



Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	27 September 2022		Agenda Item	5.1
Report Title	Digital Transformation Progress Report			
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Presented by	Matthew John, Director of Digital Deirdre Roberts, Assistant Director of Digital Transformation			
Freedom of Information	Open			
Purpose of the Report	The paper provides an update on the digital transformation progress being made across the Health Board.			
Key Issues	<ul style="list-style-type: none"> • The long-term sustainability of health and social care is dependent on having the right digital foundations in place. • The Health Board's role as the national pathfinder for e-Prescribing and Medicines Management (EPMA) and also providing patient access to electronic records, is influencing plans and service models on a national basis. • Most digital projects are progressing well and are on target to be delivered as planned. • 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) • 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 			
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance	Approval
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • 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 			

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.

The Health Board is adopting a “digital first” approach on several programmes of work. The Health board’s role as the national pathfinder for e-Prescribing and Medicines Management (EPMA) and also providing patient access to electronic records, is influencing plans and service models on a national basis.

The Health Boards role as a strategic delivery partner to Digital Health Care Wales (DHCW) is facilitating digital transformation on a national level; with over 20,000 nurses across Wales using the Welsh Nurse Care Record (WNCR), a Swansea Bay developed solution to digitise nursing documentation.

Swansea Bay is committed to becoming a data driven organisation and has made significant strides in recent years towards this goal as demonstrated by the adoption of business intelligence to lead the Health Boards Covid response. The recently published Swansea Bay Data and Intelligence Strategy sets out the utilisation of business intelligence to inform the Health Board transformation, quality and safety priorities.

Digital solutions are underpinned by robust infrastructure. Historically SBUHB have been at the forefront of ensuring its clinicians and patients have access to digital resources including devices and connectivity across all its sites (first Health Board in Wales to provide Wi-Fi in acute and community settings). Going forward there will be a need to move towards cloud based infrastructure and the impact and roadmap towards this is currently being investigated.

3. PROGRESS TO DATE

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

3.1 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.

Paperless Outpatients <Green>: Three services, Rheumatology, Diabetes and Diabetes Paediatrics are currently live with paperless ways of working. This means that clinicians in

these services are undertaking consultations using the electronic information available and not the paper record. An additional three services have been identified to go live during Q3 with initial information gathering and process mapping complete.

Video Consultations <Amber>: There are concerns on Welsh Government targets issued to all organisations pertaining to the use of virtual consultations (50% of follow ups not booked and 35% new appointments to be carried out virtually). During Q1 31% of outpatient activity was undertaken virtually. Meetings between the Digital and the Transformation Team are scheduled to formulate a proposal for consideration at the Health Board Outpatient Steering Group.

Patient Portal <Green>: 13,000+ 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. New features scheduled for release during Q3 include integration of the Swansea Bay Patient Portal with the NHS Wales patient app and sharing of appointment letters.

PROMS <Green>: There are 5 more specialties live with the collection of Patient Recorded Outcome Measures (PROMS).

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. The Rheumatology service is piloting uploading outpatient letters/inserts to the Swansea Bay Patient Portal (SBPP) or print and post with a Hybrid Mail solution (Synertec Ltd) to evaluate the associated benefits and costs which will inform future adoption across the Health Board.

3.2 UEC 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.

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 new version of the solution was due to go live in September but has been delayed to allow more time for performance optimisation. A new implementation date is being planned for Q3/4.

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 Hospital Electronic Prescribing and Medicines Administration 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 between February 2020 and August 2022 are set out below:

- Releasing Time to Care - Reduction in time taken to access medication charts
 - ✓ Neath Port Talbot Hospital 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.
 - ✓ Neath Port Talbot Hospital unrecorded medication administrations reduced from 9.04% to 0.05%.
 - ✓ Singleton unrecorded medication administrations reduced from 3.20% to 0.07%.

A Morriston and Gorseinon general medicine implementation is underway and expected to conclude by the end of October followed by an implementation across all surgical areas during Q4. A bid to extend the scope of the project to Mental Health and Learning Disabilities has been submitted to the All Wales medicines programme for consideration.

