



<b>Meeting Date</b>	<b>26<sup>th</sup> November 2020</b>	<b>Agenda Item</b>	<b>3.9</b>
<b>Report Title</b>	<b>SBUHB INSIGHTs 2020</b>		
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<b>Presented by</b>	Siân Harrop-Griffiths, Executive Director of Strategy Hannah Evans, Director of Transformation		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	To summarise the key insights, opportunities and challenges from the COVID-19 listening and learning engagement exercise.		
<b>Key Issues</b>	<p>Multiple independent pieces of learning lessons work were undertaken across the health board during the first wave of the COVID19 pandemic. Better “Health, Better Care, Better Lives” INSIGHTs 2020 has brought the key learning from these together.</p> <p>There are key insights and opportunities for the Health Board in service change and ways of working as well as areas of challenge.</p> <p>Some of the learning has been incorporated into Health Board plans. Further opportunities are available to the Health Board to incorporate and / or embed the learning, especially in respect of our on-going COVID planning and response, Organisational Strategy, Clinical Services Plan and future Operating Framework.</p>		
<b>Specific Action Required (please choose one only)</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• Receive the key learning messages</li> <li>• Note actions being taken to implement the learning</li> <li>• Note the risks, and mitigations</li> <li>• Consider further opportunities available to the Health Board to embed the learning</li> </ul>		

# **“Better Health, Better Care, Better Lives” INSIGHTs 2020**

## **1. INTRODUCTION**

A number of information and intelligence gathering exercises have been undertaken to ensure key and critical learning from the first wave of the COVID19 pandemic can be taken forward into our service and organisational plans.

Better “Health, Better Care, Better Lives” INSIGHTs 2020 has brought the key learning from these together.

This report summarises key insights and opportunities for service change and ways of working which are currently or can in future support delivery of our COVID Planning and Response, Organisational Strategy, Clinical Services Plan (CSP) and Operating Framework, as well as identifying the greatest challenges for the Health Board.

## **2. BACKGROUND**

### **Listening and Learning**

Between 1<sup>st</sup> April and end of September 2020 the Health Board embarked on a listening and learning exercise, engaging with a wide range of stakeholders through a variety of means to capture lessons and learning from the first planning and response phase of the COVID-19 pandemic . Appendix 1 below sets out a summary of the engagement activities that took place across the Health Board involving the collection and analysis of;

- Over 2,000 patient or their representative responses;
- Nearly 2,000 suggestions from SBUHB staff and colleagues;
- Feedback from over 20 different internal forums & groups;
- Issues raised from three partnership forums

The purpose of this work is to ensure that the experiences of change and ways of working gained in the first COVID wave are evidenced, and the benefits understood so as to be “locked in” to future ways of working.

The themes covered by the listening and learning engagement exercise are;

- Patient Experience
- Staff Home Working
- Staff Well-being
- Service change
- Ways of working
- Partnership working
- Digital
- Emergency planning and response

“Better Health, Better Care, Better Lives”: INSIGHTs 2020 consolidates the key messages from this engagement into a single visual slide deck summarising for each theme the scope, key learning and opportunities for us to;

- **Abandon** old ways of working that do not us help deliver our ambitions
- **Adopt** new ways of working identified during COVID19
- **Adapt** or modify ways of working to improve them further
- **Amplify** new ways of working in other areas or departments
- **Attain** more information in areas we still have more to learn

This will be shared through a range of forums to raise awareness for staff, patients and partners of our learning.

Where appropriate actions to implement the opportunities under the 5As have been taken at team, departmental and/or corporate planning levels. Other more complex, strategic or longer term opportunities will require further consideration and embedding into our plans as appropriate.

The key insights, opportunities and challenges to consider in supporting delivery of our COVID planning and response, Organisational Strategy, Clinical Services Plan and Operating Framework have been extracted from the learning and are presented below.

### **Reviewing and Documenting the Evidence**

An INSIGHTs 2020 library of local evidence has been created and includes learning produced by International, National and other Local Health Board sources. This is a live library that is intended will continue to be added to and updated.

A high level review of external evidence gives the following themes:

- Responding to the scale of unknown health impact especially mental health
- The acceleration in use of digital technology in healthcare
- A changing workforce; remote, agile, integrated
- system based working, collaborations and partnerships
- Greater emphasis on a seismic shift toward population well-being, prevention and self-care approaches

Welsh Government will be publishing international learning for Wales in Winter 2020/21. It will be necessary to review our own learning in light of this as well as further lessons learned in the coming weeks and months.

### **Swansea Bay Key INSIGHTs**

The two tables below give the key INSIGHTs (“golden nuggets”) supported by opportunities being taken or potentially available to Health Board for future application. The tables are split into

1) Service Delivery: which reflects learning from changes to pathways and models of service delivery, and

2) Ways of working: which reflects the governance, decision making and cultural, and enabling practices.

**Table 1: Service Delivery**

KEY INSIGHT	THE LEARNING	EXAMPLES OF APPLICATION	FUTURE OPPORTUNITIES & ACTIONS
<p><b><u>Digitally enabled services and pathways</u></b></p>	<p>Suggests that Digital is capable of enabling a significant shift in patient triggered care, rapid access to urgent care, maximising estate utilisation and increasing access to non-site based care options.</p>	<ul style="list-style-type: none"> <li>• <b>Consultant Connect:</b> 1<sup>st</sup> in Wales to launch specialist phone app for GPs, paramedics and other healthcare staff caring for patients in the community to obtain advice rapidly from a range of hospital consultants.</li> <li>• <b>Ask my GP/Attend Anywhere:</b> enabling online consultations for patients and clinical triage of patients to better manage workloads. Roll out to other contracted services, such as ophthalmology, dental and community pharmacy is now being explored.</li> <li>• <b>Virtual outpatients:</b> one of 1<sup>st</sup> in Wales to offer virtual appointments. Also deploying a range of digital tools and approaches that increase patient triggered care (e.g. See on Symptom, PROMs), virtual clinical triage and prioritisation of urgent care.</li> </ul>	<p>The role of the newly established Digital Transformation Leadership Group includes driving forward digital approaches to deliver the CSP to include embedding and expansion where appropriate of these examples and approaches.</p> <p>The suite of programmes and projects have already started to take the learning into current and new projects which are included in the Q3/4 Plan</p> <p>The highlight report (Appendix 2) gives detail on next steps and opportunities, including development of a clear Benefits Realisation model (learning from CABER) that can be applied to better understand the impact of the changes and inform decisions about our longer term adoption.</p>
<p><b><u>Service “HUBs”</u></b></p>	<p>Suggests that Hubs offer a service delivery model that consolidate skills and expertise, often across different teams and professions to provide an integrated service model, streamlining patient experience, clinical decision making and improved access.</p>	<p>Primary care led service redesign and delivery can increase the ‘offer’ of traditionally hospital based care being provided in the community, including whole system integrated approaches such as virtual, mobile or physical hubs. Examples:</p> <ul style="list-style-type: none"> <li>• <b>Mobile Hub:</b> 1st in Wales triaging &amp; streaming frail older people away from hospital where safe to do so. Plans in place to adopt model in all clusters.</li> <li>• <b>Virtual ward:</b> enabled by digital technology to co-ordinate patient centred care across a multi-disciplinary team (MDT) so as the most</li> </ul>	<p>The Cluster Transformation Programme, a central plank of the CSP, is currently reviewing the opportunities and potential benefits for embedding and expanding these examples and approaches where appropriate. This continues to be aligned with the Our Neighbourhood Approach model, to enable planning and delivery of care, as well as building on community assets, to increasingly happening at a cluster/neighbourhood level.</p>

**Table 1: Service Delivery**

KEY INSIGHT	THE LEARNING	EXAMPLES OF APPLICATION	FUTURE OPPORTUNITIES & ACTIONS
	<p>SBUHB's first exemplar in this approach, the Rapid Diagnostic Centre, was a highly successful pre-COVID hub model that has informed our on-going development of the hub approach.</p>	<p>appropriate practitioner is able to provide the right care first time to meet the patients' needs in their home</p> <ul style="list-style-type: none"> <li>• <b>Community Hub:</b> underpinned by a primary care framework the Heart Failure Hub is a value based, integrated approach to reducing hospital based demand through chronic disease prevention and community based condition management.</li> </ul>	<p>Included in our Q3/4 the hub approach is being used as part of our work on Phone First and the Acute Care model; linking 111 clinical hubs and the Acute General Practice Unit (AGPU) to provide a more streamlined service. Detail on the benefits will be worked through as part of the Phone First project.</p> <p>Learning from multi-disciplinary hubs will feed into the Orthopaedics project on Neath Port Talbot becoming a hub for Muscular Skeletal care; linking Orthopaedics, Rheumatology and Therapy services. Our Q3/4 Plan includes development of the business cases with quantification of the impact/benefits. .</p> <p>Opportunities to develop similar models for other service, linking into existing hub arrangements where possible and appropriate, will be considered as part of service redesign.</p>
<p><b><u>Scheduling</u></b> <b><u>Unscheduled</u></b> <b><u>Care</u></b></p>	<p>Suggests it is possible to increase planned care responses to what would otherwise traditionally have been emergency care. This supports management of flow, queues and waits which improve patient experience,</p>	<p>This has become a driving principle of the CSP Acute Medical Services Redesign project which has piloted, at great pace, streamlining pathways on this principle e.g. Deep Vein Thrombosis (DVT) pre-hospital triage, and an Ambulatory Emergency Care (AEC) 'hub. Pilots showed;</p> <ul style="list-style-type: none"> <li>• Positive patient experience</li> </ul>	<p>The Acute Medical Services Redesign Group (AMSRG) will use learning from the pilots to redesign high volume acute care pathways to incorporate;</p> <ul style="list-style-type: none"> <li>• <b>Pre-hospital triage:</b> proactively signposting patients to alternatives to acute admission.</li> </ul> <p>And to design an</p>

