Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR DIGIDOL, DATA AC ARLOESI
DIGITAL, DATA AND INNOVATION COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	21 July 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Turning Data into Insight 2025-2028
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Executive Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Anthony Tracey, Director of Digital, Data and Technology Gareth Beynon, Head of Information Services Gareth Jenkins, Head of Data Science Tracy Price, Head of Performance

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/ For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

Our Health Board faces significant challenges including (but not limited to) rising demand, increasing clinical complexity, financial pressure, workforce fragility and variable access to modern digital tools. These pressures make it more important than ever that every decision we make is supported by robust evidence and effective use of our data. Our current data landscape is fragmented: data quality is variable, analysts are stretched, systems do not always integrate, with staff struggling to access the information they need and advanced analytics are being used inconsistently. Phase 1 of our data blueprint aims to begin to address this gap by strengthening our foundation, increasing our analytical capacity and embracing new technologies.

The blueprint has been developed in response to both the immediate operational pressures facing the Health Board and the longer-term requirement to build sustainable digital, data and analytical capability. It provides a structured first phase for improving how data is collected, governed, connected, analysed and used to support decision-making. This is particularly important in the context of Targeted Intervention (TI), where the organisation must demonstrate stronger grip, improved assurance, clearer prioritisation and evidence-based improvement across quality, performance, finance, workforce and population health.

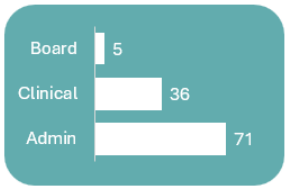
Cefndir / Background

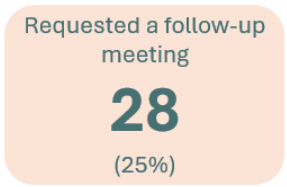
Hywel Dda University Health Board (HDdUHB) aspires to become a data-enabled organisation where individuals at every level have timely, trusted information that empowers better decisions for our patients, staff and communities. Our ambition is to shift from a Health Board that uses data to one that is powered by data: proactive, insight-driven, and always learning.

A series of 14 one-to-one meetings were held with Executive Team members and key individuals nominated within their teams, to obtain a high-level overview of the key data requirements across each function. Views were also sought from Welsh Government to provide an external perspective. The themes emerging from these discussions informed the development of a staff survey, which was made available to all Health Board staff. Responses were received from a broad range of staff groups and Health Board functions.

This engagement confirmed a consistent message: staff and leaders recognise the value of data, however access, confidence, consistency and capacity remain variable. The blueprint therefore focuses on practical foundations rather than abstract ambition. It seeks to strengthen data quality, create a trusted data platform, improve access to self-service reporting, develop the analytical workforce, increase data literacy and enable safe use of advanced analytics and artificial intelligence. The document also aligns with the Health Board's wider digital enablement ambitions, including the need to improve integration, support a single version of the truth, reduce duplication and ensure insight is available to those making operational, clinical and strategic decisions.

Data survey responses





Asesiad / Assessment

Data is a key enabler to the Health Board achieving its purpose, vision and objectives.
The current position is that data is split across multiple systems, with duplication, inconsistency and variation in how information is defined and used. Analysts are working hard to support services, although capacity is limited and demand for deeper insight is increasing. Existing products such as IRIS and the "Our" dashboard suite provide an important foundation, however further work is required to standardise access, expand coverage, improve real-time intelligence and ensure staff can use the information confidently. Without this foundation, the organisation will continue to experience avoidable duplication, inconsistent reporting, limited foresight and reduced ability to evidence improvement.

In 2024, the Health Board was placed into TI, the highest level of escalation short of Welsh Government intervening directly in the management of the organisation. High quality data will be a key enabler in supporting better informed decision making and driving the improvements required to improve performance and outcomes.

Why is having a data blueprint important to us?
A clear digital and data blueprint is essential if the Health Board is to deliver its overall Strategy and respond effectively to the challenges facing health and care. HDdUHB is operating in a context of rising demand, increasing clinical complexity, financial pressure, workforce fragility, health inequalities and variable access to modern digital tools. These pressures mean that the organisation must be able to make timely, evidence-based decisions, understand variation, prioritise resources, improve productivity and demonstrate measurable improvement for patients, staff and communities. Digital and data capability is therefore not a supporting technical function; it is a core enabler of strategic delivery.

The Health Board's Strategy depends on its ability to provide safe, sustainable, high-quality and accessible services, support population health, reduce inequalities, improve experience and outcomes, and use public resources responsibly. A digital and data blueprint provides the route map for how information, technology, analytics, governance and workforce capability will support those ambitions. It helps ensure that digital investment is purposeful, aligned to clinical and operational priorities, and focused on the outcomes that matter most: better care, improved flow, stronger assurance, reduced duplication, greater transparency and more effective planning.

The current data landscape remains fragmented: data quality is variable, analysts are stretched, systems do not always integrate, with staff struggling to access the information they need and advanced analytics are used inconsistently. Without a coherent blueprint, the organisation risks continuing to make decisions from inconsistent information, duplicating effort, missing opportunities to improve productivity and being unable to evidence progress against its strategic objectives. Phase 1 of the Turning Data into Insight blueprint therefore begins to address this gap by strengthening the foundations required to become a data-enabled organisation.

There are many ways the organisation will benefit from being a data-enabled organisation, some of which are listed below:

- Staff can access the right data, at the right time, in the right form, wherever they work.
- Leaders make decisions with confidence, supported by consistent, high-quality, real-time information.
- Clinicians have intelligence at the point of care, not retrospective reports.
- Analysts form a connected and capable network, working with modern tools and shared standards.
- Our systems speak to each other, with a single version of the truth for all secondary usage.
- Advanced analytics, forecasting and AI become an expected part of how we design services, plan capacity and improve outcomes.
- The public can easily understand our performance, and we operate with transparency and accountability.

To achieve this, we recognise that becoming a data-enabled organisation is a journey, not an event. Our 2025–2028 blueprint is Phase 1 of that journey, building the essential foundations that allow us to think, plan and act differently.