Nursing Care Record (WNCR) <Green>: The Nursing Care Record (WNCR) project aims to transform nursing documentation from paper to digital. Currently the solution contains 6 key nursing assessment electronic forms. Following on from successful implementations across Neath Port Talbot and Singleton, implementation of Nursing Care Record (WNCR) across Morriston is on schedule to commence early October with a view it will conclude mid November.

There has been significant interest in the Health Boards approach to enabling a digital ward through real time data capture using Hospital Electronic Prescribing and Medicines Administration, Nursing Care Record (WNCR) and Signal. During 2021, the digital team presented the benefits to the Health Minister, Eluned Morgan. The digital team have also facilitated several site visits from colleagues across Wales during the reporting period, including a visit from Sir Frank Atherton (Chief Medical Officer, NHS Wales).

Emergency Department System (WEDS) <Amber>: The Emergency Department System project aims to improve safety and efficiency across our Emergency Department 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 Neath Port Talbot have been resolved. A further escalation meeting is being scheduled for September between SB Digital Leads, Digital Health Care Wales and the supplier, EMIS.

Welsh Clinical Portal (WCP) <Amber>: Clinicians and healthcare staff use Welsh Clinical Portal (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 challenging, there are concerns on the appropriateness of the secondary care solution within Welsh Clinical Portal (WCP) to

support wide scale adoption. Further discussions are required between Swansea Bay and Digital Health Care Wales to establish options on a way forward.

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 University Health Board. There is an urgent requirement for the local TOMs solution to be upgraded and maintained to address cyber security legacy hardware issues. In 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 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 Digital Health Care Wales 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 Swansea Bay digital team is currently in discussions with both Hywel Dda University Health Board and Cwm Taf Morgannwg University Health Boards 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 Q4.

3.3 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.

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

Consultant Connect <Green>: The Consultant Connect system enables primary care leads to access direct voice advice from secondary care clinicians. Promotion of Consultant Connect has continued during Q1 and Q2 of 2022. The majority of suitable services now offer access to the system with 50 lines live across 27 specialties.

Primary Care Pathology Test Requesting <Green>: 83% 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 <Amber>: The Open Eyes platform will provide a shared care record between primary, community and secondary care. The system will help avoid unnecessary referrals with up to 30% of glaucoma referrals falling into that category across Wales.

Work is underway to ensure that clinical data recorded in Open Eyes integrates with hospital workflows including appointment booking and connections to devices such as OCT machines or visual field devices providing a clinical rich record. A number of solution enhancements are required and the Digital Team await confirmation of a resolution date to inform an agreed go live date with the service.

3.4 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.

New Intranet <Green>: Phase one of the Intranet migration was delivered at the end of June. The new SharePoint-based intranet is enabled for the entire workforce and can now be accessed from any location or device. Access has peaked at around 7,400 visitors per day.

Microsoft Office 365 <Green>: Progress on Office 365 continues with a number of apps developed during the reporting period including a clinical calculator and room booking apps. Resources constraints within the team have been addressed enabling the team to deliver against Q3 targets.

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 will be the development of an outline scanning business case with the intention to submit to Business Case Assurance Group in October which will include options on a scanning model going forward. Both projects will report to management board on a bi-monthly basis from October.

3.5 Digitally 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. SBU are therefore focussing on ensuring our digital services are resilient and secure.

Morrison Data Centre <Green>: Work to build the new data centre in Morrison Hospital is progressing well and is due for completion before the end of Q3. The new data centre will remove the risk of extended outages due to the age of the cooling system in the existing data centre in Morrison Hospital.

Network improvements <Green>: The main NHS network link via the PSBA to Morrison Hospital was successfully upgraded at the beginning of August, providing increased network capacity. The increased capacity will now enable the firewalls at Morrison and Singleton to be upgraded to new hardware in Q3.