**Table 1: Service Delivery**

KEY INSIGHT	THE LEARNING	EXAMPLES OF APPLICATION	FUTURE OPPORTUNITIES & ACTIONS
	<p>effective use of resources and is in line with prudent healthcare.</p>	<ul style="list-style-type: none"> <li>• Positive MDT working with AEC Consultant, AGPU, Welsh Ambulance Service Trust and Acute Care Team</li> <li>• Redirection of emergency ambulances away from Emergency Department</li> <li>• Patients redirected via pre-hospital pathways following a review on WAST stack i.e. WAST to ACT/Primary care.</li> <li>• Of patients attending ED small number also able to be redirected to AEC</li> </ul>	<ul style="list-style-type: none"> <li>• <b>AEC Hub:</b> to provide emergency care on the same day without admission offering treatment and rehabilitation not provided within the traditional hospital bed base to enable the majority of patients to be discharged on the same day with their planned care follow up in place.</li> </ul> <p>The first phase of this work, included in the Q3/4 plan is focussed on delivering phone first; based on learning from Cardiff &amp; Vale University Health Board, and the AEC hub pilot at Singleton Hospital. The AMSRG will continue to collect and analyse data from its work to assess the impact/benefit of these approaches.</p>
<p><b><u>Single points of Access</u></b></p>	<p>Suggests streamlining and simplifying access points into services reduces patient and staff confusion, increases timely access and improves clinically coordinated care and outcomes for patients. A number of SPoAs were put in at place during the first wave of the pandemic.</p>	<p>In line with CSP ambitions;</p> <ul style="list-style-type: none"> <li>• <b>Paediatrics;</b> successfully piloted a model that centralised access to urgent medical assessment and treatment reducing access points from 3 to 1, including integrating child mental health assessment. This model reduces anxiety and confusion for parents/carers and risks to child health.</li> <li>• <b>Adult Mental Health:</b> accelerated implementation of a SPoA to secondary mental health services delivering a simplified referral pathway and operational procedures across health and social care</li> </ul>	<p>The priority is to put these new models on a sustainable basis, which is reflected in Q3/Q4 plan.</p> <p>Specifically to support a sustainable paediatric SPoA the clinical team are refining the service and staffing model and assessing the benefits whilst the CSP Infrastructure Group are reviewing estate requirements and feasibility.</p> <p>The mental health SPoA model is being refined, using the learning from the initial phase, with a plan to adapt it for direct access from the public and if</p>

<b>Table 1: Service Delivery</b>			
<b>KEY INSIGHT</b>	<b>THE LEARNING</b>	<b>EXAMPLES OF APPLICATION</b>	<b>FUTURE OPPORTUNITIES &amp; ACTIONS</b>
		<p>that were consistent across Swansea and Neath Port Talbot.</p> <ul style="list-style-type: none"> <li>• <b>CAMHS:</b> model had been agreed, but implementation was accelerated due to COVID, and has been proved to be effective.</li> </ul>	appropriate it may be expanded further for older people's mental health secondary care services.

<b>Table 2: Ways of Working</b>			
<b>KEY INSIGHT</b>	<b>THE LEARNING</b>	<b>EXAMPLES OF APPLICATION</b>	<b>FUTURE OPPORTUNITIES &amp; ACTIONS</b>
<b><u>Agile Workforce</u></b>	Suggests redeployment of staff when coupled with training and/or service orientation in advance may create a more diverse workforce, contribute to upskilling and development opportunities, improve the natural spread of good practice and deliver a flexible response to demand management.	Many examples were cited on our COVID response in terms of staffing models and skills mix for wards, field hospital and corporate staff into supporting operations.	<p>Workforce colleagues are currently reviewing the definition and scope of opportunity that agile working could offer the health board along with any necessary policy and/or guidance developments required.</p> <p>Members of the Executive Team will consider with partners the potential for an innovative and rapid agile workforce to deliver discharge to assess as part of our wave two COVID response.</p>
	Suggests staff working across services and teams or in MDT's may	Working across teams, delivery groups, and partner agencies including 3 <sup>rd</sup> sector	In addition to Agile working developments described above being taken forward, delivery

**Table 2: Ways of Working**

<b>KEY INSIGHT</b>	<b>THE LEARNING</b>	<b>EXAMPLES OF APPLICATION</b>	<b>FUTURE OPPORTUNITIES &amp; ACTIONS</b>
<b><u>Single System</u></b>	have increased collaboration across pathways and services to deliver service change, staff reported closer team working and collaboration.	in hubs e.g. AEC, Mobile, Community and Heart Failure. Working across primary, secondary and social care to deliver Integrated Discharge Planning. Re-location of services and staff across our sites to assist with whole system effectiveness and efficiency e.g. Minor Injuries, Surgery	groups have and continue to adopt the MDT approach in range of areas including now in approaches to learning lessons. The Q3/4 Plan includes the continued adoption of service changes based in clinician to clinician advice, hubs and integrated teams which will further embed a sense of one Swansea Bay.
<b><u>Remote Working</u></b>	Suggests staff are reporting that a digitally enabled workforce seems to have increased their feelings of workforce flexibility, engagement with colleagues, partnership working and attendance at meetings. This enables greater inclusion in discussion and therefore improves decision making	Significant amounts of staff worked remotely and continue to do so, enabled through roll out of Office365. This way of working is not limited to administration and managerial staff. There are examples of ward rounds also being undertaken remotely.  Health Board governance has been delivered through digital and virtual Board meetings, Annual General Meetings, Committees, Board Briefings.	Workforce colleagues are currently reviewing the SBUHB Working From Home Policy and Guidance and will publish a revised version once approved. The new Digital Transformation Leadership Group will drive forward a Transformational Digital Programme including enhancing our infrastructure which could further enable remote access to support the WfH Policy. See Appendix 2.
<b><u>Integrated Intelligence</u></b>	Suggests timely and effective decision making has been enabled through development of integrated intelligence models, systems and teams.	The creation of a modelling cell during COVID19 has massively advanced our work in this area. This team has brought data together to model capacity, demand and scenarios and is seen as improving our system understanding and robustness of our plans, including for emergency preparedness.	Appendix 2 outlines the approach, timescales, priorities and benefits in context of a Business Intelligence Strategy and a business partnering arrangement to further strengthen and improve information access and analysis at a front line level.

**Table 2: Ways of Working**

<b>KEY INSIGHT</b>	<b>THE LEARNING</b>	<b>EXAMPLES OF APPLICATION</b>	<b>FUTURE OPPORTUNITIES &amp; ACTIONS</b>
<p><b><u>Change empowerment &amp; devolved decision making</u></b></p>	<p>Suggests clinically led service changes were made rapidly whilst many business as usual governance processes were stood down or light touch.</p>	<p>Throughout the crisis, staff have taken the initiative and taken on greater responsibility. Clinicians and staff right across the system have been leading by initiative and example. They have done the right things quickly, learned and collaborated. They have not been afraid to take responsibility for decisions, but have instead been able to make decisions as professionals, based on patients' needs, freed from the hierarchical and bureaucratic constraints that have previously severely limited their professional autonomy.</p>	<p>Changes made were often delivered through local partnership and decision making in Service Groups as well as CSP clinical redesign group's, which aim to empower clinically led change at pathway/system levels.</p> <p>The Health Board is continuing to strengthen its Operating Model and this way of working will be further embedded through a new Accountability and Performance Management Framework once finalised and approved by Board.</p>

## Key INSIGHTS Greatest Challenges

In addition to the positive learning, the engagement identified a number of challenges and risks:

**Health Impact:** understanding and planning for the known and as yet unknown impact of delays in patient care, health inequalities, the specific health impacts of COVID and the measures taken to manage spread, as well as the impact on health, social and third sector staff well-being and retention.

**Communication:** negative impact of not being able to meet the communication needs of the public, patients, staff, partners and public bodies in timely, clear and consistent ways during periods of intense change.

**Business as Usual:** transitioning from emergency governance mechanisms to operating procedures that embed COVID management and emergency preparedness planning into business as usual processes.

**Sustainability:** embedding delivery of new ways of working through our strategic, financial and operational plans; ensuring we foster the creation of the skills, capacity, estate, technology, service changes and relationships we need to realise the benefits from these

**Reflection:** creating the space and time to feel, think, see and understand our situation, at a time of high uncertainty and change, so as we make the best choices possible

## 3. GOVERNANCE AND RISK ISSUES

### 3.1 Risks and Issues

**Carpe Diem:** missing the moment to realise the transformational opportunities available to us;

*Mitigation: engagement plan to promote adoption of opportunities by our staff and with partners to be developed by Directors for Strategy & Transformation*

*Mitigation: some opportunities have already been included in the Quarter 3/4 plan where appropriate, future plans will continue to consider inclusion of further opportunities*

*Mitigation: Executive and Board review of Organisational Strategy and development of the Operating Framework in context of the learning*

*Mitigation: Workforce and Digital departments driving forward work to capitalise on the learning in these areas*

**Continuous Improvement:** not knowing that we are not realising the opportunities or that they have changed;

*Mitigation: reflection and further lessons learned work to be embedded into on-going management of COVID19*

*Mitigation: review of progress in the key learning areas outlined in this report to be undertaken as part of existing planning and programme delivery arrangements*

**“Blind” Adoption:** being aware that globally much of the early COVID learning is untested in regard to medium and long term impact and that learning on what has worked in one area may not always be appropriate to local circumstances;

*Mitigation: to build into our plans and programmes the gathering of intelligence on local impact and benefit on which to base our planning decisions*

### **3.2. Next Steps**

As outlined in the detail above, much of the learning is already being embedded and shared or plans developed to put on a sustainable footing. For some of these changes, more robust evaluation and understanding of benefits will be required.