What are we aiming to do in Phase 1 of our data blueprint?
Phase 1 of the data blueprint focuses on building the core foundations needed to make better use of data across the Health Board. It translates the strategic ambition described above into a practical programme of work, setting out the priority capabilities that need to be strengthened over the next three years. These aims are intended to address the current challenges of fragmented systems, variable data quality, limited analytical capacity and inconsistent access to insight, while also creating the conditions for more advanced use of data science, artificial

intelligence, transparency and population-level planning. The Phase 1 aims therefore provide a clear route from our current position to a more consistent, trusted and data-enabled way of working. We have therefore identified eight aims and an enabler in our 2025-2028 data blueprint:

Aim 1: Strengthen and improve data quality	Ensure our data is complete, accurate, reliable, relevant and timely
Aim 2: Central storage of our key data	Health and social care data stored in the Health Board's data platform on the cloud
Aim 3: Develop a network of skilled analysts	To support services in identifying where improvements need to be made
Aim 4: Data products accessible to all relevant staff	Access to appropriate data and information in a timely and appropriate manner
Aim 5: Make data more available for the public	Be more open and transparent with people who use our services
Aim 6: Using data to improve productivity and efficiency	Data is essential for identifying areas of potential waste across our services
Aim 7: Enhance our data science tools and skills	Data science gives us greater power to help improve patient outcomes and productivity
Aim 8: Leverage data for artificial intelligence (AI)	Sound data is essential to ensure AI produces meaningful results.
Enabler: Increase data literacy Help our staff to further develop their skills to accurately interpret and use data to make informed decisions	

Delivery of the blueprint will also support the Health Board's ability to triangulate information across quality, safety, operational performance, workforce, finance and population health. This will help teams move from retrospective reporting towards earlier identification of risk, demand, variation and opportunities for improvement. It will also provide the conditions required for responsible use of data science and artificial intelligence, recognising that these approaches are only safe and meaningful where data is accurate, well-governed, explainable and used for a clearly defined purpose.

The expected benefits of Phase 1 are therefore both practical and strategic. Practically, it will improve access to trusted information, reduce duplication, strengthen data quality and support staff to interpret and act on insight. Strategically, it will help the Health Board build the capability required to support TI improvement, annual planning, Value-Based Healthcare (VBHC), population health, productivity, public transparency and future digital transformation. Endorsement of the document will provide a clear mandate to progress this work as the first phase of a longer-term journey towards becoming a data-enabled organisation.

Argymhelliad / Recommendation

The Committee are requested to consider:

- **ENDORSE** the phased, capabilities-led approach set out in the blueprint, as the strategic direction for developing the Health Board's data, analytics and AI capability, recognising the need to strengthen data quality, analytical capacity, data literacy, access to trusted information and the effective use of advanced analytics and artificial intelligence.
- **NOTE** the development of the Turning Data into Insight 2025-2028 blueprint as the first phase of the Health Board's journey towards becoming a data-enabled organisation.
- **NOTE** that progress updates, including delivery milestones, risks, benefits realisation and areas requiring Committee support or escalation, are presented to the Digital, Data and Innovation Committee at appropriate intervals.

mcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cylch Gorchwyl y Pwyllgor: Committee ToR Reference:	2.1.1 That the direction, development and delivery of the Digital Strategic Plan is to drive continuous improvement and support digitally enabled health care through a digitally enabled workforce to achieve the objectives of the Health Board's Annual Plan/Integrated Medium-Term Plan (IMTP).
Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg Cyfredol: Datix Risk Register Reference and Score:	Data is an enabler for most risks on our risk register
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Nodau Cynllunio 2026/27 Planning Goals 2026/27	All Planning Goals Apply
Hypergyswllt i Amcanion Llesiant HDdUHB 2026 Hyperlink to HDdUHB Well-being Objectives 2026	9. All HDdUHB Well-being Objectives apply
Model Cymdeithasol ar gyfer Iechyd a Llesiant: (wedi'i gwblhau ar gyfer newid strategol a/neu newidiadau sylweddol i wasanaethau)	7. All Apply

A Social Model for Health and Wellbeing: (*complete for strategic change and/or significant service changes)*	
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Range of Health Board and Welsh Government staff, across various functions, staff groups and bands
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	Contained within the body of the report

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	The blueprint supports better informed decision-making, improved prioritisation and more effective use of resources. It will help identify unwarranted variation, duplication, inefficiency and opportunities for productivity improvement. There are no immediate financial commitments arising from this report; any future investment requirements will be subject to the appropriate business case, prioritisation and approval processes.
Ansawdd / Gofal Claf: Quality / Patient Care:	The blueprint will strengthen the use of key metrics and data sources to triangulate quality, safety, outcomes, experience and performance information. This will support earlier identification of risk, unwarranted variation and areas requiring improvement, enabling services to make more evidence-based decisions for patients and communities.
Gweithlu: Workforce:	The blueprint will support development of the analytical workforce through improved networking, shared standards, modern tools and clearer prioritisation. It will also promote wider data literacy across clinical, operational and corporate teams so that staff are better able to interpret and use information in their day-to-day roles.
Tegwch Iechyd: Health Equity:	Improved access to timely, consistent and population-level data will support better understanding of variation, inequality and the needs of different communities. This will help inform service planning, targeted intervention and decisions aimed at reducing inequities in access, experience and outcomes.
Risg: Risk:	Key risks relate to delivery capacity, prioritisation, data quality, system integration, information governance, cyber security and dependency on national data architecture including the National Data Resource. These risks will need to be managed through clear

	governance, phased delivery, appropriate technical assurance and regular reporting to the Digital, Data and Innovation Committee.
Cyfreithiol: **Legal:**	No direct legal implications arise from endorsement of the blueprint. Delivery will need to comply with all relevant legal, information governance, data protection, clinical safety, procurement and cyber security requirements. Any specific work package with legal implications will be assessed through the appropriate governance route.
Enw Da: **Reputational:**	There is a positive reputational opportunity if the Health Board can demonstrate improved transparency, assurance and evidence-based improvement through better use of data. There is a reputational risk if expectations are not managed, delivery is delayed, or insight is not trusted due to poor data quality or inconsistent definitions.
Gyfrinachedd: **Privacy:**	All aims and work packages will be undertaken in accordance with data protection, confidentiality and IG requirements. Privacy by design will be applied, with appropriate controls for access, purpose, retention, minimisation and security. Data Protection Impact Assessments will be completed where required.
Cydraddoldeb: **Equality:**	The blueprint is expected to have a positive equality impact by improving access to consistent information and supporting better understanding of variation across population groups and services. Each work package will consider whether an Equality Impact Assessment is required and will take appropriate action to mitigate any identified adverse impacts.

