUHB) systems to CTM systems before April 2019. CTM therefore entered into an SLA with SB to continue providing ICT services, an arrangement which presently extends up until the 31st March 2022.

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

An options appraisal and business case was developed at the time of the Bridgend transfer, which recommended that Welsh Government (WG) fund a programme of work to transfer all digital services across to the old Cwm Taf (CT) footprint including the adoption of clinical applications. Despite assurances and further applications being submitted to WG no funding has yet to be forthcoming. Consequently a tactical approach to taking a phased approach to the transfer has been necessitated.

Whilst the Covid-19 pandemic has undoubtedly slowed the pace of this transfer, the first phase is well underway and a second phase is under consideration. An update on this progress is detailed below:

2.1 **Progress of the first phase initiatives**
- The five staff based solely at POW and their funding successfully moved over from SBUHB to CTMUHB on the 1 April 2021.
- From 1 June 2021 the service desk functionality and the staff members from Swansea Bay who provided the service to POW Hospital were transferred and all POW raised calls now go via the integrated CTMUHB Service Desk.
- For 2021/22 it was agreed that the allocation of costs for the ICT projects (£26k) would be reduced under the SLA. This funding has been used to enable CTMUHB to take full responsibility for electronic test requesting at POW Hospital supported by the recruitment of a Band 6 Systems Support Manager.

- A scoping exercise is currently being undertaken to migrate the radiology service at POW onto the Radiology servers at CTM by 1st April 2021. This work relates to the Radiology information system only and excludes the Picture Archives Service (PACS), due to the ongoing National PACS re-procurement project.
- Investigations are currently underway on the feasibility of migrating the POW Cardiology Echocardiography MUSE service onto an integrated CTM instance
- The preparatory work on the CTM instance of the Endoscopy Medilogic system has been undertaken with the move to an EMPI as opposed to a WPAS demographic link and the PDF reports upload into WCP. Departments are presently reviewing their business processes with a view to them being standardised prior to migration.
- The POW therapies department will be migrated from the SB Clinical Portal to CTM WPAS instance to mirror the existing set up for therapies in CTM.

Next agreed phase

It has been agreed that community mobilisation would be the next area that is moved to CTM from SB. This will consolidate all users onto the INTUNE platform moving away from Blackberry and Mobile iron which presents a cost saving for the UHB and is within the organisation's financial saving plan for 2022/23.

Funding for both the PSBA upgrade and the replacement of the multitone bleep and crash call system at POW has been secured.

From September 2021, CTM are employing a dedicated Programme Manager for the Bridgend Disaggregation Programme. The Bridgend Disaggregation Programme will aim to;
- Create a suitable Governance structure to support the Bridgend Disaggregation Programme
- Create a Bridgend Disaggregation Programme RoadMap (and plans) for Infrastructure and supporting systems (Tranche 1) and Clinical and Non-Clinical Systems (Tranche 2)
- Procure finance and resource to support the Roadmap (and plans)
- Execute the Bridgend Disaggregation Programme Workplans to budget and timescale

It is intended that the approach will be agreed by the appropriate staff in both CTM and SB via a series of workshops.   Due to the absence of funding for the programme, financial considerations will have a significant influence on the road map with a prioritisation being given to those elements that will reduce the SLA between CTM and SB, thus:

- Releasing funds for CTM that will allow other disaggregation work to progress
- Reducing the work and effort required by SB to support the SLA
- Allowing digital benefits to fully support service re-organisation

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

- The disaggregation programme is not a funded project and to achieve the SLA savings at CTM both Health Boards are required to commit staff. However this commitment is constrained by existing priorities within each Health Board, which greatly impacts on the speed of the work
- Disaggregation in a piecemeal approach means added complication and ongoing support required from Human Resources and finance for several years. However, the alternative big bang approach is not affordable
- SB will be at a significant cost pressure as the opportunity for TUPE will be very small as most systems are HB wide and will still be required even when the POW element is no longer provided.
- Without management transfer CTM will not be able to run services
- The CTM plans for disaggregation do not currently feature on the SB digital Integrated Medium Term Plan (IMTP) for the next three years and will detract from digital transformation plans in SBUHB

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outined 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 /	Yes (Include further detail below)

Impact	Capital and Revenue required to undertake tasks to progress the disaggregation
Link to Strategic Well-being Objectives	Ensure sustainability in all that we do, economically, environmentally and socially

5. RECOMMENDATION

5.1 The Committee are asked to:

5.2 **NOTE** The progress to date despite lack of funding to disaggregate

5.3 **NOTE** Lack of funding is preventing CTM from ending SLA's not only for ICT but all services that require digital services