



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Date **22/04/2025**
Time **09:30 - 12:30**
Location **Microsoft Teams Meeting; Ystwyth Board Room Avocor (Hywel Dda UHB - Generic Account)**

Digital, Data and Innovation Committee Meeting

Digital, Data and Innovation Committee
NHS Wales

Agenda - 22 April 2025

1 Governance and Risk

09:30, 0 min

1.1 Welcome and Apologies

Maynard Davies (Hywel Dda UHB - Independent Member)

1.2 Declarations of Interests

Maynard Davies (Hywel Dda UHB - Independent Member)

1.3 Digital, Data and Innovation Committee (DDIC) Terms of Reference

Maynard Davies (Hywel Dda UHB - Independent Member)

1.4 Corporate and Operational Risks Aligned to DDIC (Verbal)

Huw Thomas (Hywel Dda UHB - Director of Finance)

1.5 Planning Objectives (PO9) Closure Report

Anthony Tracey (Hywel Dda UHB - Digital Director)

Digital

0 min

2 Digital Context Presentation

0 min

Huw Thomas (Hywel Dda UHB - Director of Finance), Anthony Tracey (Hywel Dda UHB - Digital Director)

2.1 Digital Strategic Plan (PO9)

0 min

Anthony Tracey (Hywel Dda UHB - Digital Director)

2.2 Digital Annual Plan (PO9)

0 min
Anthony Tracey (Hywel Dda UHB - Digital Director)

2.3 Summary of Progress against Board Approved Business Cases

0 min
Anthony Tracey (Hywel Dda UHB - Digital Director)

2.4 Digital Partner Update

0 min
Huw Thomas (Hywel Dda UHB - Director of Finance), Anthony Tracey (Hywel Dda UHB - Digital Director)

Data

0 min

3 Data Context Presentation

0 min
Anthony Tracey (Hywel Dda UHB - Digital Director)

3.1 Current use of AI

0 min
Anthony Tracey (Hywel Dda UHB - Digital Director)

3.2 Information Governance Sub-Committee (IGSC) 3A's update, IGSC Workplan and IGSC Terms of Reference

0 min
Anthony Tracey (Hywel Dda UHB - Digital Director)

Research and Innovation

0 min

4 Research and Innovation Context Presentation

0 min
Leighton Phillips (Hywel Dda UHB - Director Research, Innovation and Value)

4.1 Research & Development Implementation of the NHS Framework

Leighton Phillips (Hywel Dda UHB - Director Research, Innovation and Value)

4.2 University Partnership Arrangements Update

Leighton Phillips (Hywel Dda UHB - Director Research, Innovation and Value)

4.3 Research and Innovation Sub-Committee (RISC) 3A's update, RISC Workplan, RISC ToRs and RISC Annual Report

Leighton Phillips (Hywel Dda UHB - Director Research, Innovation and Value)

5 For Assurance

0 min

5.1 Internal and External Audit Reports

Huw Thomas (Hywel Dda UHB - Director of Finance)

5.2 Monitoring of Ministerial Directions

Huw Thomas (Hywel Dda UHB - Director of Finance)

5.3 Monitoring of Welsh Health Circulars (WHCs)

Huw Thomas (Hywel Dda UHB - Director of Finance)

6 For Approval

0 min

6.1 Policies for Approval

Huw Thomas (Hywel Dda UHB - Director of Finance)

6.2 Business Cases

Huw Thomas (Hywel Dda UHB - Director of Finance), Anthony Tracey (Hywel Dda UHB - Digital Director)

7 For Information

5 min

7.1 DDIC Workplan 2025/26

0 min

Maynard Davies (Hywel Dda UHB - Independent Member)

8

Any Other Business

Maynard Davies (Hywel Dda UHB - Independent Member)

9

Date and Time of next meeting

0 min

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1 - Governance and Risk

1.1

09:30,

1.1 - Welcome and Apologies

*Maynard Davies
(Hywel Dda UHB -
Independent
Member)*

1.2

1.2 - Declarations of Interests

Maynard Davies
(Hywel Dda UHB -
Independent
Member)

1.3

1.3 - Digital, Data and Innovation Committee (DDIC) Terms of Reference

*Maynard Davies
(Hywel Dda UHB -
Independent
Member)*

| For approval

Attachments

[1.3 DDIC ToRs SBAR April 2025.pdf](#)

[1.3 Appendix 1 Digital Committee Terms of Reference.v2.for DDIC.Approval22.~.pdf](#)

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:	Digital, Data and Innovation Committee Terms of Reference
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Executive Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Joanne Wilson, Director of Corporate Governance/Board Secretary Charlotte Wilmshurst, Assistant Director of Assurance and Risk

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The purpose of this paper is to ensure that the Digital, Data and Innovation Committee has clear terms of reference which detail its purpose, boundaries, role, composition and operating arrangements.

Cefndir / Background

According to its terms of reference, the Committee must review its terms of reference and operating arrangements on at least an annual basis to ensure they remain fit for purpose. These must be subsequently approved by the Board and will form part of the Health Board's Standing Orders.

As part of the revised governance arrangements from 1 April 2025, at Board on 30 January 2025, the establishment of Digital, Data and Innovation Committee was approved.

Asesiad / Assessment

The Digital, Data and Innovation Committee Terms of Reference and operating arrangements (Appendix 1) have been reviewed since Board approval on 30 January 2025, and some minor changes and amendments to terms have been made. These are clearly marked on Appendix 1 and relate to the following:

Section	What has changed?	Why?
2.1.1	Principle Duties	Reason for change, Board only has 1 strategy therefore 'Digital Strategy' has been amended to 'Digital Strategic Plan'.
3.1.9	Operational Responsibilities – New section inserted	Section transferred from Finance and Planning Committee to reflect responsibilities for quality of data: "Seek

		<i>assurance that the data on which performance is assessed is reliable and of high quality and that any issues relating to data accuracy are addressed”.</i>
4.2	Membership	Added Health Science representative

Argymhelliad / Recommendation

The Committee are asked to approve the Health and Safety Committee’s Terms of Reference for onward ratification by the Board on 29 May 2025.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	12.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.
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)	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	1. Leadership
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

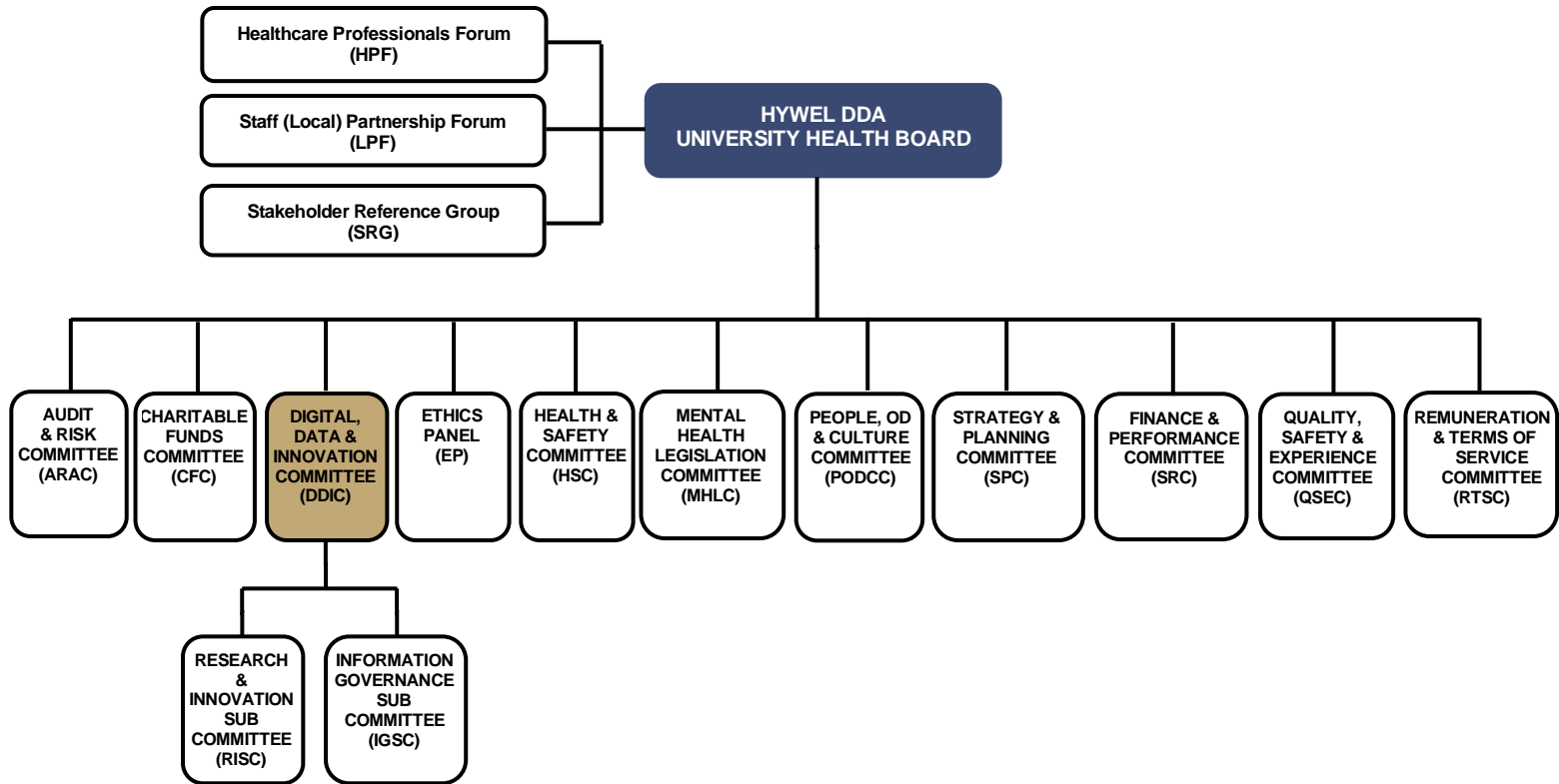
Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	Standing Orders
Rhestr Termau:	Contained within the body of the report

Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Digidol, Data ac Arloesi Parties / Committees consulted prior to Digital, Data and Innovation Committee:	Director of Corporate Governance/Board Secretary Executive Director of Finance

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct impacts
Ansawdd / Gofal Claf: Quality / Patient Care:	Not applicable
Gweithlu: Workforce:	Not applicable
Risg: Risk:	Not applicable
Cyfreithiol: Legal:	Not applicable
Enw Da: Reputational:	Not applicable
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable



TERMS OF REFERENCE

DIGITAL, DATA AND INNOVATION COMMITTEE

Version	Issued to:	Date	Comments
V1	Board	30/01/2025	Approved
V2	Digital, Data and Innovation Committee	22/04/2025	For Approval

DIGITAL, DATA AND INNOVATION COMMITTEE

1. Constitution

- 1.1 The Digital, Data and Innovation Committee (the Committee) was established as a Committee of the Hywel Dda University Local Health Board (the Health Board) and constituted from 1 April 2025.

2. Principal Duties

- 2.1 The purpose of the Digital, Data and Innovation Committee is to provide *advice* and *assurance* to the Board on the following:
- 2.1.1 That the direction, development and delivery of the Digital ~~Strategy~~ **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).
 - 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.
 - 2.1.3 That the Board's arrangements for information governance including creating, collecting, storing, safeguarding, disseminating, sharing, using and disposing of information is in accordance with its stated objectives; legislative responsibilities, listed in Appendix 1; and any relevant requirements, standards and codes of practice.
 - 2.1.4 That the organisation is discharging its functions and meeting its responsibilities with regards to research and innovation activity carried out within the organisation.

3. Operational Responsibilities

- 3.1 The Committee will, in respect of its provision of advice and assurance to the Board:
- 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.
 - 3.1.2 Seek assurance on the direction, development and delivery of the Health Board's research and innovation strategies to drive change and transformation in line with the Health Board's Annual Plan/Integrated Medium Term Plan (IMTP).

- 3.1.3 Seek assurance that the digital, data and information governance implications and risks arising from the development of the Health Board's corporate strategies and plans or those of its stakeholders and partners are considered and mitigated.
- 3.1.4 Seek assurance on the development of the Health Board's strategies and plans for maintaining the trust of patients and public through its arrangements for research and innovation, and handling and using information, including personal information, safely and securely, consistent with the Board's overall strategic direction and any requirements and standards set for NHS bodies in Wales.
- 3.1.5 Review and scrutinise business cases, and associated revenue implications, and associated revenue implications, relating to digital and research and innovation activities, and ensuring there are robust contracting processes and procedures are in place, prior to Board approval.
- 3.1.6 Seek assurance that there is a robust information governance and security framework within the UHB and encourage a strong information governance and security culture across the organisation.
- 3.1.7 Seek assurance that the Health Board is meeting its responsibilities with regard to the General Data Protection Regulations, the Freedom of Information Act, Caldicott Principles, Records Management, Clinical Coding, Information Sharing, national Information Governance policies and the Information Commissioner's Office guidance.
- 3.1.8 Seek assurance of the Health Board's compliance against relevant statutory requirements, internal and external standards and assessment criteria, via the Information Governance Toolkit, Cyber Assessment Framework (CAF) any other relevant requirements / assessments, and audits, inspections and reviews, including the implementation of Audit Wales, Health Inspectorate Wales and Internal Audit recommendations.
- 3.1.9 **Seek assurance that the data on which performance is assessed is reliable and of high quality and that any issues relating to data accuracy are addressed.**
- 3.1.10 Seek assurance of the organisation's arrangements for managing information and cyber security incidents including emergency preparedness, resilience and response and business continuity.
- 3.1.11 Seek assurance on the development, procurement and implementation of national and local digital systems.
- 3.1.12 Ensure that there is a process of Data Protection Impact Assessment in place in accordance with the Information Commissioner's guidance.
- 3.1.13 Seek assurance that the Health Board is meeting its responsibilities to ensure compliance with all relevant frameworks, UK Clinical Trials, Clinical

Investigations and other Regulations (transposed into UK law from European Union Directives) and reporting requirements.

- 3.1.14 Seek assurance on the promotion and support of Health Board's involvement in high quality, multi-disciplinary and multi-agency healthcare research and innovation, the promotion of evidence-based healthcare, the building of research and innovation capacity and fostering a research and innovation culture, including patient/public involvement where appropriate.
- 3.1.15 Receive the Research & Innovation Annual Report for approval prior to submission to the Health and Care Research Wales, to ensure the Health Board increases its research and innovation capacity, research output and research income.
- 3.1.16 Seek assurance that the university partnership arrangements are operating effectively and continue to protect the Health Board's 'university' designated status.
- 3.1.17 Seek assurance that the commercialisation of research, innovation, related developments are appropriately risk assessed and in accordance with health board duties, policies, and procedures.
- 3.1.18 Receive assurance on the delivery against the areas of targeted intervention, and the required elements for de-escalation, that are aligned to the Committee.
- 3.1.19 Seek assurance on delivery against all Planning Objectives (Appendix 2) aligned to the Committee, in accordance with the Board approved timescales, as set out in the Health Board's Annual Plan, considering, and scrutinising the plans and programmes that are developed and implemented, supporting and endorsing these as appropriate.
- 3.1.20 Seek assurance on the delivery of the requirements arising from the Health Board's regulators, WG and professional bodies.
- 3.1.21 Seek assurance on the management of risks within the Corporate Risk Register (CRR) and Directorate Risk Registers (including for hosted services and through partnerships and Joint Committees as appropriate) aligned to the Committee and its sub-committees, and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action. Where risks cannot be brought within the Health Board's risk appetite/tolerance, recommend acceptance of risks to the Board.
- 3.1.22 Receive assurance through Sub-Committee Update Reports and other management/task & finish group reports that risks relating to their areas are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate).
- 3.1.23 Seek assurance that recommendations made by internal and external reviewers are considered and acted upon on a timely basis.

3.1.24 Approve organisational policies, procedures, guidelines and codes of practice (within the scope of the Committee) to support consistent standards-based processing of data and information to meet legislative responsibilities.

3.1.25 Review and approve the annual work plans for any Sub-Committee which has delegated responsibility from the Digital, Data and Innovation Committee and oversee delivery.

4. Membership

4.1 The membership of the Committee shall comprise:

Member
Independent Member (Chair)
Independent Member (Vice-Chair)
2 x Independent Members

4.2 The following should attend Committee meetings:

In attendance
Executive Director of Finance (Senior Risk Information Officer (SIRO))
Executive Medical Director (Caldicott Guardian)
Executive Director of Strategy and Planning
Associate Medical Director Professional Standards/ Deputy Caldicott Guardian
Digital Director (Deputy SIRO)
Director Research, Innovation and Value
Chief Clinical Information Officer
Chief Nurse Information Officer
Allied Health Professions and Health Science representative

4.3 The membership of the Committee will be reviewed on an annual basis.

5. Quorum and Attendance

5.1 A quorum shall consist of no less than two of the membership and must include as a minimum the Chair or Vice Chair of the Committee and one other Independent Member, together with a half of the In attendance Members, which must include SIRO or Deputy SIRO, Caldicott Guardian or Deputy Caldicott Guardian, and Director Research, Innovation and Value or Deputy.

5.2 The membership of the Committee shall be determined by the Board, based on the recommendation of the Health Board – taking into account the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

- 5.3 Any senior officer of the Health Board or from a partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting to assist with discussions on a particular matter.
- 5.4 The Committee may also co-opt additional independent external 'experts' from outside the organisation to provide specialist skills.
- 5.5 Should any officer Member be unavailable to attend, they may nominate a deputy, with full voting rights, to attend in their place subject to the agreement of the Chair.
- 5.6 The Chairman of the Health Board reserves the right to attend any of the Committee's meetings as an ex officio member.
- 5.7 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Committee.
- 5.8 The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.
- 5.9 The Committee may ask any or all of those who normally attend but who are not Members to withdraw to facilitate open and frank discussion of particular matters.

6. Agenda and Papers

- 6.1 The Committee Secretary is to hold an agenda setting meeting with the Chair and the Lead Director (Executive Director of Finance) at least **six** weeks before the meeting date.
- 6.2 The agenda will be based around the Committee work plan, identified risks matters arising from previous meetings, issues emerging throughout the year and requests from Committee Members. Following approval, the agenda and timetable for request of papers will be circulated to Committee Members.
- 6.3 All papers must be approved by the relevant Lead Director.
- 6.4 The agenda and papers for meetings will be distributed **seven** days in advance of the meeting.
- 6.5 A draft Table of Actions will be issued within **two** days of the meeting. The minutes and Table of Actions will be circulated to the Lead Director within **seven** days to check the accuracy, prior to sending to Members (including the Committee Chair) to review within the next **seven** days.
- 6.6 Members must forward amendments to the Committee Secretary within the next seven calendar days. The Committee Secretary will then forward the final version to the Committee Chair for approval.

7. In Committee

- 7.1 The Committee can operate with an In Committee function to receive updates on the management of sensitive and/or confidential information.

8. Frequency of Meetings

- 8.1 The Committee will meet quarterly and shall agree an annual schedule of meetings. Additional meetings will be arranged as determined by the Chair of the Committee in discussion with the Lead Executive.
- 8.2 The Chair of the Committee, in discussion with the Committee Secretary, shall determine the time and the place of meetings of the Committee and procedures of such meetings.

9. Accountability, Responsibility and Authority

- 9.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.
- 9.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 9.3 The Committee shall embed the Health Board's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.
- 9.4 The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Committee.

10. Reporting

- 10.1 The Committee, through its Chair and Members, shall work closely with the Board's other Committees, including joint and Sub-Committees and groups to provide advice and assurance to the Board through the:
- 10.1.1 Joint planning and co-ordination of Board and Committee business.
 - 10.1.2 Sharing of information
- 10.2 In doing so, the Committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.
- 10.3 The Committee, may, subject to the approval of the Board, establish Sub-Committees or task and finish groups to carry out on its behalf specific aspects of Committee business. The Committee will receive an update following each meeting providing an assurance on business undertaken on its behalf. The Sub-Committees reporting to this Committee are:
- 10.3.1 Research and Innovation Sub-Committee
 - 10.3.2 Information Governance Sub Committee

10.4 The Committee Chair, supported by the Committee Secretary, shall:

- 10.4.1 Report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes the submission of a Committee update report, as well as the presentation of an Annual Report within **six** weeks of the financial year.
- 10.4.2 Bring to the Board's specific attention any significant matter under consideration by the Committee.
- 10.4.3 Ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive or Chairs of other relevant Committees of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the Health Board.

