

PWYLLGOR ADNODDAU CYNALIADWY SUSTAINABLE RESOURCES COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	20 December 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Planning Objective 5M – Implementation of Clinical and All Wales IT Systems
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Anthony Tracey, Digital Director

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

This report provides the Sustainable Resources Committee with a deep dive into the Planning Objective 5M, as set out below:

*By March 2025 implement the existing national requirements in relation to clinical and other all-Wales IT systems within expected national timescales (see the specific requirements 5.M.i).
Develop a plan to progress to Level 5 of the 7 Levels of the Healthcare Information and Management Systems Society (HIMSS) maturity matrix.*

The Committee is requested to receive assurance regarding delivery of Planning Objective 5M.

Cefndir / Background

All national systems are provided by Digital Health and Care Wales (DHCW). DHCW is the national organisation leading on the delivery of digital health and care services for NHS Wales. The foremost intention of DHCW is to support the transformation of health and care delivery in Wales and better outcomes for patients. It is important to note that although DHCW have defined products as systems, some products are functions of a much larger system. For instance, Medicines Transcription and Electronic Discharge (MTeD) is a function of the Welsh Clinical Portal (WCP), as are functions such as pathology test requesting. Similar modules of laboratory information management system (LIMS) can also be seen as greater functionality of the main system and not bespoke systems in their own right.

Asesiad / Assessment

Hywel Dda is currently liaising with DHCW to develop a convergence plan from the nationally agreed implementation plan towards a local route map in order to provide date(s) of when functionality required by the clinical body will be available. This work is being clinically led by the Chief Clinical Information Officer (CCIO) supported by the Digital Director.

