



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	23 May 2023	Agenda Item	6.1
Report Title	RISP FBC		
Report Author	Alexandra Simmonds (Radiology Services Manager) Gareth Westlake (Assistant Director of Digital Services)		
Report Sponsor	Kate Hannam (Morriston Service Group Director) Matt John (Director of Digital)		
Presented by	Matt John (Director of Digital) Gareth Cooke (National Programme Manager)		
Freedom of Information	Open		
Purpose of the Report	To present the Radiology Informatics System Procurement (RISP) Full Business Case (FBC) for approval. The report highlights the key elements of the National RISP business case and financial and non-financial implications for SBUHB		
Key Issues	<ul style="list-style-type: none">• The current Picture Archiving & Communication System (PACS) contract supporting the delivery of the clinical radiology service in Wales is coming to the end of its tenure, with the first Health Board deployment order expiry in November 2024.• The ambition of WG and NHS organisations is to achieve a seamless end-to-end electronic solution that enables the Radiology service to deliver a high quality, safe and timely clinical imaging service for the patients of Wales• The OBC was approved by the HB in Nov 2021 and, following a procurement exercise, all Health Boards endorsed a recommendation that Philips be awarded a contract for Picture Archiving & Communication System, Radiology Information System and Patient Dose Management System for a period of five years, with an option to extend for a further two years, in annual increments• Once the RISP full business case is approved in May 2023 it is anticipated that the contract will be awarded in June 2023 with design, build and testing completed by April 2024.• Philips require all organisations to sign their respective deployment orders before they will commence with the design.• The first Health Board will go live in September 2024 with SBUHB planned go live in May 2025. As such, there is very little contingency in the plan.• The all Wales cost of the solution for the life time of the contract is £31m (including implementation). It is assumed		

	<p>that the capital cost and a proportion of the non revenue costs associated with implementation will be funded by WG. The revenue costs in the FBC are £0.34m over the contract life. This cost includes an investment requirement by the HB £0.59m over the 3 year implementation period. These cost implications do not take into account the £0.12m pa provisioned within the HB financial plan.</p> <ul style="list-style-type: none"> Whilst there are no capital requirements for the HB within the scope of the programme, it should be noted that not included in the FBC is the requirement to replace £350k of legacy equipment within Radiology. Work is ongoing to reduce this requirement and potential funding sources. This issue is outside of the scope of the RISP programme and furthermore not an implication for 23/24. Therefore, this will be addressed via the Morriston/Radiology IMTP planning process. In addition to a number of quality and safety benefits that will be realised as a result of the implementation the FBC estimates that, once fully implemented, there will be £2.2m non cash releasing benefits pa realised across Wales. It is anticipated that there will be significant operational benefits within SBU and local detailed benefits plans will be established as the project commences. 								
Specific Action Required (please choose one only)	<table border="1"> <thead> <tr> <th>Information</th><th>Discussion</th><th>Assurance</th><th>Approval</th></tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>	Information	Discussion	Assurance	Approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 necessity to replace the existing PACs system Note the intention to achieve the vision of a seamless end-to-end electronic solution that enables the Radiology service to deliver a high quality, safe and timely clinical imaging service for the patients of Wales Note the estimated capital and revenue implications outlined in the FBC, the revenue financial implications to SBUHB including the reduction in costs compared to the previously approved OBC Note the revenue investment requirement in years 1 (£0.08m), 2 (£0.31m) and 3 (£0.21m) totalling £0.6m (net requirement of £0.33m) Note the potential productivity/cash releasing savings and the non-financial that RISP will enable once the system is developed. Radiology and Digital Services will continue to identify the opportunities the new shared platform presents to enable transformational change within Radiology service provision 								

	<ul style="list-style-type: none">• Note the requirement for funding of CR/DR legacy equipment at a maximum cost of £350k in 24/25 which will be addressed through rationalisation as part of Morriston/Radiology IMTP planning.• Note the requirement for Radiology and Digital Services to continue to identify the opportunities the new shared platform presents to enable transformational change within Radiology service provision• ENDORSE the RISP Full Business Case for submission to the May Health Board.
--	--

Radiology Information System Procurement – Full Business Case

1. INTRODUCTION

Due to the current PACS contract with Fuji ending in 2023/2024, the Radiology Informatics System Procurement (RISP) Programme was set up in 2019 to procure a replacement Picture Archiving & Communication System (PACS) and provide options for a replacement Radiology Information System (RIS) for all health boards in Wales.