10.5 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self assessment and evaluation of the Committee's performance and operation including that of any Sub-Committees established. In doing so, account will be taken of the requirements set out in the NHS Effective Board Committees Guide.

11. Secretarial Support

11.1 The Committee Secretary shall be determined by the Director of Corporate Governance/Board Secretary.

12. Review Date

12.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.

Appendix 1

List of Legislative Responsibilities

- Caldicott Guardian Principles
- Cyber Security and Resilience Bill
- Data Protection Act 2018
- Environmental Information Regulations 2004
- Freedom of Information Act 2000
- Human Rights Act 1998
- Information Commissioner’s Office Codes of Practice
- Public Records Act 1958
- Telecommunications (Security) Act 2021
- the Common Law Duty of Confidentiality
- The Network and Information Systems Regulations 2018
- The section 46 Code of Practice on Record Keeping
- UK General Data Protection Regulation
- Wales Accord on the Sharing of Personal Information (WASPI) Framework

Appendix 2 Digital, Data and Innovation Committee Planning Objectives 2025/26

Planning Objective		Lead	Class
9	Digital plan	Executive Director of Finance	Critical enabler

1.4

1.4 - Corporate and Operational Risks Aligned to DDIC (Verbal)

Huw Thomas (Hywel Dda UHB - Director of Finance)

| For assurance

1.5

1.5 - Planning Objectives (PO9) Closure Report

*Anthony Tracey
(Hywel Dda UHB -
Digital Director)*

| For assurance

Attachments

[1.5 DDIC SBAR PO Update Report April 2025.pdf](#)

[1.5 Appendix 1 DDIC Planning Objective Highlight Report - April 2025.pdf](#)



DIGITAL, DATA AND INNOVATION COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	22 April 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Planning Objectives Update Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Daniel Warm, Head of Planning

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 Planning Objective aligned to it as part of the 2024/25 Annual Plan with regards both specifically for quarter 4 of 2024/25 but also for 2024/25 as a whole.

Cefndir / Background

The Annual Plan for 2024/25 was built around 10 Planning Objectives (which in themselves are aligned to Ministerial and Local Priorities) and, within this, the de-escalation of our Targeted Intervention (TI) status (across six critical domains: Finance, Strategy and Planning; Performance and Outcomes; Fragile Services; Governance; Leadership, Capability and Culture; and Quality of Care).

The Planning Objectives set out the aims of the organisation, *i.e.* the horizon that Hywel Dda University Health Board (HDdUHB) is driving towards over the long term, as well as a set of specific, measurable actions, which move the organisation towards that horizon over the next year.

One Planning Objective is aligned to DDIC:

- Planning Objective 9: Digital Plan (previously aligned to the Sustainable Resources Committee)

Asesiad / Assessment

The overarching status of the Planning Objectives aligned to DDIC is as per the table below, noting that the Planning Objective was completed in quarter 3 as was reported to the Sustainable Resources Committee in February 2025:

Planning Objective	Executive Lead	Quarter 4 Status
9: Digital Plan	Director of Finance	Complete

Highlight reports are included in Appendix 1 with regards to both quarter 4 of 2024/25; and 2024/25 as a whole.

As noted in the January 2025 Board Paper, the actions and milestones for 2025/26 will continue to be tracked through Planning Objectives and regularly reported to the appropriate committee. Each Planning Objective will also support delivery across the Efficiency, Productivity and Value themes - people, place, enablers, quality, value and outcomes, and clinical service models.

Further, as noted in the Annual Plan for 2025/26 that following the revision of our purpose statement and strategic objectives, the planning objectives will be refreshed through quarter one, aligned to Chief Executive and Executive Director objective setting. Additional areas to be considered as part of this include the strategic refresh and a focus on transforming 'customer' service.

Argymhelliad / Recommendation

The Committee is asked to:

- **Receive ASSURANCE** on the current position in regard to the progress of the Planning Objective aligned to the Digital, Data and Innovation Committee, in order to assure the Board that the Planning Objectives are progressing and are on target, and to raise any concerns where a Planning Objectives is identified as behind in its status and/or not achieving against its key deliverables.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.18 Seek assurance on delivery against all Planning Objectives aligned to the Committee, in accordance with the Board approved timescales, as set out in the Health Board's Annual Plan, considering, and scrutinising the plans and programmes that are developed and implemented, supporting and endorsing these as appropriate.
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	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: Annual Plan 2024/25

Evidence Base:	Annual Plan 2025/26
Rhestr Termau: Glossary of Terms:	Explanation of terms is included within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board	Public Board - March 2024 (acceptance of 2024/25 Planning Objectives as part of the 2024/25 Annual Plan)

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Any financial impacts and considerations are identified in the report
Ansawdd / Gofal Claf: Quality / Patient Care:	Any issues are identified in the report
Gweithlu: Workforce:	Any issues are identified in the report
Risg: Risk:	Consideration and focus on risk is inherent within the report. A sound system of internal control helps to ensure any risks are identified, assessed and managed.
Cyfreithiol: Legal:	Any issues are identified in the report
Enw Da: Reputational:	Any issues are identified in the report
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable

Planning Objective: : 9 Digital Plan

Executive Lead: Huw Thomas, Executive Director of Finance

Reporting Period: Q4 2024/25

Overall status: Complete
Rationale for overall status (please provide a brief summary of current progress indicating any key highlights or potential barriers to delivery)
 The objective was to secure a strategic partner for the Health Board to accelerate the transformation with Digital at the heart. In December a 10-year contract was awarded to CGI and they are now actively supporting the Health Board in its transformation journey

Progress against planned outcomes / trajectories / milestones (please provide SPC/data charts and an explanation of any variances):
 The Health Board is now working with CGI to create deployment plans for the accelerated rollout of Patient flow, ePMA and the underlying technical architecture

Activities completed in previous reporting period

- Formal award of the Strategic Partner
- Contract Signed

Activities planned for next milestone and reporting period

- Deployment Plans for the foundation systems - Complete
- Integration layer required for the underlying system architecture – Partial Complete

Any other Comments
Matters for information:

Risks to delivery:

Any other comments:

Planning Objective: : 9 – Digital Plan – Reflections on 2024/25

Reflecting on the achievement of Planning Objective 9, it is evident that the progress has been substantial, albeit with some challenges. The objective, which focuses on the Digital Agenda, has seen significant strides in various areas. The implementation of key digital strategies has been a cornerstone of this objective, aiming to enhance the overall digital infrastructure and capabilities within the organisation.

One of the notable achievements under Planning Objective 9 has been the appointment of a Digital Strategic Partner to assist with the implementation of key clinical systems, and the wider digital agenda. Already we have seen progress in the integration of advanced digital tools and platforms. We have our own integration engine which has allowed Welsh Patient Administration System (WPAS) / patient flow and Electronic Prescribing and Medicines Administration (ePMA) to be linked sharing Admissions / Discharges / Transfers and demographic data. (completed in 3 months) The use of tools like CrowdStrike and Microsoft Defender has bolstered the organisation's cybersecurity measures, ensuring that sensitive information remains protected.

However, it is important to acknowledge that the journey has not been without its hurdles. The complexities involved in implementing new digital systems and the need for continuous adaptation to emerging challenges. Despite these challenges, the commitment to achieving the objectives remains strong. The collaborative efforts of various teams, including the Operational Teams and Digital Teams, have been instrumental in driving the progress of this objective.

Their contributions have ensured that the organisation remains focussed on delivery, there is a belief that the foundational systems which have been procured and are in implementation will bring real benefit to the patients and improve quality of care delivery.

In conclusion, while there have been some delays, the overall progress of Planning Objective 9 has been positive and was completed in Quarter 3 of the year. The achievements thus far reflect a dedicated effort to enhance the digital landscape of the organisation, paving the way for future advancements and continued success in the digital realm.

2 - Digital Context Presentation

Huw Thomas (Hywel Dda UHB - Director of Finance), Anthony Tracey (Hywel Dda UHB - Digital Director)

| For discussion

Attachments

[2 Digital Context.pdf](#)



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board



Transformation with Digital at the heart

Setting the scene

Digital enablement of health & care provision is key to supporting the strategic ambition for Hywel Dda, to further:

- Create a truly integrated and resilient health and care service, supporting the needs of the Hywel Dda region.
- Provide citizen-led connected pathways, unlocking new digitally-enabled ways of working, improving outcomes for all in a financially sustainable way.
- Empower citizens to stay healthy and well, addressing inequalities and providing proactive and appropriate care at the right time and place.



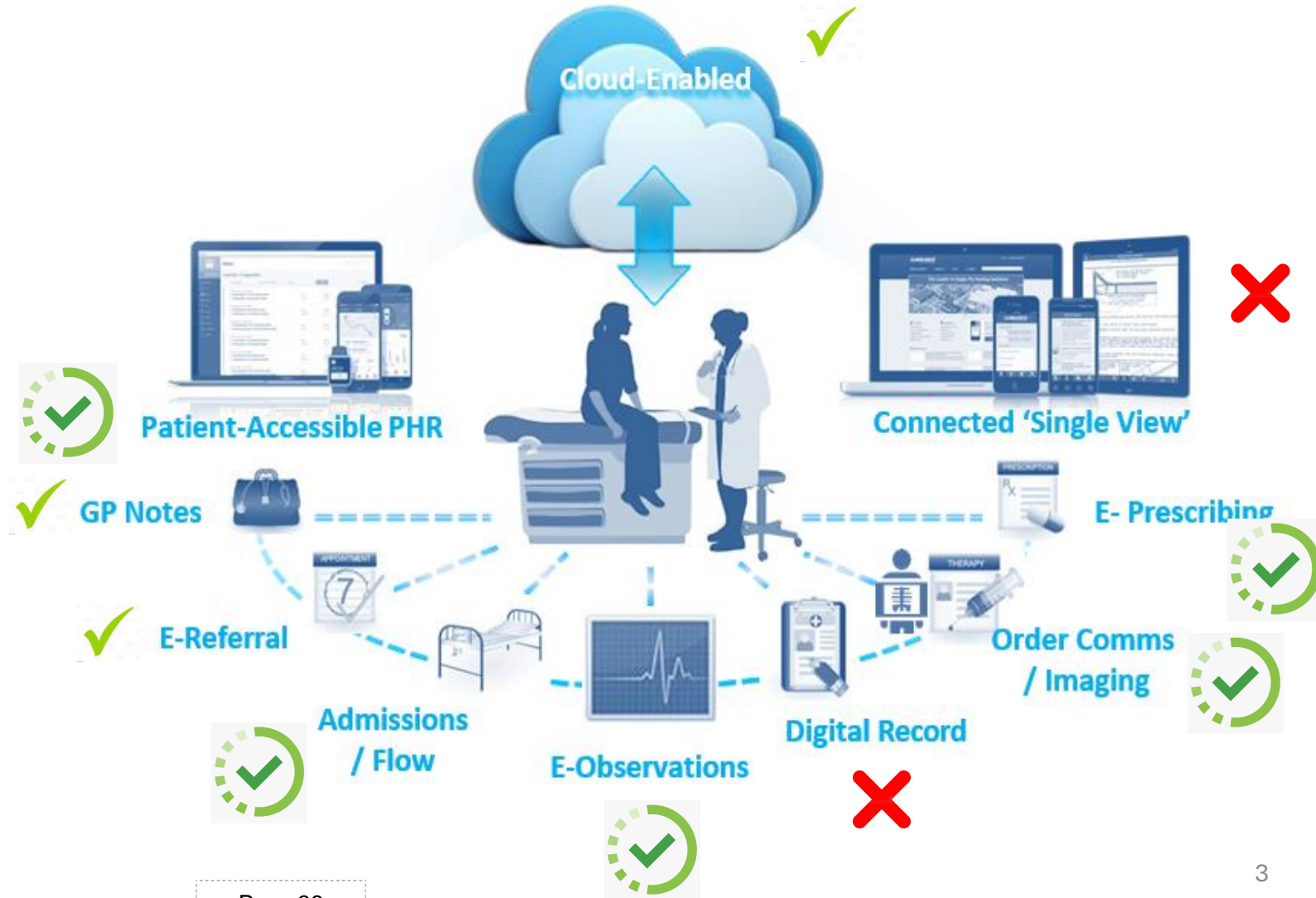
During today's session we will explore how digital enablement can support Hywel Dda UHB's ambitions and unlock positive patient outcomes.

Our Patient Vision

Our digitally transformed future healthcare vision...

In the future we will have digitised all the events and information that relate to a patients care into an easily accessible data store that can be shared with our partners. Clinicians will be able to view all the requests and results relating to a patient, including images, not only from our Health Board but also our partners in primary, secondary and community care.

By digitising the complete care pathway, from admission through medicines administration and onto discharge, patients will receive better and safer care as our teams will have a clear and easily understood picture of the patient's health.



The Challenge / Complexity

The Health Board is facing several key challenges:

- A shortage of skilled health and social care staff
- An **increase in demand** for healthcare services and concurrently cost is being driven by a large and growing ageing population, an increased incidence of chronic disease, and the demand for more costly, complex and advanced procedures
- There is a **lack of sustainable digital infrastructure** to allow access to systems for primary, secondary and community staff, some of which require upgrading, also noting the lack of equipment on wards and for community-based staff
- There is **no single, shared patient record**
- Hywel Dda University Health Board (HDdUHB) remains paper based and as a result **information is duplicated**, kept in silos and there is a lack of **real-time data**
- It remains challenging to ensure service delivery across a **rural geography**, with services having to cover large areas, and a lack of mobile phone signal in some rural areas
- Inability for digital solutions to **respond to changing** patient and citizen needs
- **System complexity** with multiple transformation programmes, increasing number of pilots, a lack of evaluation and clear benefits assessment.



GP



SOCIAL CARE



HOME CARE



THIRD SECTOR



ACUTE



AMBULANCE SERVICE



POLICE SERVICE



FIRE SERVICE



CALL CENTERS Including Alarms



WEB

National Services

CITIZEN IDENTITY

- NATIONAL HEALTH PLATFORMS
- NHS WALES APP
 - WELSH CLINICAL PORTAL (WCP)
 - WELSH PATIENT ADMINISTRATION(WPAS)
 - WELSH NURSING CARE RECORD(WNC)
 - PHARMACY - WELLSKY
 - WELSH RIS/PACS
 - MASTER PATIENT INDEX (MPI)
 - WELSH CARE RECORDS SERVICE (WCRS)
 - WELSH RESULTS REPORTING SERVICE(WRRS)
 - WELSH PATIENT REFERRAL SERVICE(WPRS)
 - WELSH CLINICAL COMMUNICATIONS GATEWAY (WCCG)
 - WELSH IMAGE ARCHIVE SERVICE (WIAS)
 - WELSH LABORATORY INFORMATION SYSTEMS (WLIMS)
 - WELSH COMMUNITY CARE INFORMATION SYSTEM (WCCIS)
 - WELSH EYE CARE SYSTEM (WECS)
 - WELSH INTENSIVE CARE INFORMATION SYSTEM (WICIS)

Citizen / Patient Engagement REGIONAL SOLUTION GAP

SIGNPOSTING /INFORMATION MULTIPLE	MY HEALTH AND CARE RECORD GAP	MY CONSENT GAP	REMOTE CONSULTATIONS 	MY ID MULTIPLE
MY DEVICES AND SENSORS PILOT	MY HEALTH CONDITION TRACKING MULTIPLE	MY REQUESTS MULTIPLE	MY ALERTS AND NOTIFICATIONS GAP	MY CARE PACKAGE GAP

Multi-Disciplinary Teams Collaboration REGIONAL SOLUTION GAP

MY PATIENT/CITIZEN RECORD MULTIPLE	REVIEW, REFER, REQUEST AND DECISION MULTIPLE	MY ACTIONABLE ITEMS MULTIPLE
MY SCHEDULE MULTIPLE	MY ALERTS AND NOTIFICATIONS MULTIPLE	MY ID MULTIPLE

Health and Care Pathways and Flow

IDENTIFICATION MULTIPLE	SELF-MANAGEMENT & ENABLEMENT MULTIPLE	ADVICE AND PLANS MULTIPLE	REGULAR MONITORING MULTIPLE	TRACKING PROGRESS MULTIPLE	CLINICAL REPOSITORY MULTIPLE	CLINICAL & WELLBEING APPS MULTIPLE
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Situational Awareness: Digital Operations and Control REGIONAL SOLUTION GAP

OVERALL SITUATIONAL AWARENESS, MONITORING AND ALERTING
GAP

REMOTE PATIENT MONITORING GAP	COMMUNITY CARE SCHEDULING MULTIPLE	REMOTE DEVICE ASSET MGT AND MONITORING GAP
IN- PATIENT MONITORING MULTIPLE	ACUTE & PRIMARY CARE ROSTERING AND RESOURCE MGT TBC	ACUTE CARE ASSET MGT AND MONITORING GAP
MULTI-DISCIPLINARY CASE MANAGEMENT GAP		

Regional Data Fabric – Analytics and Automation REGIONAL SOLUTION GAP

DATA LOAD AND STREAMING MULTIPLE	ROBOT PROCESS AUTOMATION PILOT
HEALTH AND CARE REFERENCE ANALYTICS MODEL MULTIPLE	CHAT BOTS MULTIPLE
DASHBOARDING MULTIPLE	ARTIFICIAL INTELLIGENCE PILOT
MACHINE LEARNING PILOT	DATA STORAGE MULTIPLE

Regional Data Fabric – Record and Orchestration REGIONAL SOLUTION GAP

API GATEWAY MULTIPLE	AUTHENTICATION AND IDENTITY MANAGEMENT MULTIPLE	RECORD LOCATION MULTIPLE	RULES MANAGEMENT MULTIPLE	EVENT MANAGEMENT MULTIPLE
API MANAGEMENT MULTIPLE	TERMINOLOGY AND MAPPING MANAGEMENT MULTIPLE	MASTER PATIENT/CITIZEN INDEX MPI MULTIPLE	SHARED DATA CONTRACTS MULTIPLE	SHARED DATA AUTHORISATION MULTIPLE

Local Government

SOCIAL CARE CASE MGT			DIGITAL FRONT DOOR		
PEMBROKESHIRE	CAMARTHENSHIRE	CERIDIGIAN WICCS	PEMBROKESHIRE BESPOKE	CAMARTHENSHIRE ORANICUS	CERIDIGIAN ebase
CARE SCHEDULING			ASSISTED LIVING		
PEMBROKESHIRE CM2000	CAMARTHENSHIRE CM2000	CERIDIGIAN CM2000	PEMBROKESHIRE PILOT	CAMARTHENSHIRE PILOT	CERIDIGIAN PILOT
BUSINESS INTELLIGENCE					
PEMBROKESHIRE MULTIPLE	CAMARTHENSHIRE MULTIPLE	CERIDIGIAN MULTIPLE			

Logos: Ceredigion County Council, Cymor Sir Gâr Carmarthenshire County Council, Pembrokeshire County Council Cynor Sir Benfro

HYWEL DDA UNIVERSITY HEALTH BOARD

GP MANAGEMENT cegedim, emis health	CLINICAL PORTAL WCP	ELECTRONIC PATIENT RECORD WPAS	PATIENT TRACKING TBC
COMMUNITY & MENTAL HEALTH WNC, WPAS	CONDITION/OLOGY MANAGEMENT MULTIPLE	IMAGING RIS/PACS	LABORATORIES WLIMS
DOCUMENT MANAGEMENT CIVICA	PHARMACY MANAGEMENT WELLSKY	RADIOLOGY RIS/PACS	PATHOLOGY TBC
REPORTING /BUSINESS INTELLIGENCE NIAS	REFERRALS AND REQUESTING GPTR*, WPRS, WICCS		
HUMAN RESOURCES TBC	ROSTERING TBC	FINANCE MANAGEMENT TBC	

Logos: GIG CYMRU NHS WALES, Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

LLESANT DELTA WELLBEING

ALARM RECEIVING AND ALERTING Tunstall	ASSISTED LIVING PILOT
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Digital Transformation Achievements



Introduced a new digital service desk tool, which has improved the communication with the users, with an automated “bot” integrated into Teams



The extensive network replacement programme is still ongoing. Bronglais has been completed, Prince Philip and Withybush to be completed



Significant progress has been made with our cyber resilience, with 15 programmes of work. A recent internal audit report gave the cyber programme within the Health Board a “substantial” rating.