3.6 Business Intelligence (BI) <Green>

Enabling the utilisation of the data we capture within our digital solutions to support evidence-based decision making. The priorities for Business Intelligence and the digital Business Intelligence 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 Digital Health 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 Business Intelligence strategy as per the Business Intelligence implementation plan for the Health Board.

The Business Intelligence Strategy and high-level Implementation plan to support delivery of the strategy have been shared and well received by the Performance and Finance Committee.

Key developments during Q2 include dashboards to support virtual wards, home first, cancer tracking and healthy days at home. Priorities for Q3 are set out below:

- The creation of the Planned Care (RTT) App which will offer a single-entry point to existing and newly created reports relating to planned care.
- The first phase of the **District Nursing Activity Dashboard** enabling services to track activity.
- The **One Dataset** will continue to be developed during this reporting period with additional datasets added to it with the end goal of delivering a single source of the truth for numerous measures allowing self-service in the future.
- The final phase of the **Cancer Dashboard** will be delivered during this reporting period showing historical data trends to inform future demand and capacity.
- A proof of concept using Kafka technology to enable real-time data extraction from Signal V3 will be scoped.
- Scoping and development for the **Quality and Safety Dashboard** showing key Q&S metrics.
- Go live of the **Infection Control Dashboard**.

4. EMERGING DIGITAL BUSINESS CASES

There are a number of 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 that are currently in progress is provided below.

Welsh Community Care Information System (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 Welsh Community Care Information System program is hugely ambitious and will bring significant quality and safety and efficiency benefits to SBU and across the region. Whilst the initial procurement and national development of the solution is funded by Welsh Government a significant investment from the SBUHB will be required to implement and support the solution.

Status: - SBU have approved a local Outline Business Case (OBC) and a Full Business Case (FBC) is being undertaken. The Full Business Case is underpinned by a detailed benefits review across Community and Mental Health Services. The completion of the Full Business Case was paused due to 3 national issues which have now been resolved. A re-review of the benefits has been undertaken to validate the impact in changes in ways of working during the delay period and recommencement of the completion of the Full Business Case will be undertaken following approval at the Project Board in October.

SBU already has 500 users live on the system through the Swansea Council implementation of Welsh Community Care Information System. An assessment is being done 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.

Welsh Intensive Care Information System (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 of the solution and implementation of the solution is funded nationally. The solution is due to be implemented in SBU in Q2 2022/23.

Status: - A SBAR has been drafted to be submitted to Business Case Assurance Group alongside the national case outlining the ongoing support requirements and benefits to the health board. Readiness work for implementation has commenced.

Virtual Consultations - provides patients with the opportunity to have “face to face” consultations with clinicians from across all care settings within their own homes. It facilitates the opportunity for the Health Board to transform clinical pathways across all these care settings (eg Primary, Secondary, Community, Mental Health & LD). A temporary solution for video consultation (Attend Anywhere) was procured (nationally) during the start of the

COVID outbreak and successfully deployed across SBU. A national Business Case produced by Tec Cymru has been approved to procure a longer term Virtual Consultations Solution for Wales that integrates with other All Wales Solutions. The procurement and implementation of the solution will be funded by Welsh Government.

Status:- the long-term national procurement of a solution for Wales has been delayed, as a result a shorter-term contract (1 year + 1 year) will be established. The solution will continue to be funded by Welsh Government until March 2025. It is anticipated that system and support costs will need to be HB funded beyond this date.

Welsh Radiology Information System Procurement (WRISP) - 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. 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 Outline Business Case was approved by SBU in 21/22 subject to the Programme ensuring the procured solution is cost neutral Radiology Services ensuring the additional cash releasing benefits are identified as part of the process. The Full Business Case is planned to be approved by the national Program Board on 22/02/23 with Health Board approval being required by 05/04/2023.

Remote Advice and Guidance Software Systems - A remote advice and guidance software system (Consultant Connect) was introduced as a pilot in NHS Wales in 2019 under COVID pandemic protocols in order to provide a way for primary care services to gain consistent access to expert clinical advice at a time when access to secondary care services was limited. There is a National Program in place to procure and implement a solution on a longer-term basis. WG have confirmed that there isn't a business case but that the solution and programme will be funded centrally for the next 3 years.