A national OBC was developed by the programme and was approved by the SBU Health Board in November 2021. The OBC outlined the need to replace the existing PACS due to the end of the current contract and the need to improve current systems to enable the modernisation of Radiology services across Wales.

In January 2023, in the RISP Programme Board, all Health Boards endorsed a recommendation that Philips be awarded a contract for PACS, RIS and PDMS for a period of five years, with an option to extend for a further two years, in annual increments. Based on this decision the Programme have developed a FBC for consideration and approval by all Health Boards.

This report summarises the key elements of the National RISP business case and highlights the financial and non-financial implications for SBUHB.

2. BACKGROUND

All Health Boards and Trusts in NHS Wales use the following main systems:

The Picture Archiving and Communications System (PACS) is a storage and distribution platform, which collates all imaging investigations performed on patients. This is the clinical interface that enables the analysis of all imaging performed, including complex reformatting, disease progression analysis and measurement. The ultimate output is the production of a clinical report for the referring clinicians.

The Radiology Information System (RIS) is a national system developed and supported by Digital Health and Care Wales (DHCW). It is known as Welsh Radiology Information System (WRIS) and supports the scheduling of radiology investigations, provides a clinical record of all imaging investigations performed on patients including the radiology report; and holds data that underpins health boards' ability to generate business reports and statistics on performance.

Radiology is a high throughput, capital intensive service so having effective IT systems plays an essential role in delivering efficient radiology services that maximise the use of expensive equipment. The current configuration of Radiology departments, along with their associated systems and infrastructure in Wales, confines the delivery of care within traditional organisational boundaries. Both PACS and WRIS are deployed within health board boundaries and health board reorganisation with the associated organisational arrangements have made transition more difficult because of this siloed approach.

The current radiology IT systems (PACS/ RIS):

- Are disparate, with disjointed approaches to coding, administrative process, data collection and analysis and do not enable service planning on a strategic or national basis
- Do not facilitate cross boundary working resulting in variation in the delivery of radiology services across NHS Wales health boards and trusts that leads to increased waiting time for scans or delays to reporting and diagnosis.

- Make it difficult to share patient information easily between health boards and trusts both within Wales and England, impacting on acute/emergency care, MDT's and leading to inefficient care. Manual workarounds are in place to enable the right information to be available for use in the right place, at the right time but these are relatively inefficient and contribute to delays and increased clinical risk.
- Do not provide sufficient ability to extract pure, live data that supports effective business intelligence, thus limiting the services ability to achieve operational excellence.
- Do not allow modern e-referral pathways to be achieved, thus limiting pathway optimisation.

Given these challenges, there is an increasing need to identify an informatics solution that will support the delivery of an imaging workflow that will provide an efficient and effective Radiology service for the population and all patients within Wales.

The Radiology Informatics System Procurement (RISP) Programme was set up in 2019 to procure a replacement Picture Archiving & Communication System (PACS) and provide options for a replacement Radiology Information System (RIS) for all health boards in Wales.

A national OBC was developed by the programme that recommended the procuring of a supplier full service management solution for PACS, PDMS (Patient Dose Management System) and RIS (with the option to incorporate ETR (Electronic Test Requests) and results acknowledgement. The OBC was approved by the SBU Health Board in November 2021.

In January 2023, in the RISP Programme Board, all Health Boards endorsed a recommendation that Philips be awarded a contract for PACS, RIS and PDMS for a period of five years, with an option to extend for a further two years, in annual increments. Based on this decision the Programme have developed a FBC for consideration and approval by all Health Boards. The National FBC can be found at Appendix 1.

Once the RISP business case is approved in May 2023 it is anticipated that the contract will be awarded in June 2023 with design, build and testing completed by April 2024. The first Health Board will go live in September 2024 with SBUHB planned to go live in May 2025.

3. BENEFITS

The cost benefit analysis in the FBC concluded that, following the procurement, the preferred option continues to offer optimal value for public money, following the results of the procurement process and development of more detailed cost and benefits analysis.

The national case outlines that investment in RISP will deliver a range of financial and non-financial benefits due to more streamlined workforce, increased automation, greater accuracy and reliability, and reduced reliance on paper-based systems. This will result in benefits such as:

- Improved patient safety due to the more accurate records which will reduce the risk of repeat examinations and inappropriate radiation dosage and better support personalisation of dose assessments.
- Contribution to earlier diagnosis leading to better patient experience and outcomes due to reduced turnaround time from referrals to reporting, and more effective MDT working.
- Improved workforce experience and greater staff satisfaction due to more efficient and effective ways of working.

