



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	22 April 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Electronic Prescribing and Medicines Administration (ePMA) Project
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Executive Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Anthony Tracey, Digital Director Carolyn Williams, Head of Digital Innovation & Transformation

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

Hywel Dda University Health Board (HDdUHB) along with all the other health boards across Wales, following a Ministerial Statement published September 2021, are required to implement an Electronic Prescribing and Medicines Administration Solution to replace the current paper-based system.

The purpose of this report is to provide an update on the Hywel Dda Electronic Prescribing and Medicines Administration Project (ePMA) and to provide information and assurance that the programme is progressing within the agreed timelines.

Cefndir / Background

The Welsh Government charged Digital Healthcare Wales (DHCW) to undertake the national scoping and national development phases of the programme, in addition to developing an All-Wales Commercial Framework of suppliers who could supply the system.

Local health boards were required to undertake their own development phase to include, the development of a local requirement specification on the back of the national specification, undertake the procurement activity to secure a supplier and develop a Full Business Case for Implementation post procurement. The Local health board phase of the programme started in October 2022.

Hywel Dda completed the development phase of the project, having selected a provider through the framework procurement process, and completing a Full Business Case (FBC) which was approved by the Board in March 2024 and subsequently approved by Welsh Government in October 2024. Post Business Case approval a contract was signed with the selected supplier (Better UK) in December 2024

Asesiad / Assessment

Funding

Funding from the Welsh Government (WG) for 2025/2026, amounting to £1.2 million in revenue funds, will be provided. However, the decision regarding the funding required to fully establish the ePMA team with the necessary clinical, technical, and administrative staff has not yet been confirmed and is subject to an WG investment panel review.

In the meantime, a core team consisting of a Project Manager, Pharmacists, and an Informatics Nurse has been diligently working in the background. They have been finalising requirements, expediting readiness tasks in preparation for implementation, and managing extensive contract discussions with the selected supplier, Better UK.

Within the business case the financial case was outlined as below:

Whole-life costs	2024/ 25	2025/ 26	2026/ 27	2027/ 28	2028/ 29	2029/ 30	2030/ 31	2031/ 32	Total
	£'000 m	£'000 m	£'000 m	£'000 m	£'000 m	£'000 m	£'000 m	£'000 m	£'000 m
Capital									
ePMA Supplier Implementation Costs	0.1	-	-	-	-	-	-	-	0.10
Hardware and Devices	1.5	-	-	-	-	1.7	-	-	3.20
Optimism Bias	0.1	-	-	-	-	-0.1	-	-	0.00
Non-Recoverable VAT on Capital Goods	0.3	-	-	-	-	-	-	-0.3	0.00
Total Capital Costs	2.0	0.0	0.0	0.0	0.0	1.6	0.0	-0.3	3.30
Revenue Costs									
Project Startup costs	0.5	-	-	-	-	-	-	-	0.53
ePMA Costs (ongoing)	-	0.3	0.3	0.3	0.3	0.3	0.3	0.3	2.23
Project Implementation Team	0.6	1.1	0.6	-	-	-	-	-	2.24
Support Team post implementation (BAU)	-	-	-	0.7	0.7	0.7	0.7	0.7	3.27
Interface Build / Support Costs	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.07
Contingency/Risk	0.1	0.1	0.0	-	-	-	-	-	0.14
Non-Recoverable VAT on Revenue Goods	0.0	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.48
Sub-Total Revenue Costs	1.2	1.6	1.0	1.0	1.0	1.0	1.0	1.0	8.96
Minus - Cash Releasing Benefit	0.0	0.0	-0.2	-0.3	-0.5	-0.7	-0.7	-0.7	-3.13
Net Revenue Cost	1.2	1.6	0.8	0.7	0.5	0.3	0.3	0.3	5.83
Total Whole Life Costs	3.2	1.6	0.8	0.7	0.5	2.0	0.3	0.0	9.1

With the strategic partner now on board, we have been able to accelerate the delivery of the programme. Consequently, some costs initially planned for 2025/2026 have been brought forward to alleviate financial pressures in the coming years.