It is not intended to have bespoke action plan linked to these insights, moreover these insights will feed into our future operational and strategic plans and future ways of working.

In summary the key next steps are to:

- Share this learning with patients, staff and partners to feed back on the outputs of their engagement.
- Assess the impact and benefit, through our plans and change programmes, of lessons learned actions we are implementing
- Continuously review as part of our on-going planning and change programme delivery cycle the opportunities to further embed the lessons learned opportunities
- Reflect with the Health Board on how the lessons learned impact our
  - Organisational Strategy
  - Clinical Services Plan and
  - Future Operating Framework

## **4. FINANCIAL IMPLICATIONS**

There are no direct financial implications of this paper. Sustainability of some of the changes do however require resource. These have been incorporated into the Quarter 3/4 plan where appropriate. Where extending beyond this period these will be considered as part of on-going financial, workforce, capital and operational plans.

## **5. RECOMMENDATION**

Members are asked to:

- Receive the key learning messages
- Note actions being taken to implement the learning
- Note the risks, and mitigations
- Consider further opportunities available to the Health Board to embed the learning

<b>Governance and Assurance</b>		
<b>Link to Enabling Objectives</b> <i>(please choose)</i>	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input checked="" type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input checked="" type="checkbox"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
<b>Health and Care Standards</b>		
<i>(please choose)</i>	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
<b>Quality, Safety and Patient Experience</b>		
This analysis of lessons learned information will inform the Health Board's plans for the delivery of high quality, safe services that improve patient experience.		
<b>Financial Implications</b>		
There are no direct financial implications of this paper.		
<b>Legal Implications (including equality and diversity assessment)</b>		
There are no known legal implications for the Health Board.		
<b>Staffing Implications</b>		
Resource may be required to sustain some workforce changes. These will be considered as part of corporate planning processes.		
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>		
<ul style="list-style-type: none"> <li>○ <b>Long Term</b> – learning lessons to inform long term effective delivery of the OS strategic purpose to improve population health.</li> <li>○ <b>Prevention</b> – learning lessons to understand and take action to prevent problems occurring or getting worse in meeting our strategic objectives.</li> <li>○ <b>Integration</b> – learning lessons to inform how the Health Board's well-being objectives may impact upon the W&amp;FG Act goals, our other objectives, or those of other public bodies we work with.</li> <li>○ <b>Collaboration</b> – collaborated with staff and stakeholders throughout learning engagement to inform how the Health Board will meet its well-being objectives.</li> <li>○ <b>Involvement</b> – involving staff from across the Health Board in learning lessons and incorporating these into achieving the well-being goals for the diverse range of people we serve and work with.</li> </ul>		
<b>Report History</b>	Recovery, Learning and Innovation Group 04/11/2020 Senior Leadership Team 18/11/2020	
<b>Appendices</b>	1: Summary Engagement Exercise 2: Digital Transformation Leadership Group Highlight Report	

## **Appendix 1: Summary of Listening and Learning Engagement Exercise**

- **Patient & Carer Experience:**

- Carried out from 1<sup>st</sup> April – 17<sup>th</sup> September 2020
- COVID Patient Experience Survey asking for feedback on Virtual Visiting/Virtual Clinics, Clothing & Toiletries: a total of 737 patients have completed the survey from Swansea and Neath Port Talbot localities
- 19 bespoke surveys were created and distributed across services within the Health Board to help the Heads of Services and Clinical Teams review and improve their services where necessary based on the patient experience fed back
- Focus Groups: 17 Accessibility Reference Group members
- Carers Issues: Carers Partnership Group members
- Complaints & Compliments Log: over 1400 patients, family members,

- **Health Board Wide Staff Home Working & Well-being Survey:**

- Run from the 29<sup>th</sup> June 2020 – 31<sup>st</sup> July 2020
- 1,663 members of staff completed the survey
- Questions asked were seeking the views on working from home now and in the future as well as about health and well-being including staffs' views on the health and wellbeing services provided by the Health Board for staff during the COVID19 pandemic

- **Clinical Service Plan Changes Review Log**

- Run from July 2020 - August 2020
- Liaised with strategic planners and reviewed service changes against the Clinical Services Plan 2019-24 principles and priorities to determine whether any changes made fit or align with the CSP

- **Health Board Staff Capturing Change Survey:**

- Run from 27<sup>th</sup> July 2020 – 31<sup>st</sup> August 2020
- Collating a total of 206 responses from staff and 266 changes were recorded
- The survey asked staff to tell us about the changes in working practices across services and pathways and/or in organisational culture and behaviours that have taken place during COVID19
- Respondents were asked to choose whether to Adopt, Adapt, Amplify or Abandon the change going forward
- A word cloud from the three words respondents said best summarised their personal experience during the pandemic at the end of the survey was also created

- **West Glamorgan Partnership Review:**

- June & July 2020

- Co-ordinated a regional lessons learnt exercise. Reviewed lessons learned to establish Key themes. Monitored key data to align data sets to improve intelligence on risk and impact on services
- Representatives from 3rd Sector Forums, Community, Carers Forum, Swansea Council, Neath Port Talbot CBC and Swansea Bay University Health Board
- **Digital Review:**
  - September 2020
  - Reviewed progress and risks for on-going delivery of the Digital Strategy's six main programmes of work
  - Involved stakeholders across health and social care and patients, carers
- **Emergency Planning & Response:**
  - Carried out during May 2020 – June 2020
  - Feedback forms on what had worked well or could be improved in our initial planning & response phase to COVID19
  - Hot debriefs
  - Participated in multi-agency and plan Wales debriefs to share learning
  - Reviewed our learning against National COVID response learning

# Digital Transformation Leadership Group

## Highlight Report October 2020

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## 1. Programme Status/ High Level Assessment

COVID- 19 has continued to be both a disruptor and an enabler to the delivery of Digital Transformation within SBUHB throughout the first half of the year. Whilst Digital resources have continued to be diverted to support COVID 19 activities, such as the Test, Trace and Protect programme, focus has further increased on the delivery of the programme of Digital transformation outlined in the IMTP.

Opportunities presented to SBUHB to exploit the need to change caused by COVID19 to accelerate the Digital Transformation plan have been seized and used to support the delivery of the original plan. This step forward has been clearly demonstrated by the accelerated roll out of Office 365, this has enabled improved communication through the use of Teams and efficiencies in using the tools of the wider O365 functionality.

In Q2 Neath Port Talbot Hospital became the first hospital in Wales to have E-Prescribing implemented across all Wards. Combining this with the other Digital implementations across all sites, including NPT, such as SIGNAL (patient flow), Medicines Transcribing and E-Discharge, virtual ward rounds, virtual social services assessments, electronic patient visiting etc. is a massive step forward towards achieving the Digital Ward.

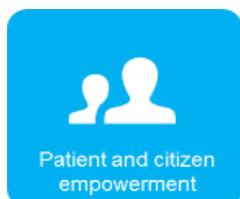
SBUHB Digital have been at the forefront of enabling data driven decision making during the COVID period, with the use of dashboards. The agile development of Covid and operational dashboard, has provided the GOLD command and strategic and operational managers with close to live reporting on key indicators across the HB across a range of critical indicators.

The rapid deployment of digital solutions and hardware over the last 6 months has resulted in an increased pressure on Digital Services Team to support business as usual. The roll out of over 2,200 additional devices and new applications such as Attend Anywhere, Teams, SIGNAL etc. has meant that more and more staff have adopted digital ways of working and are using digital solutions to transform their services. This has resulted, on average, an increase of 45% in calls logged with the Digital Operations team compared to the same period in the previous year. During Q3/4 the impact of this will be reviewed to support future management arrangements.

Whilst it is recognised that Digital Services will have to accommodate the future, ever changing, requirements that COVID19 will bring, the most recent addition being the emerging plans to support the immunisation programme the Health Board has maintained an ambitious delivery plan across the majority of Digital Transformation Programmes. Details of which are presented in the programme sections of this report.

The programmes contain complex and wide ranging implementations and the real challenge is the culture change and business change required, both within the HB and across our partner organisations, to deliver the real benefits of digital transformation.

## 2. Patient and Citizen Empowerment



Enabling the citizen to take responsibility and play an active role in their care is critical to the delivery of sustainable NHS services. Allowing citizens to manage their condition themselves through the co-development of condition-customised care programmes, access to self-help resources, virtual health coaching and monitoring of health status and outcomes, will promote self-management and lead to improved patient outcomes. Delivering a digital experience in Outpatients.

**SRO** – Dr Aidan Byrne, Consultant Anaesthetist/Lead for CSP

**Digital Lead** – Sian Richards, Deputy Chief Information Officer

### 2.1 Digital Outpatients

Swansea Bay University Health Board is committed to improving timely access to care. There is a need to reduce the risk of avoidable harm to patients waiting too long for their appointments and treatments, improving patient's safety in addition to meeting WG targets.

Follow-Up waiting lists are an ongoing and significant issue for the Health Board. Figures for April 2020 show that the Total Follow Up Not Booked (FUNB) was 123,082.

