



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	21 April 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Digital Operational Plan Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Executive 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 Gwybodaeth/For Information

ADRODDIAD SCAA SBAR REPORT
<u>Sefyllfa / Situation</u>
<p>The purpose of this paper is to present the Committee with an update on timelines for the 2025/26 Digital Operational Plan, which represents the next phase of our digital transformation journey. This plan aims to strengthen our digital infrastructure, improve patient engagement, and maintain full compliance with regulatory standards.</p>
<u>Cefndir / Background</u>
<p>Effective prioritisation of digital projects is critical to ensure that limited resources—such as funding, technical expertise, and staff time, are allocated to initiatives that deliver the greatest value. In today’s complex digital landscape, organisations must make strategic decisions that align projects with corporate objectives, regulatory obligations, and user expectations. Prioritisation also plays a key role in risk management by focusing attention on essential systems that safeguard operational safety and continuity.</p> <p>However, this process presents significant challenges. Balancing competing stakeholder interests, managing resource limitations, and adapting to shifting priorities driven by external pressures or emerging technologies can make decision-making difficult. Without clear and consistent criteria, prioritisation risks becoming subjective or influenced by politics. Despite these obstacles, adopting a structured and transparent approach is essential to ensure that digital transformation efforts remain impactful, resilient, and sustainable.</p>
<u>Asesiad / Assessment</u>
Project / Programme List Output
<p>Following a detailed analysis of the "Must Do" projects from the uploaded project list, the initiatives have been logically grouped into four implementation phases. This phased approach enables structured delivery, supports effective resource planning, and ensures alignment with both strategic objectives and operational priorities.</p>

Appendix 1 provides an overview of the key delivery programmes and their current status. For the purposes of committee scrutiny, the following programmes have been highlighted by exception and are set out below to support consideration and provide additional assurance where required.

1. Laboratory Information Management System (LIMS) Replacement

Current Position

The LIMS programme remains **Red** due to continued national delivery risk, particularly around Blood Transfusion (BT). While discipline-by-discipline deployment is progressing, the national timetable has extended beyond March 2026 into 2026/27, with ongoing concerns around clinical assurance, data migration (notably BT), and supplier readiness.

Key Issues

- Repeated national slippage and dependence on Digital Healthcare Wales (DHCW)/ISC delivery assurance
- BT module remains the highest risk, with a revised decision checkpoint now planned for August 2026
- Financial risk transfers to Health Boards beyond current funding envelope if delays persist
- Clinical safety sign-off of Minimum Viable Product (MVP) remains a critical dependency

Mitigation / Actions

- Discipline-based rollout already implemented to reduce system-wide risk
- Formal Situation, Background, Assessment, and Recommendations (SBARs) continue to be escalated through Executive Team and DDIC
- August 2026 review point established to confirm whether to remain on LIMS2 or consider alternative options

DDIC is asked to note: Risk remains external-dependency driven and requires continued close oversight and escalation via national governance routes.

2. Switchboard Alarm Digitisation / Modernisation

Current Position

Despite previous progress, this remains **Red** due to complex site-by-site technical dependencies, particularly around legacy alarm systems, estates fire compliance, asbestos constraints and network capacity.

Key Issues

- Alarms are non-standardised with multiple third-party vendors
- Some sites require additional estates works (fire stopping, asbestos mitigation) before full digitisation
- Dependency on successful completion of network integration

Mitigation / Actions

- Detailed site plans exist and are being worked through sequentially
- We are also seeking a supplier for an Alarm Receiving Centre (ARC)
- Cyber and network assurance already completed for core solutions
- Programme remains aligned to the wider **Switchboard Modernisation** roadmap

DDIC is asked to note: Risk is **deliverable but constrained by estates interdependencies**, not technology failure.

3. Implementation of an Eye Care System (OpenEyes)

Current Position

OpenEyes remains **Red** due to clinical capacity constraints, historic programme disruption, and delayed sign-off of configuration, despite recent recovery actions.

Key Issues

- Ophthalmology service capacity fragile (single-handed subspecialties, sickness, leave)
- Historic loss of technical and programme continuity
- Dependence on limited specialist technical resource

Mitigation / Actions

- Full-time Project Manager (PM) now in post through March 2027
- Joint Digital/Scheduled Care funding agreed for technical resource
- Revised phased delivery approach confirmed (initial MVP, sub-specialty rollout)
- Local assurance provided to Welsh Government (WG) through formal response

DDIC is asked to note: Programme recovery is underway, but pace is constrained by clinical availability rather than digital delivery alone.

4. Virtual Ward – Remote Monitoring (H@H) Integration

Current Position

The Virtual Ward programme is clinically established; however digital integration remains **Red**, particularly around system interoperability and data flow between monitoring platforms and core clinical systems.

Key Issues

- Remote monitoring platforms (e.g. digital remote patient monitoring and virtual ward platform, Doccla) largely operate as stand-alone systems
- Limited integration with Wi-Fi Protected Access (WPAS) restricts scalability and command-level oversight
- Workforce and operational models vary by county footprint

Mitigation / Actions

- Programme aligned to wider Patient Flow, and eObservations (eObs) work
- Digital integration is sequenced within the Phase 2 roadmap rather than treated as a point solution
- Legal and clinical governance for remote monitoring clarified and standardised

DDIC is asked to note: Current risk is **strategic integration maturity**, not service safety.

5. Single Sign-On (SSO)

Current Position

SSO remains **Red** not due to solution availability, but due to scale, licensing cost, and prioritisation pressures across a growing application estate (e.g. Electronic Prescribing and Medicines Administration (ePMA), OpenEyes, national services).

Key Issues

- Imprivata licensing is **per-user**, with unavoidable cost growth
- Multiple programmes competing for SSO dependency
- Need to balance user experience improvements against financial constraints

Mitigation / Actions

- Phased, risk-based prioritisation in place (e.g. ePMA first)
- Alignment with NHS Wales Identity Provider standards
- Ongoing Executive oversight of affordability and sequencing

DDIC is asked to note: SSO is a **cross-cutting enabler** and will remain Red until funding and sequencing are stabilised.

6. Planned Care Transformation Work (Waiting List Management)

Current Position

Digital support to Planned Care remains **Red**, reflecting, data integrity concerns, and dependency on national rulesets and a reprioritisation of digital activity.

Key Issues

- Waiting list processes under review
- Data quality and historical resets limit confidence in digital presentation of waiting lists
- National RTT guidance continues to evolve

Mitigation / Actions

- Digital teams supporting validation, dashboards and reporting
- Alignment with review of Waiting Lists
- Future digital enhancements aligned to NHS Wales App and Patient Service Centre approach

DDIC is asked to note: Digital is **an enabler**, but risk ownership remains with Planned Care governance.

7. CCTV Installation

Current Position

CCTV remains **Red** due to estates, IG and network readiness dependencies, despite strong progress across A&E and community sites.

Key Issues

- Some sites delayed due to asbestos and fire compliance requirements
- Contractor sequencing and quality assurance issues at specific locations

Mitigation / Actions

- Majority of acute sites now installed and live
- Phased completion plan agreed with Estates and Security

DDIC is asked to note: Risk is **delivery sequencing**, not strategic failure.

What Has Been Delivered and Why It Matters

Significant progress has been made across a number of foundational and enabling programmes within the 2025/26 Digital Operational Plan. These delivered and substantially progressed initiatives collectively underpin system resilience, clinical safety, regulatory compliance, and the Health Board's ability to scale future service transformation.

Foundational Infrastructure and Digital Resilience

Key elements of the Health Board's core digital infrastructure have been delivered or are well advanced, including cyber security audits and remediation activity, resilience assurance,

integration platform development, network modernisation, and the early phases of telecoms and switchboard modernisation. These programmes are critical enablers that ensure the availability, security, and continuity of digital services across clinical and corporate environments. Without this foundation, delivery of clinical systems and digitally enabled models of care would not be safe or sustainable.

Clinical and Operational Enablement

Progress has been achieved in a number of clinically significant programmes, including Radiology Informatics, maternity system implementation (BadgerNet), Patient Flow Phase 1, urgent and emergency care digital support, and early eObs capability. These programmes directly support safer care delivery, improved clinical oversight, and better flow through acute and community settings. Importantly, they also lay the groundwork for more advanced functionality, interoperability, and data-driven decision-making in subsequent phases.

Access, Identity, and User Experience Improvements

Delivery across network upgrades, community site connectivity, estate-linked digital infrastructure, and application optimisation has improved access to digital systems for staff and reduced operational friction caused by legacy constraints. While some user-facing enablers such as SSO remain constrained by scale and affordability, progress to date has improved reliability and consistency of access, supporting workforce productivity and experience.

Data, Information, and Performance Insight

The continued development of dashboards, reporting platforms, performance assurance tooling, and the Information Services data platform migration represents a significant step forward in improving the quality, availability, and timeliness of management and clinical information. These capabilities are essential for operational grip, regulatory reporting, and supporting national and local planning priorities, particularly in high-risk areas such as planned care, urgent care, and patient safety.

Why These Programmes Are Important

Collectively, the programmes delivered or advanced to date represent the minimum viable digital foundation required for a modern healthcare organisation. They reduce single points of failure, improve system safety, support compliance with national standards, and increase organisational resilience. Importantly, they also protect future delivery by ensuring that higher-risk transformational programmes are built on stable, assured platforms rather than legacy or unsupported infrastructure.

Digital Operational Plan 2026/27 – Forward Look

The 2026/27 Digital Operational Plan represents a transition year, moving from a period of stabilisation and foundational delivery towards greater clinical integration, optimisation, and digitally enabled service transformation. Building on the infrastructure, platforms, and capabilities established in 2025/26, the focus for 2026/27 will be on consolidating delivery, reducing technical debt, and maximising value from existing and emerging digital investments. The plan has been shaped by a clear understanding of organisational capacity, national dependencies, and financial constraint. As such, it emphasises sequencing, realism, and benefits realisation rather than the introduction of large numbers of new standalone initiatives.

Key Priorities for 2026/27

- **Completion and Stabilisation of Major Programmes** - A number of complex, multi-year programmes will continue into or conclude during 2026/27, including national and regionally dependent systems and large estates-linked deployments. The operational focus will be on safe completion, embedding into business-as-usual operations, and ensuring clinical and operational ownership is fully transitioned. This

includes strengthening post-implementation support, benefits tracking, and assurance processes.

- **Clinical System Optimisation and Integration** - Rather than large-scale system expansion, 2026/27 will prioritise optimising existing clinical systems, improve interoperability, and addressing usability and workflow issues raised by services. This includes progressing integration between clinical platforms, remote monitoring solutions, and core patient administration systems to improve visibility, flow, and clinical decision-making.
- **Data, Performance, and Decision Support** - The 2026/27 plan places increased emphasis on data quality, information maturity, and the use of timely intelligence to support operational grip and planning. This includes further development of dashboards, performance reporting, and advanced analytics capability, aligned to national reporting requirements and local service priorities. Strengthening data governance and assurance will be a critical enabler of this work.
- **Digital Enablement of Service Transformation** - Digital will continue to act as an enabler for wider service transformation programmes, particularly in urgent and emergency care, planned care, community services, and out-of-hospital models. The operational plan will align closely with clinical and operational programmes to ensure digital solutions are sequenced appropriately and do not operate in isolation from service redesign.
- **Cyber Security, Resilience, and Compliance** - Given the growing threat landscape and increasing reliance on digital services, maintaining cyber security, resilience, and regulatory compliance will remain a non-negotiable core priority for 2026/27. This will include ongoing audit response, technology refresh where required, and continued staff awareness and assurance activity.
- **Workforce Capability and Sustainable Operating Model** - The 2026/27 plan will continue to address workforce sustainability through targeted investment in skills, clearer operating models, and prioritisation discipline. This includes ensuring specialist digital, data, and clinical informatics capacity is aligned to organisational priorities and that the digital workforce is structured to support both delivery and long-term optimisation.

Principles Underpinning the 2026/27 Plan

The 2026/27 Digital Operational Plan will be underpinned by the following principles:

- Deliver what has been started well, before committing to new complexity
- Align digital activity to service and clinical priorities, not the other way around
- Be realistic about capacity and affordability, particularly in the context of national dependency
- Focus on outcomes, not outputs, with clear benefits realisation and assurance
- Strengthen resilience and safety as a foundation for transformation

The 2026/27 Digital Operational Plan is intended to be stabilising, value-focused, and enabling. It reflects a deliberate shift from rapid expansion to consolidation and optimisation, ensuring that digital continues to support safe, efficient, and sustainable care delivery. The plan will remain subject to ongoing review and refinement through the year in response to emerging national direction, financial position, and service pressures.

Summary

The 2026/27 Digital Operational Plan provides a structured and prioritised roadmap for delivering the next phase of the Health Board's digital transformation, with a strong emphasis on foundational infrastructure, clinical enablement, and regulatory compliance. The plan reflects a pragmatic approach to delivery in the context of constrained resources, national dependencies, and an increasingly complex digital and clinical environment.

A significant proportion of the plan is progressing as intended; however, a small number of high-impact programmes remain **Red**. In all cases, this reflects a combination of national delivery risk, external dependencies (notably estates, clinical capacity, interoperability, and national timetables), and the scale and complexity of implementation rather than a lack of strategic alignment or clinical safety concerns. These programmes have been deliberately highlighted by exception to provide the Committee with transparency and assurance.

Key programme risks are actively managed through phased delivery approaches, executive escalation, and alignment with national governance and assurance frameworks. Where delays have occurred, mitigation actions are in place and delivery routes have been adjusted to minimise patient, safety, and operational risk. Importantly, several of the Red-rated items represent enabling capabilities that cut across multiple programmes and will remain under close executive oversight until sequencing, funding, or national dependencies are resolved.

Despite these pressures, the Digital Operational Plan continues to provide a clear and credible framework for strengthening digital foundations, supporting service transformation, and enabling safer, more efficient, and more integrated care delivery. The plan remains aligned with Health Board strategic objectives, national digital priorities, and the longer-term ambition to create a resilient, digitally enabled healthcare system that can adapt to future demand and innovation.

Argymhelliad / Recommendation

The Committee are requested to consider:

- **NOTE** the update on progress relating to the Digital Operational Plan.

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1.2 That the organisation is discharging its responsibilities with regard to the quality and integrity; safety, security and appropriate access and use of information and data, to support health improvement and the provision of high-quality healthcare.
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
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives 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

Appendix 1

Phase 1: Foundational Infrastructure and Compliance

These projects are critical for maintaining system security, operational continuity, and regulatory compliance. They form the backbone of the digital environment and must be prioritised for immediate action.

Project	Proposed Timeline	Project Status		
		Oct 25	Dec 25	April 26
Cyber Security – Audit Findings	April 2026			
Microsoft Enterprise Agreement Renewal	June 2026			
Cyber Resilient Unit Audit	September 2025			
Integration Layer & Application Programming Interface	August 2025			
Biztalk Decommissioning	December 2025			
Telecomms Modernisation – Phase 1	July 2026			
Wireless Application Protocol (WAP) Replacement	Begun – Nov 25 (18-month programme)			
Switchboard Alarm Digitisation	Begun – May 2025 - 24-month programme			
Paging Replacement	Contract Awarded – September 2025 – 12-month programme for delivery			
Laboratory Information Management System Replacement:	June 2026			
Urgent and Emergency Care UEC Transformation Work (Planning the Unscheduled Care)	Ongoing			
Radiology Informatics System Programme (RISP)	December 2025			
Integrated Performance Assurance Report (IPAR)	On-going			
Patient Flow – Phase 1 – Partial Functionality	November 2025			
Patient Flow – Phase 2 – Full Functionality	May 2026			
eObservations – Phase 1 - Manual Entry	June 2026			
eObservations – Phase 2 - Full Electronic	September 2026			
Switchboard Modernisation	Linked to the Switchboard Alarm Digitisation			
Implementation of a Maternity System (BadgerNet)	March 2026			
Implementation of an Eye Care System (OpenEyes)	March 2026			

Phase 2: Core Service Enablement and Access

These projects support essential service delivery and user access. While not as urgent as Phase 1, they are key to ensuring smooth operations and improved clinical workflows.

Project	Proposed Timeline	Project Status		
		Oct 25	Dec 25	April 26
Pyxis Upgrade	September 2025			
Citrix Hardware Replacement	December 2025			
Audit Wales Response	July 2026			
ePMA	May 2026 – March 2027			
PPH - MIU	October 2025			
Virtual Ward – remote monitoring H@H integration	March 2026			
UEC report rationalisation	August 2025			

Phase 3: Targets enhancements that improve efficiency, integration, and user Experience

Project	Proposed Timeline	Project Status		
		Oct 25	Dec 25	April 26
Single Sign On	September 2025			
Carmarthen Hwb	October 2025			
Picton Terrace	December 2025			
Community Networks – Llandovery	December 2025			
Planned Care Transformation Work (Waiting List Management)	March 2026			
Dashboards	Ongoing			
Information Services Data Platform Migration	February 2026			
Digital Response	Summer 2026			
Forcepoint / iBOSS	June 2025			
Pentre Awel	August 2025			
Community Networks – Llys Steffan	October 2025			
Community Networks – Elizabeth Williams	January 2026			
CCTV Installation	March 2026			
Optimisation of Legacy / Existing Clinical Systems	Ongoing			
AI Commission	February 2026			
Centre of Excellence - Data Analytics	March 2026			

Key:

Delivered	
Progressing Ahead of Schedule	
On Schedule	
Slightly Delayed (Within Acceptable Limits)	
At Risk – Mitigation Required	