



AGENDA ITEM

5.1

DIGITAL & DATA COMMITTEE

DIGITAL PROGRAMME ASSURANCE REPORT

Date of meeting	19 th December 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	Andrew Nelson, Chief Information Officer
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Presented by	Andrew Nelson, Chief Information Officer
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Approving Executive Sponsor	Stuart Morris, Director of Digital
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Report purpose	FOR NOTING
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)









Committee/Group/Individuals	Date	Outcome
N/A	N/A	

ACRONYMS

CTM	Cwm Taf Morgannwg
DHCW	Digital Health and Care Wales
ILG	Integrated Locality Group
PCH	Prince Charles Hospital
POWH	Princess of Wales Hospital
RGH	Royal Glamorgan Hospital

1. SITUATION/BACKGROUND

1.1 This is a summary report, providing a brief update on the progress, risks and challenges in delivering the prioritised digital objectives as identified in the corporate Integrated Medium Term Plan across our 8 strategic solutions (listed below).

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. ASSESSMENT

2.1 In summary our 'subjective' assessment is that of the 39 programmes which have thus far been agreed should be taken forward this year:

- 21/39 continue to carry a medium/high to high level of risk of non-delivery of the targeted objectives in 2022/23.
- 16/39 have not progressed in line with the programmed timescales.

Of schemes approved for delivery in 2022/23	September Risk to delivery	%	September Programme Status	%	November Risk to delivery	%	November Programme Status	%
High Risk	13	33%	11	28%	14	36%	13	33%
Medium High Risk	8	21%	4	10%	6	15%	3	8%
Medium Risk	9	23%	10	26%	7	18%	10	26%
Low Risk /Completed	9	23%	14	36%	12	31%	13	33%
Not started	0	0%	0	0%	0	0%	0	0%
Total	39		39		39		39	

Of all major informatics schemes	September Risk to delivery	%	September Programme Status	%	November Risk to delivery	%	November Programme Status	%
High Risk	16	32%	15	30%	17	34%	17	34%
Medium High Risk	10	20%	4	8%	9	18%	4	8%
Medium Risk	10	20%	11	22%	8	16%	10	20%
Low Risk /Completed	9	18%	15	30%	12	24%	15	30%
Not started	5	10%	5	10%	4	8%	4	8%
Total	50		50		50		50	

2.2 The underlying assessment for each deliverable in the Informatics programme with short notes is provided in the accompanying Excel spreadsheet.

2.3 The Informatics team self-assessment is that there has been good progress over the quarter, with a number of challenging programmes being delivered on time and to budget, and with minimal detriment to the major projects such as the Bridgend aggregation work and the Prince Charles Hospital Ground and First Floor Project.

2.4 Highlights include:

- Implementation of the Velindre PAS, which is supporting Multi Disciplinary Teams (MDT) working on a local and network basis, and has addressed a number of the bugs in the PAS and WCP applications
- The Digital Service for Patients and Public (DSPP) project has gone into private beta – this is a project that enables the population to securely authenticate and over time access their record and take greater responsibility for their care
- Parc Prison partnership agreement has been signed, although a recent diagnostic of the infrastructure and devices used on that estate indicates they are likely to be unable to cope with the NHS applications
- The order to replace the end of life paediatric cardiology application has been placed
- A clinical informatician has commenced in post, with their initial focus being on undertaking a proof of concept to develop an application to support the integrated hub for the 6 goals programme using MS power applications.
- Paper proposing the requirements to commission Welsh Community Care Information System (WCCIS) for the digitisation of the workflow and clinical notes in mental health has been agreed by the Executive Team.



- The Bridgend programme is proceeding to plan, with the data migration continuing, and the recruitment of the team progressing well. The key risk to delivery remains the availability of sufficient capital.
- The e-Whiteboard, Onelist and electronic transfer of care applications, commissioned to enable the 6 goals unscheduled care improvement programme have been delivered to the agreed specification on time and from within existing resource.
- The DCHW coding audit indicated that the team had achieved improvements in quality as well as completion in all areas. The figures presented below indicated that the UHB surpassed the minimum coding standards of 90% for primary diagnosis and primary procedures and 80% for secondary diagnoses and secondary procedures in all localities:

Coding Quality Percentage Correct	PCH & RGH		POW	
	2022	2021	2022	2021
Primary Diagnosis	95.35%	93.27%	99.10%	98.15%
Secondary Diagnosis	94.75%	92.04%	96.63%	94.10%
Primary Procedure	97.25%	92.61%	97.30%	93.22%
Secondary Procedure	94.68%	91.50%	94.74%	90.34%

- Collaboration commenced with SBUHB & C&V to deploy Natural Language Processing (NLP) technologies across the 3 HBs to produce Snomed-ct coded data item information for ED, Outpatient and Inpatient activity.
 - HAPI FHIR server established as basis for local Clinical Data Repository (CDR) and has been populated with demographic, doctor doctor, and local reference data.
 - A toolkit to take data out of our warehouse and put it into Fast Healthcare Interoperability Resources (FHIR) format continues to be developed and is operational for demographic data.
- 2.5 Sufficient resourcing, in particular workforce capacity of informatics professionals to deliver the requisite actions, remains the critical constraint and risk to the overall programme and professionally there are increasing concerns that the numbers of incidents is increasing as risks manifest themselves.



3. 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
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)
	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	Improving Care

4. RECOMMENDATION

- 4.1 Members of the Committee are asked to **NOTE** the progress made in delivering the Digital & Data programme