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:	Digital Strategic Plan
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Executive Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Anthony Tracey, Director of Digital, Data and Technology Anthony Smith, Chief Clinical Information Officer Anna Harries, Chief Nursing Information Officer

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 paper provides the Digital, Data and Innovation Committee (DDIC) with an update on the direction of travel of the Health Board's Digital Strategic Plan.

Cefndir / Background

Since the last substantive update to the DDIC, the Digital Strategic Plan has continued to mature from a high-level statement of ambition into a more structured, deliverable and capability-led programme of work. The Committee has previously considered the need to move beyond individual technology deployments and to position digital, data and technology as an enabling infrastructure for service transformation, clinical safety, productivity, access and sustainability. The current direction of travel builds on that position and reflects the learning from recent DDIC discussions, delivery experience during 2025, and the developing programme priorities for 2026/27.

The main change since the last DDIC meeting is that the Plan has been reframed around delivery confidence: clarifying what must be done first, what can safely be accelerated, and where activity needs to be paused, reset or re-sequenced because the necessary clinical, operational, data or architectural foundations are not yet sufficiently mature. This approach also responds to the Committee's previous emphasis on clearer timescales, benefits realisation, assurance over business case sequencing, AI accountability and governance, and stronger links between digital investment and measurable improvement.

Asesiad / Assessment

Direction of Travel of the Digital Strategy

Since the last DDIC meeting, the direction of the Digital Strategic Plan has become more deliberately focused on disciplined execution, prioritisation and assurance. The work has moved away from describing a broad portfolio of digital ambition and toward defining a sequenced delivery model that can be governed, resourced and measured. This is important because the Health Board is operating in a context of significant operational pressure, financial constraint, workforce fragility and rising expectations for digital-enabled improvement. The Plan therefore needs to demonstrate not only what the Health Board intends to do, but why specific priorities have been selected, how dependencies will be managed, and how the Committee can be assured that delivery is realistic.

Key developments since the last DDIC meeting

- **Clearer sequencing:** the roadmap has been strengthened to distinguish foundational work, enabling capabilities and later-stage innovation, ensuring that advanced analytics, AI, automation and integrated records are progressed only where data, governance and operational readiness are sufficient.
- **Greater focus on delivery assurance:** work is being progressed to improve the scheduling of business cases, clarify governance routes and ensure that DDIC and Board scrutiny are aligned to key decisions and investment points.
- **Stronger emphasis on benefits realisation:** the Plan is being shaped around measurable outcomes including patient safety, flow, productivity, access, workforce experience, cyber resilience, information governance and value for money.
- **Improved clarity on partnership support:** the proposed role of CGI Inc has been refined as targeted specialist support to strengthen architecture, integration, delivery assurance and programme capacity, while maintaining Health Board ownership and accountability.

What has changed in practice

The most significant practical change is that the Digital Strategic Plan is now being used as a framework for prioritisation, not simply as a description of digital ambition. This means that programmes are being assessed against strategic fit, readiness, benefit, risk and dependency. Where initiatives support core foundations, such as integration, data quality, cyber resilience, clinical records, patient flow, electronic prescribing, digital access and information governance, they are being prioritised because they create the conditions for wider transformation. Where initiatives rely on mature data, stable architecture, consistent pathways or significant workforce adoption, they are being sequenced carefully to avoid creating avoidable complexity or unfunded recurrent pressure.

This approach has also strengthened the link between digital delivery and wider organisational change. The plan recognises that the benefits from digital investment will not be realised through technology deployment alone. They require operational ownership, clinical leadership, pathway redesign, workforce engagement, data discipline and sustained change management. As a result, the direction of travel now places greater emphasis on embedding digital into service planning, clinical governance, performance improvement and benefits tracking.

Current areas of strategic focus

- **Digital foundations:** strengthening infrastructure, cyber resilience, information governance, integration capability and supplier assurance.
- **Clinical digital maturity:** continuing progress toward a more integrated digital health record, electronic prescribing readiness, digital maternity, patient flow, electronic observations (eObs) and safer clinical workflows.