The financial commitment to date is as follows:

Programme Activity	Cost (£)
--------------------	----------

Installation, Implementation and Device costs	
Work Package 5 - Accelerated Programme Management Costs	450,000
Work Package 2 Technical Integration (Allocated 50% costs)	244,609

Expenditure and income period ending March 2025

2024/2025

Revenue	Expenditure	Income (DPIF)	HDdUHB Contribution
Staffing	£ 332,537	£ 332,537	£ -
ePMA solution	£ 215,200	£ 215,200	£ -
Strategic Partner	£ 694,609	£ 652,263	£ 42,346
Total	£ 1,242,346	£ 1,200,000	£ 42,346

Capital	Expenditure	Income (DPIF)	HDdUHB
Devices inc Carts	£ 490,992	£ 490,992	£ -
Total	£ 490,992	£ 490,992	£ -

Project Progress

The Digital team, in collaboration with our new strategic partner CGI, is accelerating the deployment plan design and developing the technical integration layer required to deploy the foundational system within the agreed timescales (Plan on a Page attached at Appendix 1).

The core team, together with CGI, is progressing the project internally, drafting and completing all project management office documentation ready for sign-off through the governance structure proposed at the Executive board.

Initial meetings with the supplier Better UK have been held and continue to take place to agree on specific project management plans. Familiarisation, Drug Formulary Data Set, and Configuration workshops with Pharmacy and Nursing have been conducted, combining all appropriate health boards for shared learning opportunities. Access to a sandbox environment has been enabled, and the core clinical project staff are continuing to familiarise themselves with the system.

The core clinical team regularly meets with other Health Board clinical teams to ensure shared learning and experience, and to identify potential problems and issues that require either a collective health board group approach with Better UK or an individual Health Board solution. The core project management and technical team, including colleagues from CGI, meet with Digital Health Care Wales to discuss and progress the solution architecture, VPN, and system connectivity. As a result, the Application Programme Interface (API) onboarding documentation and process is progressing. The project will present a "Show & Tell" for the Wales Informatics Assurance Group (WIAG) on Monday the 7th of April 2025, which will start the WIAG Assurance Quality Plan submission process.

Benefits

A benefits realisation plan is in place and will be reviewed on a monthly basis. Provided below are the nationally agreed benefits with DHCW. The National benefit baseline data collection has yet to be agreed nationally and by DHCW, however the HDdUHB ePMA team are looking at identifying local benefits for which work is ongoing. There is a benefit tracker in place to ensure all benefits are captured and measured.

- Improved antimicrobial stewardship
- Improved mandatory thromboprophylaxis screening and treatment
- Eliminate blank administration record
- Improved allergy recording and status checking
- Reduction in prescribing errors
- Time saved accessing secondary care prescription charts
- Reduction to purchased paper prescriptions charts
- Improved adherence to drug formulary (Local Benefit)

Risks & Issues

Implementation Risks

There are several risks identified as high-level risks, these are listed below.

- Clinical users rejecting the functionality to countersign drug administrations by using full email address and password suggesting a more practical and quicker way of countersigning drugs is investigated, this has also been raised by other Health Boards.
 - To explore mitigations to this, there are ongoing discussions with the national programme team in DHCW and with the supplier, Better UK, to investigate a more practical approach.
- DHCW may have capacity Issues if plans and timelines clash with all other Health boards. The governance DHCW have established around Integrating with other digital systems may cause some delays.
 - Mitigation actions - again this has been raised by other Health Boards and is being managed with regular meetings and proactive planning between DHCW and local Health Boards to avoid any timeline conflicts

Governance

The core project team members represent Hywel Dda University Health Board on several national ePMA groups run by Digital Healthcare Wales (DHCW). These groups include the Community of Knowledge & Action (CoKA), National Technical & Clinical Advisory Group Meeting (TCAG), National Management Team Meeting (NMT), and National Board Meeting (NBM). Additionally, they participate in groups associated with the selected supplier, Better UK, alongside other health boards such as BCHB, PTHB, AB, and HDUHB. These health boards have agreed to collaborate, support each other, share lessons and experiences, and meet regularly in Clinical, Technical, and Project Management Groups. This collaboration aims to share collateral and material to prevent duplication.

A clinical Senior Responsible Officer (SRO) for the programme has yet to be appointed. In the interim, the Chief Clinical Information Officer (CCIO) will chair the ePMA steering group. The first meeting is scheduled for April 2025, with the Terms of Reference and representation on the agenda. The group will report to the Digital, Data and Innovation Committee (DDIC) and feed into the Quality, Safety and Experience Committee (QSEC) and other appropriate operational groups.

Conclusion

In conclusion, the ePMA project is making significant strides towards improving patient safety and operational efficiency. Despite the inherent risks and dependencies associated with such a large and complex project, the progress made so far is commendable. The collaboration with Digital Healthcare Wales (DHCW) and our strategic partner, CGI, is proving to be instrumental in driving the project forward. The technical integration is on track, and the commitment of the core team is unwavering. The successful implementation of the ePMA system will undoubtedly

enhance the quality of care provided to patients and support our staff in their daily operations. We are confident that the project will continue to progress within the agreed timelines, and we look forward to the positive impact it will have on our health board.

Argymhelliad / Recommendation

The Committee are requested to consider:

- **NOTE** the report and the progress to date
- **NOTE** the project plan included within Appendix 1 and the associated timescales

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.1 Seek assurance on the direction, development and delivery of the Health Board's digital, data and information governance strategies to drive change and transformation in line with the Health Board's Annual Plan/Integrated Medium Term Plan (IMTP) that will support modernisation through the use of information, data and digital
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	A comprehensive programme Risk Register has been established and is actively monitored by the programme team. Any risks that require further attention will be escalated through the formal mechanisms within the Health Board
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	9 Digital plan
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:	N/A
Rhestr Termau: Glossary of Terms:	e-ePMA – electronic prescribing and medicines administration
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Digidol, Data ac Arloesi Parties / Committees consulted prior to Digital, Data and Innovation Committee:	Digital Oversight Group ePMA Project Group Sustainable Resources Committee Executive Board

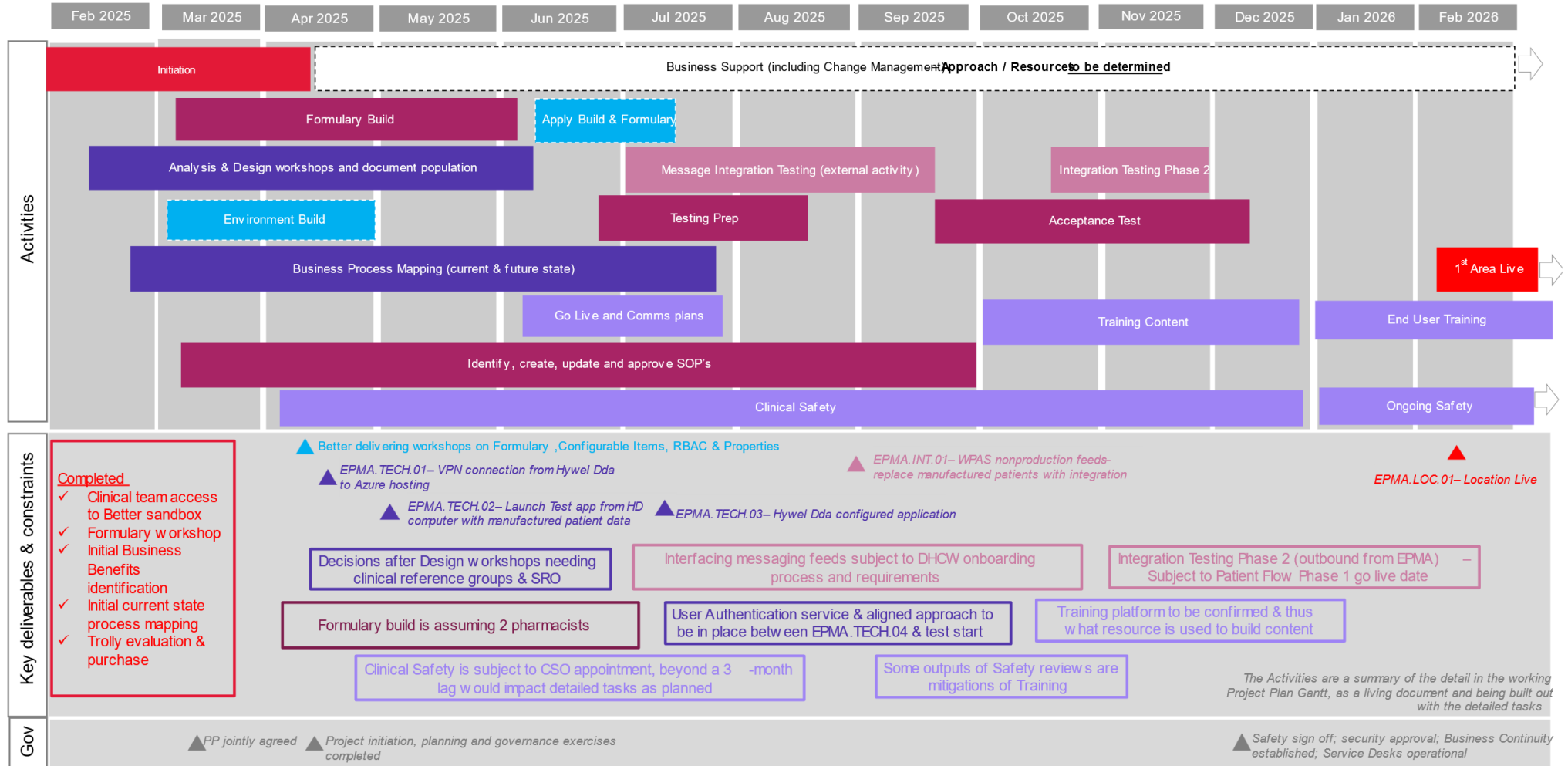
Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	A full business case has been assessed and approved by the Board.
Ansawdd / Gofal Claf: Quality / Patient Care:	The lack of an ePMA system presents a significant risk to patient safety and negatively impacts staff, who are working under extreme pressures. There is a clear need to improve efficiencies, particularly with regards to managing medicines management, and introducing technologies to support staff are a first important step in this journey
Gweithlu: Workforce:	The improvement in digital solutions will provide efficiencies for staff, who will be able to see the right information at the right time when treating the patient. The combination of approaches and system will also reduce the effort required to transcribe as system will be fully integrated
Risg: Risk:	A risk log is in place with mitigating actions. Risk are reviewed monthly as a minimum but weekly project meetings consider and add or remove risks as appropriate.
Cyfreithiol: Legal:	The introduction of an e-prescribing system should lead to a reduction in medication errors and as results could lead to a reduction in legal claims.
Enw Da: Reputational:	Having resilient and robust systems for the treatment of patients will enhance the reputation of the Health Board and will also improve opportunities to recruit.
Gyfrinachedd: Privacy:	A DPIA has been completed and is currently with the Information Governance team for review
Cydraddoldeb: Equality:	An equality impact assessment is being completed with intention that this is signed off in May 25.