The Health Board has launched its first application solely within the cloud (Electronic Document Management System), and are now planning for an extensive rollout of all systems and infrastructure into the cloud, adopting the national policy of “Cloud First”



Implemented the Bed Management module in Welsh Patient Administration Systems (WPAS) across Acute Hospitals now working on the community sites. The operational team have already seen benefits from the implementation



Continuing to meet the national target for Clinical Coding completeness alongside now undertake audits to ensure high quality information is contained within the clinical notes



Welsh Nursing Care Record, Malinko and Welsh Community Care Information Sstems (WCCIS) data are now available in the data warehouse, allowing linkage of community data with secondary care data.



The Health Board has adopted all the most recent system releases, of WPAS, Welsh Clinical Portal and the Welsh Nursing Care Record.



The new switchboard technology has been implemented across all 4 sites, allowing our telephony modernisation project to continue at pace. This will remove the analogue infrastructure from the Health Board and move towards an internet-based approach which will improve agile working.





Staff development - 4 members of digital team graduated this year as part of the first cohort of Digital Degree apprenticeships with University of Wales Trinity Saint David (UWTSD), and other members of the team passed their MSCs




Robotic Process Automation – Proofs of Concept underway, opportunity for significant capacity to be released by using RPA, upwards of 50,000 hours by 2025


Digital Transformation Achievements

 Developed a System Risks dashboard in partnership with the Performance team along with many dashboards that improve availability of data in real time for operational staff


 Civica Scheduling – 600 users across community teams use Civica Scheduling to manage their daily patient visits


 **Significant improvements in the percentage of electronic test results, circa 70% of all tests are electronically requested for pathology**


 **Successful pilot of radiology electronic test requesting and again rollout into other areas**

 The Health Board has rolled out our Bedside Entertainment Communication Solution (BECS) pilot in Prince Phillip Hospital, across 2 wards, initial feedback very promising, the impact for both patients and staff is very positive.


 Launching the Hywel Dda Digital Application Library, to help our clinicians support patients and citizens to feel empowered to use apps to help manage their health and wellbeing.


 Purchased and we are in the process of implementing an electronic document management system to help us enable to digitisation and access of medical records, long term project over the coming years.


 During 2022, we have established a dedicated Data Science Team with intent to pursue serious data science.

 Built a Data Science Platform with advanced interactive analytic tools covering, forecasting, geographical representation and pathway visualisation.

 Produced several innovative deep dive Patient Outcome Measures (PROM) reports to facilitate service review

 Undertaken Machine Learning to predicts outpatient DNA, which we are looking to pilot in the operational teams

 Signed the Digital Inclusion Charter, and as a Board have approved a digital inclusivity programme covering citizens, patients and staff

 **We have also developed a robust benefits realisation process and approach which is utilised within Digital providing a framework to allow benefits to be truly monitored and tracked.**

Executive Summary - Enabling a vision for integrated health & care in the Hywel Dda region

Making a difference...We have to see people in the context of their lives and ask them what matters to them so that people make decisions that are right for them.

Underpinned by regional statement of intent to establish:

- **A truly integrated and resilient health and care service, supporting the needs of the Hywel Dda region.**
- **Providing citizen-led connected pathways, unlocking new digitally-enabled ways of working, improving outcomes for all in a financially sustainable way.**
- **Empowering citizens to stay healthy and well, addressing inequalities and providing proactive and appropriate care at the right time and place.**

To further accelerate digital 10-year transformation, investment is needed to unlock outcomes and achieve our vision.

- A £7.5m investment per annum over a 10-year period
- Typical positive net returns on the investment in a 2-3 year period from initial investment
- Can deliver up to 2.5 times return on investment
- A value case assessment has been undertaken and we are validating the findings.

Executive summary

To enable improved citizen, patient and employee experience and unlock value, Hywel Dda's digital enablement roadmap sets out **10 key programmes of work**, positioned across the **three key areas** of Demand Management, Response Management and Enterprise & Asset Optimisation. This has the potential to unlock c. **£17.4m to £35.6m** per annum of value to the West Wales region.

- The Hywel Dda UHB **digital enablement roadmap**, set across a period of five years, shows an initial view of programme phasing.
- Delivering our **target solution state**, informed by our programme charters, will allow us to incrementally unlock benefit over the next 3 years using iterative delivery methods.
- Supporting **future change** will prepare HDdUHB for the delivery and adoption of digitally-enabled citizen, patient and employee-centric solutions and the realisation of benefits.



‘Pain points and opportunities for change’: additional comments

Question 1

Areas for Better Working

- Leadership enabling joined-up working and communication
- Third sector partnering
- Address *perceived* reluctance towards digital services
- Integrated patient record and staff scheduling system
- Regional rather than County systems
- Innovative assisted living options
- Joined up health and care systems

Question 2

Citizen Challenges

- Lack of information, or knowing where to access the information
- Waiting without contact from relevant professionals
- Time to appointment
- Multiple contact points making accessing services confusing and lengthy
- Lack of visibility, even where to go for help
- Concern regarding impact of delays on their health
- Transport services

Question 3

Your Frustrations

- Lack of engagement across teams
- Sharing documentation and access
- Tired, under pressure and change fatigued
- Lack of linked services
- Lack of integration, system and process
- We don't celebrate successes properly which narrows the focus on negative outcomes.
- Visibility of who's who
- Poor feedback following surveys/consultation

Question 4

Data Accessibility

- Standard digital solution required to share information
- Public health data required
- Data is NOT accessible
- Multiple systems is a key challenge
- Huge variation in how data is captured and shared
- Systems not easily accessible – training and restricted access challenges
- No consistent 'unique identifier' to identify citizen/patient

Question 5

Partner Relationships

- In the main, relationships are good
- Third sector can be forgotten or missed
- Integrated health records!
- Competing portfolios impact ability to leverage relationships
- Need to acknowledge where this does not work in order to make improvements
- Willingness to work together, made difficult by systems and processes




Question 6

Current Challenges

- Limited resources
- Private sector competition
- Multiple systems - access and sharing issues
- Front line staff and management engagement
- Understanding of service demand
- Time to learn – technology and process
- Accessibility of national services and systems
- Duplication!!

Development of Hywel Dda Business Imperatives (1 of 2)




Stakeholder				Citizen			
01	02	03	04	05	06	07	08
'Holistic Health & Care Vision'	'Common Priorities'	'Governing Integration'	'Positive Regional Outcomes'	'Resilient Communities'	'Joining the Dots'	'Citizen Healthy Lifestyle'	'Prevention & Early Intervention'
Create & enable holistic health & care vision, priorities & target outcomes across the ecosystem to ensure organisational alignment & service provision	Establish a set of common priorities & ways of working at all levels across the region to unlock operating efficiencies & improve experience	Ensure governance allows for effective prioritisation based on shared vision & outcome-driven roadmap across the ecosystem to support local needs	Connecting key stakeholders to optimise positive outcomes for the region, based on Welsh Government's strategic direction	Enabling resilient communities through economic prosperity, effective learning pathways, regional facilities & transport to maximise health & care outcomes	Creating a person-centred view to enable end to end effective operational delivery	Empower citizens with knowledge & local facilities to support healthy lifestyles reducing demands on health & care services	Signpost & focus resources on prevention & targeted early intervention to improve wellbeing outcomes
Citizen				Employees			
09	10	11	12	13	14	15	16
'Service Signposting'	'Citizen Experience'	'Optimise Where Care is Given'	'Building Capabilities'	'Designing Roles'	'New Ways of Working'	'Enabling Change'	'Workforce Sustainability'
Identify single points of contact with clear roles across the ecosystem to ensure effective signposting for citizens	Focus on & measure citizen satisfaction to leverage operational insights for improvement	Ensure citizens engage with health & care services in the right place at the right time to improve experience & outcomes	Enabling people, roles, careers & capabilities through improved ways of working to support patient needs & increase service capacity	Re-setting the boundaries across existing roles to support patient needs & increase service capacity	Support new organisational ways of joined up working across health & care ecosystem providers to improve health outcomes	Enabling the workforce to support the implementation of change & work in the new ways	Attract, recruit, onboard, train & retain the right people with the right skills to enable quality operations & minimise use of supply/agency staff

Key		Common Priority Imperatives
		HDdUHB Priority Imperatives
		Initial LA Priority Imperatives

Development of Hywel Dda Business Imperatives (2 of 2)

Enterprise					Information			Partners
17	18	19	20	21	22	23	24	25
'Operational Running'	'Demand, Supply & Configuration'	'Resource Scheduling'	'Infrastructure Sustainability'	'Reducing Financial Deficit'	'Citizen Outcome Measures'	'Information Hub'	'Real-Time Medical Dashboard'	'Ecosystem Outcome Measures'
Support staff & provide the right tools to maximise day to day operational running of activities & planned care	Establish a real time & forward view of demand & supply capacity across the region to enable effective & efficient configuration of operational running	Create real time scheduling capability for front line operational staff & other ecosystem organisations to improve productivity	Ensure health assets & infrastructure are suitable for effective working & efficient running to support health & care demands	Creating a roadmap to ensure future services have an operating cost improvement which can be used to reduce existing deficit	Balance measures of activities & outcomes to provide true insights & support effective running	Create an insight-led integrated info hub that connects real time data to enable decision making across the ecosystem in the moment, medium & longer term	Create integrated dashboard to assess medical observations to enable real time action & response	Define a core set of organisational outcome based measures, relevant across the ecosystem to maximise operational effectiveness

Partners	Solution							
26	27	28	29	30	31	32	33	34
'Extending the Ecosystem'	'Partner Collaboration'	'Benefits Realisation'	'Digitally Enabled'	'Tech-Enabled Operations'	'Community Data'	'Easy to Use Solutions'	'Patient Recovery Flow'	'Data Protection & Use'
Exploiting insights from across extended ecosystem partners (e.g. police, fire, third sector) to enhance health outcomes	Provide effective partner collaboration across the health & social care ecosystem to enhance health outcomes	Ensure defined outcome based measures are effectively tracked to enable benefits realisation	Leverage digital tools to provide operational insight, improve services & free up resources to focus on high value interactions	Provide stakeholders with relevant access to existing & new systems across regions to support connected information exchange & positive outcomes	Identify, manage & connect data across citizens, services & third party organisations to improve operational running	Ensure technology solutions are human-centric & easy to use for citizens & employees to maximise usability	Ensure technology solutions generate predictive asset & resource needs to optimise health and care provision	Ensure relevant access, appropriate protection & ethical use of data across the ecosystem to safeguard citizen privacy

Key	 Common Priority Imperatives
	 HDdUHB Priority Imperatives
	 Initial LA Priority Imperatives

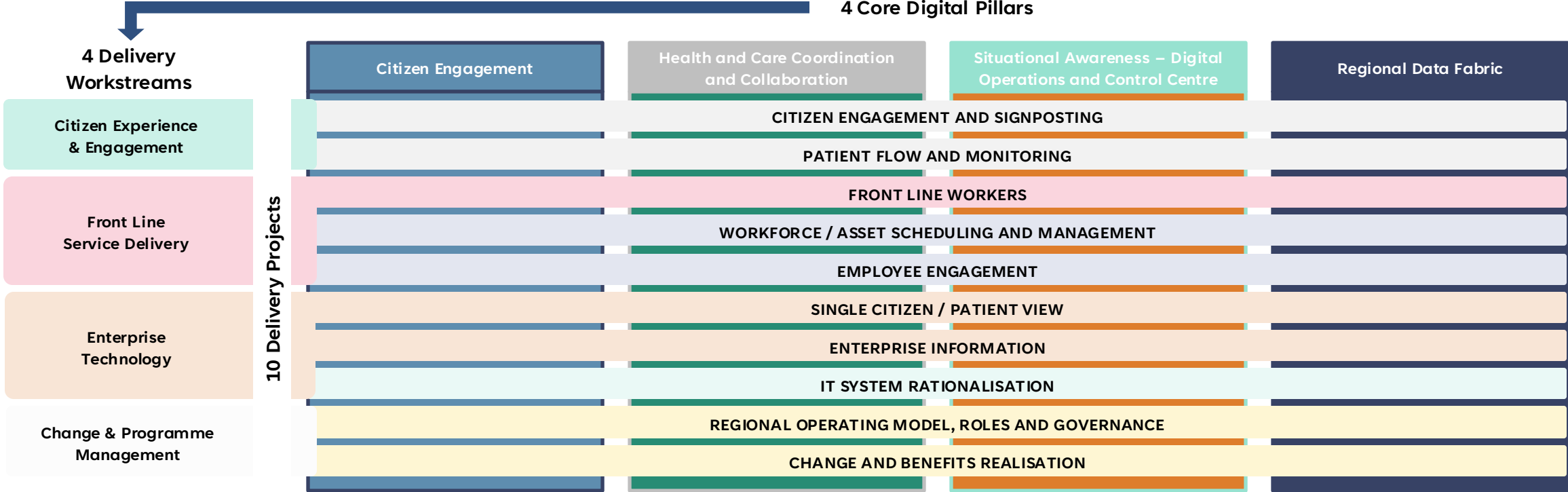
Key inputs to transformation on a page

34 Strategic Business Imperatives

Stakeholder				Citizen							Employees					Enterprise
01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17
'Holistic Health & Care Vision'	'Common Priorities'	'Governing Integration'	'Positive Regional Outcomes'	'Resilient Communities'	'Joining the Dots'	'Citizen Healthy Lifestyle'	'Prevention & Early Intervention'	'Service Signposting'	'Citizen Experience'	'Optimise Where Care is Given'	'Building Capabilities'	'Designing Roles'	'New Ways of Working'	'Enabling Change'	'Workforce Sustainability'	'Operational Running'
Enterprise				Information			Partners			Solution						
18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34
'Demand, Supply & Configuration'	'Resource Scheduling'	'Infrastructure Sustainability'	'Reducing Financial Deficit'	'Citizen Outcome Measures'	'Information Hub'	'Real-Time Medical Dashboard'	'Ecosystem Outcome Measures'	'Extending the Ecosystem'	'Partner Collaboration'	'Benefits Realisation'	'Digitally Enabled'	'Tech-Enabled Operations'	'Community Data'	'Easy to Use Solutions'	'Patient Recovery Flow'	'Data Protection & Use'

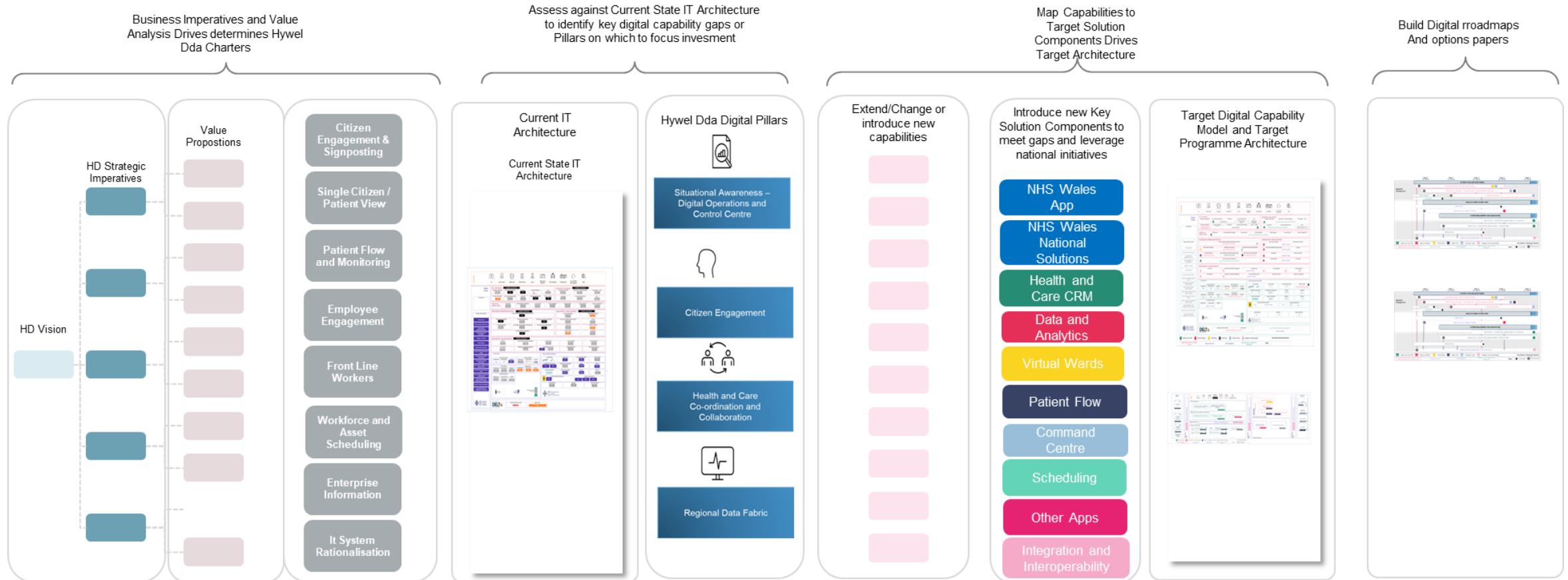


4 Core Digital Pillars



Building a digital transformation roadmap: our approach and end to traceability

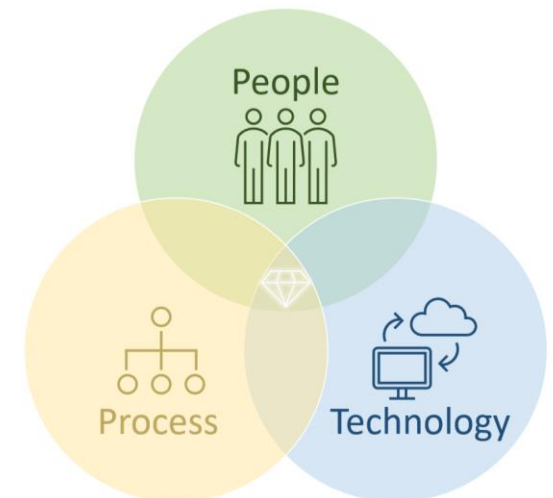
How do we determine our digital roadmap and architecture



Digital enablement, the case and the plan to deliver:

Reflections on our Digital Journey

- We have significantly **changed the way we deliver projects**. Due to the greater demand for change, programmes needed to be provided much more rapidly than in pre-pandemic days and it has been fantastic for us to be able to respond to that.
- We have changed our mindset away from technology being **the barrier to achieving better outcomes towards a focus on how we can leverage the change** with people and improve adoption resulting in better outcomes and value
- We have seen the **acceleration of digitisation** across services, however, we also need to ensure **areas with plans** already in place are given the opportunity to move forward with the same pace.
- While we should certainly reflect proudly on the overwhelming amount of work that's been achieved, we need to ensure **we work at a pace that is sustainable** whilst not losing sight of the positives, such as wider digitisation.
- **Areas to improve**
 - Underestimation of the importance on communication
 - Non-Digital staff and patients
 - Considering the impact on staff. Whilst we can digitise – should we?
 - Building a Digital Ready Workforce



Digital Strategy – Future Approach

Appointment of a Digital Transformation Strategic Partner:

The aim of the partner is to digitally enable transformation through the integration of digital technology into all areas of a business, resulting in fundamental changes to how businesses operate and deliver value. The scope of the strategic partner is expected to cover the following elements:

- a) Support for the upcoming Transformation Programme with Digital at the Heart
- b) Support for future IT / digital change and transformation work
- c) Provide expert advice around our data / analytics ambitions
- d) Challenging conventional thinking.
- e) Bringing ideas and innovation.
- f) Giving consideration of whole system thinking.
- g) Applying solution focus to practical outcomes.