- **Data and intelligence:** developing the data blueprint, improving data quality, strengthening analytical capacity and creating the foundations for real-time insight and population health intelligence.
- **Access and patient-facing services:** progressing the single digital front door, Patient Services Centre approach and better digital access to services, while recognising the need to address digital inclusion.
- **AI and innovation governance:** developing appropriate accountability, clinical safety, information governance and ethical oversight arrangements before wider deployment of AI-enabled use cases.

Greater Clinical Leadership in Digital Transformation
Clinical Leadership in Digital Transformation presentation sets out a proposed clinical informatics model for the Health Board, it describes how clinical leadership will be embedded across digital transformation activity rather than applied retrospectively. The model is built around a three-tier clinical informatics structure and a Clinical Information Office, ensuring that medical, nursing, midwifery, allied health professional, pharmacy, health science and clinical digital fellow roles contribute to strategic direction, clinical governance, digital safety, professional standards, system design, usability, adoption and benefits realisation.

A central theme of the presentation is that clinical safety must be embedded from the outset of digital change. The proposed model positions the Chief Clinical Information Officer and Chief Nursing Information Officer as joint Clinical Safety Officers, supported by a wider clinical informatics team trained in clinical safety, with concurrent development of clinical safety cases and hazard logs as part of delivery. This strengthens assurance that digital programmes are clinically led, safety-focused and aligned to the Health Board's wider governance arrangements.

The presentation also confirms that the Clinical Information Office will provide clinical digital input at every level of governance, integrate with existing clinical leadership structures and represent the Health Board in regional and national digital strategy, safety standards and supplier governance. This will be important as the Digital Strategic Plan moves from strategy into implementation, ensuring that major programmes are shaped by clinical priorities, workforce adoption, professional accountability and patient safety considerations.

The model is aligned to key national and local policy drivers, including A Healthier Mid and West Wales (AHMWW) Strategy, the Health Board's refreshed strategy, the National Clinical Framework for Wales, the Strategic Vision for Nursing and Midwifery in Wales, the Digital Strategy for Wales, DCB0160 clinical risk management requirements and the emerging National Patient Safety Plan for NHS Wales. Overall, the presentation reinforces that greater clinical leadership is a critical enabler for the Digital Strategic Plan, supporting safer implementation, stronger adoption, clearer accountability and a more sustainable digitally enabled workforce.

What will change
The immediate change will be a move from clinical engagement as a project activity to clinical leadership as a core delivery requirement. Digital programmes will be expected to demonstrate clear clinical ownership, agreed professional input, active safety oversight and evidence that workflows have been designed with the people who will use them. This will strengthen the link between digital investment, operational improvement and patient safety, and will give the Executive Team and Independent Members greater assurance that programmes are not simply

technically deliverable, but clinically adoptable, safe and capable of releasing measurable benefit.

Next steps
The next phase will focus on moving from a proposed clinical leadership model to a practical engagement and delivery approach, supporting the completion and delivery of the Digital Strategy by September 2026. This will include confirming the clinical leadership roles required across the Digital Strategic Plan, clarifying the responsibilities of the Clinical Information Office, and agreeing the method for building clinical input into programme governance, business case development, supplier engagement, pathway design, implementation planning and benefits realisation. This will ensure clinical engagement is not dependent on individual programmes seeking input at a late stage but becomes a standard expectation for all significant digital change.

A structured Clinical Engagement Plan will be developed to identify the priority programmes requiring enhanced clinical leadership, the professional groups that need to be involved, and the routes through which clinical views will be captured and acted upon. Early focus will be placed on major areas of digital delivery including electronic health records, prescribing, patient flow, digital maternity, clinical documentation, AI-enabled solutions and data-driven improvement. Engagement will be aligned with existing clinical governance and operational forums to avoid duplication, while ensuring that clinical risks, usability issues, workflow implications and adoption requirements are visible at the right level.