Appendix 1 Timeline

Colour Code

- All Parties
- As delivered / guided by Better
- EPMA Clinical Team led
- Depends on HD staff outside EPMA team
- Better Led
- Managed by other Work packages

Hywel Dda UHB EPMA – Implementation Phase



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	22 April 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Electronic Patient Flow and Electronic Observation Project Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Executive Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Anthony Tracey, Digital Director Carolyn Williams, Head of Digital Innovation & Transformation

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

Er Gwybodaeth/For Information

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The purpose of this report is to provide the Committee with an update on the Electronic Patient Flow and Electronic Observation (e-Flow & e-Obs) project since the Full Business Case (FBC) was approved by Board in September 2024 and the contract with the successful supplier Alcidion was signed in February 2025.

Cefndir / Background

Patient flow is the movement of patients through a healthcare facility, which involves the medical care, physical resources and internal systems needed from admission to discharge. When patient flow is not well managed in hospitals, this is associated with long wait-times and overcrowding in Accident and Emergency (A&E), as well as inefficient scheduling in surgical departments. Poorly managed patient flow can lead to adverse health outcomes, including increased re-admissions and mortality rates. Optimising patient flow management can help best utilise limited resources, ensure patients move through care pathways efficiently, and reduce the length of hospital stays.

E-Obs technologies can automatically capture and analyse patients' vital signs and notify clinicians when required. This automation of routine tasks can free up time to enable better patient care, increase accuracy in capture and transmission of information and improve decision-making.

The deployment of new technologies to support patient observations and patient flow aligns with the strategic goals of the Health Board, both locally and nationally. It focuses on improvements towards a more digitally mature healthcare system in Wales, with the aim of enhancing patient safety.

The e-Flow & e-Obs Full Business Case (FBC) was presented to Board in September 2024 and was approved. A contract was awarded following a competitive procurement process to the successful supplier, Alcidion.

Asesiad / Assessment

Project Progress

Following the approval of the FBC by Board in September 2024, the contract with Alcidion was signed in February 2025. The Digital Team, alongside the Health Board's strategic partner CGI, have been preparing the deployment plan and timeline for the project. Tasks include integration with Health Board systems, acquirement of Application Programming Interfaces (APIs) system installation, configuration and implementation, creation of testing, production and training environments, user engagement strategies and communication planning.

The Digital Team has been working collaboratively with the project teams in CGI and Alcidion and regularly meet to discuss outstanding actions, identified risks and any dependencies to ensure the project continues to progress accordingly. The teams have been planning upcoming workshops with key stakeholders to ensure the sessions are effective and productive for those involved. This work will ensure that the solutions are configured to support Hywel Dda University Health Board (HDdUHB) requirements.

An eObs workshop was held in March 2025 with members from the Outreach Resus and Deterioration teams to discuss the Health Board's position on National Early Warning Score 2 (NEWS2) and a plan for delivering as part of the new system. The teams will be working alongside Alcidion to understand escalation algorithms and previous lessons learned from other health organisations who have previously deployed this solution in preparation to implementation here in HDdUHB.

Technical meetings have been held with Alcidion, CGI and the members from the Digital team such as Head of Information, Cyber Security Manager, Infrastructure Operations Manager and Data Centre Operations Manager to discuss system architecture and the requirements to prepare for integrations with other Health Board systems. This also includes discussions around the use of APIs to facilitate data exchange between different software applications, allowing them to work together seamlessly.

Following feedback from the Executive Team who are keen to see a rapid deployment plan over the next 12 months, the Digital Team are now in the 'design' phase of the project and are working collaboratively with the Digital Inclusion, Technical, Information and Business Change teams to ensure the project continues to adhere to the planned timescales and realisation of benefits.

A copy of the "plan on a page" document can be found at Appendix 1.