Digital, Data and Innovation Committee
21 July 2026

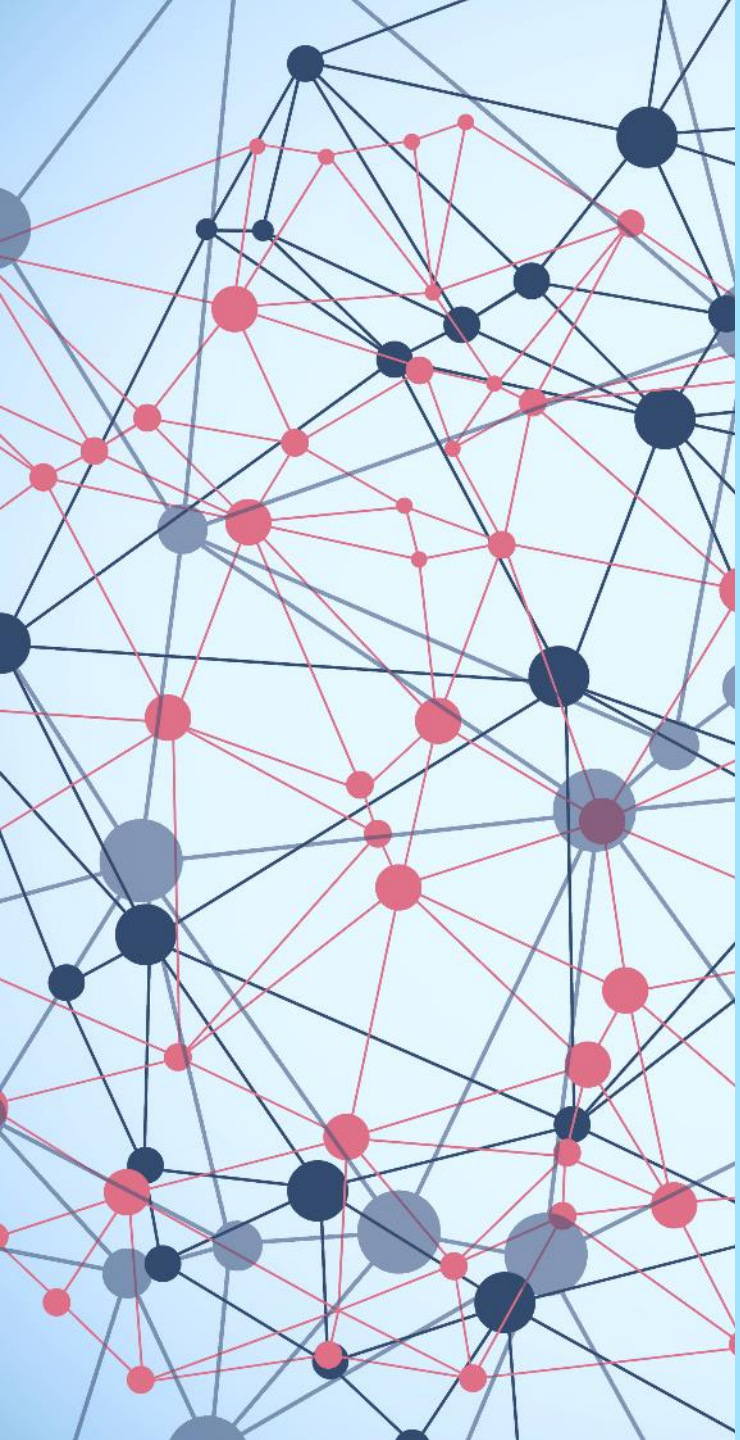
GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Turning Data into Insight

Phase 1: strengthening our foundation, increasing our analytical capacity and embracing new technologies

2025-2028



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Our ambition

Hywel Dda University Health Board (HDdUHB) aspires to become a fully data-enabled organisation — one where people at every level have timely, trusted information that empowers better decisions for our patients, staff and communities. Our ambition is to shift from a Health Board that uses data to one that is powered by data: proactive, insight-driven, and always learning.

Our vision

To enable staff across HDdUHB to use data as an asset for decision making and driving forward improvements:

- Strengthening **oversight** through clear accountability and reliable performance monitoring
- Generating **insight** that supports evidence-based decisions, service improvement and better outcomes
- Building **foresight** by anticipating future risks, opportunities and demand so that leaders can plan proactively, innovate with confidence and create sustainable value.

This means

- Staff can access the right data, at the right time, in the right form, wherever they work.
- Leaders make decisions with confidence, supported by consistent, high-quality, real-time information.
- Clinicians have intelligence at the point of care, not retrospective reports.
- Analysts form a connected and capable network, working with modern tools and shared standards.
- Our systems speak to each other, with a single version of the truth for all secondary usage.
- Advanced analytics, forecasting and AI become an expected part of how we design services, plan capacity and improve outcomes.
- The public can easily understand our performance, and we operate with transparency and accountability.

Our journey

We recognise that becoming a data-enabled organisation is a journey, not an event. Our 2025–2028 blueprint is Phase 1 of that journey, building the essential foundations that allow us to think, plan and act differently.