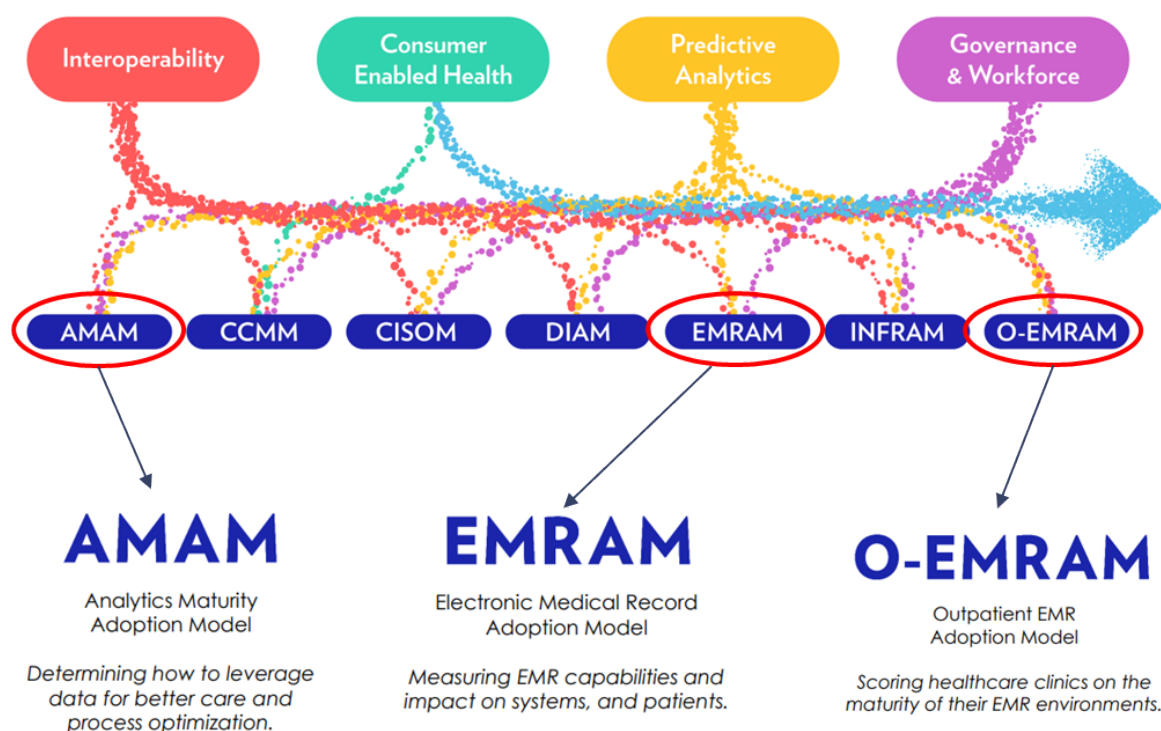
Digital Maturity

In order to fully understand the journey that we need to embark on towards digital maturity, we first need to establish our baseline position. To measure our baseline, the Health Board undertook a self-assessment using the globally recognised Healthcare Information and Management Systems

Society (HIMSS) approach, which delivers a number of maturity models. These Maturity Models will provide prescriptive frameworks to the Health Board to build our digital health ecosystems. The HIMSS Electronic Medical Record Adoption Model (EMRAM) is used to assess Electronic Medical Record (EMR)/Single Patient Record implementation and adoption of the technology. Each eight-stage (0-7) maturity model operates as a vendor-neutral roadmap, global benchmarking and a standard to follow for measurable improvement for the Health Board's infrastructure implementation, Single patient Record and analytics.

The feedback from the HIMSS analysis will inform our Digital Response and plans for 2023/2024 onwards. Following our review, the assessments are as follows:

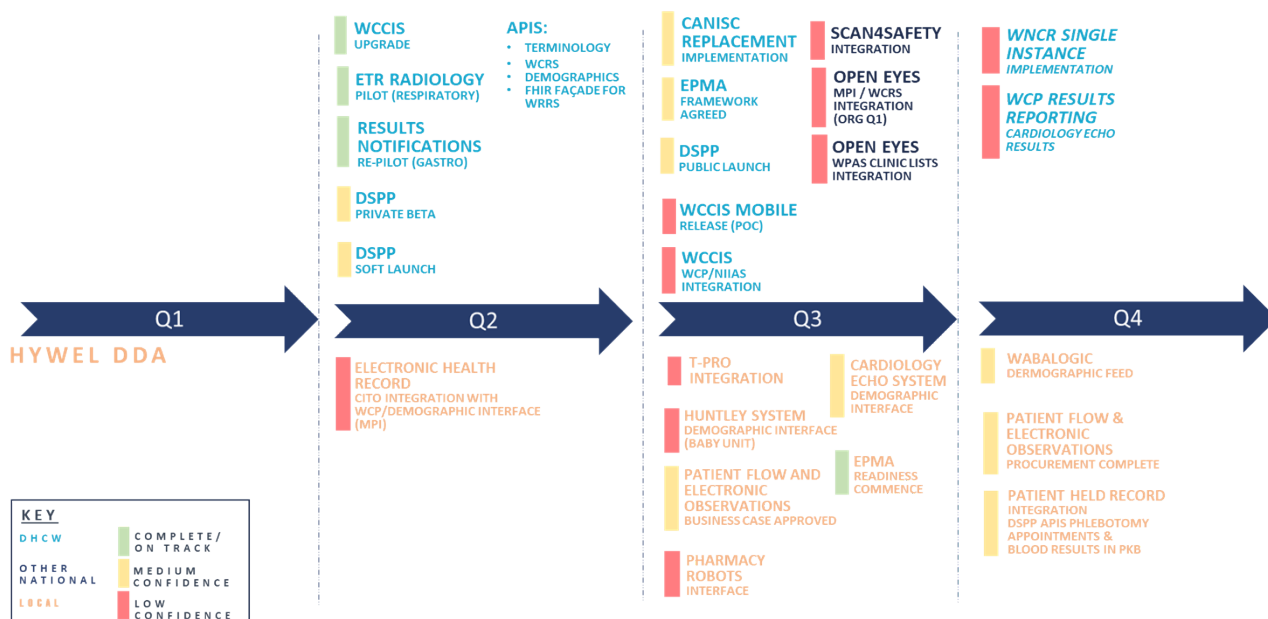
- AMAM – Level 2 /3
- EMRAM – Level 2
- O-EMRAM – Level 1



The baseline review has enabled the Health Board to work with DHCW, and partners to identify where possible “gaps” are within the system and data architecture. These perceived “gaps” will form the Health Board roadmap towards HIMSS level 5 denoting an investment profile required.