In support of the above, and a key component of the Digital Strategy is to adopt digital solutions to support a virtual review for patients on the FUNB list. This supports the objective of removing the reliance on the physical patient notes provided for many outpatient appointments providing an electronic patient record from the various digital applications supporting more timely access to information, improving flow and patient safety.

### 2.2 Value Based Health Care - Patient Reported Outcome Measures (PROMS)

PROMS is the concept of collecting outcomes from the perspective of the patient and analysing the data to improve care provision and outcomes, as well as service design and transformation. The measures are often captured via questionnaires that patients are asked to complete before and after treatments to assess how they feel.

SBUHB will continue to rollout the most appropriate solution(s) in conjunction with the national VBHC programme, with which to enable our patients to easily record their outcomes, which in turn will create a rich data source for local and national benefit.

To inform our approach, the VBHC team supported by Digital Services are using a number of digital providers to capture PROMS including:

- DrDoctor across three specialties including Heart Failure, Rheumatology and one other to be confirmed.
- The national solution continues across cataract, lung cancer, hip and knee replacement.

**Quick Question** - As part of the procurement of the DrDoctor solution, Swansea Bay have access to the 'Quick Question' facility, which enables patients to be communicated with on mass via text, and presented with a question of our choice to answer. The tool has been designed for using to validate waiting and FUNB lists and whether a patient still requires an

appointment but can also potentially be used for triage. The team are evaluating its use in rheumatology whilst promoting it for use across all services.

### **2.3 Patient Held Records - The Swansea Bay Patient Portal**

The Swansea Bay Patient Portal is a digital tool that provides our citizens with access to their own care records, enabling them to capture and share their own health and care data, and to communicate with health and care services. To date 21 services are live with the portal with 1785 patients and 517 staff registered to use the portal.

As one of the first Health Boards in Wales to sign the Digital Inclusion Charter, The Digital Inclusion Wales agenda, aims at improving digital literacy for the population it serves. This area remains a priority area of work, with a focus on enabling access and use of devices in this period. The portal team have worked alongside Digital Communities Wales to provide advice and support for patients using the portal.

#### ***National Direction: Digital Services for Patients and Public (DSPP)***

There is an ambitious national programme, DSPP, which aims to provide a single platform for patients and public to interface with the NHS for general and personal information. Health Board colleagues are engaging with the national programme in order to influence the roadmap and strategic direction. Until there are clear timescales for this programme, Swansea Bay will continue to progress locally in this space.

### **2.4 Virtual Consultations – Attend Anywhere**

This element includes the introduction of video clinic appointments and the expansion of the Swansea Bay Patient Portal implementation to support care closer to home. Patients will feel more supported and have greater access to clinical advice at a time that suits them. In response to COVID-19, with financial support from WG, SBU ran outpatient clinics using the Attend Anywhere video conferencing platform. The licence expires in March 21 and a national business case to procure a national virtual consultation platform is underway with a view this is submitted to WG on behalf of organisations' during Q3 2020-21.

### **2.5 Achievements in Period**

#### ***Virtual Consultations - Attend Anywhere***

- Over 11,000 virtual consultations have now been completed using the Attend Anywhere platform. 94 services are live with a further 61 currently piloting the solution. Expressions of interest continue to be received.
- During Q2 there were 3,425 consultations conducted virtually, averaging 60 per day.

#### ***Value Based Healthcare - PROMS***

- Heart Failure - PROM collection continuing in Heart Failure Clinics using the DrDoctor platform. Service redesign currently taking place and further PROM collection points will be configured once the process is determined. The Heart Failure patient response rate is 100%
- Clinical specialities using the National PROMS System making good progress include:
  - Cataract (patient response rate 94%)
  - Lung cancer (patient response rate 94%)

- Hip & knee replacement (patient response rate 92%)
- Tonsillectomy (patient response rate 100%)

### ***Patient Held Records - Swansea Bay Patient Portal***

- SBUHB have secured funding from Welsh Government to support work with the Urology service in Morriston. The aim is to register 20% of all stable PSA patients onto the patient portal by end Oct 2020, and 60% by end March 2021.
- Patient Portal media campaign was published which demonstrated the use and benefits of patient portal from a patients and carer perspective.
- New services to go live during the reporting period include persistent pain, speech and language and Hepatology.
- The Swansea Bay Patient Portal – Phase 1 Scaled Demonstrator Closure report has been completed and has been circulated internally and externally. The document is embedded in the supporting documents section below.

## **2.6 Milestones for Next Period**

### ***Digital Outpatients***

- Complete pilot (including evaluation) of ‘paperlite’ outpatients with two specialties (Urology and Vascular). It is expected that will improve the availability of information reducing associated clinical risk of not sharing information and reduce the overhead in providing paper records.
- Expand the use of the Patient Portal, and the introduction of WCP (electronic test requesting and watch lists) with the Gastro team in Singleton to increase virtual environment supporting patient care.
- Increase digital working in Dietetics through use of the Document Management System which will allow the clinical documentation to be available immediately to the clinical team (via WCP) as well as the patient (via the Patient Portal).

### ***Value Based Healthcare - PROMS***

- Begin PROMS collection within Lymphoedema service for triage
- Implementation of the DrDoctor ‘quick question’ in Acute and Community Paediatrics (enuresis and allergy) and exploration with other services to ascertain whether this function is suitable for their needs.

### ***Patient Held Records - Swansea Bay Patient Portal***

- Continue the Patient Portal contract with PKB from November 2020, as detailed in the financial update presented in the IMTP process
- Complete evaluation in conjunction with CEDAR (Cedar is a combined NHS-academic research organisation which is hosted by both Cardiff and Vale University Health Board (UHB) and Cardiff University). The evaluation focuses on the Urology service in Morriston and the Dermatology service in Singleton. The report will assess the benefits to patients, carers and their clinical teams report on schedule to complete during Q4 20/21.
- The Patient Portal team are setting up virtual Teams sessions for both the Rheumatology and Persistent Pain patients to provide support and guidance to patients virtually.

### ***Virtual Consultations***

- Continue to engage with the national technology enabled care programme, TEC Cymru, to support the development of the national virtual consultations business case with a view the draft case is available during Q3 2020-21. This is to ensure organisations have a solution once the initial AttendAnywhere contract ends.

## 2.7 Risks and Issues (including escalation, dependencies and constraints)

	<b>Risk / Issue</b>	<b>Action / Mitigation</b>
Risk	Virtual Clinics national business case does not get approved by end March when AttendAnywhere contract ends	Support business case process / monitor throughout Q3 / establish extension option for AttendAnywhere

### *Supporting documentation and references*

[Swansea Bay Patient Portal – Phase 1 Scaled Demonstrator Closure Report \(Document 5a\)](#)

### 3. Hospital Patient Safety and Flow



Transforming the patient's journey through the inpatient setting by providing clinicians with electronic systems and tools designed with the patient's care co-ordination and communication at the centre. Optimising inpatient flow will improve the safety and quality of care for our patients and ensure better outcomes by reducing the harm, waste and clinical variation inherent in current paper based system.

#### SROs

Dr James Chess, Chief Medical Information Officer  
Mr Dougie Russell, Singleton Unit Medical Director  
Craigie Wilson, Deputy Chief Operating Officer  
Chris White, Chief Operating Officer

Welsh Clinical Portal  
HEPMA  
WEDS  
Signal

**Digital Lead:** Deirdre Roberts, Head of Digital Programmes

#### 4.1 Hospital Electronic Prescribing and Medicines Administration (HEPMA) – JAC system

HEPMA replaces paper inpatient medication charts with a digital solution that enables paperless prescribing and charting of medications given, underpinned by clinical decision support. The current scope of the HEPMA project is to implement across Neath Port Talbot and Singleton hospitals. Further investment is required to extend to Morriston and Gorseinon ([document 6.1](#)).

#### 4.2 Ward Electronic Whiteboards and Patient Flow - Signal

Signal is a digital whiteboard and handover solution capturing and using information traditionally captured on non-digital whiteboards / paper. Signal is deployed across all acute sites and is also available to colleagues in Social Services where they are involved in the patients discharge or care, supporting a multidisciplinary approach to capturing, sharing and updating patient information in a timely manner. The solution improves patient safety and flow, in turn providing timely information to hospital and health board management to monitor and assess infection control, bed management and patient discharge.



#### **4.3 Theatre Operational Management - TOMS**

The TOMS Theatre system is used across all hospitals to manage theatre processes and capture surgical patient information. It is proposed that TOMS is redeveloped in modern technology to further support theatre efficiencies ([see document 6.2](#)).

#### **4.4 Clinical Portal - WCP**

Welsh Clinical Portal provides access to the national digital patient record, with documents and results shared between all NHS Wales organisations. WCP also provides access to the GP summary record which provides pharmacy, clinicians and practitioners with vital information that may not be immediately available in paper records.

#### **4.5 Paperless Emergency Dept - Welsh Emergency Dept System (WEDS)**

The overall aim of this project is to create an Emergency Department (ED) patient record enabling the service to become more efficient and allow seamless information to flow into, across and out of the department.

#### **4.6 Nursing Care Record - WNCR**

The Welsh Nursing Care Record will replace paper integrated nursing assessments, risk assessments and care plans. Digital nursing documentation will enable immediate oversight of key information captured by nurses which is currently filed in paper medical records. All-Wales WNCR development is being led by Swansea Bay in conjunction with NWIS.

#### **4.7 Intensive Care Information System (WICIS)**

A national clinical information system with medical device integration has been procured. NWIS are working with NHS Wales organisations where critical and high dependency care is provided in readiness for implementations.