Why we need a data-enabling plan now

In 2024, the Health Board was placed into Targeted Intervention (TI), the highest level of escalation before Welsh Government step in and take over management of the organisation. Data is going to be a key enabler to help us make better informed decisions to drive forward improvements.

HDdUHB faces significant challenges: rising demand, increasing clinical complexity, financial pressure, workforce fragility and variable access to modern digital tools. These pressures make it more important than ever that every decision we take is supported by robust evidence and effective use of our data.

But today, our data landscape is fragmented. Data quality is variable. Analysts are stretched. Systems do not always integrate. Many staff struggle to access the information they need, and advanced analytics are used inconsistently. This blueprint addresses that gap directly.

Where we are today

- Data is split across systems, with duplication and inconsistency
- Analysts are working hard but with limited capacity to support deep insight
- Data literacy varies across teams
- Data products are useful but not standardised
- Advanced analytics and AI are emerging but not embedded

By 2028 we want to be

- Operating from a single, trusted data platform
- Delivering real-time operational intelligence
- Empowering staff with easy-to-use, consistent data products
- Running a strong analytical network with shared standards
- Embedding predictive and prescriptive analytics into decision making
- Using AI safely and ethically
- Readily sharing insights with our patients and communities

Our aims overview

We have identified eight aims in our 2025-2028 data blueprint that will help us work towards our aim:

Aim 1: Strengthen and improve data quality	Ensure our data is complete, accurate, reliable, relevant and timely
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Aim 3: Develop a network of skilled analysts	To support services in identifying where improvements need to be made
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Aim 5: Make data more available for the public	Be more open and transparent with people who use our services
Aim 6: Using data to improve productivity and efficiency	Data is essential for identifying areas of potential waste across our services
Aim 7: Enhance our data science tools and skills	Data science gives us greater power to help improve patient outcomes and productivity
Aim 8: Leverage data for artificial intelligence (AI)	Transformative opportunity to reduce administrative burden, accelerate detection in critical pathways, and streamline patient access and staff workflows

These eight aims are underpinned by a key enabler for our staff:

Enabler: Increase data literacy

Our starting position: staff

as at 30 September 2025

The Health Board has three data teams, all managed within the Digital directorate: Information Services, Data Science Team and the Performance Team. Combined functions for these teams include:

Data collection
- Data standards
- Data quality
- Clinical coding
- Application support

Data processing
- Data engineering

Data analytics and insights
- Business intelligence
- Corporate reporting
- Ad hoc information requests
- Performance reporting
- Performance improvement

Data-driven actions
- Advanced analytics
- Data science

The three Data teams will work closely with the Health Board's Information Governance Team to ensure our data is used safely (see page nine for further details).

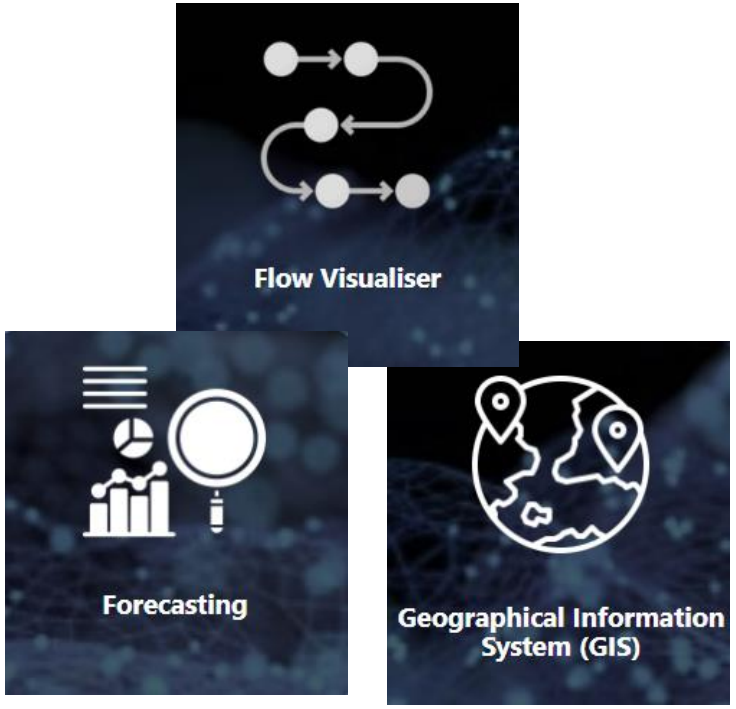
Some other directorates across the Health Board also have staff with analysis as part or all their role. A network has been developed to bring together all Health Board staff with an interest in analytics to share new developments, tips and ideas.

Our starting position: tools and products

as at 30 September 2025

Our existing tools and products

- Information Reporting Intelligence System (IRIS (cloud version)) is the landing page for any self-service reporting output made available at Health Board level by the Digital Data teams. IRIS consists of a suite of Power BI dashboards. It can be accessed by all Health Board staff via a desktop icon, MS Teams or mobile devices.
- Data Science Platform – includes Flow Visualiser, Geographic Insights and Forecasts modules
- Tool for predicting did not attend (DNAs) for Ophthalmology
- Tool for predicting re-admissions
- Demand and capacity prototype for cancer services
- Our Improving Together Framework - sets out our approach to embedding data driven performance improvement at all levels of the Health Board
- Integrated Performance Assurance Report dashboard – updated monthly for Board/Committee and made available to the public via our internet site.
- We are developing a series of 'Our' dashboards to provide staff, Board/Committees with easier access to key data. Currently available:
  - Our Performance – provides all staff with easy access to data for the 'must dos' e.g. management of incidents, complaints, risks, staff sickness, mandatory training, agency use, finance, procurement, vacancies, turnover.
  - Our Safety – triangulates key quality and safety metrics to determine potential safety hotpots.
  - Our Activity – includes clinical and operational activity metrics.
  - Our Productivity – includes metrics relating to productivity and efficiency of our services.



Information Governance: enabling safe use of data

Strong governance means we can move faster, share more insight, and innovate safely.