Hywel Dda and DHCW National Plan

The following convergence plan is discussed in quarterly meetings with DHCW colleagues and is refined to show delivery dates and an assessment on the risk to delivery. The plan overleaf details the current plan agreed within DHCW, which incorporates when the national products will be available for the Health Board to adopt. There are also specific requests from the Health Board that have an effect on DHCW workload, i.e., system integrations that required DHCW input.



The Health Board is now working with DHCW on a longer-term plan to incorporate the major system “gaps” following the EMRAM assessment. For instance, the dates for the implementation of the following national systems:

- Welsh Intensive Care Information System – proposed Qtr. 4 (2023-2024)
- PACS / Radis replacement – proposed Qtr. 4 (2023-2024)
- E-Prescribing and Medicines Administration (EPMA) implementation – proposed Qtr. 2 (2024-2025)
- Welsh Emergency Department System (WEDS) – Date to be agreed
- Replacement Laboratory Information System (LINC) – proposed Qtr. 3 & Qtr. 4 (2024-2025)
- Replacement of Electronic Staff Record (ESR) – Date to be agreed
- Full rollout of Open Eyes – Date to be agreed
- Digital Services for Patients and Public (DSPP)

In addition to this the Health Board will be looking to progress the following systems to advance our digital maturity. The following tables highlights the key systems and programmes of digital transformation and where they are in the development / implementation cycle.

Proposed System	Phase		
	Discovery	Design	Delivery
Replacement to our theatre system	Qtr. 2 (2023-2024)		
Clinical Monitoring Hub	Qtr. 1 & 2 (2023-2024) working with the TUEC programme		
Patient Flow and Electronic Observations	Complete	Qtr. 4 (2022-2023) and Qtr. 1 (2024-2025)	First wards live 2024-2025
Patient Held Record	Qtr. 1 - Qtr. 3 (2023-2024)		
Shared Care Record	Qtr. 1 - Qtr. 3 (2023-2024)		
Electronic Document Management Retrieval System (EDMS)	Complete	Complete	2023-2024

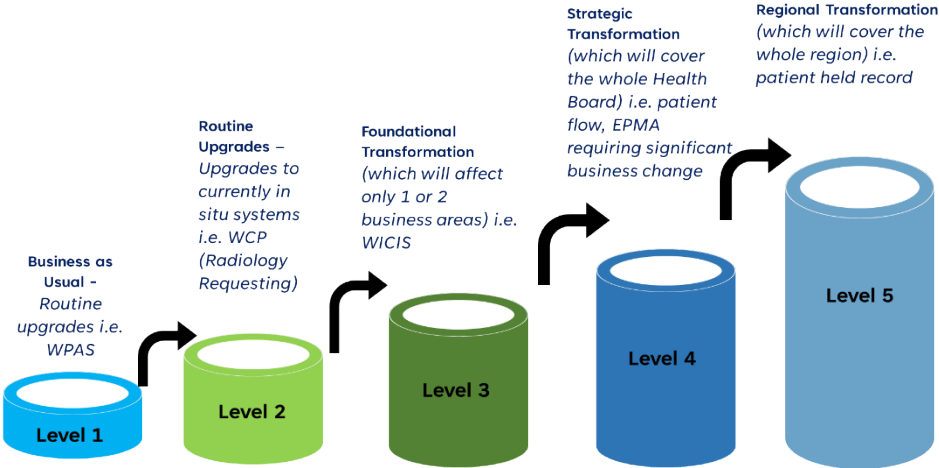
eHandover	Qtr. 4 (2022-2023)	Qtr. 1 – 2023-2024	Qtr. 2 & 3 – 2023-2024
Frailty identification and insights (Enhancing AI)	Complete	Complete	Qtr.1 2023-2024
Digital Health Applications “Apps” Library (ORCHA)	Complete	Complete	Complete