#### **4.8 Achievements in Period**

##### ***Hospital Electronic Prescribing and Medicines Administration (HEPMA) – JAC system***

- Neath Port Talbot Hospital implementation completed during Q2 2020-21. Evaluation to complete in Q3.
- In response to Swansea Bay patient safety workshops, WellSky (HEPMA supplier) have enhanced their product to facilitate additional functionality which will further improve user experience and patient safety. This release has been developed and is currently being tested by Digital Services.

#### ***Ward Electronic Whiteboards and Patient Flow - Signal***

- Implementation of the Mortuary Signal app, providing electronic information from the main Signal system, when a patient is marked as deceased. The app enables the mortuary to assign location and more effectively ascertain capacity on each site, including the field hospital. Implementing this has also meant mortuary no longer need to purchase the system they had planned to procure, saving £12,000 per site.
- NPT social services staff go live, using Signal to support care across care boundaries.

#### ***Clinical Portal - WCP***

- Electronic Admissions Discharges & Transfers (ADT) and medicines transcription and e-discharge (MTeD) were implemented at Neath Port Talbot Hospital, and at Ty Olwen; during Q2, 74% of patients discharged from MTeD wards had a discharge advice letter (DAL).
- The Welsh Information System for Diabetes Management was deployed in Swansea Bay to replace the legacy system (Leicester) – diabetes consultations notes are now available in patients' WCP records, available to all clinicians involved in patients' care.
- Uptake of electronic test requesting (ETR) across live locations was 47% during Q2

#### ***Paperless Emergency Dept - Welsh Emergency Dept System (WEDS)***

- A paper to reaffirm the organisations commitment (financial and clinical) to WEDS was approved at the Senior Leadership Team in September ([see document 6a](#)).
- A review of the WEDS requirement document has been undertaken by Digital Services along with ED doctors, nurses and consultants to ensure the system will meet the needs of the service. This process has helped to remind staff of the system's capabilities and reaffirmed its priority.

### **4.9 Milestones for Next Period**

#### ***Hospital Electronic Prescribing and Medicines Administration (HEPMA) – JAC system***

- Implementation at Singleton during Q4
- Develop investment proposal to include Morriston and Gorseinon in implementation plan ([see document 6.1](#)).

#### ***Ward Electronic Whiteboards and Patient Flow - Signal***

- Complete development of version 3 and implement during Q4 providing enhanced functionality; robust technical platform; supporting integration with Welsh Clinical Portal; and future developments such as eObservations.

#### ***Theatre Operational Management - TOMS***

- Establish requirements and commence redevelopment of TOMS in modern technology ([see document 6.2](#))

#### ***Clinical Portal - WCP***

- During Q3, additional staff funded by the National Digital Laboratory programme (LINC) will be recruited to increase the uptake of electronic test requesting (ETR) across the organisation including implementation in ED. In parallel, the implementation of ETR at Morriston, Princess of Wales and Singleton outpatients will continue to progress in support of the LINC programme.
- A pilot of WCP mobile which enables clinicians to see patients' results and ward locations on personal mobile devices is planned for Q3 with an evaluation to follow.

#### ***Paperless Emergency Dept - Welsh Emergency Dept System (WEDS)***

- Commence readiness activities for the implementation of WEDS from Q1 21/22.

#### ***Nursing Care Record - WNCR***

- Plans in place to deploy WNCR for implementation at Neath Port Talbot Hospital during Q4.

#### **4.10 Risk and Issues (including escalation, dependencies and constraints)**

	<b>Risk / Issue</b>	<b>Action / Mitigation</b>
Issue	HEPMA Implementation at Singleton Hospital will be delayed until January 2021 due to the disaggregation of Princess of Wales Hospital from the Swansea Bay Pharmacy Management System in December 2020.	Project timescales adjusted. Assurances of no delay sought from NWIS and pharmacy National Programme
Risk	Projects that require digital leads to implement systems in clinical areas, such as ePrescribing and eTest Requesting maybe delayed due to COVID-19	Monitor situation closely and consider all virtual implementation alternatives
Risk	Cwm Taf Morgannwg are scheduled to implement WEDS before SBUHB. A CTM delay could affect SBUHB timescale	Monitor situation closely. Work with NWIS and CTM to consider reordering if risk increases

#### ***Supporting documentation and references***

- WEDS proposal approved at SLT in September ([document 6a](#))
- HEPMA SBAR to support Morriston Hospital implementation ([document 6.1](#))
- TOMS SBAR to justify the case for redevelopment ([document 6.2](#))

## 4. Integrated Health and Care



This programme focuses on enabling staff across Secondary care, Primary Care, Community, Mental Health and Learning Disabilities, and Social Care and other partners to be able to share information and manage whole system flow. This will facilitate SBUHB and our partners to transform the way we work together and pool resources to best support the health and wellbeing and care of our citizens

**SRO –**

<b>Hilary Dover, Group Director</b>	<b>WCCIS</b>
<b>David Roberts, Group Director</b>	<b>WCCIS</b>
<b>Craige Wilson, Deputy COO</b>	<b>Open Eyes</b>

**Digital Lead – Gareth Westlake, Head of Digital Business Management**

The scope of delivery within the Integrated Health and Care programme is wide and covers a number of different aspects. The nature of the program will mean that some of the transformation will be implemented and driven by partners outside of the Health Board e.g. NWIS and our Local Authorities. It is important therefore that this transformation is captured and leveraged within the HB to improve the health, wellbeing, and care of our citizens.

### 4.1 Welsh Community Care Information System - WCCIS

The Welsh Community Care Information System (WCCIS) is an electronic information sharing platform designed to deliver improved care and support for people across Health and Social Care in Wales. Planning and engagement is underway on a regional basis and a business case for the SBUHB developed. The solution will be implemented to 3,500 community-based staff over 3 years across Mental Health, Learning Disabilities, Therapies and Community services. It will digitise the community staffs work processes, improve information sharing and integrated care with social care and further improve the integration of clinical pathways between community, secondary and primary care. The solution was procured as the result of a National Business Case and is seen as integral part of the delivery of “A Healthier Wales”. Health Boards and Local Authorities are expected to sign Deployment Orders against the contract and manage local implementations with support from NWIS. SBUHB has been working closely with the region to ensure a joined up approach and Swansea Council are due to go live with the solution in January 2021. NPTCC have currently put their WCCIS plans on hold and have yet to sign a deployment order.

The implementation and support costs for the WCCIS solution are significant and investment needs to be justified before the deployment order is signed. SBUHB had an outline business case approved by IBG in 2019 and the full business case has been through the scrutiny panel process and is now at the next stage in the process before submission to Senior Leadership Team for consideration. The total cost to implement and support the solution is £10,187k over 10 years and delivers the potential to increase the number of contacts per annum by 512k (equivalent of £10,900k pa in non-cash releasing savings). The business case can be found at [document 7.1](#).

The Group are asked to note the importance of the WCCIS solution to the delivery of the Integrated Health and Care and the aspirations of a Healthier Wales. The Group are asked to recommend the business case and its submission to SLT.

#### **4.2 Community and Therapies Documents – Document Management System (DMS)**

The DMS software is being updated to allow community and therapies colleagues to send electronic letters. This will be an important step in becoming paper lite and working from home, while improving the efficiency of C&T communication between primary and secondary care.

#### **4.3 Optometry Electronic Record - OpenEyes**

Eye care digitisation is a programme of work to implement an electronic patient record for optometry patients that is integrated with other national solutions and systems. The system will support NHS Wales' strategic direction of providing appropriate care closer to home, supporting people to maintain their independence by reducing sight loss and the burden of blindness. The programme is based around a national business case that has been approved by WG. SBUHB have been working closely with the national eye care programme and Hywel Dda UHB to establish a regional solution for our patients.

#### **4.4 GP Electronic Test Requesting - GPTR**

Commencing in 2020-21 Digital Services have been working closely with GPs and NWIS to rollout the electronic requesting of tests in primary care, supporting integrated ways of working and shared care across clinical settings.

#### **4.5 Choose Pharmacy**

Choose Pharmacy provides community pharmacists with the ability to receive patients' discharge advice letters (DALs), enabling patients to undergo a discharge medications review should they wish. At the point of discharge from secondary care, patients' nominated community pharmacies are identified, enabling their DAL to be sent ahead of their visit to have their medications reviewed and dispensed. Choose Pharmacy also provides additional functionality to community pharmacists including the ability to record administration of the annual flu vaccine which alerts GP practices such that this is then recorded in patients GP records, accessible to secondary care clinicians.

#### **4.6 GP Online Workflow and Virtual Consultation - askmyGP**

askmyGP is a patient facing app that provides an alternative to patients phoning the GP practice and allows the GP to triage calls with patients via an on-line application process. All patients or their carers can use askmyGP to contact their practice. Patients explain their symptoms in their own words, allowing structured triage and consultation information to be passed directly to the practice. Following a successful pilot process in the Cwmtawe cluster wider rollout led by PCCS was undertaken during the COVID response.

#### **4.7 GP Virtual Consultation - Attend Anywhere**

The virtual consultation application funded by WG, has been rolled out in Primary Care, in addition to Outpatients. The future of the solution in Primary Care beyond this financial year is also part of the national business case being developed.

#### **4.8 GP to Consultant Advice and Guidance - Consultant Connect**

As part of the response to COVID SBUHB Medical Directorate has rolled out the Consultant Connect app within Primary Care. The app allows GPs to connect with specialist clinicians in Secondary Care to seek advice and guidance on individual patient care.