Digital Strategy – Future Approach

Refreshed “Digital Response”

The Digital Response was written in 2020 and outlined the strategic vision for investment in digital. However, COVID required the Digital Team to reprioritise. Notwithstanding this the commitments, aims and objectives of the document are still relevant in that our commitment is to improving digital technology in the Health Board. The Digital Response has helped provide a strategic vision for the Health Board for working together to drive excellence in care for our patients and communities using technology, and data.

We will be looking to refresh the Digital Response in 2025, reflecting the work undertaken to date, the changing impact of technology and the development of a data strategy which will provide a journey towards the use of data in decision making. We will be looking to reframe the response to provide a clear vision for staff and patients, on what they can expect from the Health Board in the coming years. It will be focused on what we can achieve in the next 1-3 years, 5-7 years and 7-10 years, with a specific emphasis on what will be impactful, for example.



Digital Strategy – Refreshed (Key Themes)

- a) Improving patient safety** – We should ensure that digital technologies are safe and used to improve patient safety. This includes:
- Collecting information about digital clinical safety,
 - Expanding digital clinical safety training,
 - Creating a centralised source of digital clinical safety information,
 - Developing the role of the clinical safety officer
 - Development of an Electronic Health Record (EHR), via the introduction of key systems, Patient Flow / eObservations / ePMA and further explanation of the EDRMS
- b) Supporting independent healthy lives** – We should give people more control over their health and care by:
- Increasing the functionality of the NHS app and website
 - Scaling digital health self-help, diagnostics, and therapies
 - Developing the Hospital @ Home approach
 - Harness IOT in the Home to provide additional support and monitoring
- c) Enabling access to digital technologies** – We need to ensure that everyone has access to digital technologies, including people who are socially excluded. This includes:
- Providing access to connected devices for socially excluded groups through our Digital Inclusion Programme
 - Collaborating with other agencies to provide access to technology and data
- d) Using artificial intelligence (AI)** – Under strict guidance and ethics the Health Board need to consider the AI to improve clinical care, such as in screening and diagnostics for cancer, stroke, and eye disease assisting in clinical decision making.
- e) Driving Value and Reducing Waste** – We as digital team need to ensure that we are driving value from all digital programmes, and as such looking to wherever possible reduce the perceived waste in the system, both from a front line and administrative perspective.

Digital Strategy – Risks to Delivery

The delivery of the Digital Strategy faces several key risks that need to be proactively managed and mitigated. Some of the top risks include:

- **Resource Availability and Affordability:** Ensuring that the necessary resources such as staff, skills, equipment, infrastructure, and funding are available and affordable to deliver and sustain the digital solutions.
- **Integration, Interoperability and Resilience:** Our aim is to create an integrated and resilient health and care service that supports the needs of the Hywel Dda region. This involves providing citizen-led connected pathways and unlocking new digitally enabled ways of working to improve outcomes for all in a financially sustainable way will rely on national systems that will be able to integrate. Currently the APIs (are taking upwards of 18 months, which is significant risk).
- **User Engagement and Adoption:** Engaging and ensuring the adoption of digital solutions by end-users, including patients, staff, and partners. This involves making sure they are aware, informed, trained, supported, and motivated to use the digital tools and services.
- **Data Protection and Security:** Protecting and securing data and systems from unauthorised access, cyberattacks, breaches, or losses to ensure the confidentiality, integrity, and availability of information and services.
- **Technical, Operational, or Clinical Issues:** Managing and resolving any technical, operational, or clinical issues or incidents that may arise during the implementation or operation of the digital solutions to ensure the continuity and quality of service and care.
- **Delivery:** Fundamental there is a perceived lack of delivery making it exceedingly difficult to deliver at pace for the clinical needs of the Health Board.

These risks highlight the importance of careful planning, resource management, and stakeholder engagement to successfully deliver the Digital Strategy.

Approach to Clinical Safety

At Hywel Dda University Health Board, our approach to clinical safety is developing but is multifaceted, ensuring that we maintain the highest standards of care and patient safety. Here are some key aspects of our approach:

- 1. Clinical Safety Leadership:** We are looking to establish designated clinical safety leads who are responsible for overseeing and co-ordinating clinical safety activities for all major digital systems.
- 2. Training and Awareness:** Staff are trained and made aware of the different information systems in place to ensure they can access the information required to discharge their duties effectively. This includes the deployment of clinical tablets and mobile PC carts in various wards to support clinical processes. We have recently placed all Clinical Information Officers (CIOs) through a clinical safety course. We will be strengthening this approach with the new appointment of a CCIO with Clinical Safety within their roles and responsibilities.
- 3. Digital Clinical Safety:** We collaborate with partners. This involves early discussions on clinical safety for new digital initiatives and ensuring that digital tools are safe and effective for clinical use. This is very much in its infancy but the initial conversations with the supplier include an element of this. All local ran tenders have a specific section around clinical safety.
- 4. Continuous Improvement:** We regularly review and update our clinical safety practices to address emerging risks and incorporate best practices. This includes conducting clinical coding error reports and addressing any identified issues to improve the accuracy and reliability of clinical data.

Our commitment to clinical safety is reflected in our strategic initiatives and day-to-day operations, ensuring that we provide safe, sustainable, and high-quality healthcare services. As a Health Bord we are looking to develop a group of clinical informaticians across AHP, Nursing, and Medical so that can facilitate the clinical safety discussions.

Foundational Clinical Systems

Our ambition is to **implement** the foundational systems Patient Flow / Electronic Observations, and Electronic Medicines Management, **within 12 months**. Overall, these technologies work together to create a more efficient, safe, and patient-centred healthcare environment, ultimately leading to better patient outcomes.

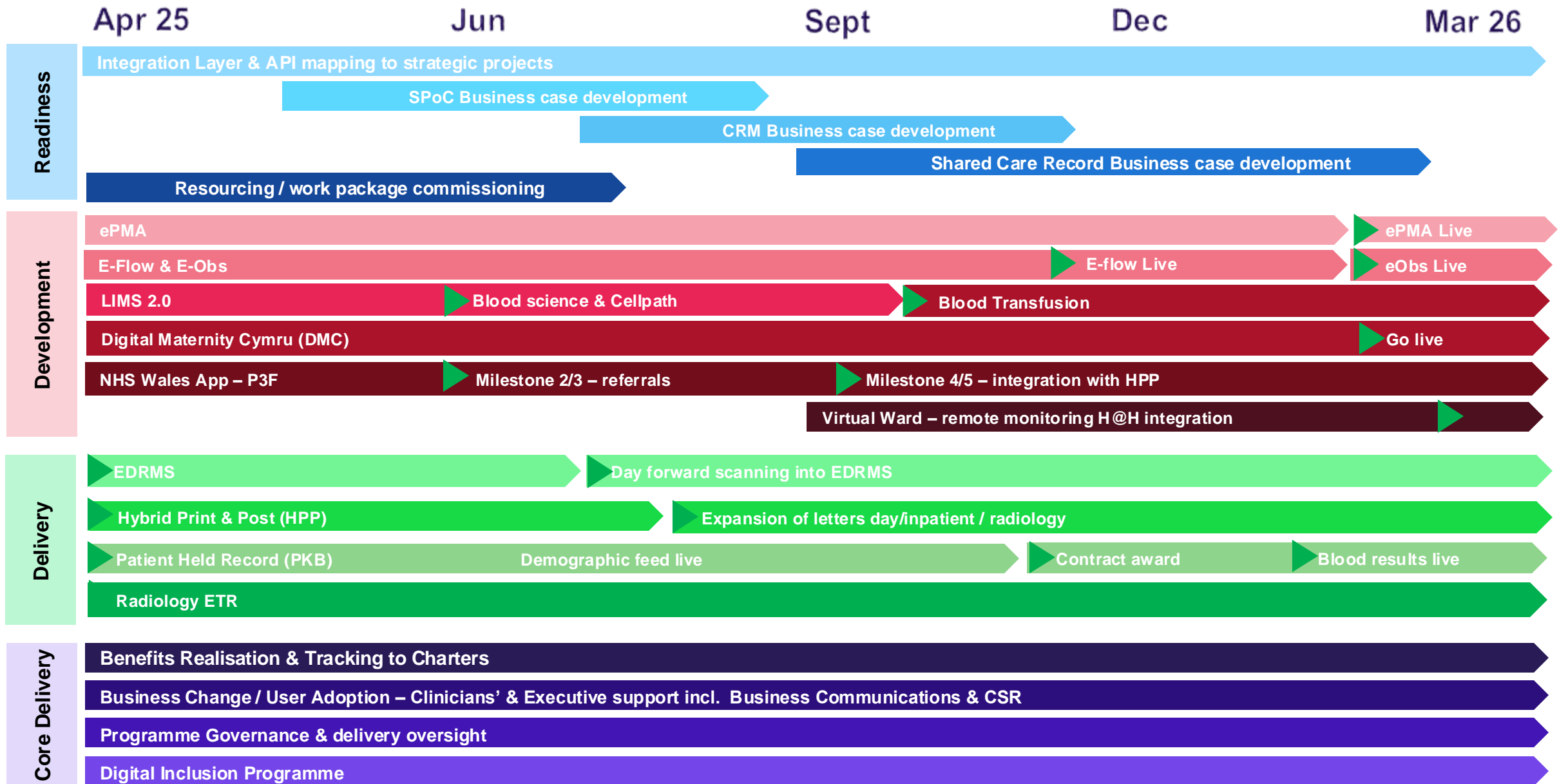
- **Patient Flow:** Efficient patient flow management ensures that patients move smoothly through the healthcare facility from admission to discharge. This reduces wait times, overcrowding, and inefficiencies, leading to better patient experiences and outcomes. Improved patient flow has been shown to reduce the length of hospital stays, decrease patient harm (including fewer cardiac arrests), and increase the time available for direct patient care
- **eOBS (Electronic Observations):** eOBS systems allow for real-time monitoring of patient vital signs and other critical health metrics. This enables healthcare providers to quickly identify and respond to any changes in a patient's condition, improving patient safety and outcomes. The use of eOBS has been associated with reduced patient harm and better overall care quality.
- **EPMA (Electronic Prescribing and Medicines Administration):** EPMA systems streamline the prescribing and administration of medications, reducing the risk of errors and ensuring that patients receive the correct medications at the right times. This leads to improved medication safety and better health outcomes for patients
- **Digitalisation of Health Records:** The Digital Health Records Programme (DHRP) is a significant initiative aimed at modernising and reshaping health records services to improve efficiency and effectiveness through digital transformation. The programme focuses on creating an integrated electronic record system that allows healthcare professionals to share information about patients, The goal is to provide a single patient record that facilitates care across all settings. Currently have 328,558 Unique Patients, and 64m pages are available through WCP.

Future Foundational Systems

Other key implementations that will look to improve productivity and efficiencies are as follows:

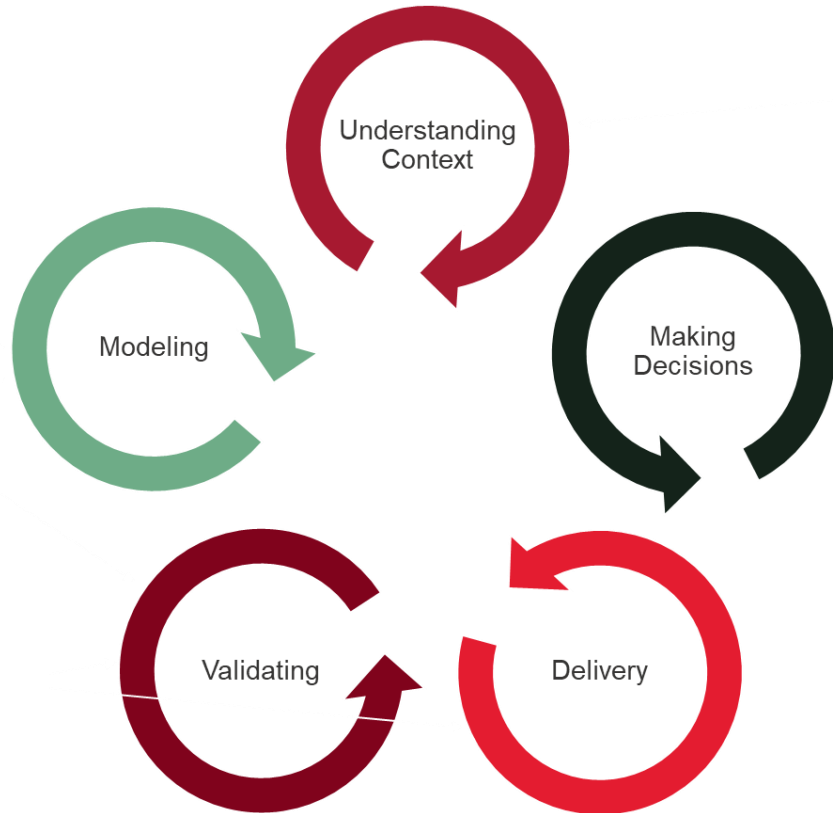
- **Expansion of Hywel Dda Post:** This solution is designed to enhance patient communication by providing access to online appointment information and options, as well as offering a variety of communication formats and preferences. This portal allows patients to specify their communication preferences, ensuring that communications are tailored to their needs. This includes options such as Welsh language letters, large font formats, easy-read formats, Braille, and appointment reminder preferences. It also provides appointment reminders to encourage patients to attend their outpatient appointments but also have the capacity to provide patient questionnaires and surveys .
- **Patient Services Centre:** The objectives of a Patient Services Centre (PSC) is to streamline and enhance patient care by providing a centralised point of contact for all healthcare needs. This approach aims to simplify the process for patients, ensuring they receive timely and appropriate care by reducing the complexity of navigating multiple departments and services. By centralising access to healthcare services, the PSC seeks to improve patient experience, enhance care coordination, increase operational efficiency, optimise resource management, and support data-driven decision-making.
- **Creation of a Patient Relationship Management Tool (PRM) :** Hywel Dda’s approach is to implement key foundational systems which will enable the overlay of a Patient Relationship Management (PRM) system to manage all the interactions with the patients through a single-entry point and managed through a Patient Services Centre.
- **AI clinical models:** Medical Imaging Analysis, Virtual Wards, Brain Scan Analysis, Predictive Analytics
- **AI Patient engaging models:** Virtual Health Assistants, Personalised Patient Engagement
- **A&E module:** Welsh Emergency Care Data Set (WECDS) Documentation reporting (Emergency Department/Minor Injuries Unit/Same Day Emergency Care) DHCW web based app or other provided.

High Level Programme 12-month view



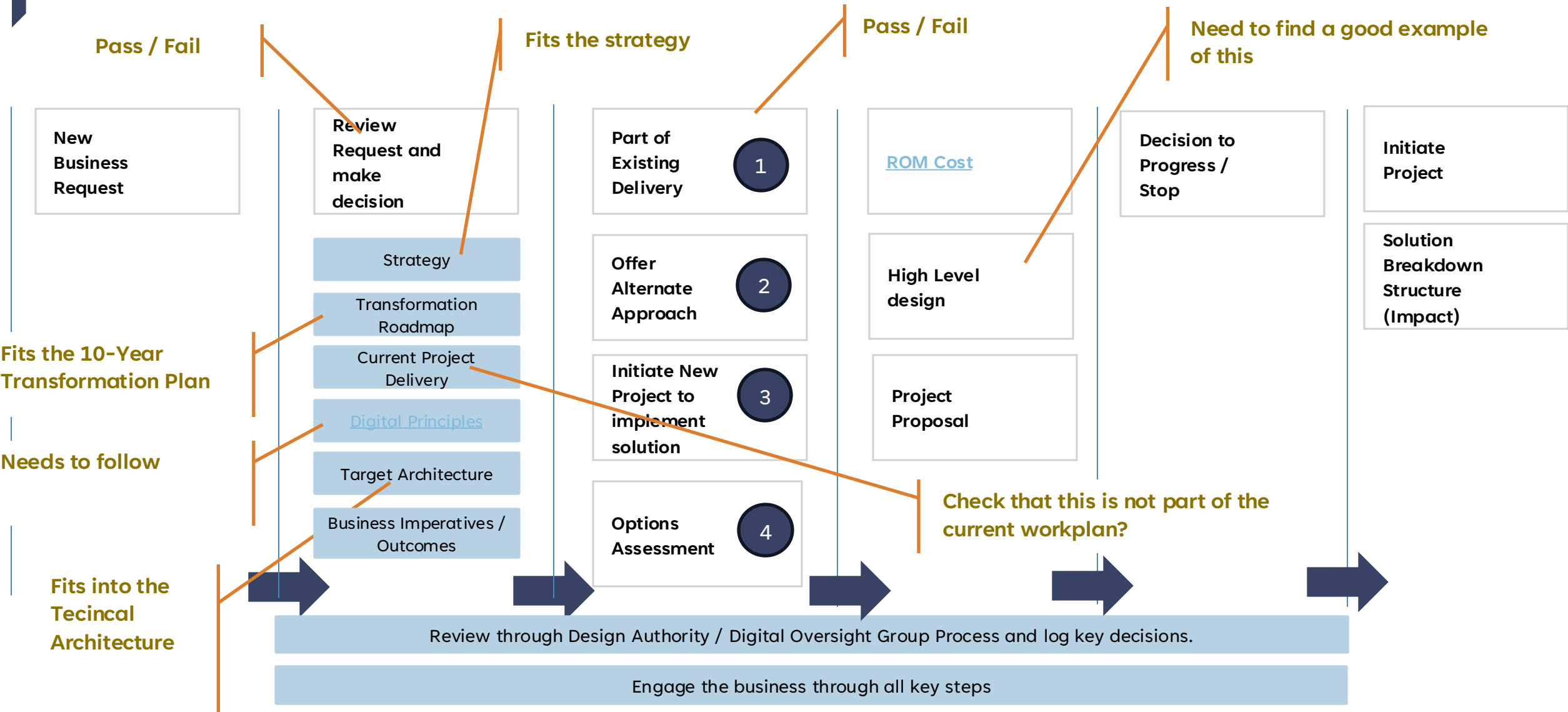
Adopting Programme Architecture process:

Architecture Introduction: What kind of activities do we undertake to develop an architecture approach



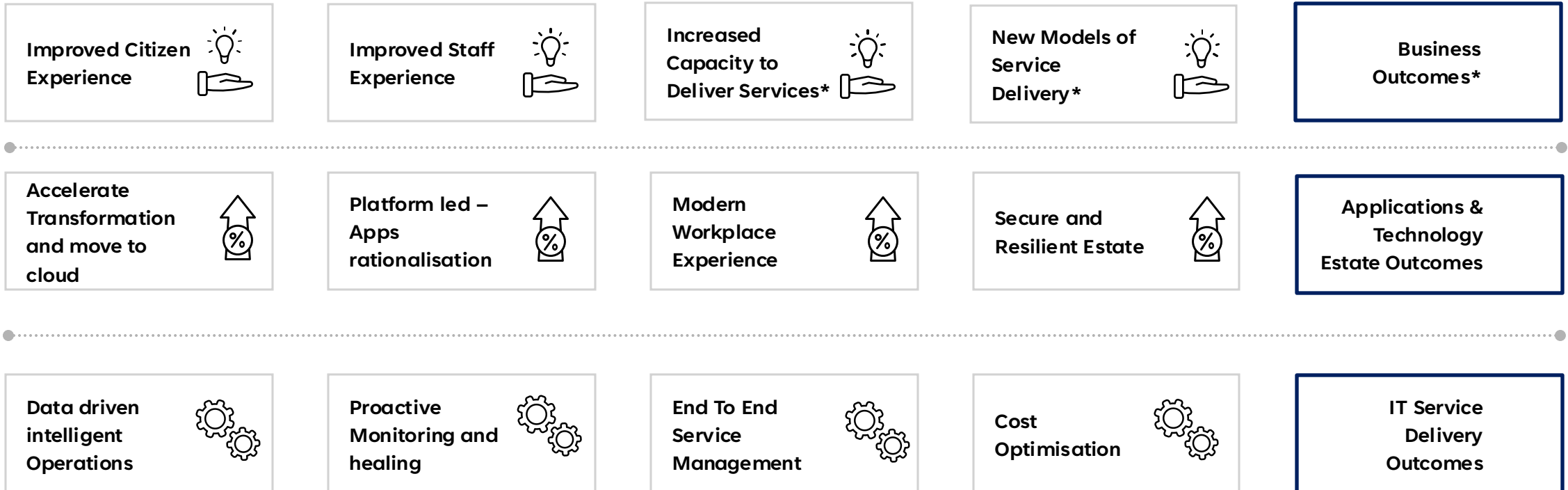
- **Understanding business needs, priorities and context**
- Understanding current technology and systems context
- Developing enterprise capability and other models to provide context to pin strategic digital direction to.
- Developing enterprise and programme architectures (target state) as anchor points to deliver technology and systems against
- Developing and iterating roadmaps towards the target state aligned to priority and value.
- Making Big and Small technology decisions in the wider context of our priorities, our current state and our roadmaps
- Validating and prioritising architecture capabilities and enablers
- Supporting delivery and implementation of business and technology solutions
- Understanding the impact of technology decisions
- Managing risks, issues and technology debt