Enabling Digital Transformation

Our digital ambitions currently outweigh our capacity and capability to deliver. There is a need to build increased resilience to maximise confidence in achieving these goals. In terms of current internal capacity there is only sufficient Digital staff to support business-as-usual (BAU) activities, leaving little available resource on-site to support transformation and change work.

Most change activity is dependent on ad-hoc and/or one-off funding sources. Given that we cannot be confident about this funding going forward it is not appropriate to increase our own internal permanent staffing levels, even if was possible to secure the necessary specialist staff in a highly competitive labour market. We need to develop a new approach to digital transformation and prioritisation of programmes and projects to invest in.

Therefore in 2023-2024, We looking to implement a new targeted operating model within digital which will see the Health Board along with Digital Health and Care Wales concentrate on different levels of transformation. The diagram illustrates the approach that we are looking to adopt. Working with DHCW the Health Board digital team will work to achieve Levels 1 through 3 and there will be a need to be supported for Levels 4 & 5 which will require more specialist resources which can be bought in at scale to provide the pace of delivery.



Prioritisation of Digital Programmes

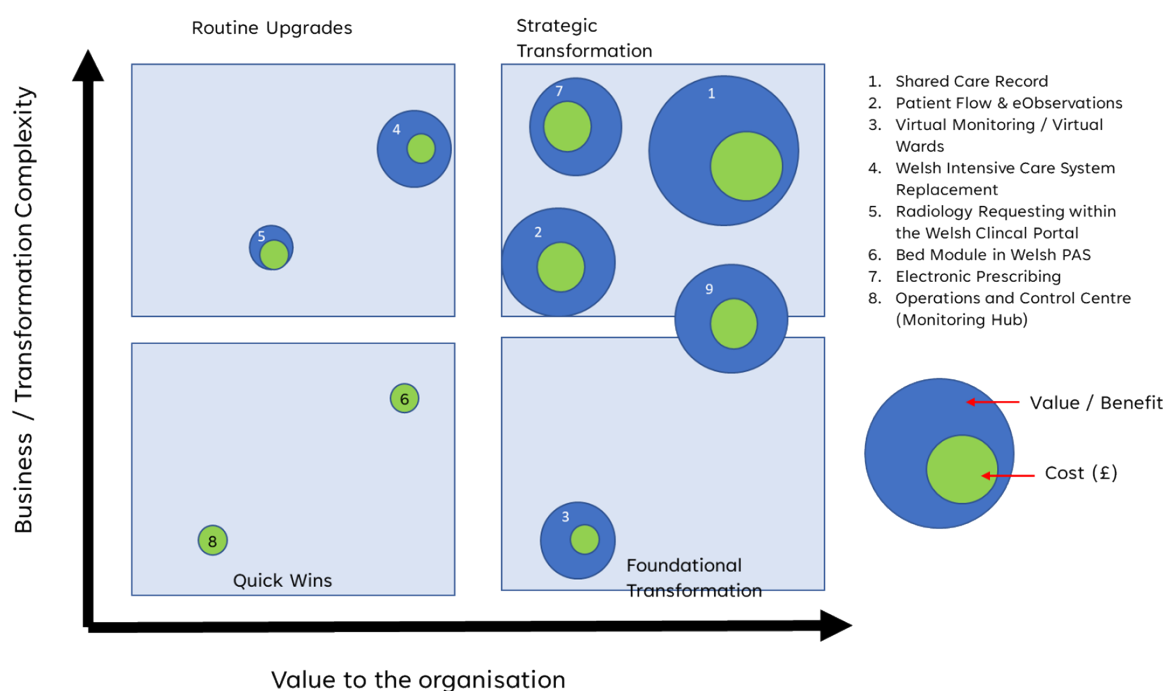
Using the transformation steps above, the Health Board will also look to adopt a 4-quadrant approach to its digital transformation. The intersection between the two axes creates the four quadrants of the digital transformation roadmap: Quick Wins, Foundational transformation, Routine upgrades, and strategic transformations.