#### **4.9 Chronic Condition Management in Primary Care - SB Patient Portal**

In response to COVID the PCCS SDU are exploring the potential of the introduction of the Swansea Bay Patient Portal in the clusters to support patients with chronic conditions such as Chronic Heart Failure and Diabetes. This will allow blood results and care pathways to be viewed and updated remotely by patients and clinicians across primary and secondary care.

#### **4.10 Achievements in Period**

##### ***Welsh Community Care Information System - WCCIS***

- Full Business Case (FBC) comments received from scrutiny pane and responded to.
- Urgent implementation of new platform for 500 Mental Health staff to connect to Swansea Council PARIS following LA contract change end of Citrix contract Circa.

##### ***Optometry Electronic Record - OpenEyes***

- Confirmation of digital resources from all Wales Programme with a view recruitment can commence in Q3.

##### ***GP Electronic Test Requesting GPTR***

- At the end of Q2 2020-21 GPTR had been implemented in 43/49 SBU practices with a 12% uptake of all requests.

##### ***Choose Pharmacy***

- Choose Pharmacy has been enhanced to support the recording of flu vaccinations delivered in community pharmacies, making this information available to GPs and secondary care clinicians via the GP summary record in the Welsh Clinical Portal.

##### ***GP Online Workflow and Virtual Consultation - askmyGP***

- 30 practices are up and running with askmyGP with an additional 4 committed. These 34 practices represent nearly 70% of practices
- Adoption of the solution has been good and volumes are on an increasing trend with over 15k contacts for the latest week of which 67% were “online” contacts. The rolling total of requests stands at 347.5k. As to be expected, the main spike in contacts occurs on a Monday morning. The median time to close a contact is just over 2 hours and this compares favourably with the national picture for askmyGP
- Patient satisfaction remains high with over 90% prepared to recommend the system

##### ***GP Virtual Consultation - Attend Anywhere***

- Rolled out to SBUHB GPs that chose to adopt this, rather than the wider functionality available in askmyGP.
- NWIS have commenced further roll out to community optometry and dentistry practices

##### ***GP to Consultant Advice and Guidance - Consultant Connect***

- In September there were 49 calls made through the Consultant Connect solution with a 78% connection rate.

#### 4.11 Milestone for Next Period

##### **Welsh Community Care Information System - WCCIS**

- Present FBC to SLT for approval enabling the team to recruit to additional posts.
- Commence drafting of the Deployment Order and implementation plan in conjunction with Advanced and NWIS (subject to FBC approval).
- Work completed to establish full gap analysis between PARIS and WCCIS to ensure staff (approx. 500) in the health board have like for like functionality on go live of WCCIS in January 2021 with Swansea Council.

##### **Optometry Electronic Record – Open Eyes**

- Project initiation - Recruitment of digital services staff to support project.

##### **GP Electronic Test Requesting - GPTR**

- Implementations of GP test requesting to the remaining six practices across SBU.

##### **GP Virtual Consultations - Attend Anywhere**

- Continued roll out to community optometry, dentistry, community pharmacies and care homes and potentially sheltered accommodation

##### **GP Online Workflow and Virtual Consultation - askmyGP**

- It is planned to start the rollout for the additional 4 committed practices in Q3

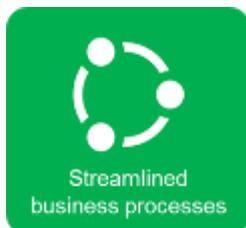
#### 4.12 Risk and Issues (including escalation, dependencies and constraints)

	<b>Risk / Issue</b>	<b>Action / Mitigation</b>
Risk	WCCIS: Business case for WCCIS is not approved by Senior Leadership Team due to lack of available funding within the Health Board.	Address actions resulting from SLT decision making
Risk	WCCIS: LAs do not adopt WCCIS and reduce the potential for integrated working across the region.	Continue to influence and escalate appropriately through regional partner structures and relationships
Risk	WCCIS/PARIS: Potential delay to Swansea Council go-live date of 25th January 2021. That could incur the health board with extra costs for continuation of PARIS.	Identify potential cost as a contingency

##### **Supporting documentation and references**

- [WCCIS Business Case \(document 7a\)](#)

## 5. Streamlined Communication and Business Processes



Enabling staff across the Health Board to reduce the time spent on administrative processes, providing more time for value added activities. This ranges across all clinical and administrative functions of the Health Board. The programme will maximise the opportunities of Microsoft Office 365

**SRO – Hannah Evans, Director of Transformation**

**Digital Lead – Matthew Knott, Head of Digital Applications**

### 5.1 Microsoft Office 365

The Swansea Bay Health Board Office 365 Programme sits at the forefront of delivering streamlined business processes through a combination of modern cloud-based services and flexible collaboration tools. As well as empowering staff to deliver their own digital transformation, Office 365 empowers digital services to create complex digital solutions for the organisation.

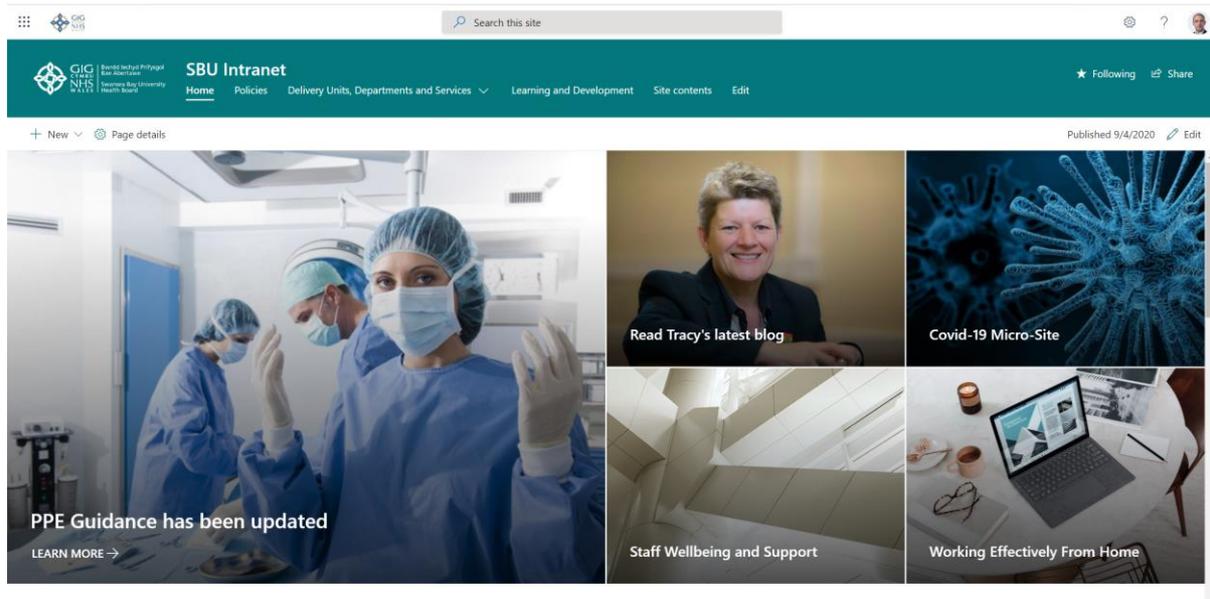
**Modernising Workforce** – All staff have been given an Office 365 licence, allowing them to access email, files and chat from any device on any network. Moving email and personal documents into Office 365 has been key to ensuring the workforce remains effective during Covid-19 restrictions.

**Improving Communication and Collaboration** – By rolling out Teams, the organisation was able to keep in touch at a time when many were working from home for the first time. Teams allowed daily Covid updates to be delivered directly to the entire workforce.

**Empowering the Workforce** – By introducing services such as SharePoint, Forms and Power Automate, services were empowered to drive their own digital transformations. Several services digitised paper forms to enable home working and support social distancing.

### 5.2 Intranet Redevelopment – Office 365

SharePoint Online, part of Office 365, will provide the organisation's new Intranet, replacing the existing Cascade platform which is going to be retired by March 2022. SharePoint will modernise the Intranet experience both visually and functionally (see prototype below), making the digital hub of the organisation available to all staff with a laptop or smartphone.



### 5.3 Online Patient Booking – Office 365

The need for social distancing in services that traditionally work on a walk-in basis has created a requirement to make appointments online. Office 365 includes a simple booking solution called Bookings, which has enabled Swansea Bay to be the first Health Board in Wales offering online blood test appointments. In the first month, more than 2800 patients booked almost 4000 appointments. Bookings was also used to manage to Antibody testing process at the Bay Field Hospital.

### 5.4 Digital Dictation and Voice Recognition

Digital services provide project management and support for services who want to invest in digital dictation. The current focus is on Children’s services in Singleton. Work is ongoing with Procurement to establish a call off framework for Digital Dictation to enable service groups to purchase the required licences. Implementation support will then be provided by the digital team.