Managing demand outside of planned transformation



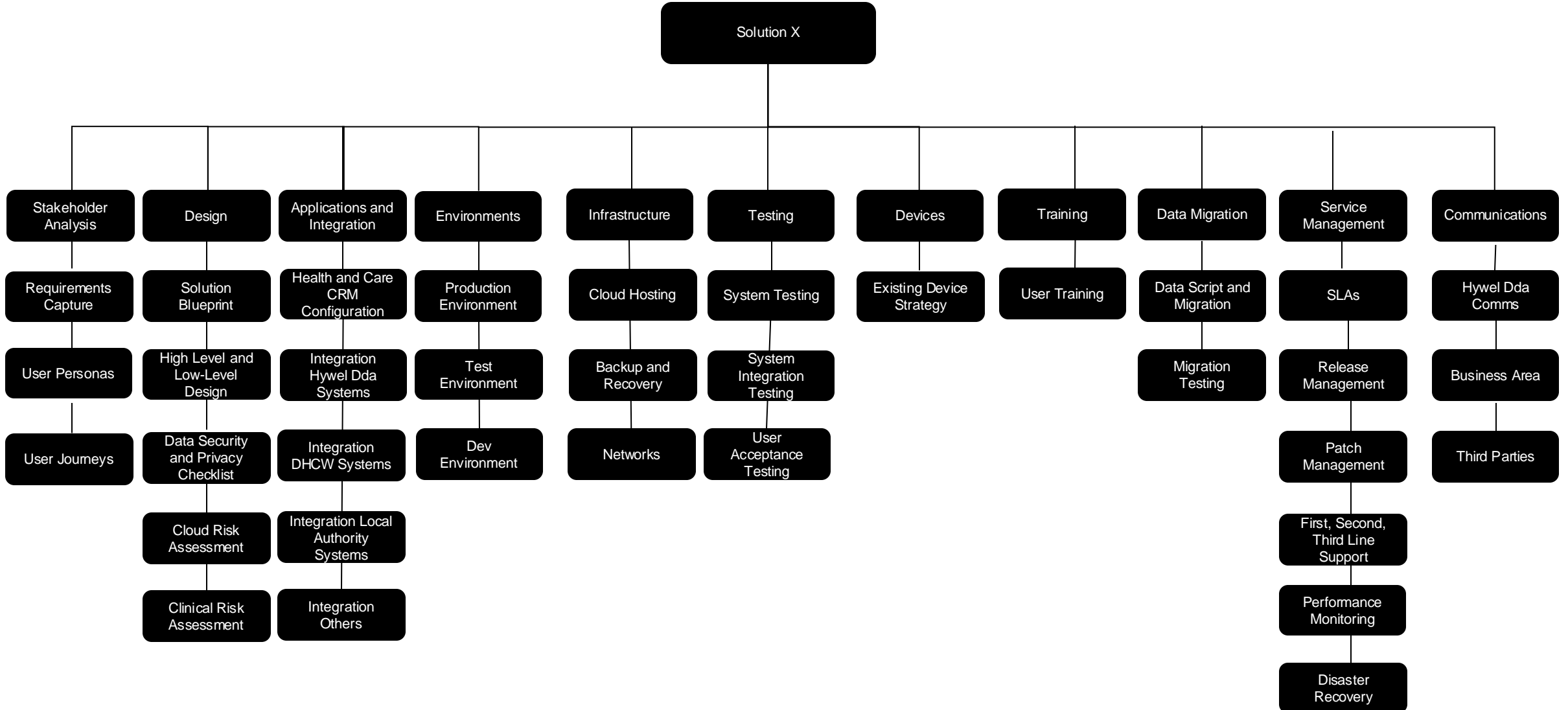
Summary: Driving Key Outcomes through our approach

High Level Outcomes



Managing our estate through consolidated processes can support Hywel Dda in moving towards our core business, digital and IT delivery outcomes .

Solution Breakdown Structure



Key roadmap digital delivery principles

This is a complex programme of work delivering iteratively over a number years. It will have significant impact on our business operating model and will be high complexity from a technology delivery perspective. It is important that we align our solution and technology decision making to a set of core digital delivery principles :

- Data for Insights
- Integrated and Interoperable
- Value-Focused
- Person-Focused
- Embedded Business Change
- Platform based
- Employee Experience and Usability
- Innovation and learning culture
- Enterprise Wide, Cloud First Solutions
- Leverage Existing Digital Investment
- Re-use before buy or build
- Safe and Secure



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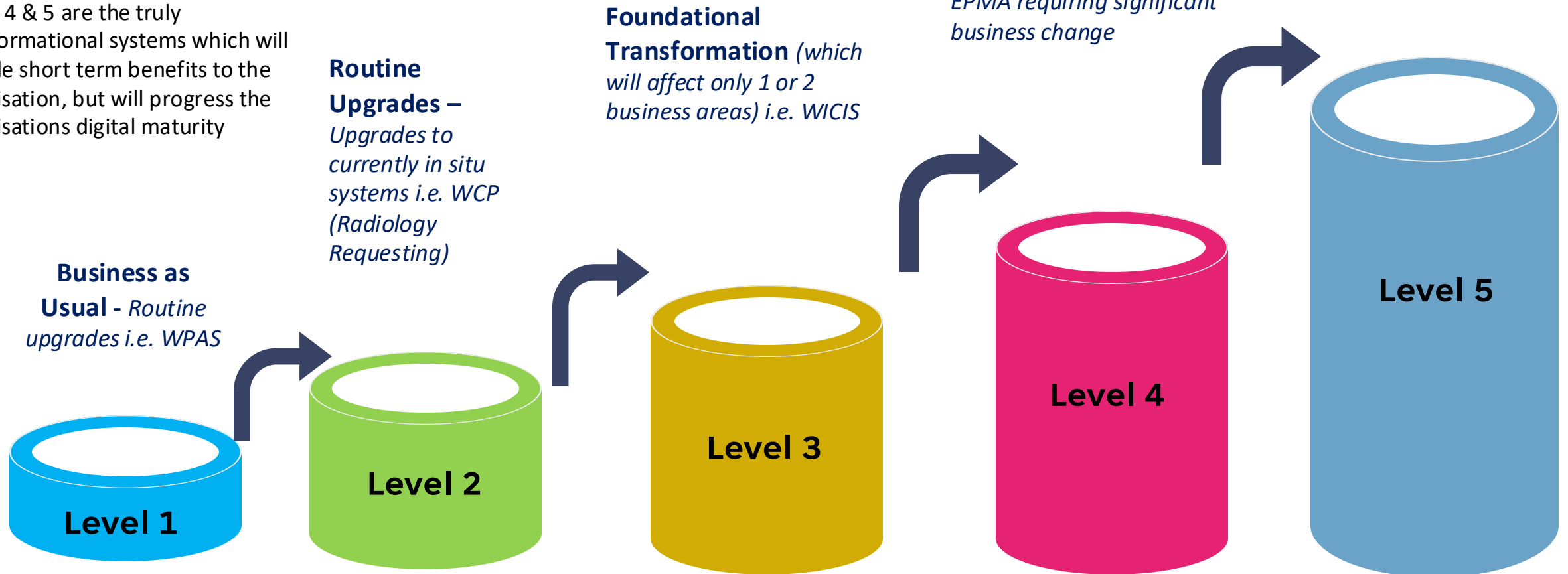
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Transformation Approach:

Levels of Transformation the approach

We looking to implement a new targeted operating model within digital which will see the Health Board along with Digital Health and Care Wales concentrate on transformation levels 1 through 3 and our strategic partner along with support from the Health Board concentrate of Levels 4 & 5 which will require more specialist resources which can be bought in at scale to provide the pace of delivery.

Levels 4 & 5 are the truly transformational systems which will provide short term benefits to the organisation, but will progress the organisations digital maturity



Prioritisation of Digital Programmes

The Health Board will look to adopt a 4-quadrant approach to its digital transformation. The intersection between the two axes creates the four quadrants of the digital transformation roadmap: quick wins, Foundational transformation, Routine upgrades, and strategic transformations.

When developing a digital transformation roadmap, the Health Board will begin with the transformation's quadrant and work backwards, identifying the smaller projects they need to undertake to achieve their end vision. Each of these projects need to deliver value along the way, both so that an organisation progresses along its digital transformation roadmap and to make it easier to implement.

Strategic / Regional Transformations (Level 4&5)

The transformations quadrant, at the top right, is where the Health Board will plot its large-scale programmes, Achieving this end vision may seem daunting, so the next step is to focus on quick wins.

Business as Usual (Quick wins) (Level 1)

Quick wins are projects that are easy to implement, useful to everyone, and can be started right away. A quick win should be a valid project in its own right that will create value in a very short timeframe with relatively little effort.

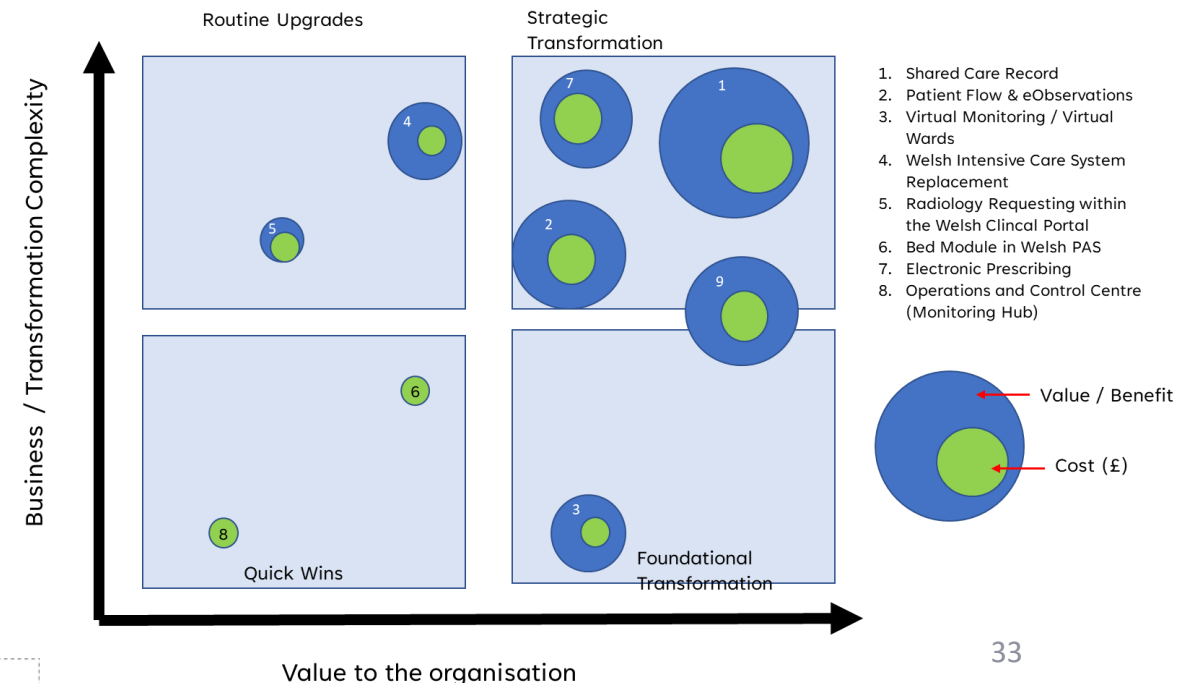
Routine Upgrades (Level 2)

These projects help the organisation explore newer, faster, and radically innovative methods to reach its end vision. They not only add value but also demonstrate the organisation's commitment to breaking away from the old ways of doing things and implementing change.

Foundational Transformation (Level 3)

Projects in this quadrant are often extensions of quick wins. These projects may be longer in duration and still operate within 1 or 2 elements of the Health Board. While they may not leverage any new technology, they allow the organisation to optimize their quick wins from the comfort zone of their existing environment. They are continuous in nature and create progress at scale for existing activities. After filling out all of the quadrants, the organisation can connect the dots, linking its developments with its quick wins and disruptions, to add value to the business and ultimately achieve its end vision.

Below is for illustrative purposes only





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What Does it mean to me or us:

Personas and Digital Journey Maps

Personas

Future state patient and staff personas exemplify the user's future needs, experiences, behaviours and goals, which is valuable to **drive design decisions**. A persona is a sketched representation of a person from within a subset of the identified stakeholders. It is not meant to be an exact representation but an idea of what motivates a person, what their frustrations and pain points are and how to address them. This allows a design and build of roles to enable a new approach to layered care using a user-centred process. Personas are valuable on their own, as they can be used to plan for future roles, including the future technology and data to consider. For the digital strategy a number of personas will be created, covering patients and staff.

- Patients – Inpatient, Outpatient, Career
- NHS Staff – Operations, Estates, Staff Porter, Doctor, Nurse, AHP

Journey Maps

Whilst personas are valuable on their own, it is useful to take them one step further and create a persona journey map. A persona journey map is where a persona's end to end experience with the Health Board is stepped out and the different technology and data involved in the journey is identified. This is a valuable step in creating a **positive patient and staff experience**, as it allows the identification of steps and interactions that the patients will have with the future hospital. For this project, four persona journey maps have been created, including two patient and two staff

Family Jones (Teulu Jones) personas

- Teulu Jones, the Jones Family, is our mid and west Wales family created during an early stage of our work on the strategy to test and challenge our ideas and models of health and care.
- It is not a real family, but we had real people living in our communities in mind when they were created.
- They have been designed using information about health and well-being across the Hywel Dda area and they are typical of many people in our population.
- There are seven family members, spanning each of the key life phases.
- We developed Teulu Jones to test what the different changes to our health and care system could mean for families living in our area.



Professional persona catalogue

Secondary Care	
Role	Priority
Consultant	
Junior Doctor	
Clinical Nurse Specialist	
Nurse	
Healthcare Support Worker	
Dietician	
Physio	
Therapist	
Site Navigator (Nurse)	
Site Manager (Nurse)	
Labs & Imaging	Yes
Support Services	
Pharmacist	Yes
Mental Health Practitioner	
Ward Clerk	Yes
Service Delivery Manager	

Community Care	
Role	Priority
GP	Yes
Practice Nurse	
Community Podiatrist	
District Nurse	Yes
Diabetic Nurse	
Pharmacist	
Occupational Therapist	Yes
Health Visitor	
Midwife	
School Nurse	
Mental Health Practitioner	
Pathway Coordinator	

Care (Other)	
Role	Priority
WAST	
First Responder	
Social Carer	
Domiciliary Carer	
Residential Home Carer	
Carer at Home	
Out of hours GP	

Mari Jones, age 78



Age: 78

Role: Citizen

Mari lives at home with Alun, her husband of 50 years.

She is a retired teacher and is former President of the local Women’s Institute which she still attends. She loves cooking, especially baking cakes.

In recent months, Mari has developed mild dementia and has become increasingly frail.

She is becoming more confused and has often been found wandering.

“I enjoy being active, meeting people and seeing the family when I can but sometimes I get confused and end up somewhere else.”

Regular activities

- Cooking and baking
- Seeing family, especially Sioned who acts as her carer
- Attending Women’s Institute
- Food and clothes shopping

Good looks like

- Living independently with Alun
- Being active, meeting people and seeing family, especially her great-grandchildren
- Being able to see her care team and consultant quickly and easily



Pain points & frustrations

- Getting confused from mild dementia
- Finding herself wandering outside the house
- Having to remember to tell Sioned when something goes wrong
- Worrying about Alun’s heart
- Worrying about falling over

Digital solutions

- Easy to use medication reminders and requests for confirmation, via smart speaker or tablet
- Home sensors, and notifications to family, if Mari goes wandering
- Smart lighting if Mari gets up in the middle of the night
- Sensors to detect increasing frailty
- Signposting to social and cognitive activities to keep Mari’s brain active
- Sharing Mari’s care record and upcoming appointments with family
- Easy access to care information, and appointment reminders

General health and wellbeing



Attitude to health and wellbeing



Digital preference



Access to digital devices



Accessibility



Covid recovery



Dr Seren Morgan, age 43



Age: 43

Role: Emergency Dept Consultant

For Seren, the lack of resources and constant flow of patients means that a difficult job becomes a constant battle.

And there is no respite. Seren sees many patients who could have avoided the ED with the right care. People could have gone to the specialist fall centre, or they ignore symptoms or miss screening appointments. Seren has symptoms of extreme stress and PTSD but is too busy to speak to anyone: other people need her more.

"I chose this career because I wanted to make the most difference to the most people. And in the emergency department we see 100's of patients a day!"

Regular activities

- Leading in ensuring the right team, equipment and medication is provided to each patient.
- Assessing patients.
- Treating patients: from minor injury to emergency surgery.
- Updating families and carers on findings and outlook for patients.
- Training and supporting junior doctors.

Good looks like

- High quality care and experience for patients and circle of care
- Support for staff wellbeing, work-life balance, research, recruitment and retention.
- Less burden on frontline staff where tech is easy-to-use and lessens paperwork and admin.
- Reliable real-time decision making with real data.
- More meaningful work, more time with patients.
- Good food and a good night out!

Pain points & frustrations

- Not having the right information and tools to deliver the best service
- Not knowing what happened in community and GPs, and vice versa
- Not enough time with patients or to support junior doctors.
- Patients who should have been treated elsewhere or earlier.
- Workforce and staff sickness.
- Not knowing what happens to patients after they leave the ED.

Digital solutions

- Real time medical dashboard.
- Integrated citizen health and care record
- Information hub to improve decision making across the ecosystem.
- User-centred and integrated systems.
- Better signposting of care services.
- Electronic observations
- Easy system login, single sign-on
- Quick and responsive systems
- Patient flow including internal referrals in hospitals
- Remote monitoring and virtual wards
- Actionable insights

General health and wellbeing



Attitude to health and wellbeing



Digital preference



Access to digital devices



Accessibility



Covid recovery



Pathway Journey Guide

A Pathway Journey shows how a particular pathway currently operates from a patient's perspective

Pathway name

Frailty Journey: Mari

Persona name



Persona picture

Persona background

Mari Jones is 78 and lives at home with husband Alun. She is a retired teacher and attends the local Women's Institute. Mari has recently developed mild dementia and become increasingly frail. She has often been confused and found wandering.

