



Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>24 January 2023</b>		<b>Agenda Item</b>	<b>5.1</b>
<b>Report Title</b>	<b>Digital Transformation Progress Report</b>			
<b>Report Author</b>	Deirdre Roberts, Assistant Director of Digital Transformation Gareth Westlake, Assistant Director of Digital Business and IG			
<b>Report Sponsor</b>	Matthew John, Director of Digital			
<b>Presented by</b>	Matthew John, Director of Digital Deirdre Roberts, Assistant Director of Digital Transformation			
<b>Freedom of Information</b>	Open			
<b>Purpose of the Report</b>	The paper provides an update on the digital transformation progress being made across the Health Board during the reporting period (1 <sup>st</sup> September – 30 <sup>th</sup> November).			
<b>Key Issues</b>	<ul style="list-style-type: none"> <li>• The long-term sustainability of health and social care is dependent on having the right digital foundations in place.</li> <li>• The Health Board’s digital plan is aligned to the key goals, measures and outcomes of the organisations Recovery and Sustainability plan</li> <li>• The Digital team are taking a lead on reviewing and refreshing the digital strategy/strategic plan which will be informed by the refreshed national strategy and other national collaborative initiatives.</li> <li>• Most digital projects are progressing well and are on target to be delivered as planned.</li> <li>• Some key projects are facing delays, these include: the Emergency Department System (WEDS); The new version of the patient flow system, Signal; and the Welsh Community care Information System (WCCIS)</li> <li>• The HB reduction in capital allocation and continuous increases in digital sourcing and providing digital services, is increasing the financial risk of achieving sustained digital transformation</li> </ul>			
<b>Specific Action Required (please choose one only)</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Recommendations</b>	Members are asked to: <ul style="list-style-type: none"> <li>• Note the progress being made across the digital portfolio of projects</li> <li>• Note the emerging digital business cases</li> <li>• Note the financial pressures that are being worked through by digital and finance leads</li> </ul>			

## **1. INTRODUCTION**

The paper provides an update on the digital transformation progress being made across the Health Board.

## **2. BACKGROUND**

The long-term sustainability of health and social care is dependent on having the right digital foundations in place. Digital solutions will underpin service transformation across care settings whilst also empowering patients. The Swansea Bay digital plan is designed to enable the delivery of the Health Board Reset and Recovery plan and is aligned in delivery timeframes to support delivery of key goals, measures and outcomes.

A summary of the 6 key programmes of work to support the delivery of the digital vision is set out below:

### **Patient Empowerment & Outpatient Modernisation**

Exploiting digital technology is critical to our recovery plans in how we manage demand and capacity. Continuing to modernise how we provide outpatient services and engage virtually with our patients to optimise capacity is key.

A key aim is to enable Swansea Bay citizens to access their medical record electronically, empowering them to manage their care.

### **UEC (urgent and emergency care) and Hospital Patient Flow**

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

### **Integrated Health & Care**

This programme further enables staff across Secondary care, Primary Care, Community, Mental Health, Learning Disabilities, Social Care and other partners to share information, knowledge and expertise. 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.

### **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.

## **Digital Infrastructure**

Digital transformation cannot be realised without a robust and performant technical infrastructure. Clinicians are becoming more and more reliant on digital solutions to facilitate the provision of high quality care and this dependency will only increase. The Health Board is therefore focussing on ensuring our digital services are resilient and secure.

## **Business Intelligence (BI)**

Enabling the utilisation of the data we capture within our digital solutions to support evidence-based decision making. The priorities for BI and the digital BI resource is in the support of the annual plan's deliverables informed by the respective programme boards i.e. UEC and planned care boards. Working in collaboration with our partners in DHCW (Digital Health and Care Wales) and the National Data Resource (NDR), we will accelerate our portfolio of data, BI self-service products and build capability and capacity to become self-sufficient in their support and development. Furthermore, we will implement our three-year BI strategy as per the BI implementation plan for the Health Board.

## **3. NATIONAL AND STRATEGIC CONTEXT**

### ***HIMSS (Healthcare Information and Management Systems Society) Digital Maturity***

**Assessment** - In collaboration with NHS Wales organisations, the Health Board will be carrying out a digital maturity assessment using the HIMSS Electronic Medical Record Adoption Model (EMRAM) during Q3/4 2022/23. Funded by DHCW, the assessment will provide the HB with an excellent understanding of our digital maturity, allow comparison with other organisations and inform local and national priorities moving forward.