When developing a digital transformation roadmap, the Health Board will begin with the transformations quadrant and work backwards, identifying the smaller projects they need to undertake to achieve their end vision. Each of these projects need to deliver value along the way, both so that an organisation progresses along its digital transformation roadmap and to make it easier to implement. In order to prioritise the resources required, and to provide an assessment of the value proposition for the Health Board, the following will be adopted:

- Strategic / Regional Transformations (Level 4&5)** - The transformations quadrant, at the top right, is where the Health Board will plot its large-scale programmes, achieving this end vision may seem daunting, but these projects have the capability to release large scale benefit, and reduce waste within the Health Board.

- **Foundational Transformation (Level 3)** - Projects in this quadrant are often extensions of quick wins. These projects may be longer in duration and still operate within 1 or 2 elements of the Health Board. While they may not leverage any new technology, they allow the organisation to optimise their quick wins from the comfort zone of their existing environment. They are continuous in nature and create progress at scale for existing activities.
- **Routine Upgrades (Level 2)** - These projects help the organisation explore newer, faster, and radically innovative methods to reach its end vision. They not only add value but also demonstrate the organisation's commitment to breaking away from the old ways of doing things and implementing change.
- **Business as Usual (Quick wins) (Level 1)** - Quick wins are projects that are easy to implement, useful to everyone, and can be started right away. A quick win should be a valid project in its own right that will create value in a very short timeframe with relatively little effort.

The diagram below is for illustrative purposes only, but will be used to show the value / benefit to the organisation based against the cost of the system:



After filling out all of the quadrants, we can connect the dots, linking our developments whether it is quick wins and larger scale programmes, to add value to the business and ultimately achieve its end vision.

Conclusion

The Health Board continues to work with DHCW on a convergence roadmap for the national programmes and will support the adoption and implementation of the national products, however we will also look to adopt and implementation digital transformation programmes that are currently not within the DHCW roadmap. The digital transformation and prioritisation approaches will be adopted for the delivery of the next iterations of the Digital Response, and Integrated Medium-Term Plan.

Argymhelliad / Recommendation

The Committee is asked to **RECEIVE ASSURANCE** regarding delivery of Planning Objective 5M.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.2 To receive an assurance on delivery against all relevant Planning Objectives falling in the main under Strategic Objective 6 Sustainable Use of Resources (See Appendix 1), in accordance with the Board approved timescales, as set out in HDdUHB's Annual Plan.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.4 Information Governance and Communications Technology 3.5 Record Keeping All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	6: Sustainable Use of Resources
Amcanion Cynllunio Planning Objectives	5M Implementation of clinical and all Wales IT systems
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	Contained within the main body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	Not Applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not Applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	Quality, safety and patient experience is a major theme underpinning the development of the national systems.

Gweithlu: Workforce:	Not Applicable
Risg: Risk:	Hywel Dda UHB currently has too many systems / processes and care information that are not fully integrated in a timely or consistent way. There are risks associated with the management of care and the transfer of patients between services. Furthermore, some services do not have electronic systems to capture patient information, reliant on paper which is not accessible across the organisation or to partner agencies.
Cyfreithiol: Legal:	Not Applicable
Enw Da: Reputational:	The failure of either National or local systems will have an effect on the reputation of the Health Board, and therefore the monitoring of usage of such systems is crucial.
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable