



Submitted By: Anthony Tracey

Date Submitted: March 2026



Planning Objective: Planning Objective PO9

Executive Lead: Huw Thomas, Executive Director of Finance

Reporting Period: Quarter 4

Overall status: On-track
Rationale for overall status
Whilst the Health Board continues to make significant progress in its digital transformation journey, the deployment of national and local foundational digital systems remains a complex and evolving challenge. These programmes are critical to supporting clinical care, operational efficiency, and the delivery of strategic objectives aligned with national digital health priorities. Whilst some programmes are noting delays they are within project tolerances.

Progress against planned outcomes / trajectories / milestones :

Please see table below

Activities completed in previous reporting period

- Readiness for Electronic Prescribing and Medicines Administration (ePMA)
- Rollout of Digital maternity and Open Eyes
- Phase 1 rollout of Patient flow and eObservations
- Radiology (RISP) rollout
- First draft of proposal for Patient Services Centre
- Continue with the implementation of patient flow/eObservations

Activities planned for next milestone and reporting period

- Further adoption of Laboratory information management system (LIMS)

Any other Comments
Matters for information:

Risks to delivery: Capacity with the operational teams, and the business change required. We are now looking at additional support

Any other comments:

Programme	Risk of Delivery Level:	
Radiology Deployment	Risk of Delivery Level: Low This risk has been assessed as <i>Low</i> . The programme has been delivered; however a small number of residual issues remain to be addressed. These matters are minor in nature and do not impact operational functionality	
Laboratory Information Management System (LIMS) Deployment	Risk of Delivery Level: High The risk has been assessed as <i>High</i> due to the ongoing fluidity of the deployment plan. Every effort is being made, both nationally and locally, to ensure the programme is delivered within the required timescales and that further delays are avoided.	
Electronic Prescribing and Medicines Administration (ePMA)	Risk of Delivery Level: Low / Medium The risk is assessed as <i>low to medium</i> due to the current progress in deployment and the presence of an agreed implementation plan. However, operational concerns remain around user adoption, system configuration, and assurance of clinical safety, which require ongoing monitoring and support.	
Patient Flow / eObservations	Risk of Delivery Level: Low / Medium Phase 1 has been delivered, and the programme is now looking to complete Phase 2 of patient flow and begin the readiness work for eObservations	
Hybrid Print and Post	Risk of Delivery Level: Low / Medium The risk is assessed as <i>low to medium</i> based on data quality issues, incomplete patient contact information, postal delays for short-notice appointments, inconsistent process adherence, and potential resistance to change. Mitigation requires improved data governance, staff training, and maintaining alternative communication channels for patients.	
Maternity System (BadgerNet)	Risk of Delivery Level: Medium The risk is assessed as <i>medium</i> but contingent on closing supplier documentation items, securing integration timelines, protecting training and clinical engagement capacity, and tightening programme-level governance with national partners.	
Eye Care System (OpenEyes)	Risk of Delivery Level: Medium The risk is assessed as <i>medium</i> based on the timescales of implementation by 31 March 2026 . Progress at Swansea Bay UHB provides a workable blueprint, but Hywel Dda's delivery still hinges on near-term design choices (notably prescribing), recruitment, and national dependencies (hosting, interfaces, and electronic referral systems).	

Programme	Risk of Delivery Level:	
Switchboard Modernisation	Risk of Delivery Level: Medium The risk is assessed as <i>medium</i> based delivery is exposed to near-term risks around rota standardisation and training, infrastructure resilience (power / rooms / RAAC interfaces), and maintaining 24/7 operational continuity during phased cutover across sites.	
Paging Replacement	Risk of Delivery Level: Medium The risk is assessed as <i>medium</i> as successful delivery hinges on tight sequencing with switchboard and alarms modernisation, estates readiness (power/rooms), supplier lead-times, and a zero-harm cutover plan that preserves emergency cascades throughout	
Telecomms Modernisation	Risk of Delivery Level: Low The risk is assessed as <i>Low</i> as all sites have been migrated onto the new telephony system. Work is continuing on rolling out the softphone approach	

Overview

2025/26 represented a year of consolidation, maturity, and disciplined delivery for Digital. The Digital Operational Plan deliberately shifted focus from rapid expansion to stabilisation, optimisation, and value realisation, in recognition of financial constraints, increasing regulatory scrutiny, and sustained operational pressure across the organisation. Against this context, Digital has delivered the core intent of Digital Objective 2025: ensuring that digital is a safe, reliable, and resilient enabler of care, rather than a source of operational or clinical risk.

Delivery Against the Digital Operational Plan

1. Strengthening Digital Foundations

The year prioritised investment in foundational digital capability:

- Improved stability and resilience of core infrastructure.
- Progression of critical upgrades using phased, risk-managed approaches.
- Closer alignment between digital operations, cybersecurity, and information governance.

These activities, while less visible, materially reduced risk and created a safer platform for clinical and corporate systems.

Delivery Against the Digital Operational Plan

2. Clinical Digital Enablement

Key clinical programmes progressed broadly as planned, recognising national dependencies and workforce constraints:

- Clinical systems were sequenced to protect patient safety and service continuity.
- Delivery routes were adapted where required, maintaining momentum while mitigating risk.
- Stronger links were established between technology delivery, clinical capacity, and informatics leadership.

This reinforced the importance of organisational readiness alongside technical implementation.

Delivery Against the Digital Operational Plan

3. Governance and Assurance

Digital governance matured significantly during the year:

- Clearer articulation of digital and cyber risk within corporate risk structures.
- More transparent reporting to Committees by exception, focusing on dependencies and mitigations.
- Improved alignment with national assurance frameworks and regulatory expectations.

This represents a shift from activity-based reporting to **risk- and outcome-focused assurance**.



Digital – Annual Reflection Against the 2025/26 Operational Plan and Digital Objective 2025



Progress Against Digital Objective 2025

Value and Sustainability

- Increased focus on benefits realisation and operational impact.
- Digital positioned as an enabler of wider organisational transformation rather than a parallel programme.

Workforce and Capability

- Clearer understanding of future capability needs across digital, data, and clinical informatics.
- Improved integration across digital operations, data, information governance, and transformation.
- Foundations laid for a more sustainable, clinically-informed digital operating model.

Overall Assessment

2025/26 can be characterised as a **credible and necessary consolidation year**. The organisation ends the year with:

- More resilient and reliable digital foundations.
- Stronger governance and assurance.
- Greater clarity on how digital, data, and clinical informatics enable safe, efficient care.

While challenges remain, particularly around capacity and affordability, the Health Board is **better positioned to move into the next phase of digital and clinical transformation with confidence, discipline, and realism**.

Progress Against Digital Objective 2025

Managing Risk and Constraint

A small number of high-impact programmes experienced delay at points during the year. These reflected:

- External and national dependencies.
- Estates and workforce capacity constraints.
- The scale and complexity of implementation.

Importantly, risks were **actively managed, transparently reported, and mitigated**, with patient safety and service continuity consistently prioritised over pace of delivery.