### 5.5 Achievements in Period

#### Office 365 Adoption

- Continued to build on embedding Office 365 into organisational ways of working:



200 DIGITAL CHAMPIONS RECRUITED



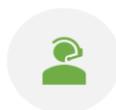
7300 ACTIVE TEAMS USERS (UP 4100 ON Q1)



550,000 TEAMS CHAT MESSAGES SENT



43,186 TEAMS MEETINGS SCHEDULED



67,000 1:1 TEAMS CALLS



6.8M MINUTES OF VIDEO CALLS (13 YEARS OF CONTINUAL PLAYBACK)



955,000 MINUTES OF PRESENTATIONS

### Online Patient Booking

- Supported the implementation of social distancing measures with online booking /scheduling: Antibody testing in Bay Field Hospital, Phlebotomy, Veterans service

### SBUHB Intranet Redevelopment

- Moved Occupational Health intranet site to SharePoint Online. Created SBU Intranet site to allow the communication team to begin planning content migration

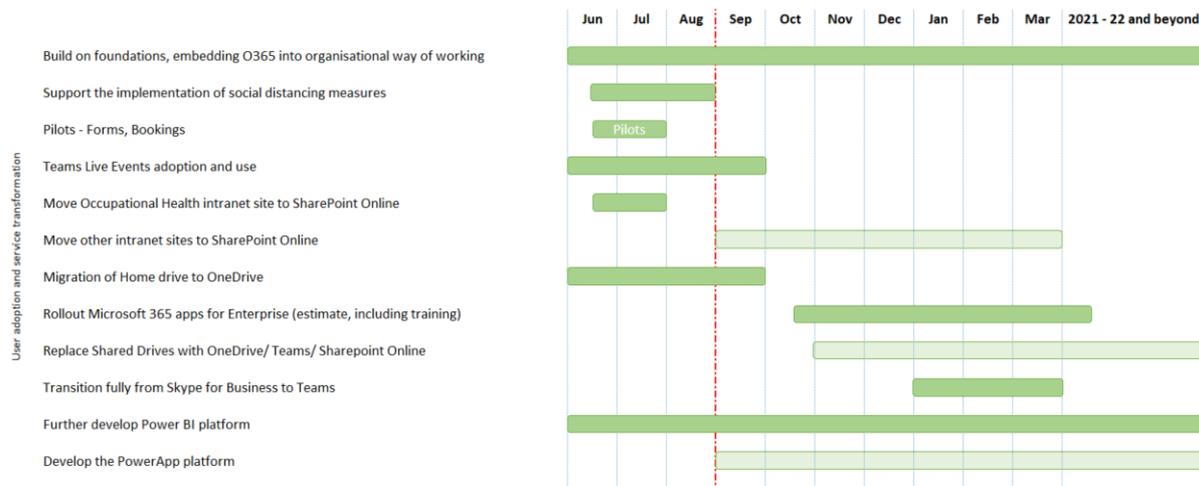
### O365 Teams

- Teams has continued to prove its value to the organisation during this period by enabling remote recruitment, clinical education sessions, and staff inductions.
- MDTs and Virtual Ward rounds happening using Teams have helped ensure patients still receive excellent standards of care, even when clinicians are shielding

## 5.6 Milestone for Next Period

### Microsoft Office 365

The figure below shows the current plan for user adoption of Office 365 and service transformation.



## 5.7 Risk and Issues (including escalation, dependencies and constraints)

	Risk / Issue	Action / Mitigation
Risk	Lack of implementation/business change resources to realise the full potential of the Office 365 investment	Proceeding with recruitment to increase resources for Q3/4. Further case to be made for additional resources with associated benefits plan

## 6. Business Intelligence and Analytical Intelligence (AI)



Enabling the utilisation of the data we capture within our digital solutions to support evidence based decision making.

### SRO – To be determined

#### Digital Lead – Lee Morgan, Head of Digital Intelligence

The business Intelligence and AI programme objective is to embed accurate and timely state-first-class information at the core of our decision making. To facilitate this approach, a number of key strategic plans are underway as part of a 4 year vision to move the Health Board forward in key areas.

#### 6.1 SBUHB Business Intelligence Strategic Plan

A draft business intelligence strategic plan was completed in March 2020 and due for presentation and circulation to executive colleagues. Due to the deteriorating position of COVID-19 across the country, this was postponed and will now be refreshed and re-launched in spring 2021.

#### 6.2 NHS Wales National Data Resource (NDR)

A national data resource (NDR) is being developed to better enable NHS Wales to improve patient experience and service outcomes. The NDR aims to deliver a more joined up approach to health and care data, using common language and technical standards. It will improve the way data is collected, shared and used across health and care organisations in Wales and will drive forward the interoperability of health and care systems.

NHS Wales Informatics Service is currently working with Welsh Government, health boards, trusts and other stakeholders to deliver the ambitious programme. Each health board has been allocated 2 data analysts to support the flow of data into the NDR. The NDR will provide improved analytics capability and will enable better decision making for clinicians, operational managers, data scientists and other users.

#### 6.3 Dashboards and Business Intelligence Tools

There will be a re-evaluation of the platform used to deliver this intelligence, currently QLIK, to discover the opportunity brought about by Office 365 and the intelligence toolkit that forms part of the suite, namely Power BI. Along with this approach will be a focus on predictive and prescriptive analytics (not just descriptive) which will include the opportunity to explore advanced modelling techniques via the integration of new technologies into our platform.

#### 6.4 Achievements in Period

##### **COVID SITREP dashboard**

- The first COVID dashboard provided GOLD command with close to live reporting on key indicators across the HB with a focus on COVID data. These data included pathology

testing, admissions, discharges and occupancy levels, as well as occupational health data, patient safety indicators, mortuary, PPE and mortality indicators.

- The second iteration of the dashboard integrated many more key indicators, including primary and community care data, circuit breakers to support escalation triggers and granularity on 1<sup>st</sup> wave data to help inform and understand the impact on 2<sup>nd</sup> COVID wave.

### ***COVID Modelling***

- Developed a modelling dashboard with a number of nationally developed models with localised data to demonstrate to the HB a set of scenarios. These were used to ascertain occupancy levels at peak times for HB planning and also inform field hospital decisions.

### ***Mortality dashboard***

- Developed in Power BI for the medical director to support and quality assure reporting of COVID mortality across the HB.

### ***Shielded Patient List Dashboard***

- Developed in Power BI to provide the Medical Directors Department with the Patient who are on the national list with weekly updates.

### ***PPE modelling***

- Using COVID modelling to ascertain the requirement of PPE stock levels across each unit on key areas including masks, gloves etc.

### ***Essential services dashboard***

- Used to support and inform discussion on when to bring essential services back online following the 1<sup>st</sup> COVID wave. This was also used to support the WG Qrt 2, 3 and 4 plan submissions.

### ***Test, Trace and Protect dashboard***

- Used to monitor the TTP programme with key metrics.

## **6.5 Milestones for Next Period**

### ***Organisation Priorities***

- The modelling cell will continue to support the requirements of the HB over the forthcoming months and currently have in excess of 12 work packages still to be addressed. This will include requirements emerging from the COVID Immunisation programme.

### ***Clinical Trial Software, TRINETX***

- Following COVID, the BI team will resume dialogue with TRINETX to explore the adoption of the Natural Language Processing function within the software to allow for future data exploration opportunities.

### ***Single Cancer Pathway (SCP)***

- The digital intelligence team has continued to develop the SB cancer dashboard during COVID and has also developed a plan to deliver key changes and amendments to support the delivery of a single cancer pathway view of all patients in SB via the cancer dashboard. This work is anticipated to be completed by January 2021.

### Theatres Intelligence

- Following the 1<sup>st</sup> wave of COVID-19, there has been a renewed focus on theatres in terms of understanding flow
- Using the Healthcare Systems Engineering methodology, this will result in the formation of a new dashboard using Power BI
- Moving forward, the current limitations of the theatres systems (TOMS) will need to be addressed in order to facilitate the level of theatre analytics required.

### 6.6 Risk and Issues

	<b>Risk / Issue</b>	<b>Action / Mitigation</b>
Issue	Lack of resources in the Digital Intelligence team means that urgent and important dashboards/modelling requirements are taking longer than desired	<p>The modelling team at present consists of five members, and whilst recruitment has started (to expand this team to seven members), posts are not likely to be filled until post December.</p> <p>Priorities are determined by the Modelling Cell Group and were ratified by Reset and Recovery Group. Now that this group has been stood down, new governance arrangements need to be determined</p>

## 7. Digitally Enabled Programmes

Digital Enabling  
Programmes



Providing the firm digital foundations to deliver transformation. Clinicians are becoming more and more reliant on digital solutions to facilitate the provision of high quality care and this dependency will only increase. SBU are therefore focussing on ensuring our digital services are resilient and secure

**SRO – To be confirmed**

**Digital Lead – Carl Mustad, Head of ICT Operations**

### 7.1 Infrastructure, Systems and Devices

The scope of delivery within the Digital Enabling Programmes is wide as this underpins all digital programs and services. The aim of this programme is to ensure that the underling infrastructure and systems is robust, secure, highly available and fit for purpose in order to deliver high quality digital services.

The scope of these services are:

- Client Services (Devices and Desktop Applications including Mobilisation)
- Service Desk (Effective Support and Advice for HB staff)
- Network and Telecommunications (Local Area Networks, WiFi, Virtual Private Network [VPN], Telephony)
- Infrastructure Servers and Applications (Underlying systems that provide access to clinical and Administrative computer services to the Health Board including Cloud based services)

### 7.2 Information Governance

Information Governance is the framework within which accountability, standards, policies and procedures are developed and implemented, to ensure all information created, obtained or received by the Health Board is held and used appropriately.

Whilst Information Governance is a fundamental enabler to the Digital Transformation Programmes, its governance model is through the Information Governance Group, chaired by the SIRO, which reports directly to SLT. It is important that there is a separation in governance between digital delivery and Information Governance. Therefore, information presented at DTLG will be for information and communication, as appose to being the formal governance route for IG.

### 7.3 Cyber Security

Cyber Security refers to the body of technologies, processes and practices designed to protect networks, devices, programs and data from attack, damage or unauthorised access Cyber criminals actively attack healthcare organisations due to the importance of the data and resale value of the data. SBUHB is working with NWIS, WG and other Health Boards to ensure our defences are as strong as they can be.