Financial Case

The table below was included in the original business case submitted to the Board at the September meeting:

Cost Line	Cost type	Year 1 24/25	Year 2 25/26	Year 3 26/27	Year 4 27/28	Year 5 28/29	Year 6 29/30	Year 7 30/31	Total
Device Purchases	NRC	£0	£249,000	£149,400	£99,600	£0	£0	£0	£498,000
Network Upgrades	NRC	£37,350	£0	£0	£0	£0	£0	£0	£37,350
HDUHB Deployment Team	NRR	£257,625	£774,879	£798,125	£781,030	£0	£0	£0	£2,611,659
HDHUB BAU Team	RR	£0	£0	£0	£0	£222,672	£229,353	£236,233	£688,258
Non pay Misc	RR	£5,000	£5,000	£5,000	£5,000	£0	£0	£0	£20,000
DHCW integration – Interface support	NRR	£40,295	£94,021	£0	£0	£0	£0	£0	£134,316
DHCW integration charges - Annual support	RR	£0	£8,100	£18,900	£27,000	£27,000	£27,000	£27,000	£135,000
Patient flow & e-Obs - Licence	RR	£0	£159,381	£164,162	£169,087	£174,160	£179,385	£184,766	£1,030,941
Patient flow & e-Obs - Installation / Implementation	NRC	£251,500	£100,000	£0	£0	£0	£0	£0	£351,500
Patient flow & e-Obs - Annual support and hosting	RR	£0	£329,823	£338,817	£348,062	£357,564	£367,331	£337,371	£2,078,968
Total		£591,770	£1,720,204	£1,474,404	£1,429,779	£781,396	£803,069	£785,370	£7,585,992

Breakdown by cost type

Cost Line	Year 1 24/25	Year 2 25/26	Year 3 26/27	Year 4 27/28	Year 5 28/29	Year 6 29/30	Year 7 30/31	Total
Non recurring Capital TOTAL	£288,850	£349,000	£149,400	£99,600	£0	£0	£0	£886,850
Non Recurring Revenue TOTAL	£302,920	£873,900	£803,125	£786,030	£0	£0	£0	£2,765,975
Recurring Revenue Total	£0	£497,304	£521,879	£544,149	£781,396	£803,069	£785,370	£3,933,167
VAT	£57,770	£167,641	£130,476	£123,350	£106,345	£109,343	£104,427	£799,352
Contingency based on 8%	£6,809	£32,074	£15,854	£11,722	£2,160	£2,160	£2,160	£72,939
Grand total	£656,349	£1,919,918	£1,620,734	£1,564,850	£889,901	£914,572	£891,958	£8,458,283

With the strategic partner now on board, we have been able to accelerate the delivery of the programme. Consequently, some costs initially planned for 2025/2026 have been brought forward to alleviate financial pressures in the coming years.

The financial commitment to date is as follows:

Programme Activity	Cost (£)
Installation and Implementation costs	408,537
Work Package 6 - Accelerated Programme Management Costs	751,418
Work Package 2 Technical Integration (Allocated 50% costs)	244,609
Total	1,404,564

Risks and Issues

The implementation of the e-Flow and e-Obs project presents several risks and issues that need to be addressed to ensure its successful deployment and operation. These challenges range from digital inclusion and bed configuration maps to integration and benefits realisation. It is crucial to identify and mitigate these risks early to prevent any negative impact on the project's progress and outcomes. The following sections provide a detailed overview of the key risks and issues associated with the project and the strategies in place to address them.

- **Digital Inclusion**

Given the breadth of this project there is a challenge that some staff may not have digital skills and competence to effectively use such systems. Therefore, it is important that those services impacted engage early with their teams in order to prepare the workforce for the deployment of the e-flow & e Obs solution. Failure to do so could negatively impact staff engagement and adoption of new ways of working.

To mitigate this the Digital Inclusion Team, has developed a framework that supports a collaborative approach with services which will be incorporated into a business change strategy. The approach will facilitate an assessment process that identifies the digital skills and needs of the workforce to help create a culture of inclusion within Hywel Dda. The framework empowers services to recognise digital skills, improve literacy, support digital health and

wellbeing, improve confidence and to ensure there is a focus on staff acquiring digital competencies in the Health and Care workforce.