Why is information governance important?

Good information governance lets us use data confidently:

- Ensures data is used lawfully, fairly and securely
- Protects patients, staff and public trust
- Allows data to be shared, linked and analysed safely
- Enables self-service, advanced analytics and AI without increasing risk

Embedding information governance

Information governance underpins every aim and work package:

- Clear data ownership and standards
- Appropriate access based on roles
- Safe secondary use of data
- Ethical use of AI aligned to national NHS principles

Our approach

- Governance is designed in, not bolted on
- Rules are clear, proportionate and practical
- Staff are supported with guidance and training
- Fully aligned with national NHS and regulatory requirements

Our aims and enabler

Aim 1

Strengthen and improve data quality

Ensure our data is complete, accurate, reliable, relevant and timely.

Why is this important to us?

- Data collection is the foundation element for any organisation that has an ambition to become truly data driven.
- Without assurances around the quality and usability of the data organisations are at risk of making poor decisions based on the data available to them.
- Having access to good quality data will enable us to make better decisions to improve patient care.
- Data collection must comply with information governance laws and principles.

What is HDdUHB going to do?

- Embed data quality within our Improving Together sessions.
- Seek opportunities through existing training programmes to develop a communication plan to further educate staff on the importance of data quality and the role that each individual plays in ensuring the data is captured as timely, accurately and consistently as possible within the digital applications.
- Develop a data quality matrix to help staff easily assess the robustness and limitations of each data source.
- Data quality deep dives and develop an escalation process to ensure data quality ownership at the service level.
- Ensure we are making effective and consistent use of available applications to support end users to deliver direct patient care and support decision-making processes.
- Clinically code “everything” to support the understanding of what resources are used through each patient interaction.

Aim 2

Central storage of our key data

Health and social care data stored in the Health Board's data platform on the cloud. This will enable easier access to key data sources for staff and better-informed decision making.

Why is this important to us?

- Data will be held centrally and not in silos, making it more accessible i.e. the data will be stored once and used by many.
- There will be one version of the truth.
- We will be able to link data sources, triangulate our data and look for concerning insights / good practice.
- Security access restrictions can be applied where needed.
- Data can be used for dashboard developments.
- The data platform has the processing power to undertake highly complex queries.
- Access to non-traditional health data (e.g. social care) would provide greater insight for all patient care and a 360 degree view for decision making.

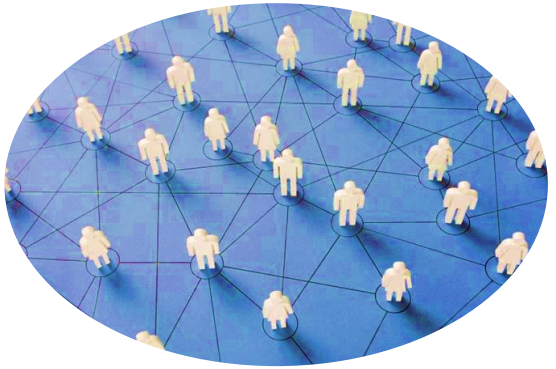
What are Hywel Dda going to do?

- Produce a business case with a proposal to develop a data platform to support the single version of the truth across all outputs. This migration intends to bring all organisational data into one space to support triangulation and decision making. This includes community and primary care data
- Develop a catalogue of data sources and indicators available via the data platform, that can be accessed by all approved Health Board staff.
- Establish real time feeds from our key systems to our data platform to source all data in a timelier manner i.e. transactional, clinical, patient generated, workforce, quality and safety, socio-economic. This will also include commissioning data i.e. data for our residents treated in hospitals outside of HDdUHB.
- Liaise with Local Authorities and third sector to identify key care data sets to be added to the data platform.
- Maximise the data opportunities from the electronic health record and investigate other potential options for data linkage (links to Aim 7).
- Ensure alignment and engagement of the local data platform to the opportunities being made available nationally via the National Data Resource and Care Data repository.

Aim 3

Develop a network of skilled analysts

To support services in identifying where improvements need to be made to benefit patients, staff and the HDdUHB resident population.



Why is this important to us?

- We have analytical capacity to process ad hoc requests for data and requests for data science development work. However, our analytical capacity to support services to look for data insights is very limited.
- Data insights are key to help us identify challenges to drive forward improvements.
- Some Health Board analysts are the only analyst working within a directorate. This can cause issues with quality checking outputs, business continuity if the analyst is not available and limited development opportunities for these analysts.
- To help ensure the work of our analysts is as accurate and efficient as it can be, we want to ensure all analysts are skilled to a minimum standard in key areas. Examples include but are not limited to core datasets, data quality, data visualisation, Excel, SQL, information governance.

What is HDdUHB going to do?

- Develop a business case with a proposal to increase analytical skills and capacity to support services to look for data insights to drive forward improvements.
- Scope and agree a core set of skills/training to be achieved by all analysts.
- Develop a data visualisation guide for staff.
- Develop a programming guide(s) for Health Board analysts.
- Investigate ways to enhance the existing analyst network (CEDA) to give analysts outside of Digital opportunities to be involved in larger data projects and to provide all staff with more training and learning options. Job shadowing should also be considered to help with potential business continuity risks.
- Provide clear guidance and templates for staff on accessing analytical support.
- Develop a matrix for prioritising data requests.
- Develop and make available to staff, data dictionaries for key data sources.

Aim 4
Data products accessible to all relevant staff

Provide decisions makers across all levels and teams in the Health Board access to appropriate data and information in a timely and appropriate manner

Why is this important to us?

- Giving staff easy access to reliable data will help them to make better informed decisions.
- Users must have the ability to interrogate data to truly understand their services and allow triangulation of appropriate data sources to determine possible route cause analysis.
- Reduce duplication and time spent by service leads and corporate teams gathering data to prepare reports for Groups, Committees and Board meetings.

What are Hywel Dda going to do?