Key Pathway phases

Green row: descriptions of things that are going well

Amber row: descriptions of things that are not going well

Red row: descriptions of things that are going badly

NEEDS & EXPECTATIONS

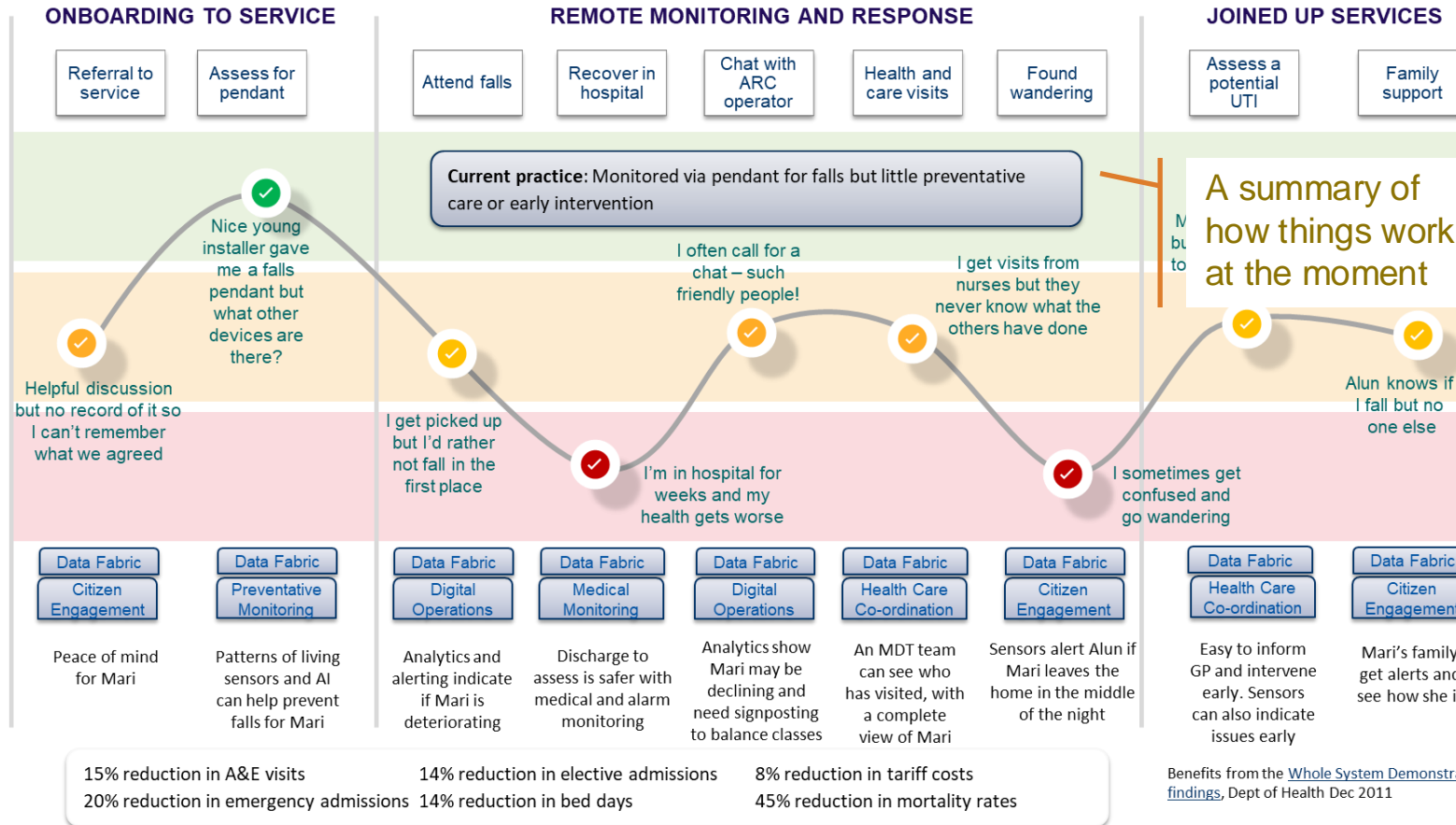
PHASES
POSSIBLE ACTIVITIES



PILLARS AND SOLUTIONS

BETTER OUTCOMES

BENEFITS



Key patient activities (not necessarily in order)

The wavy line shows the emotions felt by the patient

IT solutions that can make things better

How things would be better with new IT

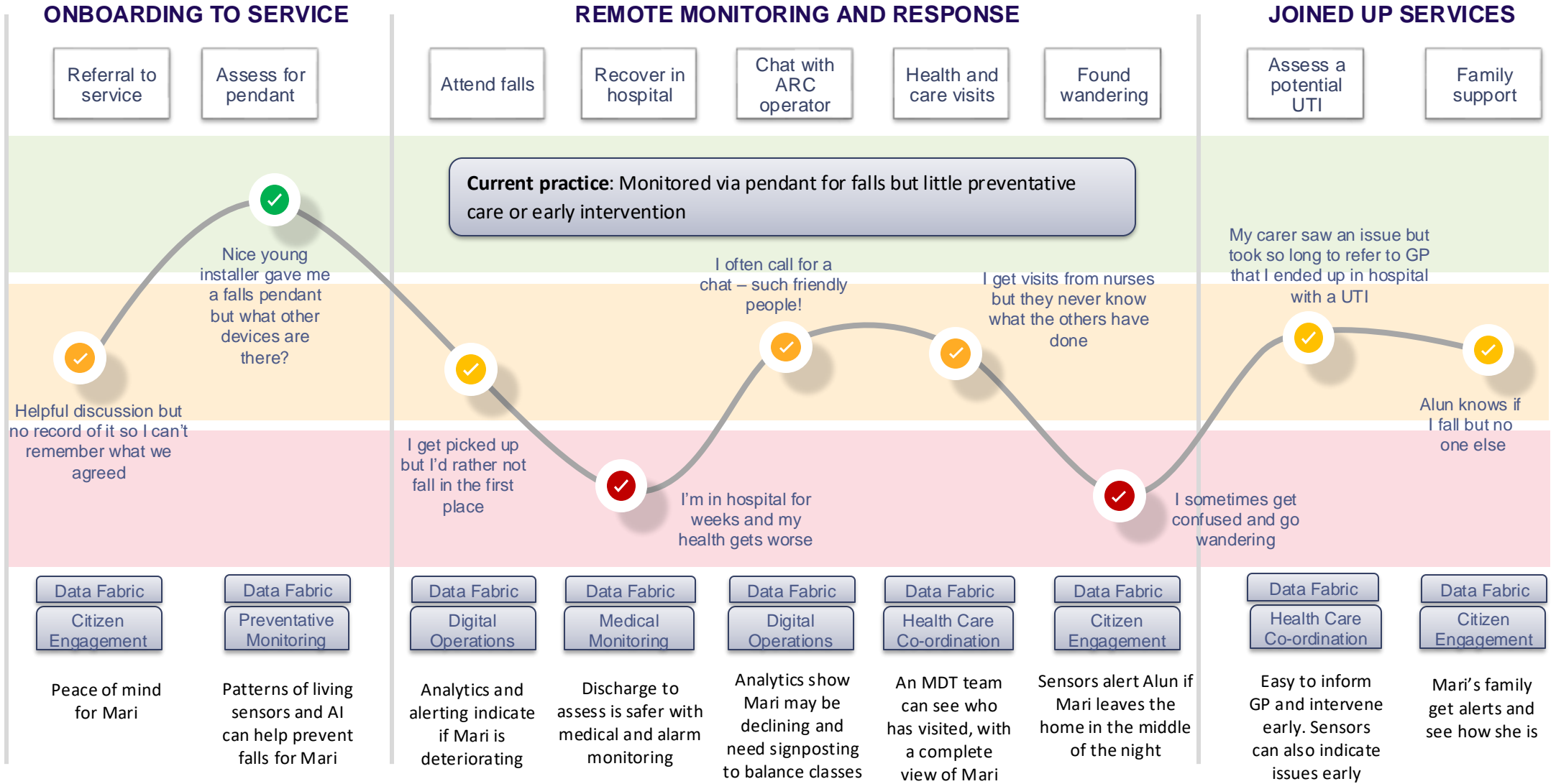
Benefits or references

Frailty Journey: Mari



Mari Jones is 78 and lives at home with husband Alun. She is a retired teacher and attends the local Women's Institute. Mari has recently developed mild dementia and become increasingly frail. She has often been confused and found wandering.

- PHASES
- POSSIBLE ACTIVITIES
- NEEDS & EXPECTATIONS
- PILLARS AND SOLUTIONS
- BETTER OUTCOMES
- BENEFITS AND REFERENCES



Current practice: Monitored via pendant for falls but little preventative care or early intervention

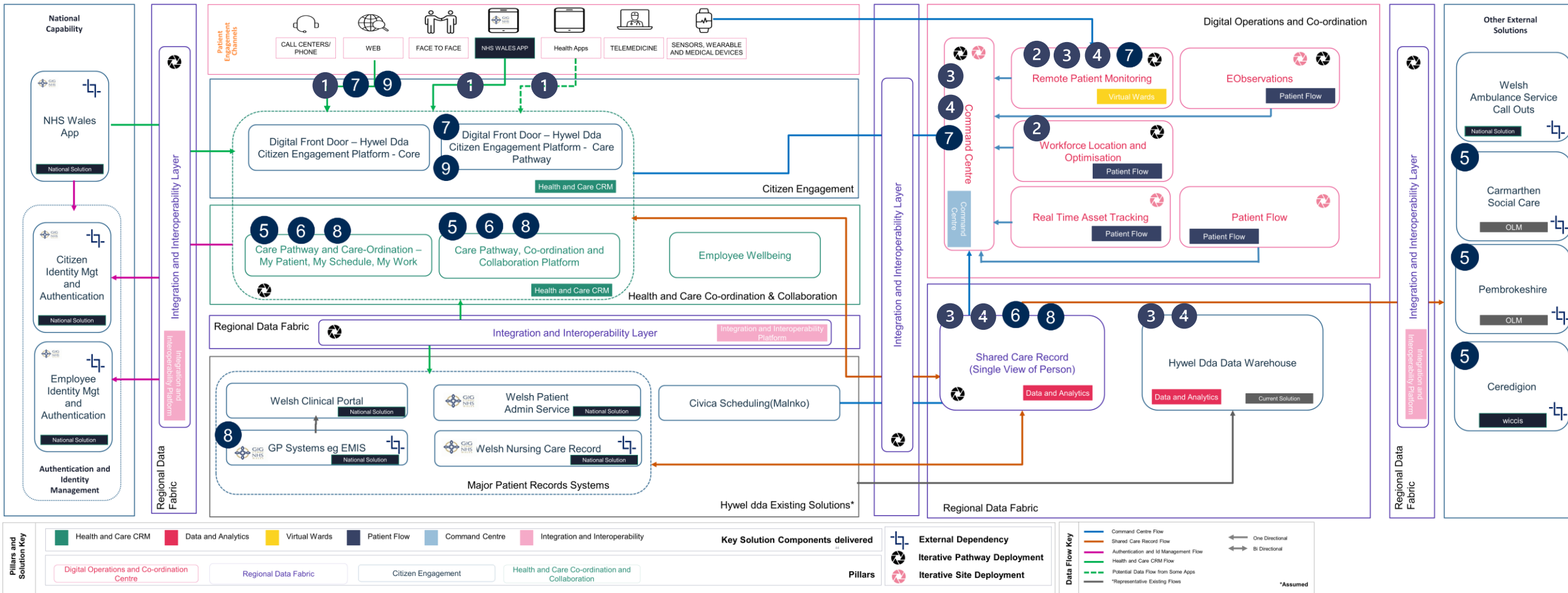
15% reduction in A&E visits
 20% reduction in emergency admissions
 14% reduction in elective admissions
 14% reduction in bed days
 8% reduction in tariff costs
 45% reduction in mortality rates

Benefits from the [Whole System Demonstrator findings](#), Dept of Health Dec 2011

Frailty Journey Architecture Mapping



Mari Jones is 78 and lives at home with husband Alun. She is a retired teacher and attends the local Women's Institute. Mari has recently developed mild dementia and become increasingly frail. She has often been confused and found wandering.



- 1 Pathway Journey activities
- 1 Referral to service
- 2 Assess and wear devices
- 3 Prevent or attend falls
- 4 Recover in hospital and home
- 5 Chat with ARC operator
- 6 Health and care visits
- 7 Found wandering
- 8 Assess a potential UTI
- 9 Family support



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Leveraging Data, and Applications for Delivery:

Data Strategy – Key Emerging Themes



Pathway view of data

Explore how we use our data to show an end-to-end pathway view of our services. This could incorporate outcomes, productivity, variance, quality and safety.



Data to support strategy / planning

Need to ensure that our data helps provide evidence to determine whether we are delivering the plan, strategic objectives and evidence change.

We need a better way of visualising demand and capacity, and this will help inform future service provision. Helpful to have functionality to model out scenarios to help inform planning.



Triangulation

Use data to help identify areas for potential harm.



Population health

Need easy access to overall population health data and needs assessment to help inform policy.



Planned Care

Need to consider how we use data to visualise productivity issues and variance.



Public

Need to consider how we share information with the public / patients such as their position on waiting lists



Clinical view

Better clinical data can help inform / transform pathways and improve patient care: *'When we create the tools to digital deliver care, this data can be used in real time to create the clinical and business intelligence for clinicians to do things differently and better!'*



Access to Data

Need simple and easy ways to access the data and dashboards. Need to simplify the data & dashboards we currently have and ensure that it helps to support day to day operations. Need to promote what is there and bring it to life through videos and raising awareness at key forums.



Data Quality

Need to promote the importance of accurate data collection, and show the impact that data has. Establish a kite mark – so that people using the data know if it has come from our data warehouse and it can be verified



Capacity and capability

Analysts: Need to be clear on the skills we have across the system and how people can access support. Need to consider how we build and grow the skills of the analysts across the whole system.



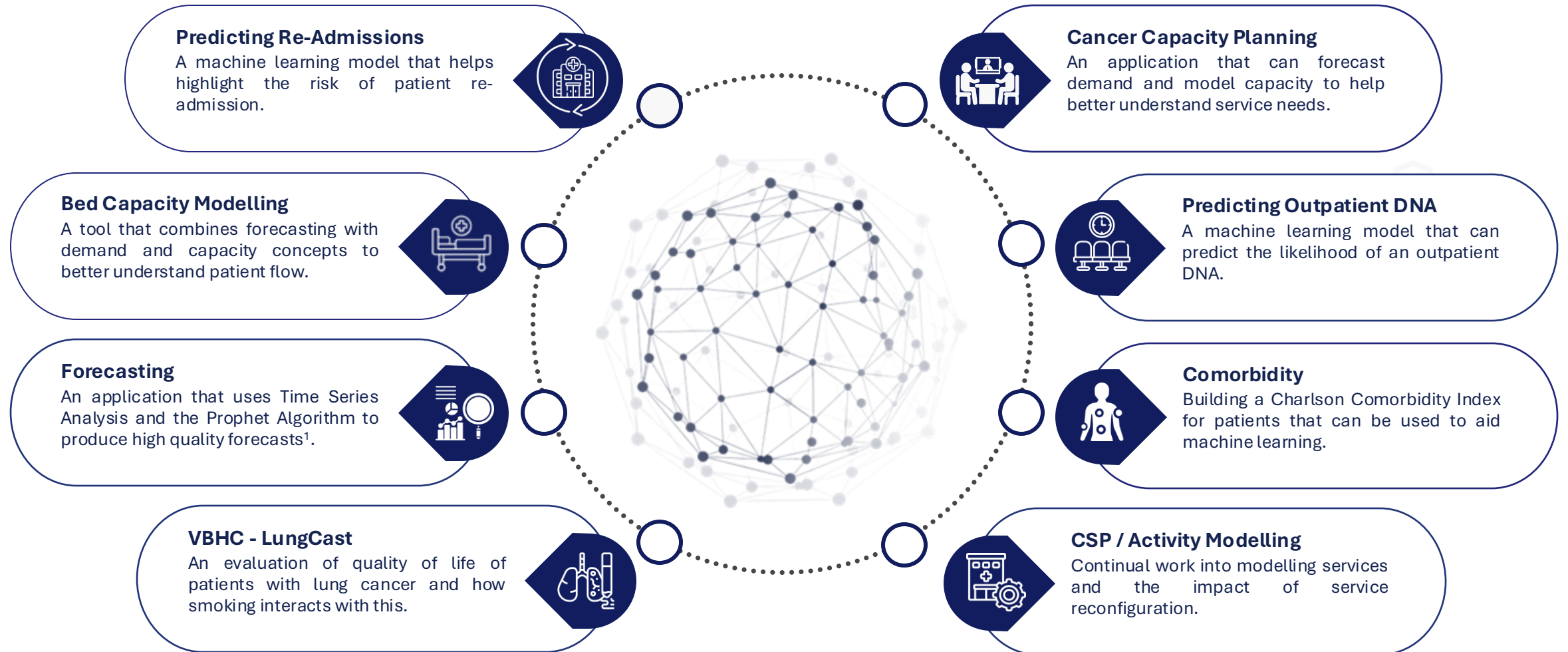
Generic skills: Need to improve data literacy and confidence across the workforce.

AI

Need to explore the art of the possible, what can it do to help professions. Need way of keeping informed about emergent thinking.

Emerging issues:

- Culture: data and analytic capabilities are siloed in some areas which impacts on skill development and peer support.
- Primary and community data is currently a gap.
- Data should be seen as a health board asset.
- Need more trust and use of data, ownership and accountability.
- Need to consider how to achieve 'approved data sources'





Joint Post

Hywel Dda and Aberystwyth University support a joint post in Health Data Science. This unique and innovative approach embeds cutting edge academic skills within the Health Board.

Dr Praboda Rajapaksha² has significant expertise in AI and Data Science and is currently developing a patient / digital twin framework for Hywel Dda. A first for NHS Wales.

PhD Student

Hywel Dda is sponsoring a PhD student in Swansea University via a partnership to enhance human interaction via data driven systems³.

Megan Morgan is building upon the forecasting work already in Hywel Dda. She is researching whether it is possible to predict the likely categories/presentations arriving at ED

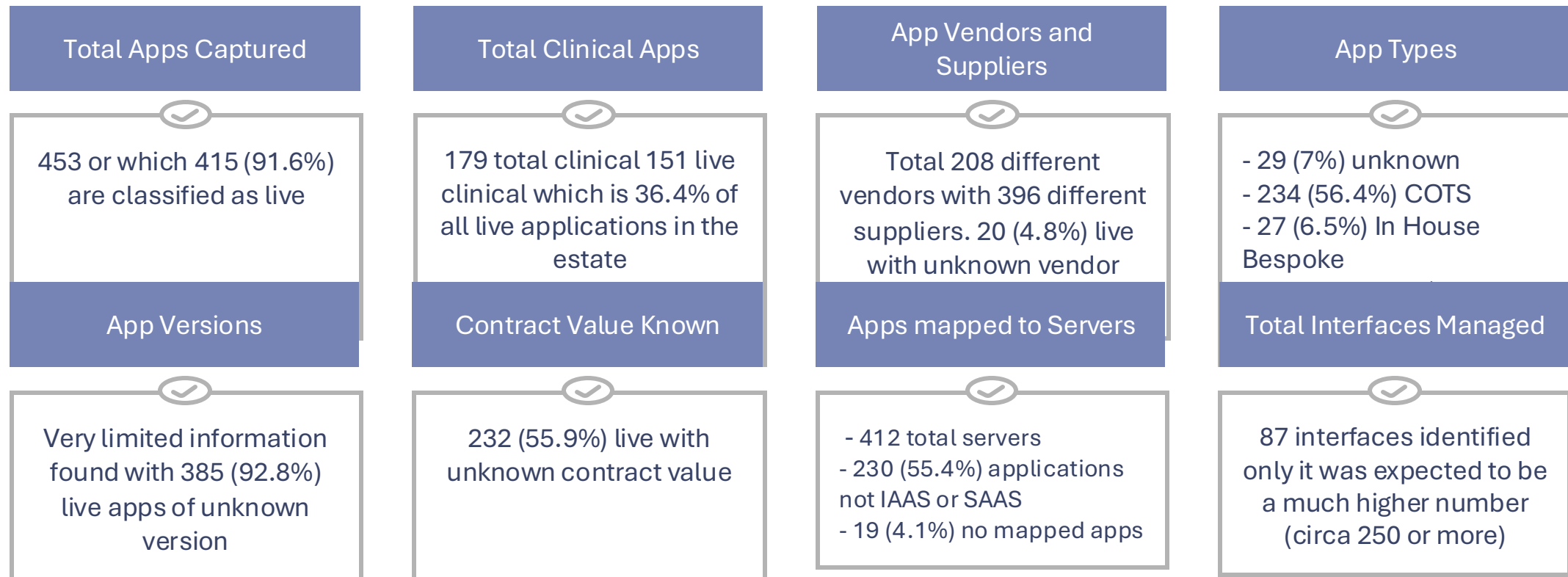
Collaboration

Working with all the local universities has fostered many connections enabling the potential for mutual benefit.