**NHS Digital Strategy for Wales** – the refreshed National Strategy has been developed the Welsh Government in collaboration with NHS organisations across Wales and is planned for launch during Q4 2022/23.

**Digital Priorities Investment Fund (DPIF) review** - a DPIF review is being undertaken by the WG Digital Policy and Delivery team. The review follows on from a WG internal audit and will look at the types of work DPIF supports and the roles and responsibilities in the oversight of projects and programmes. The output from the review will be presented to the Minister in March 2023. In parallel, Digital and Finance Directors across NHS Wales are collaborating on quantifying longer term (10 yrs) digital investment needs.

**Swansea Bay Digital Strategy** - The HBs digital team will take a lead on reviewing the HBs digital strategy 2017-22. This will lead to a refreshed local digital strategy and strategic plan being developed by Q2 2023/24. The strategic plan will focus on organisation priorities and informed by the national elements highlighted above.

## 4. DIGITAL ANNUAL PLAN PROGRESS TO DATE

### 4.1 Patient Empowerment & Outpatient Modernisation

**Paperless Outpatients <Green>**: Three services, Rheumatology, Diabetes and Diabetes Paediatrics are currently live with paperless ways of working with an additional 3 services scheduled to go live in Q4 (Endocrine, Vascular and Haemophilia). This means that clinicians in these services are undertaking consultations using the electronic information available and not the paper record. The cessation of printing and filing of endoscopy reports is also scheduled to take effect during Q4.

**Video Consultations <Amber>**: There are concerns on WG targets issued to all organisations pertaining to the use of virtual consultations (50% of FUNB and 35% new appointments to be carried out virtually). During the reporting period 19% of new and 32% of follow-up outpatient activity was undertaken virtually. Meetings between the Digital and the Transformation Teams are underway to formulate a plan to increase adoption with a focus on clinical conditions best suited for a virtual consultation.

**Patient Portal <Green>**: 18,000+ patients are currently registered to use the Swansea Bay Patient Portal (SBPP) using the Patients Know Best (PKB) platform. Patients currently have access to Swansea Bay published laboratory results and clinic letters. A wide scale rollout of the Swansea Bay Patient Portal (SBPP) commenced on the 6<sup>th</sup> December with a view that ~100,000 patients will be registered to avail of the SBPP during phase 1 of the rollout (expected to conclude by end of March 2022). The SBPP is empowering patients to manage their care and support more informed discussions with clinical teams. A public communication campaign to promote the availability and benefits of the SBPP is underway.

**Hybrid Mail <Green>**: Hybrid mail can be described as posted mail (letters, leaflets, brochures etc) delivered using a combination of electronic production and physical delivery by outsourcing to a 3rd party company. It is being used by Rheumatology to upload outpatient letters/inserts to the Swansea Bay Patient Portal (SBPP) or print and post with a Hybrid Mail solution (Synertec Ltd). To date, 79% of correspondence sent to Rheumatology patients are accessed via the SBPP within 48hrs negating the requirement to post. A plan to rollout across all services Health is under development.

### 4.2 UEC and Hospital Patient Flow

**Signal <Amber>**: The Signal Inpatient flow solution is supporting care across multi-disciplinary teams whilst enabling senior decision makers to undertake systematic reviews of patients. A decision was made to defer the go-live of a new version (Signal v3) from the end of November to Q4 given feedback from the service relating to the volume of digital change, particularly at Morriston Hospital, coupled with proximity to the AMSR go live on the 5th of December. Discussions to agree a go live date during Q4 are underway.

The new version will build on the success of the current solution and deliver more benefits including:

- Real time, informed decision making within and across acute sites.
- Speciality specific actions which highlight “blockages” and / or outstanding jobs within the care pathway to enable a safe and timely discharge.
- Care across healthcare settings; in particular the Hospital to Home module which supports referral management between health and social care.
- Integration with Welsh Clinical Portal whilst maintaining the patient context, ensuring the right information is available at the point of care.