- Further develop the Information Reporting Intelligence System to be the launch point for clinical, organisational and population data, with links to national resources and outputs from other directorates (outside Digital), IRIS will also be an access point for analysts across the organisation to access key datasets and tools.
- A dataset kite mark will be developed using the data quality scoring matrix, to ensure everyone is clear on the appropriateness of the data for their specific use.
- Provide staff with an accessible catalogue of available products that will be easy to navigate.
- Develop products for patient outcomes, population health, business continuity plans, audits and inspections, health and safety and commissioning.
- Where applicable and appropriate, provide access to real time data (links to Aim 3).
- Ensure any new applications procured has a reporting element to make data accessible.
- Embed the new Our Improving Together Framework across the Health Board, with data available at all levels to drive forward improvements.
- Extend the Our Safety dashboard to triangulate additional data to get a better overview of patient experience and potential safety hotspots.

Aim 5

Make data more available for the public

Be more open and transparent with people who use our services.

Why is this important to us?

- Provide easy access to common questions for the general public e.g. how long will I wait for my operation, how long is the current wait in Accident and Emergency (A&E). Waiting for healthcare can be a worrying time for patients. Providing easily accessible answers to the most asked questions may help to alleviate some concerns.
- In response to the Health Board being escalated by Welsh Government to Targeted Intervention, the Board has been reviewing its effectiveness. One of the areas identified for improvement is providing the public with easier access to data.
- Qualitative data can provide us with key insights, helping us to identify issues to address to ensure our services are safe and meet the needs of our patients and the HDdUHB population.

What is HDdUHB going to do?

- Link with services across the Health Board to gather a summary of the data patients most commonly request.
- Consult with a patient representative group on the summary list of potential data to be made routinely available to the public.
- Make the agreed data items routinely available via our internet site. Data should be updated monthly wherever possible.
- Build in annual checkpoints with the patient representative group to review if the data being provided is still fit for purpose.
- Where available, direct requestors to already published national figures.
- Review Freedom of Information (FOI) requests to understand frequently asked questions from the public relating to data.
- Review our qualitative data to look for themes of areas for improvement e.g. complaints, patient feedback, consultation responses.

Aim 6

Using data to improve productivity and efficiency

Data is essential for identifying areas of potential waste across our services

Why is this important to us?

- The NHS is in a challenging financial climate. Therefore, it is more important than ever to ensure that any waste is identified and steps are taken to reduce or eliminate it.
- Demands and advances for healthcare are continuously evolving. It is important we keep track of these to determine if we can be more productive or efficient in the services we provide.
- Comprehensive demand and capacity planning is essential to enable service leads to set improvement trajectories to help achieve national and local targets.
- Referral patterns for secondary care (both planned and emergency) can vary greatly by GP practice. It is important that this data is made available so that any outliers can be investigated and action taken where needed.

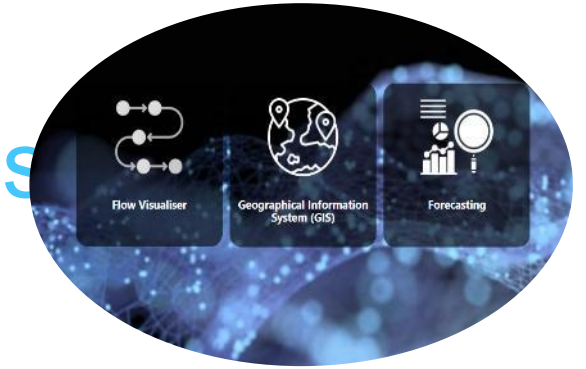
What is HDdUHB going to do?

- Co-develop with clinicians and service leads tools to enable Health Board staff to undertake robust demand and capacity planning.
- Cascade demand and capacity tools and training to service leads.
- Develop a dashboard of key productivity and efficiency metrics.
- Develop a tool or dashboard to highlight areas of clinical variation.
- Develop a tool or dashboard to highlight variation by GP practice for secondary care services.
- Explore how we can use our data to show an end-to-end pathway view of our services and the value services offer.
- Align clinical outputs to Getting It Right First Time (GIRFT) metrics and national audits.
- Use benchmarking tools to highlight opportunities for improvement aligned to best in class and exemplars.

Aim 7

Enhance our data science tools and skills

Data science gives us greater power to help improve patient outcomes and productivity



Why is this important to us?

- Data driven transformation will only be achieved when we move beyond traditional data analytics and insights. These typically use single data sets to understand what has happened. To properly benefit from AI and Data Science, Big Data needs to be utilised.
- Big Data will combine multiple and large data sets that are normally difficult to interpret. Data science can transparently handle Big Data, providing prescriptive analytics. The power this brings is that it not only anticipates what will happen and when, but also why it will happen.
- Example benefits of data science:
  - Understand the likelihood of a patient outcome
  - Assess meaningful choices that can be taken to mitigate or improve a patient pathway
  - Can help with accurate forecasting and contribute to the development of the Health Board's plan.

What are Hywel Dda going to do?

- Embed our tools into the day-to-day work of the services to support understanding of expectation on services through forecasting and modelling.
- Develop models to evaluate and inform major planning decisions against a wide range of uncertain long term future scenarios.
- Develop a tool to predict the likely numbers of patients expected in our emergency departments.
- Produce robust forecasting and tracking of metrics for the Health Board's Annual Plan.
- Look for opportunities to maximise the use of Big Data (links to Aim 3).
- Investigate the population health of our workforce.
- Optimise our off-pathway patients.
- Extend our use of geographical intelligence tools.

Aim 8

Leverage data for artificial intelligence (AI)

Sound data is essential to ensure AI produces meaningful results.

Why is this important to us?

- AI represents a transformative opportunity for the Health Board, with the potential to reduce administrative burden, accelerate detection in critical pathways, and streamline patient access and staff workflows.
- People need confidence that their data is protected and used for public benefit.
- AI tools are only as reliable as the data, rules and decisions behind them.
- Secondary-use data can support earlier insight, service planning and population health.
- Clear safeguards help teams use data in ways that are lawful, fair and transparent.