Digital Service and the Data Science Team are recognised as being progressive and innovative in the field of data science. Through these connections Hywel Dda is participating in an AI Impact collaboration with multiple universities and Health Boards⁴.

Application Rationalisation – Shadow IT

We have undertaken an applications portfolio data gathering and analysis of our current digital estate. We have gathered information on circa 400 applications across Hywel Dda University Health Board – there are significant organisational gaps in data collection in some areas that have prevented a full-scale analysis.



Applications analysis: overview

RISK

- Data gaps indicate currency of the applications estate is not actively managed
- Interdependencies are not clear so risks around ability to fully assess change
- May be residual areas of clinical risk although clinical apps are better understood

TECHNOLOGY

- Apps upgrade runway not clear
- No alignment to app or server EoL and support
- Apps not used to full potential
- Poor resilience with unknown overall portfolio



COST

- Full cost of digital estate may not be known from a legacy perspective
- Significant risk of project and change deployment issues – driving increased cost to change – because estate is not fully documented
- Licensing compliance may be a cost risk

STRATEGY

- Challenging to effectively plan and achieve change
- Difficult to understand impact of strategic decision making
- Opportunities through business engagement and change to manage down the estate
- Opportunities to manage estate through regular horizon scanning and planning once data set complete

2.1

0 Mins

2.1 - Digital Strategic Plan (PO9)

*Anthony Tracey
(Hywel Dda UHB -
Digital Director)*

| For discussion

Attachments

[2.1 Strategic Plan April 2025.pdf](#)



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:	Digital Strategic Plan (PO9)
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)

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The purpose of this paper is to provide the Committee with an overview of the future foundational digital systems required to ensure the Health Board can deliver the operational plans and the Health & Care Strategy, 'A Healthier Mid and West Wales: Our future generations living well'. This paper will also explain how these systems will fit into a strategic digital plan for the Health Board.

Cefndir / Background

The Digital Response published in 2020, presented the future strategic vision for investment in digital services for the next five years, in order to meet the priorities outlined within our Health & Care Strategy, 'A Healthier Mid and West Wales: Our future generations living well' approved by the Health Board in November 2018, and the 20 year vision for population health outcomes set out in our Health and Wellbeing Framework, 'Future Generations: Living Well'.

Having a strategic response to the Health Board's requirements provided clarity and forward momentum for digital transformation to help meet the strategic vision of working together to drive excellence in care for patients and communities. Key focus areas included:

- Integration with the partners to take forward the digital programmes and related population health initiatives.
- Unlocking the power of information to improve decision making at the point of care.
- Exploiting digital technologies to deliver patient centred solutions in neighbourhoods and communities.
- Keeping patient and service user's information safe, secure and up to date, and only used with appropriate governance and controls.
- Improving organisational digital maturity and user digital literacy to maximise the benefits of digital technologies.
- Delivering digital services which will be paper-free at the point-of-care.

Over the last 4 years we have made significant strides towards this vision, and we are now identifying future foundational systems that will enable to continue this journey over the next 5 years and beyond.

Asesiad / Assessment

Redrafting of the Digital Response

The Digital Response, initially published in 2020, landed during the COVID-19 pandemic, which necessitated immediate adjustments to the strategic direction of the Health Board's digital plans. Some long-term strategic initiatives were temporarily shelved to prioritise the rapid rollout of Microsoft 365 tools, ensuring that the Health Board could respond effectively to the urgent needs of the pandemic. However, this period also provided valuable lessons and insights that have informed the redrafting of the Digital Response. The revised plan will incorporate these learnings and addresses newly identified key requirements that will enable digital service improvement and transformation across various directorates and communities. The Digital Strategic Plan will be developed over the next five months, ensuring comprehensive stakeholder engagement with both staff and the public to incorporate all perspectives into the next version of the plan.

Approach

The approach to redrafting the Digital Response will involve a comprehensive assessment of the Health Board's digital needs and opportunities. This includes identifying areas where digital technologies can drive service improvement and transformation, such as enhancing decision-making at the point of care, delivering patient-centered solutions, and improving organisational digital maturity. The revised plan will emphasise the integration of digital programs with partners, ensuring that patient and service user information is kept safe, secure, and up to date with appropriate governance and controls. Additionally, the approach will focus on maximising the benefits of digital technologies by improving user digital literacy and delivering paper-free digital services at the point of care. By adopting this strategic approach, the Health Board aims to continue its journey towards digital excellence over the next five years and beyond.

Key Themes

The revised digital plan will focus on several key themes aimed at enhancing patient care and operational efficiency through the integration of advanced digital technologies. Central to this plan is the implementation of electronic health records (EHR), which will consolidate patient data from various sources into a single, unified system, thereby improving the accuracy of patient records and the coordination of care across different healthcare settings. Additionally, the plan emphasises the deployment of key foundational systems such as Patient Flow, Electronic Observations (e-Obs, and Electronic Prescribing and Medicines Administration (ePMA), which will enable the integration of a Patient Relationship Management (PRM) system to manage all patient interactions through a single-entry point. The establishment of a Patient Services Centre (PSC) aims to streamline and enhance patient care by providing a centralised point of contact for all healthcare needs, improving patient experience, care coordination, and operational efficiency.

Overall, the revised digital plan is a comprehensive and ambitious initiative that leverages digital technologies to create a value-based health system, ultimately leading to better patient outcomes and a more resilient healthcare system. The key developments will be centered around several strategic areas to ensure the successful implementation of the digital plan. These areas include enhancing patient care through digital solutions, empowering patients with digital tools, integrating national systems, and providing leadership and planning for digital initiatives. By focusing on these core areas, the Health Board aims to create a cohesive and comprehensive digital strategy that aligns with its overall objectives and operational plans.

Enhancing Patient Care through Digital Solutions

The implementation of EHR is a fundamental aspect of Hywel Dda University Health Board (HDdUHB) digital transformation strategy. By consolidating patient data from various sources into a single, unified system, we will be able access comprehensive and up-to-date information at the point of care. This integration not only enhances the accuracy of patient records but also improves the co-ordination of care across different healthcare settings. For example, a patient's medical history, laboratory results, and treatment plans can be readily available to all relevant healthcare professionals, reducing the risk of errors and ensuring continuity of care. Additionally, the EHR system will support advanced functionalities such as clinical decision support, which can assist clinicians in making evidence-based decisions, ultimately leading to better patient outcomes.

HDdUHB's approach involves implementing key foundational systems, such as Patient Flow, e-Obs, and ePMA that will enable the integration of a PRM system to manage all patient interactions through a single-entry point, managed by a Patient Services Centre. By implementing the outlined systems and PRM, we will effectively design an operational EHR. Therefore, we are adopting the use of medium-sized vendors whose systems, when combined with a robust integration layer, will create a digital health platform akin to a comprehensive EHR system.

To ensure a structured delivery framework, we will establish the HDdUHB Integrated Digital Care Programme, which includes foundational systems such as Electronic Patient Flow (e-Flow), Electronic Observation (e-Obs), and ePMA solutions. In collaboration with our new strategic partner, CGI, we are accelerating the deployment plan design and developing the technical integration layer required to implement these foundational systems.

Empowering Patients with Digital Tools

HDdUHB is committed to empowering patients by providing them with digital tools that facilitate active participation in their healthcare journey. The development of a mobile health app and utilising the NHS Wales App as a patient portal are key initiatives in this regard. These tools will enable patients to access their health records, schedule appointments, and communicate with healthcare providers from the convenience of their homes. Moreover, the integration of telehealth services will allow patients to receive remote consultations, reducing the need for travel and making healthcare more accessible, especially for those in remote areas. By promoting patient engagement and self-management, these digital tools can lead to improved adherence to treatment plans, better health outcomes, and increased patient satisfaction.

National Systems Adoption

HDdUHB is working with Digital Health and Care Wales (DHCW) to ensure plans are in place to flow data into the National Data Resource (NDR) and make fuller use of Application Programming Interfaces (APIs) available. Work is already underway to utilise the advance analytics capability of the NDR. As part of our approach the digital team are developing a local enterprise architecture will is in line with the national standards and alignment with the ongoing development of National Architecture. A clear plan is developed for technology-enabled virtual wards, Hospital@Home or care, supporting 100 individuals or proportionally equivalent by the end of 2025/26 remotely. There is an increase in the use and uptake of appropriate electronic testing referrals in the Welsh Clinical Portal for radiology and pathology.

Leadership and Planning for Digital

HDdUHB has an organisational-wide digital and data strategy underpinned by a sustainable financial plan. This strategy aligns with future national architecture, digital goals within national policies such as the Digital and Data Strategy and A Healthier Wales actions. We plan to phase

out unsupported systems in a timely manner, considering safety and risks associated with legacy systems. Regular Board development sessions will be conducted to enhance digital and data competence, and accountable digital leadership is embedded across the organisation to improve the quality and safety of care. This includes promoting a culture of digital-first thinking, involving clinicians in design and decision-making, and adopting user-centered design principles. We are also considering opportunities for convergence with neighbouring health boards to support the sharing of information and standardisation of care pathways. The pace of adoption is one the key barriers for the delivery of value from digital systems, so we have committed to undertake a digital skills program for all staff to support technology adoption and patient engagement.

Conclusion

In conclusion, the digital transformation plan for HDdUHB is a comprehensive and ambitious initiative that aims to leverage digital technologies to enhance patient care, improve operational efficiency, and support the overall strategic objectives of the Health Board. By implementing EHR, empowering patients with digital tools, leveraging data analytics and artificial intelligence, and ensuring robust cybersecurity measures, HDdUHB is committed to delivering transformative change and creating a value-based health system.

Furthermore, the plan will highlight the significance of national systems, AI and automation, and the introduction of a digital transformation partner to bring additional capacity and expertise. HDdUHB is committed to adopting innovative approaches to improving patient care, reducing waiting lists, and enhancing administrative processes using AI and automation technology.

Argymhelliad / Recommendation

The Committee are requested to:

- **NOTE** the proposed approach to the Digital Strategic Plan
- **NOTE** the timescale to finalise the Digital Strategic Plan.

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 Strategy 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
Amcanion Cynllunio Planning Objectives	9 Digital plan 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

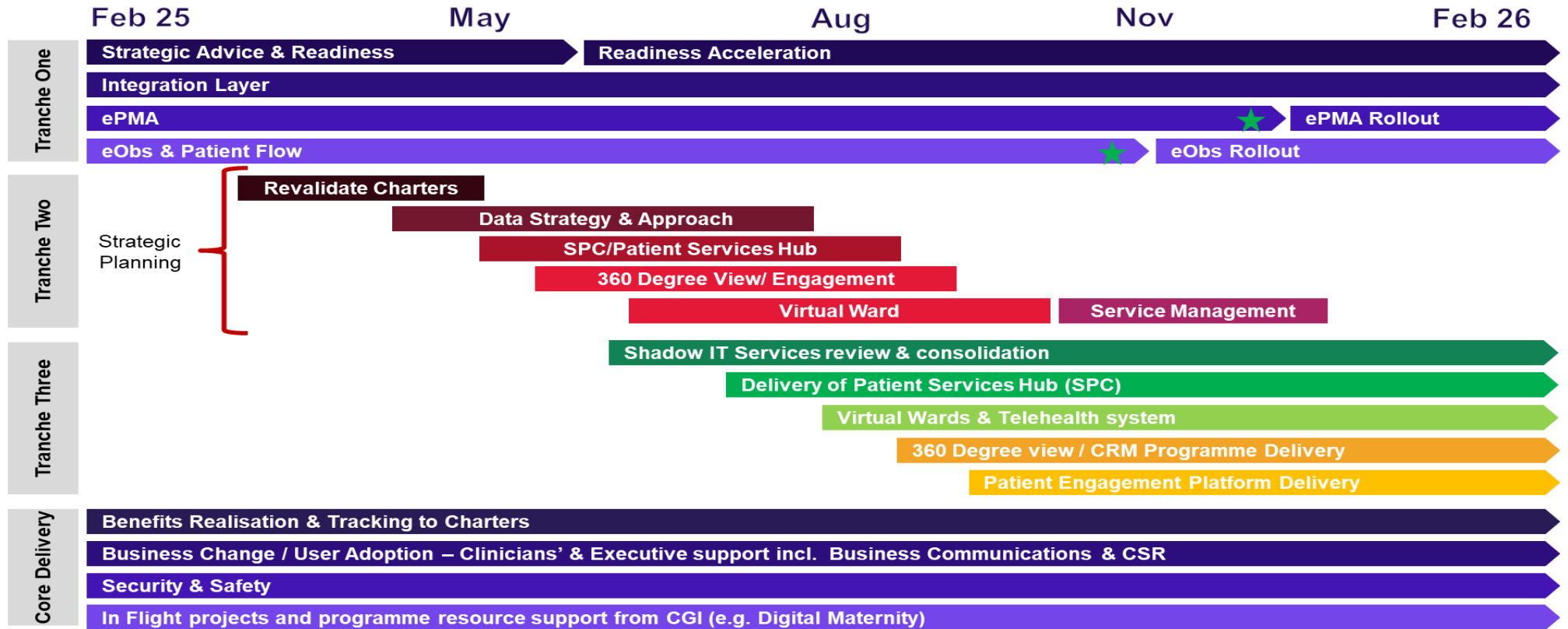
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not applicable
Rhestr Termau: Glossary of Terms:	Contained within the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Digidol, Data ac Arloesi Parties / Committees consulted prior to Digital, Data and Innovation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

High Level Programme 12-month view



2.2

0 Mins

2.2 - Digital Annual Plan (PO9)

*Anthony Tracey
(Hywel Dda UHB -
Digital Director)*

| For discussion

Attachments

[2.2- Digital Annual Plan April 2025.pdf](#)

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:	Digital Annual Plan (PO9)
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)

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The purpose of this paper is to provide the Committee with an update on the Digital Annual Plan which provides our transformation journey 2025/26. Building on local healthcare priorities and aligning with national digital standards, our overarching goal is to create a patient-centred, modernised system of care.

Cefndir / Background

Hywel Dda University Health Board (HDdUHB) is undertaking an ambitious 12-month digital transformation journey that underpins our Annual Plan for 2025/26. Building on local healthcare priorities and aligning with national digital standards, our overarching goal is to create a patient-centred, modernised system of care. This means delivering strong digital tools that improve everyday clinical workflows, bolster organisational resilience, and ultimately make a tangible difference to the quality of care received by our communities.

Our approach is divided into four defined phases running from early 2025 through to early 2026. Each phase has been designed to ensure momentum, build on prior achievements, and tackle the practical challenges that come with introducing new technologies at scale. A 10-year transformation partnership underpins our efforts, providing additional capacity, expertise and strategic insight, especially as we adopt complex tools such as patient flow and electronic prescribing (ePMA), electronic observations (eObs), and emerging innovations in artificial intelligence (AI) and predictive analytics.

Asesiad / Assessment

Crucially, this plan also places a strong emphasis on governance, workforce engagement, and clinical safety. We recognise that successful transformation involves more than rolling out new software; it requires a culture of constant improvement, clear accountabilities, and ongoing risk management. By February 2026, HDdUHB intends to have delivered a suite of fully integrated, secure, and user-friendly systems from virtual wards to a comprehensive patient engagement

platform, alongside the processes and skills needed to ensure that our digital investments continue to deliver long-term benefits. Appendix A provides the high-level annual plan

February to May 2025 – Laying the Foundations

During these early months, to concentrate on establishing the essential building blocks for digital transformation. This phase includes refining our strategic direction with our 10-year transformation partner CGI, ensuring robust governance, and defining clear roles and responsibilities. Alongside this, start developing a new integration layer so that multiple clinical systems—like ePMA and eObs can share data securely and consistently. Early engagement with clinical teams is fundamental; ensuring these are clinically driven, by including them in scoping these systems to ensure they are user-friendly, safe, and truly beneficial to patient care.

Concurrently, the Health Board begins assessing the requirements for ePMA so that a detailed rollout plan can be finalised well before the summer. Staff training schedules and supporting infrastructures are also planned, ensuring that once we move past May 2025, implementation can gain momentum without unnecessary delays.

May to August 2025 – Accelerating Progress

From late spring into the summer, shift the focus from planning to action. By May 2025, revalidate each project's "charter" (or formal scope) to confirm that our objectives remain aligned with both Board and clinical needs. Once these charters are updated, our teams can accelerate readiness activities, which includes signing off technical designs, finalising contracts, and initiating staff training sessions.

Within this timeframe, advance our Data Strategy and Approach, creating a framework to capture and analyse real-time data across the Health Board. This work underpins future innovations in areas such as artificial intelligence (AI) and predictive analytics. Further undertaking a review and consolidation of any "Shadow IT" services, streamlining our digital landscape for better security and cost-effectiveness. Meanwhile, initial design work on the Patient Services Centre (sometimes called the Single Point of Contact) takes shape, laying the groundwork for a single point of patient contact that will integrate appointments, test results, and communications under one roof.

August to November 2025 – Roll Out / Adoption of Core Systems

Late summer to early winter marks the period when several foundational solutions move from pilot or planning mode to wider deployment. One of the most significant steps is the start of the Patient Flow, eObservations, and ePMA rollout, bringing electronic prescribing and medicines administration into everyday use. This helps reduce medication errors and streamlines pharmacy operations. At the same time, we begin piloting virtual wards and telehealth systems, enabling some patients particularly those with chronic or long-term conditions to receive care in the comfort of their homes (which links to both the Six Goals Programme and wider strategic direction).

In addition, progress the Patient Services Centre, translating our earlier designs into a functional service management structure. By aligning staff training with system go-live dates, the Health Board ensures a smoother transition for both clinical teams and patients. Alongside these activities, service management protocols are formalised to guarantee that once systems are live, they operate reliably and benefit from ongoing support.

Continue to work with Digital Health and Care Wales to ensure plans are in place to flow data into the National Data Resource (NDR) and make fuller use of Application Programming Interfaces (APIs) available. Work is already underway to utilise the advance analytics capability

of the NDR. As part of our approach the Digital Team is developing a local enterprise architecture which is in line with the national standards and alignment with the ongoing development of National Architecture. A clear plan will be developed for technology-enabled virtual wards, Hospital@Home or care, supporting 100 individuals or proportionally equivalent by the end of 2025/26 remotely. There is an increase in the use and uptake of appropriate electronic testing referrals in the Welsh Clinical Portal for radiology and pathology.

November 2025 to February 2026 – Completing Platforms & Sustaining Benefits

As we move towards early 2026, finish rolling out eObs), making real-time vital sign monitoring a standard of care across our hospitals. In tandem, the Patient Engagement Platform reaches a mature stage, offering patients direct access to appointment bookings, results, and secure messaging channels. This platform will be integral to self-management and patient empowerment, both of which are vital aspects of our broader strategy.

During this period, the team will undertake the discovery of our 360-Degree View or Patient Relationship Management (PRM) programme, enabling a more holistic perspective on patient interactions. This consolidated view assists clinical and administrative teams, improving the accuracy of appointments, referrals, and care plans. AI initiatives that have proven safe and beneficial; for example, AI-assisted clinical coding or stroke assessment are explored in conjunction with national partners like Health Technology Wales and NICE. Throughout every stage, the Health Board continues to prioritise cyber security, data protection, and clinical governance.

February 2026 – Onwards – Modular Electronic Health Record

By consolidating patient data from various sources into a single, unified system, will enable access to comprehensive and up-to-date information at the point of care. This integration not only enhances the accuracy of patient records but also improves the co-ordination of care across different healthcare settings. For example, a patient's medical history, laboratory results, and treatment plans can be readily available to all relevant healthcare professionals, reducing the risk of errors and ensuring continuity of care. Additionally, the EHR system will support advanced functionalities such as clinical decision support, which can assist clinicians in making evidence-based decisions, ultimately leading to better patient outcomes. The integration of a Patient Relationship Management (PRM) system to manage all patient interactions through a single-entry point, managed by a Patient Services Centre, will effectively design an operational EHR.

Ongoing Governance, Security, and Benefits Realisation

Throughout these 12 months, maintaining a strong emphasis on governance, clinical safety, and robust risk management. A new dedicated committee oversees digital, data, and innovation decisions, ensuring any emerging risks especially around AI are thoroughly assessed. Equally important is tracking benefits realisation: monitoring key indicators such as waiting times, prescribing error rates, and staff/patient feedback to verify that the programme delivers the intended improvements.

