



**AGENDA ITEM**

3.2.4

**DIGITAL & DATA COMMITTEE**

**DISAGGREGATION OF ICT SERVICES SUPPORT FROM SWANSEA BAY UHB**

**Date of meeting**

23/03/2022

**FOI Status**

Open/Public

**If closed please indicate reason**

Not Applicable - Public Report

**Prepared by**

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**Presented by**

Karen Winder, Assistant Director of ICT

**Approving Executive Sponsor**

Stuart Morris, Director of Digital

**Report purpose**

FOR APPROVAL

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

**Committee/Group/Individuals**

**Date**

**Outcome**

**ACRONYMS**

CTMUHB

Cwm Taf Morgannwg University Health Board

SBUHB

Swansea Bay University Health Board

ICT

Information Communication Technology

SLA

Service Level Agreement



<b>ACRONYMS</b>	
POW	Princess of Wales
CT	Cwm Taf
DHCW	Digital Health & Care Wales
TUPE	Transfer of Undertakings (Protection of Employment)

## **1. SITUATION/BACKGROUND**

- 1.1 Responsibility for the provision of Informatics and ICT services in Bridgend moved to CTM UHB in April 2019. However, there was neither time nor funding for switching these services from legacy SB 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)**

- 2.1 An options appraisal and business case was developed at the time of the Bridgend transfer, which recommended that Welsh Government fund a programme of work to transfer all digital services across to the old CT footprint including the adoption of clinical applications. Following significant delays funding has been provided by WG to both DHCW and CTM, which will enable the aggregation of the PAS and some other clinical systems.
- 2.2 From September 2021 CTM has employed a dedicated Programme Manager for the Bridgend Disaggregation Programme and since January a dedicated technical lead to lead a programme of work that will ultimately:
- Release 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



2.3 A Programme board has been established chaired by the Directors of Digital for CTM and Swansea Bay Health Boards, which has agreed to the sequencing of three tranches of work (Infrastructure, Systems and Enabling) which once completed, will discharge the requirement for the Service Level Agreement.

To date:

- The service desk transfer has been completed with staff TUPE'd across
- The GP Out of hours service has moved from 111 Swansea Bao the 111 CTM Adastra system
- Physiotherapy and SALT services have migrated from the SBU PIMS+ system to the CTM WPAS instance.

2.4 **Progress against the outstanding work within the 3 tranches is summarised below:**

<b>Programme Management &amp; Planning</b>	<b>Work to be completed during the next period</b>
Terms of Reference updated for comment	Complete and agree Terms of Reference
Road Mad developed (to include networking and PIMS+ therapies)	Continue developing overall Roadmap
<b>Tranche 1 Update - Infrastructure</b>	<b>Work to be completed during the next period</b>
SBU Mobileiron to CTM Intune migration (approx). 150 of 460 iPads migrated). Technical dependencies mitigated (T Drive, system access).	Complete migration of ipads from SBU Mobileiron to CTM Intune
Anti-Virus testing completed on small scale (4 devices). Wider roll out started in POW by	Complete Roll of AV across Bridgend.



<p>department (Pathology, Audiology, A&amp;E, Audiology, MPEC).</p> <p>CTM Network meeting held and way forward agreed – plan shared with SBUHB</p>	<p>Start investigating Bridgend SCCM approach (System Centre Configuration Manager).</p> <p>Joint CTM/SBU network meeting Planned for 31.03.2022</p>
<b>Tranche 2 Update - Systems</b>	<b>Work to be completed during the next period</b>
<p>Radiology – cross working between POW and CTM in place and working. Synapse 5 implementation progressing.</p> <p>PIMS+ to CTM WPAS migration – Physio and SALT Paeds completed</p> <p>Engaged with SBU PAS team - started information gathering on PIMS+ hosted therapies and systems (initial focus on SALT, Podiatry, Diabetics, Lymphodema, Pulmonary Rehab, Parkinson’s, Wound Clinic, Tissue Viability, Bladder and Bowel, Cardiac Rehab) Meetings held with CTM and SBU Dental to look at SOEL and Mediadent migration options</p>	<p>Radiology – continue with Synapse 5 implementation</p> <p>Complete information gathering on PIMS+ hosted therapies and systems</p> <p>Decide SOEL &amp; Mediadent option</p> <p>Review of systems to decide</p>
<b>Tranche 3 – Enabling (finance, resource, procurement)</b>	<b>Work to be completed during the next period</b>
<p>Mobile phone contract signed and progressed</p> <p>WPAS funding agreed</p> <p>Business Analyst appointed to complete PIMS+ services information gathering</p>	<p>Progress contract to begin SIM card replacement</p> <p>Fill WPAS positions</p> <p>SLA meeting planned for 04.04.2022</p> <p>SLA reduction based on Mobilisation work</p>
<b>Expected Slippage and Remedial Action / Escalations</b>	<b>Remedial Actions / Escalations</b>
Mobilisation	