What is HDdUHB going to do?

- Commission an AI readiness assessment to be undertaken for HDdUHB.
- A review of current and potential AI uses that rely on Health Board data.
- Look for opportunities to automate data collection and reduce manual effort.
- Make sure the data we collect is high quality, so people can trust that AI tools use the best available information to produce reliable insights and forecasts.
- Ensure each AI project has a clear use case and purpose, with approvals and accountable owners.
- Collaborate with clinicians, data teams, patients and public voices as work develops.
- Consider linking with the private sector and academia to identify other AI tools and opportunities.
- Ongoing monitoring of benefits, risks and unintended impacts.

Enabler

Increase data literacy across the Health Board

Help our staff further develop skills to accurately interpret and use data to make informed decisions

Why is this important to us?

- Data is a key enabler to the Health Board achieving its purpose, vision and objectives.
- Increasing data literacy will help all staff to review data for patterns to help ask the right questions and connect data points to derive meaningful insights.
- The data insights can be actioned to help drive forward improvements for our patients, staff and people living within the HDdUHB area.
- Improving our clinician's understanding of our data and trends will help inform decision making for our patients e.g. if Patient Reported Outcome Measure (PROM) scores are declining, preventative action can be taken were appropriate to do so.

What is HDdUHB going to do?

- Develop and deliver a data awareness training session for Health Board managers.
- Develop and deliver a data awareness training session for quality improvement leads and trainees.
- Develop a data literacy foundation course for all staff.
- Develop training for staff on the importance of undertaking robust demand and capacity planning and how to use the tools and resources that will be developed in Aim 6.
- Develop a narrative repository to enhance access to our qualitative data, help us identify themes and improve efficiency for report writing for our Board, Committees and Groups.
- Support the identification of themes and potential areas for concern within the qualitative data provided by our patients.
- All staff will be required to use the available data tools, seeking training if needed to ensure the tools are utilised effectively.

How our data aims support our 2026/27 Annual Plan

How our data aims support our 2026/27 Annual Plan

Data is a key enabler for achieving the eight planning goals within our Annual Plan for 2026/27. The table below indicates where each of our eight data aims can support these planning goals.

Planning goals	Aim 1 Data quality	Aim 2 Data storage	Aim 3 Analysts	Aim 4 Data for staff	Aim 5 Data for public	Aim 6 Productivity	Aim 7 Data science	Aim 8 Data for AI
1. Healthy, thriving teams	✓	✓	✓	✓		✓	✓	✓
2. Customer service excellence	✓	✓		✓	✓	✓	✓	✓
3. 20Four7 population health	✓	✓	✓	✓	✓	✓	✓	✓
4. Community by design	✓	✓	✓	✓	✓	✓	✓	✓
5. People first, digital always	✓	✓	✓	✓	✓	✓	✓	✓
6. Safe, timely, high-quality care	✓	✓	✓	✓	✓	✓	✓	✓
7. Future-orientated	✓	✓	✓	✓	✓	✓	✓	✓
8. Fit-for-purpose, modern facilities and services	✓	✓	✓	✓	✓	✓	✓	✓

Progress made

Progress made

as at 25 June 2026

Work has started on many of the work packages identified within each of our eight aims and enabler. Below are some key areas to highlight:

Aim 1: Strengthen and improve data quality

- Undertaken a baseline data quality audit for key performance datasets
- Data quality is a key component of the training sessions delivered as part of our Leaders Empowered to Achieve Their Potential (LEAP) and Enabling Quality Improvement in Practice (EQIiP) programmes
- Data quality methodology established to manage escalation, and data usability matrix
- Programme of Data Quality Roadshows established

Aim 3: Develop a network of skilled analysts

- Three new analysts appointed as joint posts between operational and corporate teams
- Draft SQL programming guide prepared for Health Board analysts

Aim 2: Central storage of our key data

- Foundations of a data platform developed, ensuring robust auditing and sign off from Cyber Security colleagues
- Large areas of secondary care data available in existing data platform, with a work programme to gain additional key datasets established. Including primary care and Local Authority opportunities

Aim 4: Data products accessible to all relevant staff

- Our Performance and Our Safety dashboards strengthened and embedded across the organisation to support performance improvement
- Our Actions dashboard and trackers developed to track actions for our Board, Committee, Executive Team and related Subgroups
- Phase 1 of the Our Population Health dashboard has been published and is facilitating better understanding of patterns in health and wellbeing.
- The Health and Safety dashboard (Phase 1) is available to staff and includes metrics relating to health and safety incidents, Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) and training.
- Development of a kite mark and usability score underway to provide assurance on the data and published output to consumers

Aim 5: Make data more available for the public

- Complete - Link with services across the Health Board to gather a summary of the data patients most commonly request

Aim 6: Using data to improve productivity and efficiency

- Phase 1 of the Our Productivity dashboard has been published and provides some productivity metrics to assess delivery trends and potential areas to improve efficiency
- A capacity planning tool for cancer services has already been developed
- Work is underway to support our therapy and radiology services with demand and capacity planning