To support implementation, the Health Board will establish a clearer network of clinical digital champions and subject matter experts, linked to the Chief Clinical Information Officer, Chief Nursing Information Officer and wider clinical informatics roles. This network will support two-way communication between programmes and frontline teams, help test assumptions, inform system design, support training and adoption, and escalate barriers where clinical engagement or operational readiness is insufficient. The approach will also help develop future clinical informatics capability across the organisation.

Progress will be monitored through programme governance and reported through the appropriate digital and clinical assurance routes. Measures of success will include evidence of clinical input into business cases and design decisions, completion of clinical safety documentation, active participation in programme boards or working groups, adoption readiness assessments, feedback from clinical users, and demonstrable links between clinical engagement and benefits realisation.

Conclusion
In conclusion, the Digital Strategic Plan is moving from a broad statement of ambition to a more disciplined, prioritised and assurance-led delivery model. The direction of travel is now focused on strengthening the foundations required for sustainable digital transformation, sequencing delivery around organisational readiness, and ensuring that investment is linked to measurable improvements in safety, access, productivity, workforce experience and value. This approach recognises that successful digital transformation is not achieved through technology deployment alone, but through clinical leadership, operational ownership, robust data, clear governance and sustained change management.

The strengthened focus on clinical leadership is a key enabler of this next phase. Embedding clinical input, clinical safety and professional accountability into programme governance will

provide greater assurance that digital change is clinically meaningful, operationally adoptable and capable of delivering benefits for patients, staff and the wider system. The Committee is therefore asked to receive assurance that the Digital Strategic Plan is being refined into a more deliverable programme of work, while recognising that continued prioritisation, sequencing, benefits tracking and clinical engagement will be essential to successful implementation.
Argymhelliad / Recommendation The Committee is requested to: • **RECEIVE ASSURANCE** on the updated direction of travel for the Digital Strategic Plan and the strengthened focus on clinical leadership, clinical safety and professional accountability as core requirements for digital transformation the shift toward a more disciplined, prioritised and assurance-led delivery model.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	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 a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
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	5. People First, Digital Always

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) A Social Model for Health and Wellbeing: (*complete for strategic change and/or significant service changes)*	7. All Apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not applicable
Rhestr Termau: Glossary of Terms:	Contained within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Digidol, Data ac Arloesi Parties / Committees consulted prior to Digital, Data and Innovation Committee:	Not applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: **Financial / Service:**	The financial and service impacts of the digital plan are evident in the substantial investments made and the significant improvements in service delivery. These efforts reflect our commitment to creating a modernised, patient-centered system of care that aligns with national digital standards and local healthcare priorities. Each of the trenches, and projects will be subject to further business cases.
Ansawdd / Gofal Claf: **Quality / Patient Care:**	The digital plan will bring about substantial improvements in the quality of care and patient outcomes. By leveraging advanced digital technologies, we have created a more efficient, safe, and patient-centered healthcare system

	that aligns with our commitment to delivering high-quality care to our communities.
Gweithlu: **Workforce:**	The digital plan has significantly transformed our workforce by enhancing productivity, fostering skills development, and improving overall well-being and engagement. These efforts reflect our commitment to creating a modernised, efficient, and supportive work environment that aligns with our strategic goals and enhances the quality of care we provide
Risg: **Risk:**	The digital plan carries several risks, proactive risk management and mitigation strategies are in place to address these challenges. By continuously monitoring and managing these risks, the organisation aims to ensure the successful implementation of the digital plan and the achievement of its strategic objectives.
Cyfreithiol: **Legal:**	Not applicable
Enw Da: **Reputational:**	The successful execution of the digital plan can greatly enhance our organisations reputation as a leader in digital innovation within the healthcare sector. By integrating advanced digital tools and platforms, we demonstrate our commitment to improving patient care, operational efficiency, and data security. This proactive approach can attract positive media coverage, bolster public trust, and strengthen relationships with stakeholders, including patients, staff, and partners. The digital plan's emphasis on enhancing service delivery and patient outcomes aligns with our mission to provide high-quality, value-based healthcare, further solidifying our reputation as a forward-thinking and patient-centered organisation.
Gyfrinachedd: **Privacy:**	Not applicable
Cydraddoldeb: **Equality:**	All business cases / projects will be subject to an equality assessment