- Productivity gains worth £2.2m across Wales due to reduced need for manual interventions to manage activities such as referrals, reporting and providing MDT images. It should be noted that these are not expected to be cash releasing.
- Use of cloud-based system leading to greener and more efficient use of energy.

The case outlines a number of benefit criteria with expected outcomes from the implementation of the solution that are summarised in the table below.

Benefit Criteria	Outcomes
Streamlined workflow	<ul style="list-style-type: none"> ✓ Reduce time from requests to referral to reporting supporting earlier diagnosis ✓ Improve strategic planning and better demand management
Increased accuracy	<ul style="list-style-type: none"> ✓ Reduce risk of missing urgent diagnosis ✓ Reduce risk of errors
Greater system reliability	<ul style="list-style-type: none"> ✓ Fewer incidents and reduce lost time waiting for system to respond
Productivity gains	<ul style="list-style-type: none"> ✓ Reduce manual interventions to manage referrals and reporting ✓ Reduce reporting timescales / costs ✓ Reduce time managing images for MDTs
Better workforce experience	<ul style="list-style-type: none"> ✓ Improve staff satisfaction
Cost reductions	<ul style="list-style-type: none"> ✓ Reduce reliance on paper based systems
Improved patient safety	<ul style="list-style-type: none"> ✓ Reduced risk of repeat examinations and inappropriate radiation dosage ✓ Improved compliance for accurately assessing and recording radiation dosage ✓ Improved personalisation of dose assessments ✓ Reduced amount of unreliable / unusable data = increased sample size for dose audits
Improved patient outcomes	<ul style="list-style-type: none"> ✓ More effective and efficient MDT working across boundaries and streamlining patient care ✓ Earlier diagnosis and improved clinical-decision making ✓ Reduced inequalities ✓ Improved patient experience
Environmental benefits	<ul style="list-style-type: none"> ✓ Greener energy and improved energy efficiency due to cloud solution ✓ Reduced reliance on paper based systems

The FBC outlines that these outcomes will also deliver productivity gains of £2.2m p.a. across Wales once the solution has been fully implemented. The FBC outlines that the productivity gains are not expected to be cash releasing.

A detailed analysis of the benefits has been extracted from the FBC and can be in Appendix 2. The below table summarises the benefits identified that realise the productivity gains across Wales. It is estimated that once implemented there would be productivity gains within SBU of between £200 and £250k pa.

ID	Description	Measure	Target Improvement	Value £'000
B02	Reduced manual intervention to manage referrals	Time spent on request handling	80% reduction in time spent manually transcribing requests	£852k p.a.
B04	Reduced manual intervention for reporting and acknowledgement	Time spent on process for the acknowledgement of urgent referrals	50% improvement	£65k p.a.

ID	Description	Measure	Target Improvement	Value £'000
B05	Reduced reporting costs	Average time between subsequent reports	Between 1% - 5% improvement	£1,127k
B11	Reduced reliance on paper-based systems leading to paper, printing and manual storage cost savings	Expenditure on paper, printing and manual storage	80% improvement	£11k p.a.
B23	Improved ability to accurately and frequently access radiation dosage to evidence statutory compliance	Time saved manual vs automated audits	80% improvement	£19k p.a.
B26	Improved personalisation of dose assessments	Time spent dealing with patients flagged for skin injury review	75% improvement	£5k p.a.
B10	Effective and efficient MDT meetings supporting cross Health Board boundary workings and streamlining patient care	Time spent managing images for MDTs	Save 2 minutes per number of transfers	£113k p.a.

For SBUHB it is anticipated that while at this stage there are no worked up cash releasing benefits , there will be significant gains in terms of improved operational processes. The improved efficiency and business intelligence will enable productivity to be optimised on a daily basis. Furthermore the wide spread implementation of electronic referrals will enable significant reductions in referral to scan times, which will support early diagnosis and treatment in other specialties. During the implementation process there will be a strong emphasis on benefits identification and realisation with a focus on realisation of cash releasing benefits in addition the significant quality and safety benefits already defined within the case.

4. GOVERNANCE AND RISK ISSUES

The RISP Programme sits within the portfolio of Digital Health and Care Wales following transfer from the NHS Wales Health Collaborative in January 2023. The programme is managed in accordance with the OGC Managing Successful Programmes and PRINCE2 standards

The Programme Board reports to the national Chief Executive Management Team (CEMT) , which comprises the Chief Executive Officers of the health boards, Trusts and Special Health Authorities in Wales. The Programme also reports to the National Imaging Strategy Programme Board.

A RISP Programme Board is well established whose remit is to provide oversight and direction and to review and assure the Programme's progress. The governance arrangements for the Programme are shown below in the Management Case.

The SRO for the RISP Programme is Matt John, Director of Digital for SBUHB. SBUHB is also represented at a national level by Dr Tishi Ninan.

A local Implementation Group has been established within Swansea Bay with representation from the National Team, Radiology service, Digital and Finance. As the project progresses formal project management governance arrangements will be put in place and will report into Management Board via the Digital Leadership Group.

The FBC outlines the high level risks as shown in the table below.

High level risk	Mitigation
If funding is not identified to upgrade the current firewall and PSBA infrastructure within each health board to the minimum contractor requirements, Then health boards may be unable to implement the new system, Resulting in delays to programme benefits and wider implementation	Some health boards have already begun to upgrade their infrastructure. Reconsider minimum requirements from Philips vs future proofing i.e. 1GB PSBA instead of 10GB.
If an extension to the termination assistance clause is not signed by the existing supplier, Then there will be even less time for implementation, Resulting in increased pressure on all health boards to implement within shorter timescales	Engage with Fuji in order to negotiate termination assistance clause.
If there are any delays in the sign off procedures within health boards, Then the contract start date will be delayed, Resulting in a delay in implementing the new contract	Ensure HB's are aware of timescales through national implementation meetings. Support HB's to set up local implementation meetings.
If there is no contingency plan to replace the existing Computerised/Digital Radiology equipment that belongs to the existing supplier the when new contract begins, Then some health boards may be without CR/DR equipment, Resulting in them not being able to undertake imaging, and potentially putting patients at risk (noting this has a greater impact on rural areas)	Continue to work with the National Imaging Board and HB's in order to develop replacement equipment and/or reconfiguration of service delivery models
If both LINC and RISP implementation timescales continue as planned, Then there may not be sufficient technical and project resources available to support both programmes, Resulting in delayed implementation	Continue to work closely with the LINC programme to ensure sufficient time in between implementation dates for each health board
If the Philips solution does not maintain the patient identity across multiple instances, Then patients may be incorrectly identified, Resulting in compliance failure, patient safety issues and the solution not going live	Proceed with FBC development and approval processes whilst clarification is sought from Philips.

In addition to the risks in the national FBC the following local risks have been identified. Management of both national and local risks will be through the national and local governance structures outlined above.

Risk	Mitigation
FBC sign off by Health Board delayed, resulting in overall contract start date delays	Proactive engagement and support from RISP programme team to meet internal board timelines.
Infrastructure and implementation costs were not fully detailed in the Outline Business Case	SBUHB has previously invested in this area and is primed better versus other HB's, so costs minimised
Philips require a signed deployment orders from all health boards before they will commence work	Proactive engagement and support from RISP programme team, Service engaged in timeline expectations in readiness, with plans to create an implementation group that will oversee the delivery of the deployment order.
The existing contract with Fuji ends 2024/25, giving limited time for implementation of the new solution	Appropriate project management structure will be put in place to assist in managing the challenging timelines. An allocation of project management resource has been included in the FBC.
Some essential legacy equipment provided by Fuji was not included for replacement in the RISP Business case and will require each HB to support replacement – circa £340k for SBUHB on top of current costs.	Service meetings set up to review the legacy kit affected to identify opportunities to streamline kit and reduce costs – early indications suggest a 25% decrease could be achieved. National equipment replacement prioritisation has included some of the legacy kit for the next 2-3 yrs.

5. FINANCIAL IMPLICATIONS

All Wales FBC financial implications

The national RISP FBC outlines a total cost across Wales for the solution over the life of the contract as £31,891k. This is a £5,938k increase over and above the costs outlined in the OBC. The table below summarises the total costs for the FBC and compares them to the costs in the OBC.

All Wales FBC financial summary

	2023/24	2024/25	2025/26	2026/27	2027/28 - 2032/33	FBC Total	OBC Total £'000	Change since OBC £'000
	£'000	£'000	£'000	£'000	£'000	£'000		
Capital								
Solution Supplier Initial Charges	0	8,758	5,366	0	0	14,124	14,175	-51
Programme Resource Plan	783	1,431	646	0	0	2,861	1,154	1,707
Local Infrastructure Costs	0	5,042	0	0	0	5,042	2,020	3,022
Total Capital excl VAT	783	15,231	6,012	0	0	22,026	17,349	4,678
Irrecoverable VAT - Solution	0	1,752	1,073	0	0	2,825	2,835	-10
Irrecoverable VAT - Local Infrastructure	0	1,008	0	0	0	1,008	404	604
Total Capital Requirement	783	17,991	7,086	0	0	25,859	20,587	5,272
Revenue								
Programme Resource Plan - WG Funding	507	847	721	0	0	2,075	1,222	853
Programme Resource Plan - HB Funding	447	964	821	0	0	2,232	2,122	110
Non Recurring Revenue Costs	954	1,810	1,543	0	0	4,307	3,344	963
Solution Supplier Service Charges	0	1,368	5,098	5,396	21,237	33,098	32,410	688
Extend Solution Supplier Service Charges	0	0	0	0	11,140	11,140	5,177	5,963
Local Infrastructure Costs	0	894	894	894	5,364	8,047	145	7,902
Legacy - PACS and WRIS	6,495	5,993	857	0	0	13,346	19,715	-6,370
Ongoing support for integration	0	0	0	150	900	1,050		1,050
<i>Less: Current PACS/WRIS Budget</i>	<i>-6,495</i>	<i>-6,495</i>	<i>-6,495</i>	<i>-6,495</i>	<i>-38,973</i>	<i>-64,955</i>	<i>-55,425</i>	<i>-9,530</i>
Recurring Revenue Costs Impact	0	1,759	353	-55	-332	1,725	2,022	-297
Net Revenue Impact	954	3,570	1,896	-55	-332	6,032	5,366	666
TOTAL COST	1,737	21,560	8,982	-55	-332	31,891	25,954	5,938

The table shows that of the cost increase, £5,272k are increased capital costs, which are anticipated to be funded from WG. Revenue costs have also increased by £666k over the life of the contract. There has been a £963k increase in the non-recurrent revenue costs for the implementation of the solution, of which £853k is expected to be funded by WG. This has been offset by a reduction in recurrent revenue costs of £297k.

The Welsh Government allocation is still being finalised at the point of this paper's submission.

Health Boards have been requested by WG to review the infrastructure costs that have been included in the case. Based on the principles that have been asked to be adhered to it is anticipated that changes to HB requirements will reduce the total capital cost of the program. SBUHB requirement, however, is unlikely to change as our submission already adhered to the principles that have been outlined.

SBU FBC financial implications

The detailed financial impact on SBUHB as summarised in the case can be found in Appendix 3 and is summarised below.

The total capital cost allocated to SBUHB is £2,806k. It is assumed in the FBC that this cost will be funded by WG.

In the OBC previously approved by the Health Board it was outlined that the new solution would have a recurrent revenue cost increase of £108k pa in year 1 rising to £206k pa by the end of year 7 over the current solution. Over the life of the contract the total recurrent revenue cost of the solution was estimated to be £1,539k. Of this £115k pa had already been accounted for recurrently in the Health Board's financial plan.

However, following completion of the procurement process the FBC outlines an anticipated recurrent revenue reduction of £35k per annum compared to costs for the current solution. It should be noted that in 2024/25 and 2025/26 costs will increase due to dual running of the existing and new solutions. The table below summarises the revenue implications for SBU from the RISP implementation.

Revenue Impact SBU					
	2023/24	2024/25	2025/26	2026/27-32/33 Total	
Recurring Revenue Total	£0	£143,900	£69,726	-£245,642	-£32,016
Non-recurring Revenue Total	£75,814	£163,410	£139,239	£0	£378,463
Net Impact	£75,814	£307,309	£208,965	-£245,642	£346,447
RISP Funding already included within the financial plan	-£115,000	-£115,000	-£115,000	-£805,000	-£1,150,000
Net funded impact	-£39,186	£192,309	£93,965	-£1,050,642	-£803,553

The table shows that total revenue impact over the life of the contract is £346k, which compares favourably to the cost increase of £1,539k outlined in the OBC.

The table also shows there is a total non-recurrent investment requirement from the HB during the implementation period (2023/26) of £592k which includes £214k needed for the dual running costs of the systems.

As outlined in the paper to Board supporting the OBC in November 2021, the Health Board has included £115k recurrently in the financial plan to support RISP. This means that there is a net additional investment requirement of £325k between 2023-26. It also means that the £115kpa will no longer need to be provided once the solution is implemented releasing a total of £805k back to the financial position for the remainder of the contract.