Aim 7: Enhance our data science tools and skills

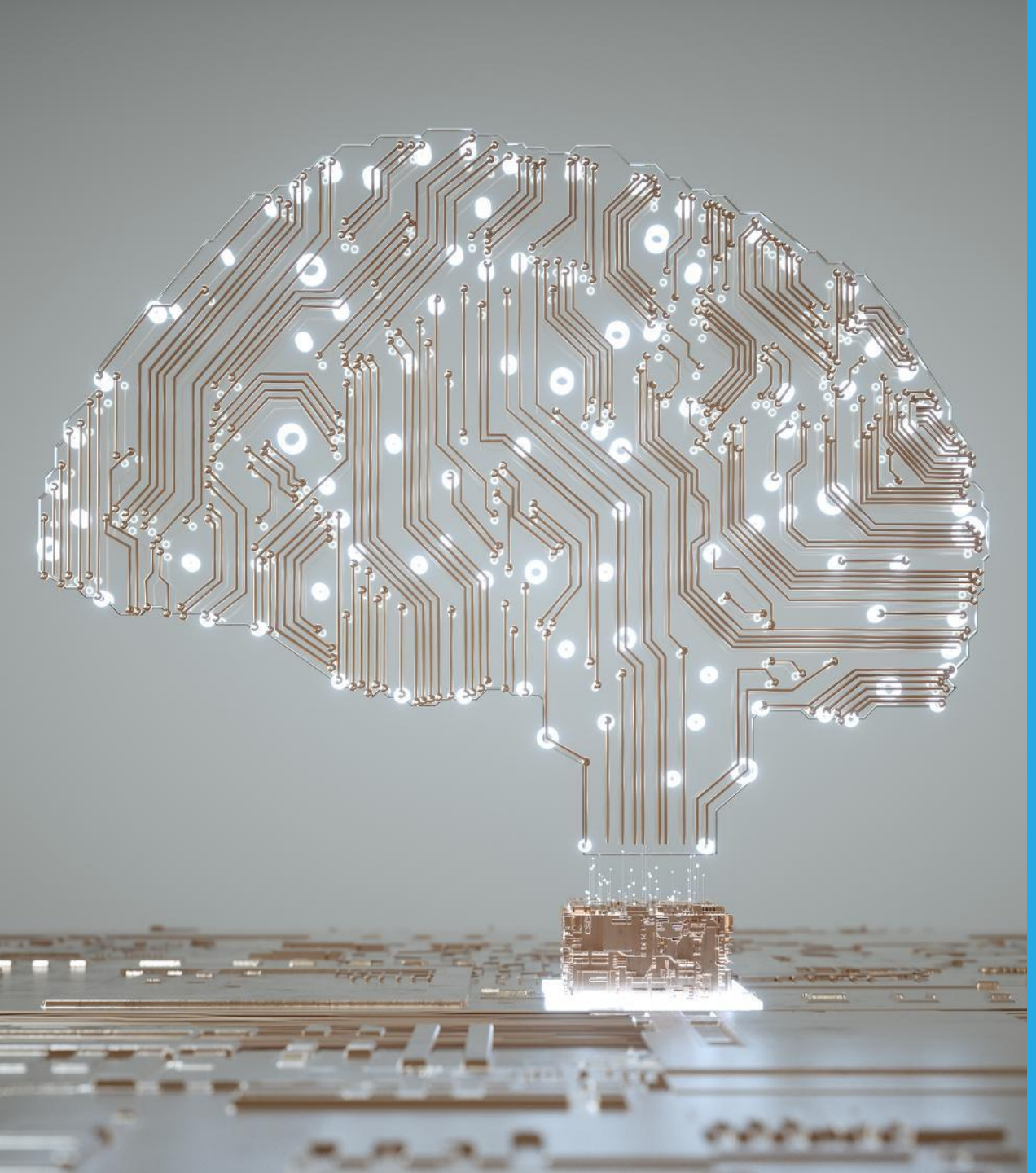
- PhD research is underway to develop models to evaluate and inform major planning decisions against a wide range of uncertain long term future scenarios
- PhD research to predict the types of Emergency Department (ED) presentation is nearing completion for end of 2026
- Trends and forecasts were produced for the 2026/27 Annual Plan
- A geographic dashboard showing workforce population health has been developed

Aim 8: Artificial Intelligence (AI)

- An AI readiness assessment has been completed by CGI Inc

Enabler: Increase data literacy

- Complete - develop and deliver a data awareness training session for Health Board managers – session being delivered as part of our LEAP programme
- Complete - develop and deliver a data awareness training session for quality improvement leads and trainees – session being delivered within EQIiP
- Therapy heads of service have been trained on the NHS England demand and capacity tool



Next steps and benefits

Developing *Turning Data into Insight* for 2028 onwards

The pace of change in the data space is rapid; we will continue to look to improve. As mentioned in the introduction section, this is Phase 1 of our blueprint which is focusing on strengthening our foundation, increasing our analytical capacity and embracing new technologies. There are continuous advancements in technology, tools and techniques for data that we need to be open to.

Throughout the lifetime of this blueprint, we will undertake an annual review to ensure it remains fit for purpose and make updates where necessary. In 2027/28, we will prepare our next 3-year data blueprint for 2028-2031 to continue to build on the strong foundations we will have in place. To help us ensure we meet our vision of strengthening oversight, generating insight and building foresight, we will be continuously mindful of these needs:

- Strengthening the foundations - data governance, quality, security, infrastructure
- Data enablement and integration - integration, accessibility, analytics tools, literacy, automation
- Data innovation and value realisation - innovation, advanced analytics, new products, partnerships, measurement, prevention

Benefits and measuring success

Expected benefits

By delivering the aims and workstreams outlined in this blueprint, we aim to:

- Strengthen our foundation by making data more meaningful and accessible for staff
- Increase data literacy across the Health Board
- Increase our analytical capacity
- Support staff to make decisions based on sound data
- Embrace new technologies to help drive forward improvements
- Achieve better outcomes for our patients
- Reduce waste
- Provide the public with data for commonly asked questions
- Improve demand and capacity planning within our services
- Strengthen data governance, security, confidentiality and compliance with Information Governance laws and principles

How will we measure success?

We will use the following metrics to track our progress and success:

- Number of aim workstreams completed within agreed timeframes
- Number of data sources added to the data platform
- Usage statistics for our dashboards
- Number of staff trained through data literacy foundation, EQIiP and LEAP
- Number of analysts
- Number of training opportunities for our analysts
- Gather qualitative feedback from staff on the progress made
- Number of views of the data made available to the public
- Progress made for the Health Board's key improvement metrics (via IPAR)

Value is also important to us. Using the value-based health care approach, we will develop a value scorecard to track improvements across the organisation e.g. faster decision making, improved pathways, reduced waste.

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG

SAFE | SUSTAINABLE | ACCESSIBLE | KIND

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board