Digital, Data and Innovation Committee
21 July 2026

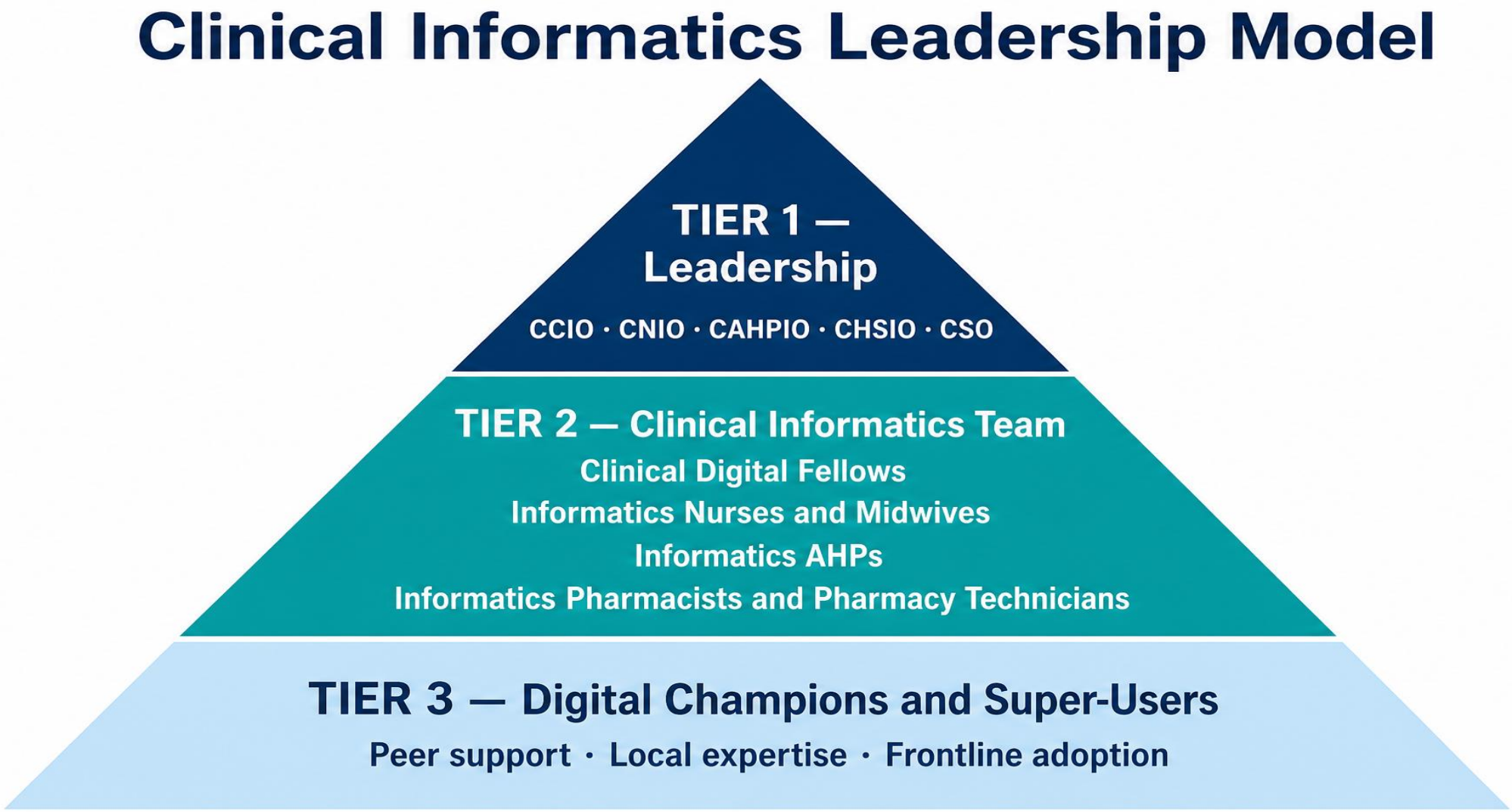
Clinical Leadership in Digital Transformation