This will ensure that staff understand the benefits of digital transformation, including eObs and eFlow systems and how it will impact their work. The project team will continue to engage with staff in the planning and implementation of the project initiatives to ensure that their needs and concerns are addressed and will provide adequate training on the solution whilst signposting to further training and development opportunities to help staff acquire the necessary digital skills.

- **Bed configuration maps**

Bed location maps within each ward are required to build and configure the patient flow element of the Miya Flow system. This information is not currently readily available and could potentially delay the project delivery. The Health Board does not currently hold ward maps that include bed locations in each ward that incorporate isolation beds for infection control or those that are gender specific due to the frequent changes in bed locations and ward configurations which result in an inevitability that any static plan will quickly become inaccurate. Bed location maps will need to be manually drawn and factored into the roll out plan as a requirement before it comes to system deployment. The Digital Team are working alongside the Alcidion project team to map out the prioritisation of wards and locations to understand the timescales involved in building each ward bed map which will be included in the project roll out plan.

The Digital Team will work alongside Alcidion to configure the drawn bed maps into the Miya Flow system and clinicians have a responsibility to ensure bed maps are kept up to date once live to reflect changes in patient locations, transfers, and discharges to facilitate efficient patient care, resource allocation, and safe patient flow.

- **Integration**

Potential delays may occur if integration issues are encountered such as with Welsh Patient Administration System (WPAS) and the dependency on Digital Health and Care Wales (DHCW) to support the work required. To mitigate these risks the Digital Team, together with CGI are regularly meeting with DHCW representatives to ensure progress and will escalate issues early if encountered.

Benefits Realisation

Benefits realisation activities have been underway to collect baseline data and current state process maps across the Health Board to provide a visual representation of how processes currently operate, allowing teams to understand the flow of activities, identify bottlenecks, and pinpoint inefficiency. The Digital Team have been working alongside services such as Occupational Therapies to understand methods of internal referrals, Site Managers to map out bed management activities including patient flow, admissions and discharges; ward nurses regarding patient transfers and handovers and community teams to understand how virtual wards are managed.

These current state maps have been used to set baselines to identify inefficiencies, streamline workflows, identify ways to improve communication, and establish a foundation for future improvements and innovation. By documenting the current state, process maps foster transparency between Hywel Dda and Alcidion which ensures everyone understands the roles and responsibilities involved in each process.

Future state process mapping workshops have been scheduled in April 2025 with members of the Programme Team in Alcidion, CGI and key stakeholder groups to identify risks, issues, strengths and opportunities of the proposed delivery approach. This will provide a foundation for data analysis, allowing stakeholders to measure the impact of changes and make informed

decisions about process improvements to better manage and ensure that new processes are aligned with the project objectives.

Enhancing digital solutions will streamline processes for staff, ensuring they have access to accurate information at the right time during patient treatment. The integration of various systems will also reduce the need for manual data entry, as the systems will be fully interconnected

Stakeholder Management

Effective stakeholder engagement has been pivotal throughout the development and production phases of the e-Flow and e-Obs project. To ensure alignment with the strategic direction of the Health Board and to facilitate rapid delivery, stakeholder group workshops have been scheduled with key individuals from various departments. These include nursing, pharmacy, service delivery, therapies, maternity, quality improvement, medical leadership, and experts in acute, primary care, and community services.

The workshops aim to gather insights and feedback from these stakeholders to ensure the project meets their needs and expectations. By involving stakeholders from diverse areas, the project team can address specific concerns and incorporate valuable input into the project plan. This collaborative approach helps to build consensus and support for the project, fostering a sense of ownership and commitment among stakeholders.

Additionally, regular communication and updates are provided to stakeholders to keep them informed of the project's progress and any changes that may impact their areas of responsibility. This ongoing engagement ensures that stakeholders remain actively involved and can contribute to the project's success.