<ul style="list-style-type: none"> <li>• Mobile contract with CTM Procurement – no current date when contract will be ready</li> <li>• SIMS cards cannot be replaced until contract is ready</li> <li>• Radiology and Endoscopy – replacement of hosting infrastructure not possible until network updates completed</li> </ul>	<p>Engage with procurement to ensure timely completion of contract. Plan pragmatic replacement when ready Further Develop Network plan and define dependencies</p>
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<b>Milestones</b>				
	<b>Baseline Date</b>	<b>Revised Target Date</b>	<b>Comment</b>	<b>Dependency</b>
<b>Project Milestones (current workstreams/work packages)</b>				
<b>Tranche 1 – Infrastructure</b>				
INF1 – Anti Virus	31.03.22		On Plan	
INF2 – (Network) To upgrade POW to CTM BT PSBA 1GB pipe to 10GB	01.05.22		On Plan	
INF3 – (Network) To upgrade POW BT PSBA to Resilient 10GB WAN link	01.06.22		On Plan	
INF4 – (Network) To deploy and configure 2 Cisco 55x Firewalls	01.08.22		On Plan	
INF5 - To utilise CTM SCCM to manage CTM devices	01.05.2022		Not started	
INF6 - Mobilisation (ipad removal from Intune)	31.03.2022		On Plan	
INF7 - Mobilisation (removal from data bundle)	31.01.2022	1.05.2022	Delayed due to CTM mobile contract	ENA4
<b>Tranche 2 – Systems</b>				
SYS1 - Radiology (migration of Radis to CTM)	31.03.2022	01.09.2022	Server Hardware required –	ENA2



WS1-1 - migrate the Perinatal service onto WPAS	30.09.2022		On Plan	ENA1
WS1-2 - migrate the Physiotherapy service onto WPAS	30.06.2022		On Plan	ENA1
WS1-3 - migrate the Podiatry service onto WPAS	30.06.2022		On Plan	ENA1
WS1-4 - migrate the adult SALT service onto WPAS	31.12.2021		On Plan	ENA1
WS1-5 - migrate the paedS SALT service onto WPAS	30.06.2022			Complete
WS1-6 - migrate the Dietetics service onto WPAS	30.06.2022		On Plan	ENA1
WS1-7 - migrate the Lymphodema service onto WPAS	30.06.2022		On Plan	ENA1
<b>Tranche 3 – Enabling (resource, finance, procurement)</b>				
ENA1 - PIMS+/WCP information gathering	31.03.2022			BA in place
ENA2 - Complete BND network evaluation	31.08.2022		Began 21.02.22	
ENA3 - Complete BND server evaluation	31.08.2022		Began 21.02.22	
ENA4- CTM mobile contract	31.01.2022	31.04.22		With CTM Procurement

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

- i. There is a Risk that there may not be sufficient CTM and SBU resource and funding to complete the Programme of work Project (HIGH)

Mitigation: Funding and Resource requirements will be need to be identified via planning for each workstream by each Health Board and funding applied for as appropriate. Funding may also be released by the SLA reduction (funds for CTM, less work for SBU)

- ii. The current state of POW Network may be a Risk to the Programme activities - Activities over the last 2 years have identified that the POW network is far from ideal and will require substantial investment to bring it up to CTM standards. (HIGH)

Network requirements to be identified as early as possible - however, substantial investment may be required to complete all workstreams. The capital requirement is estimated to be in the region of c.£2m. Presently there is no availability within the WG or the CTM discretionary capital programme to meet these costs.

- iii. There is a Risk that the full scope of the Mobilisation Project will not be completed by 31/03/2022 with respect to SIM card changeover. Presently there are no confirmed timescales for when the new CTM Mobilisation contract will be ready to provide new SIM cards (there will then be the time required to swap over the SIM cards which is a large logistical piece of work) (Medium)

Mitigation: CTM Contract has been signed, firming up data provision

- iv. There is a Risk that the process for identifying and agreeing SLA reductions and their associated costs is not well defined as so far only simple activities have been completed. There are far more complicated activities (systems, network) that cover multiple SBU cost centres. The SLA reduction that results from disaggregation activities needs to be understood before the activities beginning (HIGH)

Mitigation: Agree, define and document process as part of the programme work packages

#### 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>	Governance, Leadership and Accountability
<b>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new,</b>	No (Include further detail below)



<b>changed or withdrawn policies and services.</b>	Equality Impact Assessment to be completed as part of each project
<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) Capital and Revenue required to undertake tasks to progress the disaggregation
<b>Link to Strategic Goals</b>	Improving Care

## 5. RECOMMENDATION

5.1 The Committee is asked to **NOTE** the progress to date