Status - Bids against the tender specifications are due to be considered by the All Wales evaluation panel in October 2022.

All Wales Digital Maternity Solution - 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 – Welsh Government have commissioned Digital Health Care Wales to complete a feasibility assessment. Digital Health Care Wales Executive Board have approved the Digital Maternity Cymru Recommendation Report and it is being submitted to an extraordinary Welsh Government Digital Scrutiny Panel at the end of September. The report has not been made available to the Health Board but has been approved by an Extraordinary Meeting of senior stakeholder representatives comprised of the Maternity and Neonatal Network, Heads of Midwifery, Consultant Obstetrics and Anaesthetists.

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 local business case is being produced for Business Case Assurance Group in October 2022 to outline options and potential benefits and costs.

5. 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 Digital Leadership Group reports to Management Board.

The delivery of the Digital plan continues to be managed by digital programme and project boards, escalating to Digital Leadership Group 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).

Over the last period, an additional risk has been added to the Health Board Risk Register from Digital Services. Risk ID 3052/86 highlights the requirement to replace the Health Board's Storage Area Network (SAN) by January 2023 and the lack of capital funding (£1.5m) available to do this. An option paper is being drafted for Management Board looking at the options available to mitigate the risk. See also finance section.

Risk ID 1035/26 relating the inability to deliver and sustain digital transformation due to available resources has been increased from a risk score of 12 to 16. This is as a result of the reduction in availability of discretionary capital funding, reductions in DPIF funding, costs of the Cwm Taf Morgannwg University Health Board disentanglement and increasing revenue pressures to sustain services. Digital Services have been asked to provide a "deep dive" of the risk to the organisation at the November Audit Committee.

Risk ID 2003/60 relating to the impact of a Cyber Security Incident was increased from a risk score of 20 to 25 during the reporting period as a result of the war in the Ukraine. Russian cyber activity increased and the HB has historically utilised a Russian owned antivirus solutions (Kaspersky) across its estate. A decision was made to remove Kaspersky and replace the solution with Microsoft Defender and TrendMicro. This work was completed and the risk score reduced back to 20.

6. 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 £182k overspend against the allocation. The overspend mainly relates to reduction in previously allocated funding, options to mitigate the shortfall are being considered.

Revenue 22/23

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. Of note, these include:

- the replacement of the HBs Storage Area Network (SAN – holds a significant element of the HBs data) by January 2023. Whilst traditionally this would be a significant capital purchase (£circa £1.5m), revenue options are being explored that limit 22/23 expenditure
- accruing for the reduction and ceasing of the CTM Digital SLA, currently providing an income of £1.8m, over the next 2 years
- A further cost pressure list classed as “choices” of £1.6m

Due to the continuous and accelerating cost of digital sourcing and providing digital services, and furthermore the additional risk that the need to replace the SAN has presented within the context of the reduced capital availability, the existing HBRR “Digital Transformation Investment” risk has recently been increased to a score of 16 and an additional risk has been added specifically regarding the Storage Area Network. As a result of this, Audit Committee members have asked for a deep dive into the Health Board’s digital transformation potential given the financial limitations. This is scheduled for November’s agenda.

7. 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

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	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"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	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"/>
Health and Care Standards		
<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"/>
Quality, Safety and Patient Experience		
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		
Financial Implications		
<p>Capital 22/23 The total confirmed capital funding at the start of FY 22/23 was £2.327m for digital schemes.</p> <p>Revenue 22/23 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. Of note, these include.</p> <p>Audit Committee members have asked for a deep dive into the Health Board's digital transformation potential given the financial limitations. This is scheduled for November's agenda.</p>		
Legal Implications (including equality and diversity assessment)		
None.		
Staffing Implications		
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.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
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.		

Report History	A similar report was submitted to Management Board Sept 21 st
Appendices	