A Vision for Hywel Dda University Health Board

Pobl yn gyntaf, digidol drwy'r amser
People first, digital always

Clinical Information Office · June 2026

Three-Tier Clinical Informatics Model



The Clinical Informatics Team

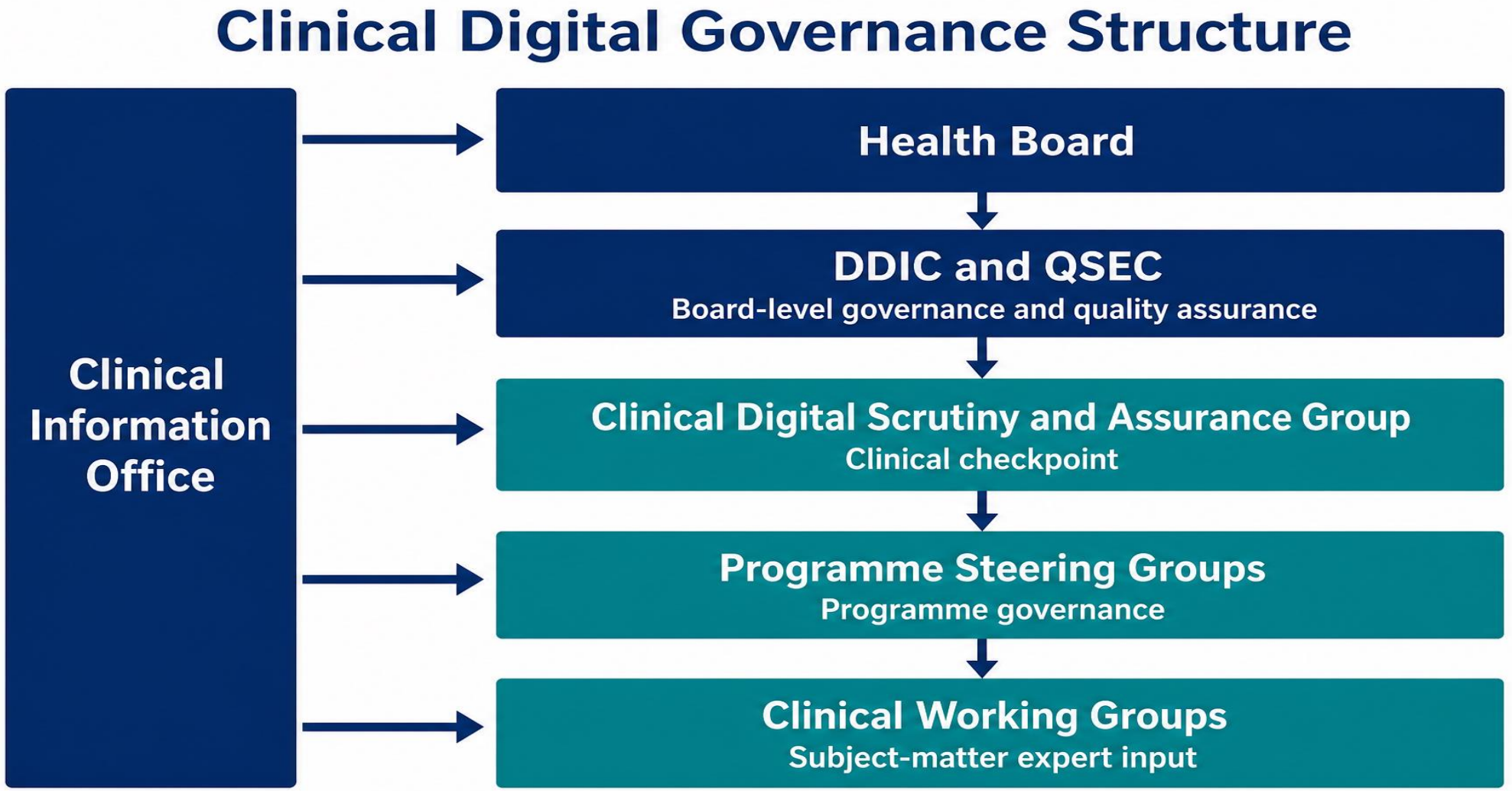
Role	Shared Responsibility	Specific Focus
CCIO	Strategic direction for clinical digital programmes Clinical governance and oversight Digital safety accountability National and regional representation	Medical informatics strategy; professional standards for digital medical practice; jointly serves as Clinical Safety Officer (CSO)
CNIO		Nursing & midwifery informatics strategy; professional standards for digital nursing and midwifery practice; jointly serves as Clinical Safety Officer (CSO)
CAHPIO		AHP informatics strategy; therapy-specific digital standards; cross-professional digital adoption
CHSIO		Health science informatics strategy; scientific data governance; laboratory and diagnostic digital standards
Clinical Digital Fellows	Clinical engagement Concurrent development of clinical safety case and hazard log Professional representation and advocacy	Programme clinical leadership, system design and configuration, clinical adoption leadership, future leaders pipeline
Informatics Nurses & Midwives		Workflow design, bedside system usability, training, adoption support, workforce digital readiness
Informatics AHPs		Therapy-specific digital expertise, usability testing, adoption support
Pharmacists & Pharmacy Technicians		Prescribing safety, CDS rules, medicines workflows, dm+d database maintenance

All team members share collective responsibility for implementing with safety in mind and the concurrent development of the clinical safety case and hazard log.

Clinical Safety: Embedded, Not Bolted On

Every team member is trained in clinical safety. The CSOs (CCIO and CNIO jointly) provide cross-programme safety governance.

Clinical Digital Governance Structure

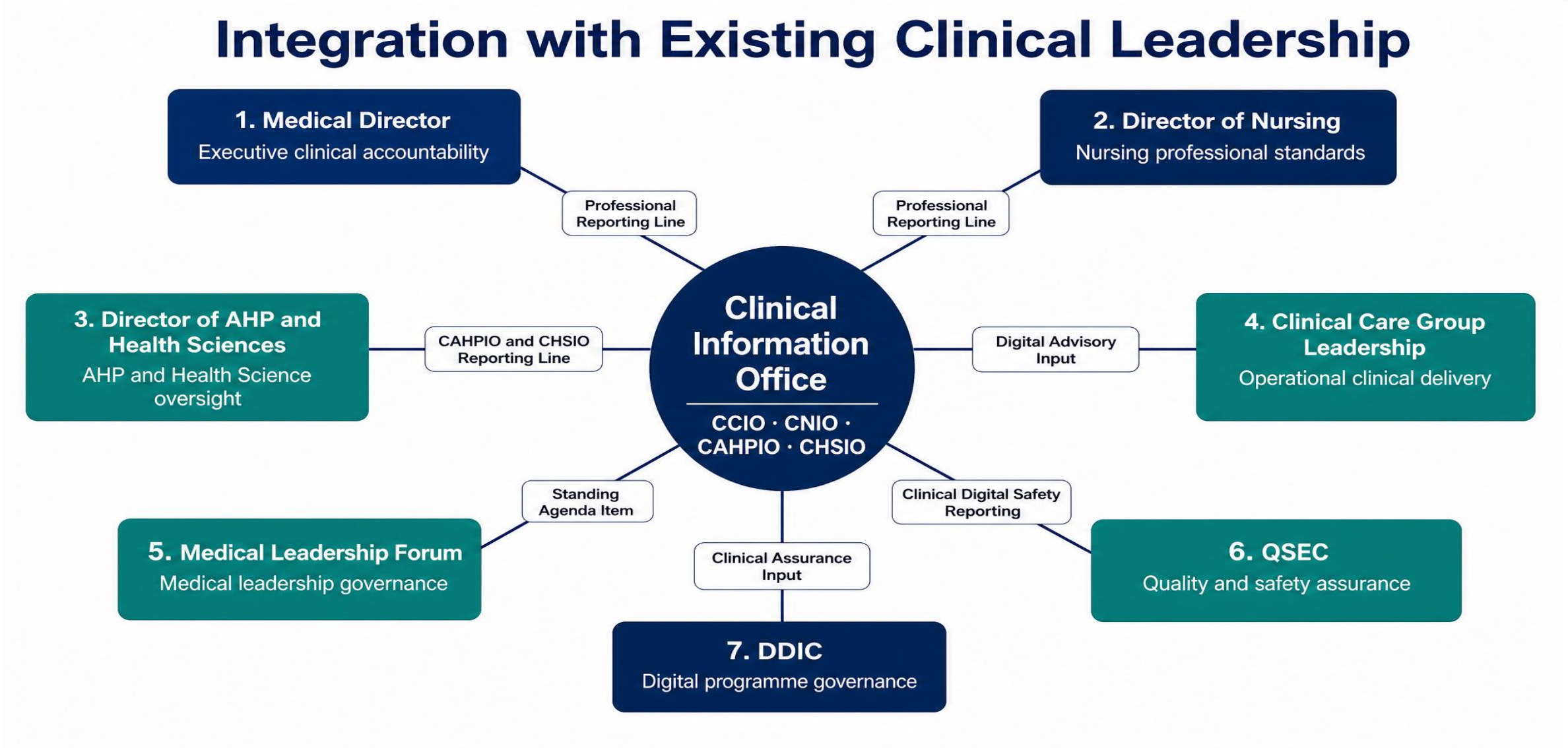


The Clinical Information Office provides clinical digital input at every governance level.