- Reduced information governance risk given information is no longer collated on paper lists and subsequently shared between teams for updates.
- Decarbonisation: less paper generated.

**Hospital Electronic Prescribing and Medicines Administration (HEPMA) <Green>:**

The HEPMA solution is digitising paper drug charts across Swansea Bay in-patient settings; enabling a prescriber to share an accurate, error-free and legible prescription directly with clinical teams to facilitate dispensing and drug administration. It is an enabler to improving quality of care which has been demonstrated through an evaluation of the Neath Port Talbot and Singleton implementation; some of the benefits realised are set out below:

- Releasing Time to Care - Reduction in time taken to access medication charts
  - ✓ NPTH 10,297 hours to 3,297 hours (68% reduction)
  - ✓ Singleton Hospital 15,767 hours to 5,600 hours (65% reduction)
- Improving patient safety through a reduction in medication errors including missed doses.
  - ✓ NPTH unrecorded medication administrations reduced from 9.04% to 0.05%.
  - ✓ Singleton unrecorded medication administrations reduced from 3.20% to 0.07%.

The Morriston general medicine implementation completed during the reporting period. Q4 will focus on a surgical implementation across the Health Board. A bid to extend the scope of the project to Mental Health and Learning Disabilities has been approved by the All Wales medicines programme, implementation planning will commence during Q1 FY (financial year) 23/24.

**Nursing Care Record (WNCR) <Green>:** The WNCR project aims to transform nursing documentation from paper to digital. At present, the solution contains the Adult In Patient Assessment form and 6 key risk assessment forms. Following on from successful implementations across NPT and Singleton the Digital Team implemented the solution across Morriston during the reporting period. Implementation of the solution has resulted in a 33% increase in document compliance across some sites, improving quality and safety.

**Emergency Department System (WEDS) <Red>:** The WEDS project aims to improve safety and efficiency across our ED and MIU departments through the implementation of digital ways of working. The solution has been live in the NPT MIU since December 21. This was the first implementation in Wales and whilst successful, a number of technical issues have continued to hinder progress. Therefore, the rollout at Morriston ED is currently on pause until there is confidence that the issues at NPT have been resolved. A series of escalation meetings are underway between the supplier (EMIS), DHCW and Swansea Bay to assess technical, commercial and financial options on a proposed way forward.

**Welsh Clinical Portal (WCP) <Amber>:** Clinicians and healthcare staff use WCP to manage patient lists, view documents, request pathology tests, view pathology results, view patients' GP records and admit, transfer and discharge patients. Uptake of pathology test requesting in secondary care is progressing well with 66% of all requests placed electronically. Q4 will focus on antenatal adoption rates with a view the Health Board will attain 70%+ uptake by March 2023.

**TOMS <Amber>:** The Theatre system is used across all hospitals to manage theatre processes and capture surgical patient information. The solution has been developed locally and is also used in Cwm Taf Morgannwg (CTM). There is an urgent requirement for the local

TOMs solution to be upgraded and maintained to address cyber security legacy hardware issues. In FY 21/22 DPIF approved funding for the redevelopment of TOMs with a view that this would be the National system for theatres management across Wales. However, the reduction and subsequent review of DPIF during FY 22/23 has meant funding has been withdrawn and the project placed on a reserve list. This means the development cannot evolve at the pace that was anticipated, hence the current amber rating.

Already viewed as the most functional system of its type in Wales through an independent DHCW report, the new version will build on the success of the current solution and deliver more benefits including:

- New, seamless integration between Signal, Preoperative Assessment and the Waiting List Card.
- Automated patient identification through barcode scanning.
- Integrated, real-time Theatre traffic light dashboard.
- Alignment with national initiatives including Scan for safety (S4S) and the UK-wide Medical Devices Information System.
- Positioning TOMS to become the national theatre management solution and attract further investment in Swansea Bay.
- A completely new user experience optimised for each role, reducing visual clutter and creating a more efficient experience.

The digital team are in discussion with Welsh Government to establish if DPIF funding for FY22/24 is available to expedite development. In parallel discussions with both Hywel Dda and Cwm Taf Morgannwg continue to consider a regional venture for the solution.