### 7.4 Clinical Support Services

Clinical Support Services, such as Pathology, Radiology and Pharmacy, have significant digital systems that support their operational management. These digital services form part of this Digital Enabling Programme as in addition to providing prime function to their respective departments, they are also key information sources for the Health Board electronic patient

records. There are a number of strategic programmes emerging in the Clinical Support Services space:

### **7.5 Laboratory Information Network Cymru (LINC) Programme**

The Laboratory Information Network Cymru (LINC) programme is an enabling programme to support the delivery of a modern, high quality Pathology (including Microbiology) service as part of a wider transformation set out in the Pathology Statement of Intent. A key driver is the need to standardise as far as possible to deliver a sustainable service. At the heart of the programme is the procurement of a new laboratory information management system (LIMS) service. The timescale for new LIMS implementation in 2024.

### **7.6 Radiology Informatics System Procurement (RISP)**

The Picture Archive Communication System (PACS) contracts across Wales are coming to an end shortly, a mandate has been received from the Chief Executive Group giving authority for the NHS Wales Health Collaborative to establish a Radiology Informatics System Procurement (RISP) Programme to develop a Business Case for the procurement of an end-to-end Radiology Informatics System.

A number of workshops have been undertaken with options appraisals for functionality and hosting arrangements with the Outline Business Case planned for December 2020 and deployments planned for 2023 and 2024.

### **7.7 Pharmacy Homecare Invoice Automation**

For those people with long-term chronic and stable conditions, homecare is a way for them to receive prescribed medicines in their own homes, where otherwise they would need to attend hospital. Initiated and prescribed by a hospital clinician, homecare medicines can be delivered and administered by specially-trained nurses who attend people's homes or self-administered by the patient.

Current review of process is that 80% of homecare invoices will be processed automatically by the BoT with the remaining 20% dealt with as exceptions by the team. The automated process will release invoicing staff for additional quality benefits which start post "go-live" – medication reconciliation by contacting patients receiving Homecare treatment to review volume of medicines they have in stock and whether a new prescription is due or not.

## **7.8 Achievements in Period**

### ***Digital Infrastructure***

- The complexity and scale of the operation of enabling change by providing the supporting digital infrastructure during COVID-19 has been unprecedented. Since the beginning of March more than 30 different clinical areas have been reconfigured, which has required provision of hardware, network connectivity and telephony. New stock control procedures have been developed within Digital Services, to ensure a timely response to the needs of the organisation.
- Telephony capacity was doubled to cope with the increase in telephone calls to the Health Board and additional call centres configured to support additional services e.g. TTP call centre, Occupational Health and a Workforce Helpline.

### ***SBU Internet network***

- Network capacity increased and SBU VPN service created to provide fast access for remote users specifically supporting clinical services such as Consultant Radiologists diagnostic reporting.

### ***Home working capacity***

- Capacity for home working as greatly increased to enable the Health Board to continue to function effectively. This has resulted in innovate ways to maintain services and allow staff who are shielding or departments maintaining social distancing rules to continue to work effectively with new tools such as Microsoft Teams. The following additional equipment has been issued since the start of the pandemic:
  - 1,510 laptops
  - 2,668 VPN tokens activated
  - 501 tablet devices

### ***Field Hospitals***

- Arguably the biggest challenge for the Digital Services Team was delivering 2 digitally enabled field hospitals within 8 weeks from start to finish and recently combining these services into a single field hospital in Bay studios.
- The digital infrastructure has a new network, telephony system, over 130 laptops/PCs and 40 printers and includes the SIGNAL digital whiteboard solution in use in the other acute sites in SBU.

### ***Testing Units & TTP***

- Digitally enabled services were implemented at the Liberty Stadium Community Testing Unit (CTU), community testing site at Margam, Track Trace and Protect team (TTP) as well as the call centre which has a new team and a work from home model.

### ***Information Governance***

- Throughout the period there has been a local and national focus on appropriate Information Governance guidance, to ensure the safe and effective use and sharing of information in a very quick and responsive manner. Guided by the Information Governance Team, the Health Board has adopted a practical approach during this period, based on the advice issued from the Information Commissioner's office, in order to support the timely deployment of new ways of working during the emergency response.
- Completion of IG Strategic Plan 2020-2022
- Co-ordination and completion of SIRO Report for 2019-2020

### ***Cyber Security***

- During the pandemic there has been an increased cyber security threat, with the NHS being targeted by fraud and other scams. Health Board cyber security leads, in collaboration with national colleagues, have utilised the tools invested in to combat any risk and raise awareness through bulletins and targeted emails. A comprehensive paper on the Health Board Cyber Security response was submitted to Senior Leadership Team, Audit Committee and the Health Board in Q2. The paper recommended that Cyber Security Training be made mandatory. A more detailed proposal for the mandatory training is being constructed.

## **7.9 Milestones for Next Period**

### **COVID Immunisation**

- The Welsh Immunisation System (WIS) is being developed nationally by NWIS. This system will be used to schedule clinics and record immunisation details for the public. The Health Board is developing the plan to administer vaccinations and Digital Services will need to ensure access to WIS in a number of settings (hospital, community, care homes etc) and develop reporting services.

### **Digital Enabling**

- Connectivity - Continue roll out of community WiFi
- Telephony System upgrade – complete upgrade across all sites
- Digital Ward – support refurb Ward 20 and ensure create a digital infrastructure template for wards
- Welsh Intensive Care Information System (WICIS) – support the design phase of Morrision ITU refurbishment in readiness for WICIS
- Field Hospital support – complete Digital infrastructure changes to support new service in the Bay field hospital

### **Information Governance**

- Continuing to provide comprehensive advice and developing guidance to support the organisation response to Covid, including support for the national Covid-19 vaccination process, SBPB, M365, Signal and any other programmes as required.
- Leading on and completion of national IG Breach scoring guidance, which includes working with the ICO to agree scoring thresholds

### **Pathology LIMS Upgrade**

- Major WLIMS upgrade planned for December 2020. It is expected that the national hardware replacement and system upgrade will provide improved availability for the remaining period until the new LIMS implementation in 2024

### **Radiology Informatics System Procurement (RISP)**

- A project is underway to deliver a single instance of WRIS for SBU. Currently there are 2 instances, Swansea and Bridgend (which also hosts Neath Port Talbot Radiology data). Go live Q3/4.
- Significant collaboration with the national programme during Q3/4 to ensure SBUHB supports and influences the procurement effectively

### **Pharmacy Homecare Invoice Automation**

- Implementation during Q3/4

## **7.10 Risk and Issues (including escalation, dependencies and constraints)**

	<b>Risk / Issue</b>	<b>Action / Mitigation</b>
Issue	Instability of LIMS system. 7 outages since March	LIMS upgrade in December is expected to improve availability
Risk	As the organisation becomes more and more reliant on digital ways of working and number of devices/users continues to increase, there is a risk that Digital Services do not acquire	Digital Services and Finance to work together on a sustainable resource plan.

	the increased resource capacity to provide required support	
Risk	Significant increase in devices rolled out in 2020-21 will impact on Capital refresh funding in 5 years' time	Digital Services and Finance to work together on a sustainable plan for technology refresh.
Risk	One of the two national data centres will need to be moved to a new location due to the current supplier ending the contract. This could happen as early as March, in which case the likelihood of instability to our services hosted nationally would be high.	NWIS negotiations with existing supplier are likely to move the date to October 2021 which would be a more realistic time period to complete. SBUHB will continue to seek assurances until date is confirmed.

### ***Supporting documentation and references***

- [Information Governance Group Chair's Assurance Report Sep 2020 \(document 10a\)](#)
- [SIRO Report 2019/20 \(document 10b\)](#)
- [SBU IG Strategy 2020/22 \(document 10c\)](#)

## 8. Digital Capability and Capacity

The global push for digital transformation presents the Health Board with a number of opportunities and a number of threats. The HB have a committed and skilled Digital Services team but the demand for skilled digital staff is growing and the Health Board are now struggling to recruit into key technical areas and replace staff that are leaving.

The pace of change within Digital is great and we need to ensure our Digital staff have access to the training and professional development opportunities to ensure they are able to support the drive for transformation.

As a team we have leveraged the opportunities presented from the apprenticeship schemes and a number of our people are engaged on further education courses up to degree level. We are working with the national Health Informatics Workforce Strategy and Implementation Group to identify a strategic approach to the maintaining and increase the digital workforce in NHS Wales. We recognise however the need to develop a comprehensive workforce plan for our Digital services to address the issues with recruitment and retention of staff within the team. The HB needs to ensure that it is able to offer people attractive careers in supporting us to achieve this transformation.

A key area of the workforce plan will be to grow the capability and capacity of business analyst to understand and deliver business transformation change and benefits realisation. Also, growing the digital clinical workforce under the leadership of our Chief Clinical Digital Officer will to enable clinicians to develop a career in digital health/clinical informatics and help clinicians and professional bodies recognise their valuable contribution to systems development, implementation roll-out and evaluation in order to improve patient care and delivery of services.

Business and Cultural change is essential to achieving digital transformation. This change cannot take place without the wider workforce (and our citizens) being able to embrace the tools we will be able to provide them. The organisation will be working closely with HEIW and the Digital Special Health Authority in the execution of the national workforce strategy which includes a focus on “the digital workforce”.

The HB has committed to the Digital Inclusion Charter and we need to be able to ensure our staff are comfortable using the solutions we provide and are able to innovate themselves and share knowledge with their peers.