It should also be noted that the National Program are seeking clarity on VAT treatment to establish whether any additional cost reductions are possible for the programme.

The FBC includes £4.7m in new hardware, software, licences support and training for SBUHB.

The costs within the FBC do not include the costs of the replacement of legacy equipment within the HB. (See risks above). The total cost of this equipment is estimated to be £350k and opportunities to reduce the cost have been explored with early reviews suggesting a reduction to £250k is achievable prior to implementation in 24/25. Further options are being explored within Radiology to identify where additional workforce in the PACS/RIS team could allow the costs to the HB to be reduced further.

The FBC identifies that, across Wales, there are approximately £2.2m p.a. of non-cash releasing benefits realised once the new solution is rolled out. Work is ongoing locally to establish possibilities for quantifying the productivity benefits that will be realisable within Swansea bay, including the assessment of the potential for cash releasing benefits. This work will continue during the readiness and implementation phases of the program.

6. RECOMMENDATION

Performance and Finance Committee Members are asked to:

- Note the necessity to replace the existing PACs system
- Note the intention to achieve the vision of a seamless end-to-end electronic solution that enables the Radiology service to deliver a high quality, safe and timely clinical imaging service for the patients of Wales
- Note the estimated capital and revenue implications outlined in the FBC, the revenue financial implications to SBUHB including the reduction in costs compared to the previously approved OBC
- Note the revenue investment requirement in years 1 (£0.08m), 2 (£0.31m) and 3 (£0.21m) totalling £0.6m (net requirement of £0.33m)
- Note the potential productivity/cash releasing savings and the non-financial that RISP will enable once the system is developed. Radiology and Digital Services will continue to identify the opportunities the new shared platform presents to enable transformational change within Radiology service provision
- Note the requirement for funding of CR/DR legacy equipment at a maximum cost of £350k in 24/25 which will be addressed through rationalisation as part of Morriston/Radiology IMTP planning.
- Note the requirement for Radiology and Digital Services to continue to identify the opportunities the new shared platform presents to enable transformational change within Radiology service provision
- ENDORSE the RISP Full Business Case for submission to the May Health Board.

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 <input type="checkbox"/>
	Co-Production and Health Literacy <input type="checkbox"/>
	Digitally Enabled Health and Wellbeing <input 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 type="checkbox"/>
	Partnerships for Care <input type="checkbox"/>
	Excellent Staff <input type="checkbox"/>
	Digitally Enabled Care <input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning <input type="checkbox"/>

Health and Care Standards			
(please choose)	Staying Healthy	<input type="checkbox"/>	
	Safe Care	<input type="checkbox"/>	
	Effective Care	<input type="checkbox"/>	
	Dignified Care	<input type="checkbox"/>	
	Timely Care	<input type="checkbox"/>	
	Individual Care	<input type="checkbox"/>	
	Staff and Resources	<input type="checkbox"/>	
Quality, Safety and Patient Experience			
Financial Implications			
<p>The all Wales cost of the solution for the life time of the contract is £31m (including implementation). It is assumed that the capital cost and a proportion of the non revenue costs associated with implementation will be funded by WG. The revenue implications for SBU in the approved OBC was estimated to be £1.54m over the live of the contract. The revenue costs in the FBC have reduced to £0.34m over the contract life. There is at total non-recurrent revenue investment requirement from the HB during the implementation period (2023/26) of £592k which includes £214k needed for the dual running costs of the systems. These costs are partially offset by a cost reduction on the cost of the current solutions of £0.25m over the remainder of the contract. These cost implications do not take into account the £115k pa provisioned within the HB financial plan. It should be noted that not included in the FBC is the requirement to replace £350k of legacy equipment within Radiology. Work is ongoing to reduce this requirement and potential funding sources. See above for more detail.</p>			
Legal Implications (including equality and diversity assessment)			
An Equality Impact Assessment (EQIA) has been developed for the RISP Programme.			
Staffing Implications			
Radiology staff will be required to adopt the new system and nationally agreed standards.			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
N/A			
Report History			
Appendices	<p>Appendix 1 - National RISP FBC</p>  <p>RISP FBC V3.docx</p> <p>Appendix 2 – FBC Benefits realisation table</p>  <p>Appendix%20%20 FBC%20benefits%20</p> <p>Appendix 3 – SBU Financial implications</p>		



Appendix%202%20-%
%20RISP%20FBC%20