**Foetal Monitoring System <Green>**: The Welsh Government set a mandate to reduce stillbirth rates in Wales. MBRRACE (Mothers and Babies: Reducing Risk through Audit and Confidential Enquiries) (2017) reported Abertawe Bro Morgannwg UHB (Swansea Bay UHB predecessor organisation) as having a still birth rate of up to 10% higher than comparable units. A key M&M theme identified was Cardiotocograph misinterpretation. An electronic central monitoring system will support the safety of women and babies toward better outcomes and maintain women and families' privacy and dignity in the birth environment. The solution is planned to go live in February 2022.

### 4.3 Integrated Health & Care

**Community Care Information System (WCCIS) <Amber>**: See section 4, Emerging Digital Business Cases.

**Primary Care Pathology Test Requesting <Green>**: 85% of pathology requests from primary care have been submitted electronically during the reporting period. The Health Board is on a trajectory to reach over 90% uptake by the end of March in line with the National Laboratory Information Network Cymru (LINC) programme target.

**Open Eyes <Red>**: The Open Eyes platform will provide a shared care record between primary, community and secondary care. The system will digitally support the aims of optometry contract reform; supporting patient care in the community, reducing pressures on secondary care. A review of the national programme is underway following issues shared at

the national Eye Care Project Board pertaining to delays. Swansea Bay is working with the national programme to establish an agreed implementation date.

#### **4.4 Streamlined Communication and Business Processes**

***IFRS Lease Management Solution <Green>***: A significant piece of work for the Office 365 development team during this period is the International Financial Reporting Standards IFRS lease solution for finance. This solution will completely digitise this lease identification and management solution and is also a significant technical milestone. This complex process can involve multiple documents moving back and forth between staff, finance business partners, procurement, and capital. The new solution will leverage new Office 365 capabilities to greatly simplify the management of this process and provide valuable learning that can be applied against other business processes in the future.

***Health Records Centralisation <Green>***: To support the Health Board's Clinical Service Plans and to maximise the use of space on hospital sites for the provision of clinical services, the directorate has sourced and located a potential unit to centralise the health records department. A business case has been approved via the Business Case Assurance Group (BCAG) and work has started with the landlord to secure a lease at the earliest possible convenience. Alongside this there has been the development of an outline scanning business case to review potential options for taking scanning forward. Following initial discussions, further development is required with the intention of presenting it to BCAG in February 2023.

#### **4.5 Digital Infrastructure**

##### ***Cloud Strategy and associated Business Case <Green>***:

Digital Services continue to work with RedCortex to develop the SBU Cloud Strategy and Business Case to modernise delivery of digital services to the organisation. The strategy has implications for the financial model which will move from a capital to a revenue based funding model. A business case is under development with a view it will be issued for review by end of March 2023. The case will set out total costs and reflect the shift from capital to revenue based funding.

#### **4.6 Business Intelligence (BI) <Green>**

A key deliverable this period includes the deployment of the Acute Medical Service Redesign (AMSR) Tracker which informs progress against bed and discharge targets. Work to enable delivery of the quality and safety strategy continues; development of the infection control dashboard has completed in readiness for go live mid –December. Scoping of the Quality and Assurance Dashboard has commenced with over 200 measures currently being prioritised.

Prioritisation of the measures gathered will be workshopped during the next reporting period. The final phase of the cancer dashboard showing historical data trends is on scheduled for release during Q4.

## 5. UPDATE ON EMERGING DIGITAL BUSINESS CASES

There are several national and local business cases/proposals that will either: introduce new digital solutions to transform service provision; or replace existing digital solutions with a view to provide improved functionality, interoperability performance, cyber security compliance as well as meet the needs of procurement legislation in relation to contract terms.

A summary of each of the business cases/proposals underway is provided below:

### 5.1 Welsh Community Care Information System (WCCIS)

The WCCIS is a national electronic information sharing platform designed to deliver the objectives of “A Healthier Wales” - improved care and support for people across Health and Social Care. It will enable 3,500 users in Community and Mental Health and Learning disabilities to access and capture patient information electronically at the point of care, removing the current reliance on paper. This information can be shared with social and secondary care to support the delivery of integrated care pathways. The scope, scale and ambition of the National WCCIS program is hugely ambitious and will bring significant quality and safety and efficiency benefits to Swansea Bay and across the region. Whilst the initial procurement and national development of the solution is funded by Welsh Government (WG) a significant investment from the Health Board will be required to implement and support the solution.