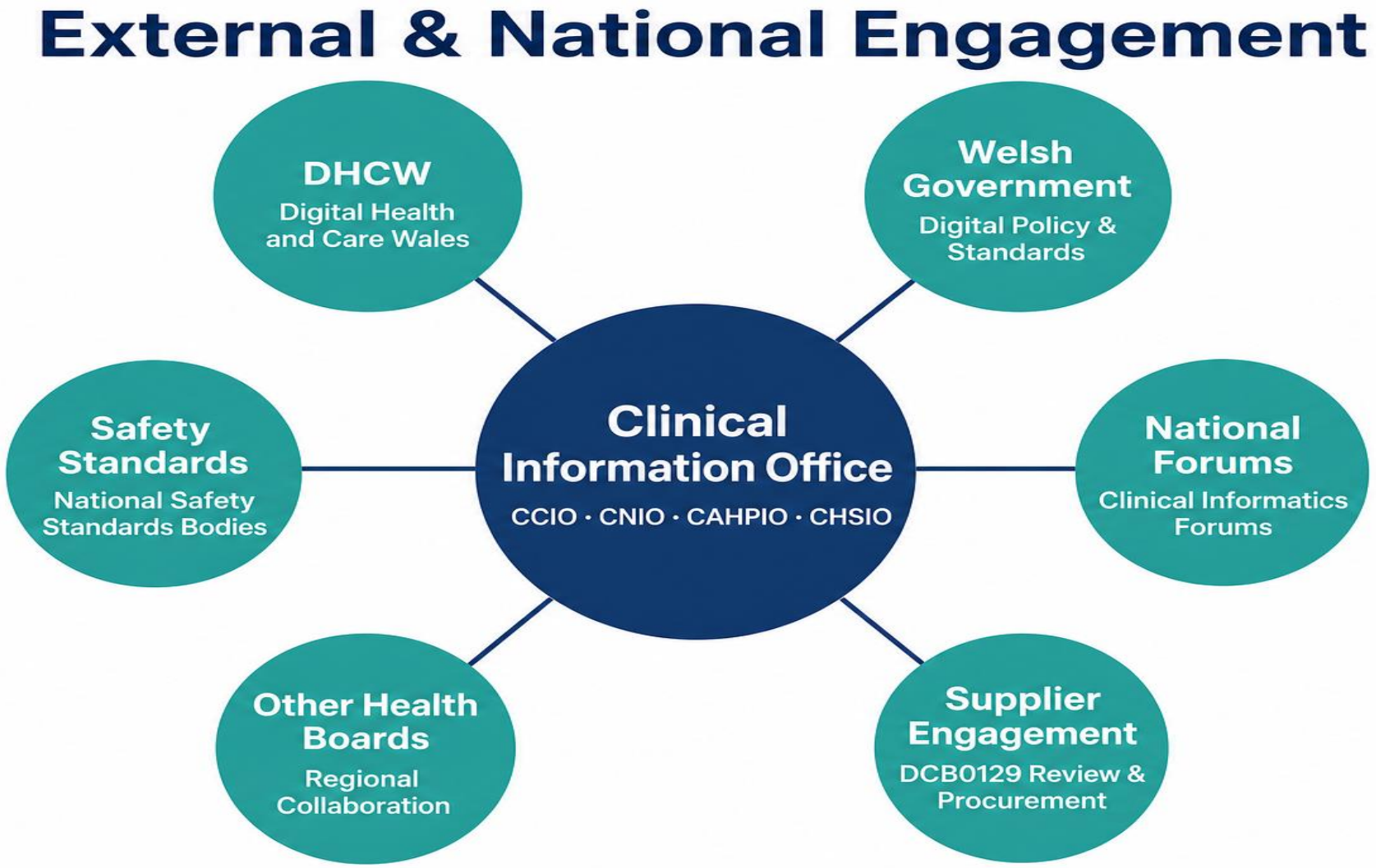
Clinical Information Office

Clinical Safety Officers: CCIO and CNIO serve jointly as CSOs, providing cross-programme safety governance.

Integration with Existing Clinical Leadership



External & National Engagement



Chief Information Officers represent the Health Board in national and regional digital strategy, safety standards, and supplier governance.

Clinical Informatics Maturity Roadmap

Clinical Informatics Maturity Roadmap

A three-phase journey toward clinically led digital transformation.

1 FOUNDATION

Year 0

Establish clinical digital leadership.

- CCIO and CNIO roles operational
- Clinical safety framework development
- Clinical Digital Fellows recruited
- Development of Clinical Informatics SBAR

2 GROWTH

Year 1

Expand capability and governance.

- CRMS approved and operational
- Additional Clinical Digital Fellows
- CAHPIO and CHSIO appointed
- AI governance framework
- Digital champions launched
- Formalise CXIO national forum representation

3 MATURITY

Years 2–3

Sustain and scale transformation.

- Full clinical informatics career pathway
- Active contribution to national digital strategy and standards
- Sustained safety culture across all programmes
- Learning health system integration

OUR GOAL — Clinically led digital transformation. Safe, effective, sustainable.

Policy Alignment

Policy	Requirement	How This Model Delivers
A Healthier Wales (2018)	Quadruple Aim — motivated, sustainable workforce	Clinical informatics as a career strand
Hywel Dda Refreshed Strategy: A Healthier Mid and West Wales (2024)	Goal 5: People First, Digital Always — digital as a design principle	Clinical leadership at every touchpoint of care
National Clinical Framework for Wales (2021)	Learning health system; “documents are not data”	Structured data, clinical governance, data-to-insight cycle
Strategic Vision for Nursing & Midwifery in Wales (2025)	Theme 05: Digital and technological fluency across nursing	CNIO, informatics nurses and midwives
Digital Strategy for Wales (2021)	Mission 3: Digital skills for public service workforce	Clinical safety training, champions network
DCB0160 (2018)	Clinical risk management for deployed systems	Embedded safety, clinical safety-trained team
National Patient Safety Plan for NHS Wales (2026)	QMS approach to patient safety; national clinical governance framework	CSO function, embedded safety culture, hazard log governance

Digital: transforming care, clinically led.

Pobl yn gyntaf, digidol drwy'r amser.
People first, digital always.

Clinical Information Office · Hywel Dda University Health Board · June 2026

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG

SAFE | SUSTAINABLE | ACCESSIBLE | KIND

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board