Governance

The governance structure for the e-Flow and e-Obs project is designed to ensure effective oversight and management throughout its implementation. The Programme Delivery Group (PDG) will commence on the 24 April 2025, with Gareth Cottrell, Deputy Chief Operating Officer, serving as the Senior Reporting Officer (SRO) and chairing the group. This group will provide updates to the Digital, Data and Innovation Committee (DDIC) and other operational groups within the Health Board.

The governance framework includes regular meetings and updates to monitor progress, address any issues, and ensure alignment with the project's objectives. The PDG will be responsible for overseeing the project's strategic direction, making key decisions, and ensuring that all stakeholders are engaged and informed. This structure will facilitate collaboration between various departments and ensure that the project adheres to planned timescales and realisation of benefits.

Additionally, the governance framework will include mechanisms for risk management, quality assurance, and performance monitoring. These mechanisms will help identify and mitigate potential risks, ensure the project meets high standards of quality, and track progress towards achieving the project's goals. By maintaining a robust governance structure, the Health Board can ensure the successful deployment and operation of the e-Flow and e-Obs project.

Argymhelliad / Recommendation

The Committee are requested to:

- **NOTE** the progress to date regarding the Electronic Patient Flow and Electronic Observation Project Update Report
- **NOTE** the project plan included within Appendix 1 and the associated timescales

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.1 Seek assurance on the direction, development and delivery of the Health Board's digital, data and information governance strategies to drive change and transformation in line with the Health Board's Annual Plan/Integrated Medium Term Plan (IMTP) that will support modernisation through the use of information, data and digital technology
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	A comprehensive programme Risk Register has been established and is actively monitored by the programme team. Any risks that require further attention will be escalated through the formal mechanisms within the Health Board
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply 1. Safe 2. Timely 5. Equitable
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	3. Data to knowledge 4. Learning, improvement and research 5. Whole systems perspective
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	6 Clinical services plan
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

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

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	The introduction of the patient flow system will have benefits not only the staff, patients, but will improve efficiencies of the wards and staff. Releasing more time for staff to treat patients. A full business case has been assessed and approved by the Board.
Ansawdd / Gofal Claf: Quality / Patient Care:	The lack of a patient flow system presents a significant risk to patient safety and negatively impacts staff, who are working under extreme pressures. There is a clear need to improve efficiencies, particularly with regards to managing patient flow, and introducing technologies to support staff are a first important step in this journey
Gweithlu: Workforce:	The improvement in digital solutions will provide efficiencies for staff, who will be able to see the right information at the right time when treating the patient. The combination of approaches and system will also reduce the effort required to transcribe as system will be fully integrated.
Risg: Risk:	A risk log is in place with mitigating actions Risk are reviewed monthly as a minimum but weekly project meetings consider and add or remove risks as appropriate
Cyfreithiol: Legal:	The introduction of these systems could lead to a reduction in legal claims due to the reduction errors.
Enw Da: Reputational:	Having resilient and robust systems for the treatment of patients will enhance the reputation of the Health Board and will also improve opportunities to recruit.
Gyfrinachedd: Privacy:	A DPIA has been completed and is currently with the Information Governance team for review
Cydraddoldeb: Equality:	An equality impact assessment has been completed. There were no negative effects identified. Positive points included that icons are used on Electronic Whiteboards that can be customised to include icons for disabilities and other conditions that will provide alerts to clinicians to any additional needs required within the patient's treatment or stay. Information is consistent across systems and the digital boards will have the ability to discreetly manage information.

Appendix 1: HDUHB – eObs and Patient Flow [& integrations]

HDUHB Patient Flow & eObs [& integrations] – Tranche One – implementation timeline

[exported from HDUHB / CGI Deployment Plan – document 'HDUHB - eObs and Patient Flow [& integrations] - Deployment Plan - v1.0 – DRAFT']