**Status:** - The Health Board has approved a local Outline Business Case (OBC) and a Full Business Case (FBC) is being undertaken. The FBC is underpinned by a detailed benefits review across Community and Mental Health Services. The completion of the FBC was paused due to 3 national issues which have now been resolved. However, at the October Project Board two further emerging issues were identified: the lack of Health Board Capital funding available for the implementation costs of £3m over 4 years and the need to understand the impact of the delay in the FBC on the identified benefits.

The digital team has worked with the WCCIS national program team to identify and propose a potential funding model to WG. WG have recommended that this proposal be submitted as a bid to the DPIF scrutiny panel. The review of the impact on benefits has been completed and identified a reduction in efficiencies from £1.9m to £1.5m per annum. The November Program Board therefore asked SDGs to confirm their ability to fund the ongoing revenue implications of WCCIS by January and to progress with the production of a business case, using the BCAG template.

SBU already has 500 users live on the system through the Swansea Council implementation of WCCIS. An assessment is being undertaken in conjunction with the Regional transformation team and Swansea council to assess whether additional SBU staff (initially the Acute Care Team) can utilise the solution under the Swansea Council deployment.

### 5.2 Welsh Intensive Care Information System (WICIS)

WICIS is the digital solution to support clinicians in Intensive Care to electronically capture and access patient information on critically ill patients at the point of care. The system will reduce errors, prevent degradation of data captured, automate recording of key observations and release time to care. A national business case has been approved by the NHS Wales Health Collaborative. The procurement and implementation of the solution is funded nationally. The solution is due to be implemented in SBU in Q2 2022/23.



**Status:** - A SBAR is being finalised with Morryston SDG, for submission to BCAG alongside the national case outlining the ongoing support requirements and benefits to the Health Board. Readiness work for implementation has commenced.

### **5.3 Laboratory Information Management System (LINC)**

The Laboratory Information Network Cymru (LINC) is a transformational programme to support delivery of a modern, sustainable and safe pathology service as part of the Pathology Statement of Intent. It will support information sharing across Wales whilst improving quality and safety for the following disciplines: andrology, blood sciences, blood transfusion, cellular pathology, microbiology and screening services.

**Status:** – A procurement to replace the existing laboratory system (LIMS) has concluded; Citadel have been awarded the national contract. Readiness to adopt the solution has incurred significant delays which have been escalated nationally. Mitigation plans are being developed such that options on how to progress will be shared during Q4. In parallel, management of the programme going forward is being transitioned to DHCW. The Swansea Bay pathology department is in the process of preparing a risk pertaining to the delayed delivery of the solution for consideration at a Health Board level.

### **5.4 Radiology Information System Procurement (RISP)**

The Picture Archive Communication System (PACS) contracts across Wales are coming to an end throughout 2025, 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. The new solution will improve patient safety; reduce the risk of repeat examinations; improve imaging workflow; enable cross site reporting and improve data quality and analytics.

**Status:** - The National commercial workstream are preparing to issue the Invitation to Submit for Final Tender which is due to be issued on the 30th November 2022. The Benefits workstream is continuing to collate data on the identified benefits. The FBC is planned to be approved by the national Program Board on 22/02/23 with Health Board approval required by 05/04/2023.

### **5.5 All Wales Digital Maternity Solution**

This national programme aims to provide robust comparable data to allow performance management, benchmarking and quality improvement. An All Wales system could also include a complete Electronic Patient Record (EPR) and Patient Held Record that supports continuity of care across unit or Health Board boundaries.

**Status** - It is understood that a Digital Maternity Recommendation Report has been produced for consideration and approved by WG Digital Scrutiny Panel. The report has been submitted to the Minister for review and, subject to approval, a Digital Maternity Cymru programme team will be established.

### **5.6 Health Records Scanning**

A significant consideration for the journey towards electronic records is the handling of the hundreds of thousands of paper records that the HB manages. As described earlier, a business case has already been approved to centralise the paper records at an external

location. A second business case will propose the preferred model regarding the scanning of the paper records to support clinicians moving to a digital only record model.

**Status** – A discussion paper has been drafted and shared with the Chief Executive outlining a number of options and the financial requirements at a high level. The options considered are: -

- Forward Scanning – Scan growth only removing need for additional external storage
- Back Scanning – Scan active records when requested reducing centralised storage unit requirements
- Hybrid Approach – Scan active records and scan going forward reducing unit storage requirement and removing additional external storage requirement

For each of the options different methodologies for delivery have been considered, for example, in house scanning, outsourced scanning or a hybrid approach.

The resource requirement for each of the options is significant and a meeting with the Chief Executive and the Director of Finance is arranged in December to review and agree next steps.

## **5.7 Readiness and Engagement Activities for WHEPPMA - Mental Health and Learning Disabilities**

Swansea Bay is the national pathfinder for e-Prescribing and medicines administration (HEPMA) such that local learning will inform the national approach from a digital and service transformation perspective. At the request of the Chief Executive and Mental Health a bid to commence readiness for the Wales Hospital Electronic Prescribing, Pharmacy and Medicines Administration (WHEPPMA) programme and to extend the Health Boards current implementation of HEPMA to Mental Health and Learning Disabilities services within SBUHB was submitted to the Digital Medicines Transformation Programme (DMTP).

**Status** - The submitted bid requested funding for resources to support the readiness work needed to enable migration to a national framework provider and to extend the local Swansea Bay implementation of HEPMA across Mental Health and Learning Disabilities. (Including the provision of hardware). The bid for funding was approved in November and a funding letter has been issued. Work is now ongoing to deliver the requirements in the bid.

## **6. GOVERNANCE AND RISK ISSUES**

### **Governance**

The digital plan is overseen by the Digital Leadership Group (DLG), which has representation from each corporate directorate and service delivery group and meets quarterly. The DLG reports to Management Board. The delivery of the Digital plan continues to be managed by digital programme and project boards, escalating to DLG where appropriate

Digital initiatives requiring investment are taken through the Business Case Assessment Group before approval at Management Board.

To aid delivery of digital programme boards a Digital Clinical Transformation Assurance Group (DCTAG) was established in January 2022. The group provides clinical oversight on changes being introduced through Digital programmes of work, providing specific advice on

clinical workflows, communication and engagement with clinical and nursing teams, while ensuring a Digital first approach does not impact negatively on patient safety and quality standards.

## **Risks**

Below is a summary of the Digital Service Risks held on the Health Board Risk Register (HBRR) and key changes in the reporting period.

Risk ID 3052/86 was added to the HBRR in the previous reporting period, the risk highlighted that the Health Board's SAN and Virtual Server Infrastructure is approaching end of life (January 2023) and required significant investment to replace it. An options paper was produced, and a bid submitted to WG for £1.8m capital funding. Funding was approved and the replacement SAN has been procured and will be implemented in Q4 2022/23. As a result, the Risk ID 3052/86 has been reduced to 15 and removed from the Health Board Risk Register.

Risk ID 1035/26 relating to the inability to deliver and sustain digital transformation due to available resources has been increased from a risk score of 12 to 16 in Q1 2022/23. This is as a result of the reduction in availability of discretionary capital funding, reductions in DPIF funding, costs of the CTM disentanglement and increasing revenue pressures to sustain services. A deep dive paper was submitted to the Audit Committee in November, providing context to the risk and outlining the pressures being faced within Digital Services. (Paper attached at Appendix 1 for information).

Risk ID 2003/60 relating to the risk of a potential of a Cyber Security Incident has remained at 20 and is unchanged. However it should be noted that on the 4<sup>th</sup> August 2022, one of the Health Board's digital solutions, Adastra, was shutdown as a result of a Cyber Security attack on Advanced, the supplier of the system. Adastra is used by AGPU, GP out of hours, Urgent Primary Care and Contact First services within SBU and other Health Boards. It is also the main digital solution used by the national 111 service. The impact of the cyber-attack also affected similar services in the other UK regions. There was an All Wales and local cyber response to the attack to prevent the spread into NHS Wales other systems. Local business continuity measures were implemented by the affected services, (supported by Digital Services to avoid reverting to paper processes). Adastra was unavailable across Wales for 9 weeks with SBU being the first Health Board in Wales to reintroduce the system on 10<sup>th</sup> October. However, the supplier has yet to restore full functionality and services are still being impacted.

Risk ID1217/37 relating to the Health Boards operational and strategic decisions not being data informed has remained unchanged at a risk score of 12 during the reporting period.

Risk ID1043/36 relating to the management of the paper record and the risk that the availability, quality and security of the record is reduced. (Risk score 16). During the reporting period BCAG have approved a business case for the Acute Health Records libraries to relocated from acute sites to a central storage and management facility. A paper has also been drafted for consideration on the options for scanning the acute paper record.

In addition to the current Digital Health Board risks, the Pathology department are in the process of reviewing a risk on the potential delays and limitations in functionality of the national LINC program. Digital services are also in the process of drafting a risk on the recruitment and retention of the Digital workforce which is becoming increasingly difficult. Both risks will be considered for escalation to the Health Board Risk Register.

## **7. FINANCIAL IMPLICATIONS**

### **Capital 22/23**

The total confirmed capital funding at the start of FY 22/23 was £2.327m for digital schemes. The team are currently forecasting a £28k overspend, against the allocation, as at the end of month 7. (An improvement of £154k compared to Q2). The overspend now includes the impact of delays in the implementation of HEPMA and SIGNAL. Further mitigating actions are being considered to bring the spend into line with the allocation.

Since the end of month 7 additional funding has been awarded from bids submitted to WG. £1.8m capital has been committed for the replacement of the Health Boards Storage Area Network (SAN) in 22/23 and the successful bid to support readiness for Welsh Hospital Electronic Prescribing and Medicines Administration (WHEPMA) and the roll out of HEPMA to MH&LD included a capital allocation of £185k in 22/23.

No further significant Capital slippage funds are expected to be made available in 2022/23 which will make the technology refresh position for 2023/24 particularly challenging. A draft capital plan has been submitted as part of the IMTP planning process and Digital Services have been asked to risk rate and prioritise all elements of the plan due to the level of funding available.

### **Revenue 22/23**

The position on revenue funding is similar to that reported in the last reporting period. During the reset and recovery planning process a requirement of £9m was identified. This was reduced to £5.6m and funding of £4m of this requirement has been agreed with finance. Whilst the majority of this has been allocated non-recurrently, it has been indicated that recurrent funding will be forthcoming for those areas that have been funded in 22/23. The 3-year revenue financial plan for 2023/24 onwards has been submitted and currently being assessed by Finance and Digital leads.

## **8. RECOMMENDATION**

Members are asked to:

- Note the progress being made across the digital portfolio of projects
- Note the emerging digital business cases
- Note the financial pressures that are being worked through by digital and finance leads

<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 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>		
Implementation of digital systems in healthcare can have a significant positive impact on quality, safety and patient experience. Critical to success is the wide scale adoption of an effective business change model, digital service team capacity and capability, workforce digital skills and clinical leadership		
<b>Financial Implications</b>		
<b>Capital 22/23</b>		
The total confirmed capital funding at the start of FY 22/23 was £2.327m for digital schemes. The forecast overspent against the allocation is £28k as at the end of month 7.		
£1.8m Capital was secured from WG in November to fund the replacement of the SAN.		
<b>Revenue 22/23</b>		
Through extensive work between the digital and finance teams, additional funding of £4m has been allocated to cover unaddressed digital cost pressures over previous years and emerging costs, such as the new MS Office 365 licensing. Further digital financial pressures are currently being worked through.		
A deep dive paper into the Health Board's digital transformation potential given the financial limitations was presented to the Audit Committee in November as requested.		
<b>Legal Implications (including equality and diversity assessment)</b>		
None.		
<b>Staffing Implications</b>		
Increasing numbers staff will be required to deliver the digital change programme in SBUHB. This will be detailed in future workforce plans, individual business cases and digital priorities and plans.		
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>		

Evidence from other organisations, such as the District Health Board for Canterbury and Cardiff and Vale HB, indicates that their strategic partnership with Lightfoot has significantly contributed to positive transformational change.

<b>Report History</b>	Management Board December 2022
-----------------------	--------------------------------

<b>Appendices</b>	Appendix 1 – Audit Committee Deep Dive Risk 27 <a href="#">Digital Finance Audit Committee 17112022 Final</a>
-------------------	---