Meeting Date	26 November 2020	Agenda Item	3.7
Report Title	**Digital Transformation Update**		
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Report Sponsor	Matthew John, Director of Digital		
Presented by	Matthew John, Director of Digital		
Freedom of Information	Open		
Purpose of the Report	The report provides a summary of the SBUHB Digital Transformation Leadership Group (DTLG) held in October, which focussed on digital transformation progress made in Q2 and plans for Q3/4.		
Key Issues	- The Health Board's digital response to the COVID19 pandemic and supporting essential services - The financial implications of the increased digital provision across the organisation		

Specific Action Required *(please choose one only)*	**Information**	**Discussion**	**Assurance**	**Approval**
	☐	☐	☒	☐

Recommendations	Members are asked to: **NOTE** the progress that has been made across the digital transformation and enabling programmes to support the Health Board's response to COVID19 and the provision of essential services

DIGITAL TRANSFORMATION UPDATE

1. INTRODUCTION

The report provides a summary of the SBUHB Digital Transformation Leadership Group (DTLG) held in October, which focussed on the digital transformation progress made in Q2 and plans for Q3/4.

2. BACKGROUND

In October the first meeting of the SBUHB Digital Transformation Leadership Group (DTLG) was held. The purpose being to strengthen the digital governance arrangements and facilitate digital transformation at pace. The Group, comprising of senior stakeholders from across the organisation, is charged with steering, governing, supporting and performance managing the planning and execution of the Health Board's Digital Strategic Plan. There was excellent attendance at the meeting given the current operational pressures.

3. A DIGITAL SPECIAL HEALTH AUTHORITY FOR WALES

On 30th September 2019, the Minister for Health and Social Care announced the NHS Wales Informatics Service (NWIS) will transition from its current structure, as part of Velindre Trust, to a new Special Health Authority (SHA) called Digital Health and Care Wales (DHCW). As part of the establishment process, Welsh Government has engaged with stakeholders to develop draft functions for the new Special Health Authority. There is an external consultation on the draft functions, upon which the Health Board is expected to provide a response. The consultation ends on 30th November 2020.

Senior stakeholders across the Health Board were asked to provide comments on the consultation document. The collated Health Board response was recommended by DTLG members and approved at Senior Leadership Team for submission to the Health Board on 26th November.

4. DIGITAL TRANSFORMATION HIGHLIGHT REPORT (Appendix 1)

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, which has been fundamental in enabling the workforce to work remotely.

In Q2 Neath Port Talbot Hospital became the first hospital in Wales to have Electronic Prescribing & Medicines Administration (HEPMA) 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.

Data informed decision making has been at the forefront of the Health Board's response to the pandemic, with the use of digital dashboards and data modelling. The agile development of COVID-19 and operational dashboard, has provided the GOLD command and strategic and operational managers with close to live reporting on key indicators across the HB.

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 COVID-19 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.

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.

5. HOSPITAL ELECTRONIC PRESCRIBING & MEDICINES ADMINISTRATION (HEPMA)

As previously reported, the Health Board is the pathfinder organisation for HEPMA in Wales. WG funding supported the organisation to undertake a 2 site implementation to enable early benefit and provide learning to the national programme. HEPMA is now live across Neath Port Talbot Hospital. The implementation commenced with a pilot on one ward in Q4 2019-20, progressing to full implementation across medical and surgical wards through Q1 and Q2. Plans are in place to roll out the system across Singleton wards during Q4.

The need to expand the scope of the project to the rest of the organisation was discussed at DTLG. Members recommended the progression of an investment proposal for the implementation of HEPMA at Morriston Hospital, with a view that this is submitted to the DTLG and Senior Leadership Team in December 2020. Plans for Gorseinon and MH&LD sites will also be considered.

6. REDEVELOPMENT OF THE TOMS THEATRE SYSTEM

The day-to-day running of theatres is managed using a piece of software called TOMS. TOMS was created in-house but using technology which is now considered "legacy software" preventing the software being updated. TOMS is well regarded as a software solution both within Swansea Bay and Nationally, however there is a growing list of both operational and administrative changes requested by clinical leads. A number of these changes are critical in enabling patient flow through Theatres to be optimised, maximising the productivity of Theatres to provide the best patient experience and maximise value to the Health Board.

The group supported plans to redevelop the TOMS Theatre system to benefit theatre efficiencies and address cyber security concerns. A further paper will be submitted to the group in December regarding options for accelerating this work.

7. WELSH EMERGENCY DEPARTMENT SYSTEM (WEDS)

During September, the Senior Leadership Team reapproved the need to continue with the implementation of WEDS and contribute financially to a refresh of the national hardware. The WEDS implementation remains a priority for unscheduled care, recognising the benefit that the WEDS system will deliver within the ED department and across care settings, supporting new ways of working, e.g. to enable good communication flow in support of the proposed new ambulatory care model and as part of the Acute Medical Services Redesign.

8. GOVERNANCE AND RISK ISSUES

Laboratory Information Management System (LIMS)
The nationally hosted LIMS system, which is fundamental to the processing and reporting of pathology tests, has had 7 outages since March. A significant LIMS upgrade planned for December is expected to improve availability.

9. FINANCIAL IMPLICATIONS

Welsh Community Care Information System (WCCIS)
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 the Investment & Benefits Group in 2019. The full business case has recently been through the investment scrutiny panel. The total cost to implement and support the solution is £10,187k over 10 years and delivers the potential to increase the number of community contacts per annum by 512k (equivalent of £10,900k pa in non-cash releasing savings). The challenge for the Health Board in Q3/4 is to determine how to capitalise on this significant time efficiency to deliver the aspirations of a Healthier Wales and commit to a savings plan that covers the cost of the system and its support.

Increased Devices – Increased Support Demand

As the organisation is becoming 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 the increased resource capacity to provide required support. Furthermore, since boundary change, there has been an income of approximately £2m under the digital SLA. Plans are progressing for a phasing out of the SLA which will have further financial implications for the health boards digital provision. Digital services and Finance colleagues are working closely to address these digital financial pressures.

10. RECOMMENDATIONS

Members are asked to:

- **NOTE** the progress that has been made across the digital transformation and enabling programmes to support the Health Board's response to COVID19 and the provision of essential services

Governance and Assurance		
Link to Enabling Objectives *(please choose)*	**Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities**	
	Partnerships for Improving Health and Wellbeing	☒
	Co-Production and Health Literacy	☒
	Digitally Enabled Health and Wellbeing	☒
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	☒
	Partnerships for Care	☒
	Excellent Staff	☒
	Digitally Enabled Care	☒
	Outstanding Research, Innovation, Education and Learning	☐
Health and Care Standards		
(please choose)	Staying Healthy	☒
	Safe Care	☒
	Effective Care	☒
	Dignified Care	☐
	Timely Care	☒
	Individual Care	☒
	Staff and Resources	☒
Quality, Safety and Patient Experience		
Implementation of digital systems in healthcare can have a significant positive impact on quality, safety and patient experience, this has been very evident during the COVID-19 pandemic. 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		
Increased investment will be required to achieve digital transformation. Furthermore, a reduction in the Bridgend boundary change digital SLA will result in further financial pressure. Digital services and Finance colleagues are working closely to plan the way forward.		
Legal Implications (including equality and diversity assessment)		
No known legal considerations. The implementation does ensure the Health Boards complies with Welsh Government digital inclusion strategic framework and the recommendations of 'Digital Inclusion in Health and Social Care		
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.		
Report History	The paper is a summary of the Digital Transformation Leadership Group meeting	
Appendices	Digital Transformation Leadership Group Highlight Report Oct 20 (in resources)	