Our 10-year strategic partnership remains a crucial support mechanism, helping the Health Board sustain momentum and draw on external expertise. By February 2026, having established a suite of integrated digital systems, an empowered and digitally skilled workforce, and a patient focused suite of tools that markedly enhance healthcare experiences for our communities.

Summary

The Health Board's 12-month digital transformation plan represents a major step forward in modernising patient care, strengthening operational efficiency, and meeting evolving health

service demands. By integrating foundational technologies, adopting a patient engagement platform, and responsibly embracing AI, HDdUHB will be better placed to deliver timely, safe, and innovative healthcare. Our commitment is to align people, processes, and technology in pursuit of a sustainable, value-based health system one that fully supports our clinicians and consistently meets the needs of the people we serve.

Argymhelliad / Recommendation

The Committee are requested to consider:

- **NOTE** the proposed Digital Annual Plan for 2025/2026

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
Amcanion Cynllunio Planning Objectives	9 Digital plan 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:

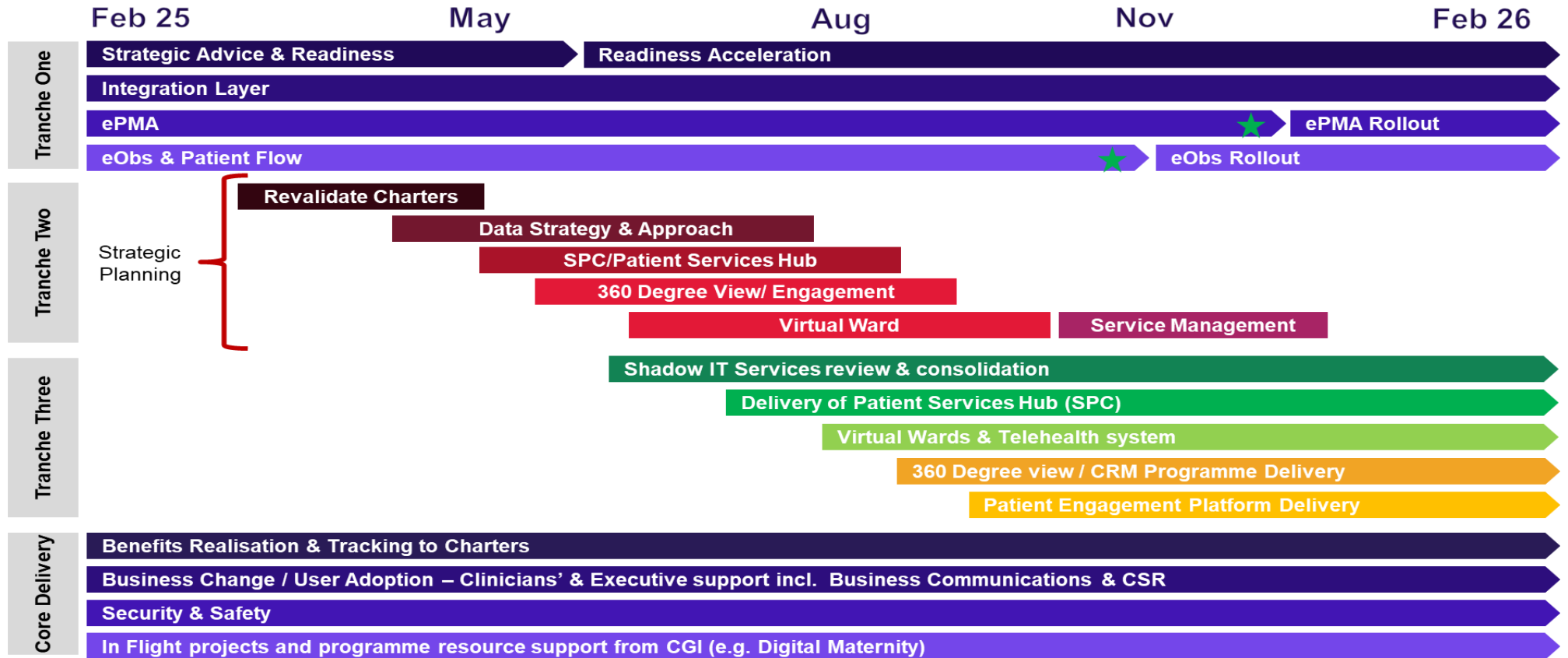
Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not applicable
Rhestr Termau: Glossary of Terms:	Contained within the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Digidol, Data ac Arloesi Parties / Committees consulted prior to Digital, Data and Innovation Committee:	Not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

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	<p>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.</p> <p>Each of the trenches, and projects will be subject to further business cases.</p>
Ansawdd / Gofal Claf: Quality / Patient Care:	<p>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.</p>
Gweithlu: Workforce:	<p>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</p>
Risg: Risk:	<p>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.</p>
Cyfreithiol: Legal:	Not applicable
Enw Da: Reputational:	<p>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</p>

	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 A

High Level Programme 12-month view



2.3

0 Mins

2.3 - Summary of Progress against Board
Approved Business Cases

*Anthony Tracey
(Hywel Dda UHB -
Digital Director)*

| For assurance

Attachments

[2.3 DDIC ePMA SBAR April 2025 v5.pdf](#)

[2.3 DDIC eFlow update SBAR April 2025 v3.pdf](#)



**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

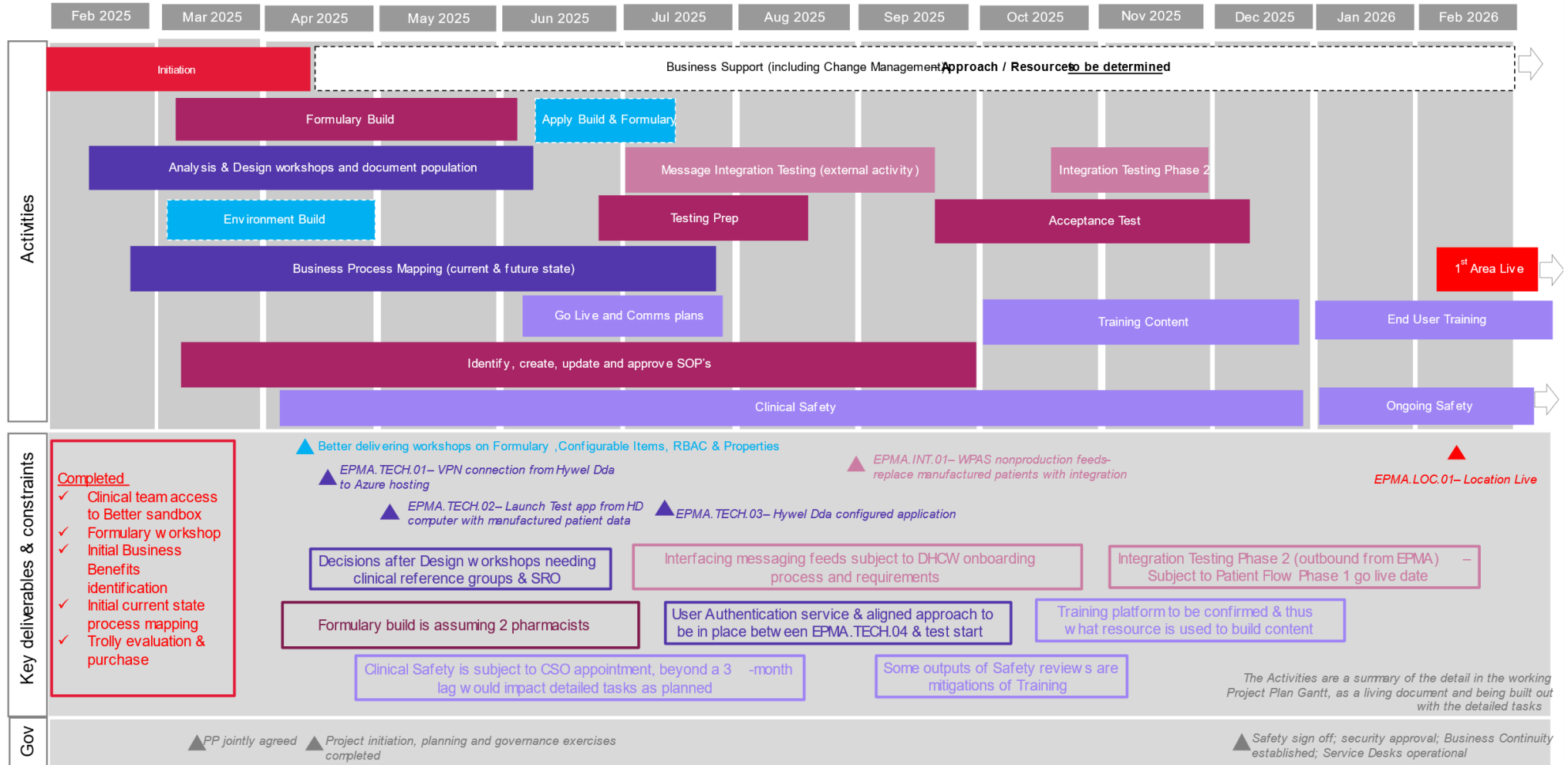
Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	A full business case has been assessed and approved by the Board.
Ansawdd / Gofal Claf: Quality / Patient Care:	The lack of an ePMA system presents a significant risk to patient safety and negatively 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

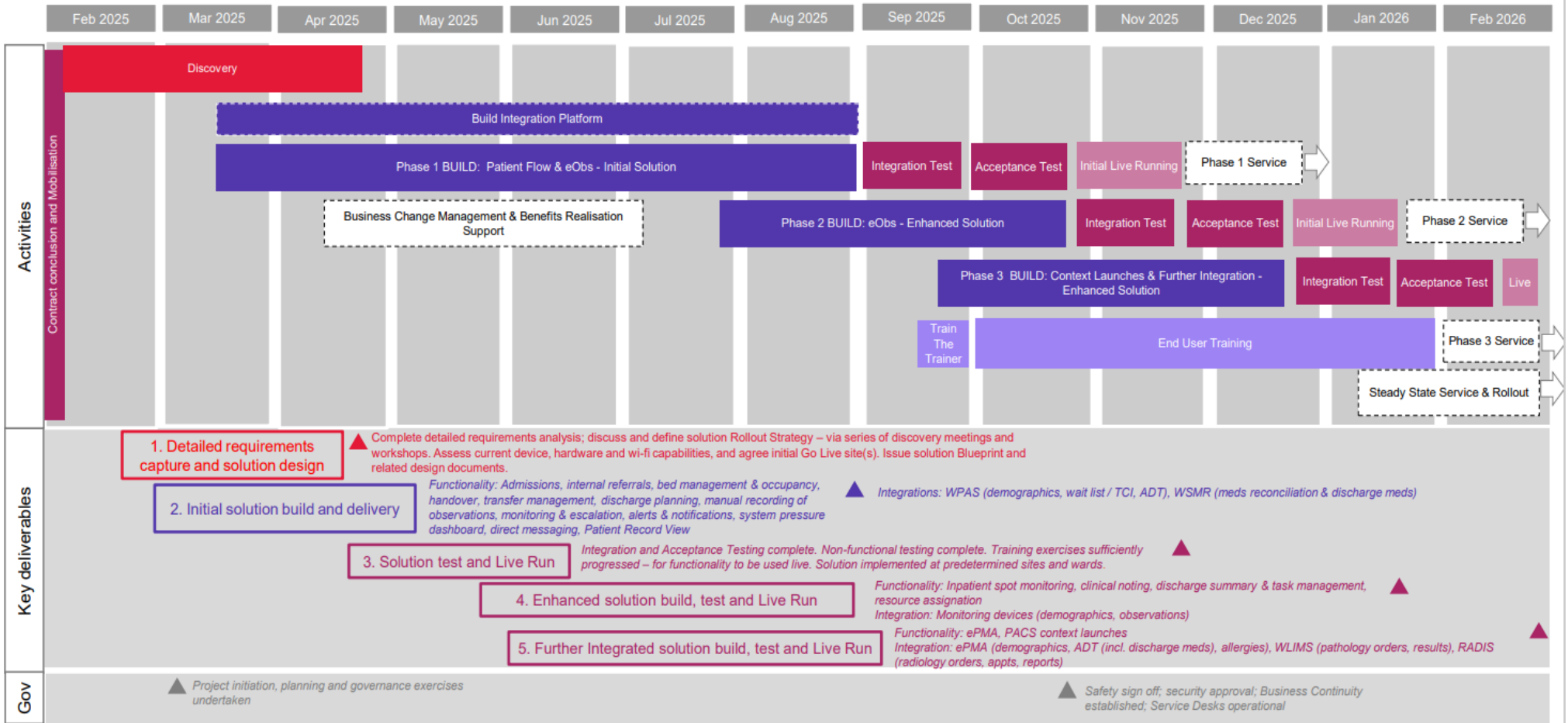
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not applicable
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Digidol, Data ac Arloesi Parties / Committees consulted prior to Digital,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



2.4

0 Mins

2.4 - Digital Partner Update

Huw Thomas (Hywel Dda UHB - Director of Finance), Anthony Tracey (Hywel Dda UHB - Digital Director)

| For discussion

Attachments

[2.4 Digital Partner Update - April 2025.pdf](#)

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:	Digital Partner 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)

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this paper is to provide the Committee with an update on the digital partner to support its digital transformation initiatives. This report outlines the spending and impact of the digital partner in line with Board-approved programmes.

Cefndir / Background

Following the approval of the Full Business Case (FBC) by the Board in September 2024 for Electronic Patient Flow (e-Flow) and Electronic Observations (e-Obs), and in March 2024 for Electronic Prescribing and Medicines Administration (ePMA), the Digital Team has been actively preparing the deployment plan approach. Stakeholders consisting of key individuals from nursing, pharmacy, service delivery, therapies, maternity, quality improvement, medical leadership, and those with acute, primary care, and community expertise have been included with varying levels of collaboration and consultation during the process.

Working with our new strategic partner (CGI) we are in the process of accelerating the project plans towards deployment, as well as developing the technical integration layer required to deploy the foundational systems in line with the timescales previously outlined to the Executive Team. The digital transformation initiatives are part of Hywel Dda University Health Board's (HDdUHB's) strategic plan to enhance patient care and operational efficiency through technology.

In addition to those listed above, HDdUHB has also invested in various digital programmes aimed at improving patient care pathways, data accessibility, and patient safety. These programmes include the Hybrid Print and Post, and Digitalisation of Records, which are part of the broader strategy to digitise healthcare services.

Overall, these digital transformation initiatives are designed to modernise healthcare delivery, improve operational efficiency, and enhance patient care through the strategic use of technology.

Asesiad / Assessment

Partnership Overview

The partnership between CGI IT UK Ltd. and HDdUHB is a strategic 10-year collaboration aimed at transforming healthcare services across Mid and West Wales. The goal is to make HDdUHB a fully digitally enabled health board, empowering excellence in care for patients and communities across the region.

Purpose of the Partnership

The purpose of this partnership is to establish CGI as the Digital Partner for HDdUHB, strengthening the existing relationship to deliver innovative, sustainable, safe, and impactful solutions that align with HDdUHB's vision for the future. This partnership aims to:

1. Enhance HDdUHB's digital capabilities to support efficient, patient-centred healthcare services.
2. Work with partner vendors to foster innovation and leverage digital technologies to achieve the strategic goals of the Health Board.
3. Promote a collaborative, outcomes-driven approach to improving health services across the region.

Guiding Principles

CGI will be acting as a Trusted Advisor and work collaboratively towards the Health Board's strategic goals by applying the following guiding principles:

- **Joint Learning:** The relationship must be approached with a sense of mutual learning, where each party contributes beyond their own capabilities.
- **Long-Term Expectations:** Relationships should focus on a long-term view, with both sides motivated to do the best for each other.
- **Trust:** Trust is essential, with each party believing that the actions of the other will be beneficial.
- **Shared Success:** Both parties recognise that they have more to gain through the success of the other partner than individually.

Proposed Governance

The collaboration with CGI will involve the creation of "Charters" to ensure that both organisations are aware of their responsibilities and deliverables. Each project within the charters will be aligned with benefits and clinical safety imperatives, linked to the enablement roadmap. CGI will provide tailored support to HDdUHB for each project, ensuring knowledge transfer and development opportunities for current clinical and digital staff. Additionally, CGI will integrate dedicated staff within the Digital Team to support the initiatives.

A RACI matrix has been developed specifically for patient flow/eObs and ePMA to clarify responsibilities and resource requirements for each project. This matrix will provide clarity to HDdUHB on the necessary resources to plan and execute each project safely:

Programme roles and responsibilities	Hywel Dda Integrated Digital Care Programme		
	EPMA	Patient Flow / eObs	Integration Layer
Clinical Involvement	HDdUHB (Overall delivery) / CGI (Support)	HDdUHB (Overall delivery)/ CGI (Support)	-
Clinical Digital Safety	HDdUHB (Overall delivery) / CGI (Support)	HDdUHB (Overall delivery) / CGI (Support)	-

Project Management	HDdUHB (Support)/ CGI (Overall delivery) / Better (build & delivery)	HDdUHB (Support)/ CGI (Overall delivery) / Alcicion (Miya build & delivery)	CGI
Discovery and Functional Specifications	HDdUHB (support) / CGI / Better	HDdUHB (support) / CGI / Alcicion	CGI
Configuration / Implementation	HDdUHB (Delivery) / Better (Support)	HDdUHB (Delivery) / Alcicion (Support)	CGI / Third Party
User / System Testing	HDdUHB (Delivery) / Better (Support)	HDdUHB (Delivery) / Alcicion (Support)	CGI / Third Party
Integration and End to End testing	CGI	CGI	HDdUHB / CGI
User Acceptance testing	HDdUHB / CGI (Defect Management)	HDdUHB / CGI (Defect Management)	HDdUHB
Security / Safety Management	HDdUHB / CGI / Better	HDdUHB / CGI / Alcicion	HDdUHB / CGI
Training and delivery	HDdUHB (Delivery) / CGI (Delivery) / Better (Support)	HDdUHB (Delivery) / CGI (Delivery) / Alcicion (Support)	HDdUHB / CGI
Change management	HDdUHB (Deliver) / CGI (Deliver)	HDdUHB (Deliver) / CGI (Deliver)	HDdUHB / CGI
Stakeholder Management	HDdUHB (Deliver) / CGI (Support)	HDdUHB (Deliver) / CGI (Support)	-

Impact to Date

The appointment of CGI IT UK Ltd. as a strategic transformation partner has been a significant step in HDdUHB's digital journey. CGI was selected based on their technical and financial capability, and their balanced offering to the Health Board. CGI's involvement is expected to bring a multi-disciplined approach to transformation within Hywel Dda, with an initial focus on the rollout of ePMA, e-Flow, and eObs. CGI's tailored strategic partnering approach aims to deliver sustainable value while respecting the unique challenges faced by HDdUHB.

Their partnership model includes a governance framework, positive communications, and a shared vision and values, which are expected to contribute to the success of the digital transformation initiatives.

To ensure successful deployment and adoption of the e-Flow, e-Obs, and ePMA systems, it is crucial to have sufficient dedicated clinical staff due to their in-depth knowledge of patient needs, clinical practice, clinical informatics and real-world healthcare challenges. This will allow them to support with design and implementation that are directly relevant, effective, and aligned with patient care standards - ultimately improving quality and safety of care and patient outcomes.

Alongside the clinical staff a "core" local digital and technical team will be required for the programme, supported by CGI. Our strategic partner will be undertaking a majority of the programme management, and technical tasks, however there will still be a requirement for local resources to broker conversations with the service and operational colleagues, thus supporting CGI in navigating the Health Board.

Since January 2025, CGI has been instrumental in accelerating the Programme plans for HDdUHB. Their involvement has significantly advanced the integration of various systems and facilitated numerous supplier discussions, ensuring that the foundational systems are deployed in line with the previously outlined timescales.

CGI's strategic approach has included the development of the technical integration layer required for the deployment of ePMA, e-Flow, and eObs. This has involved close collaboration with HDdUHB's Digital Team to ensure that the integration is seamless and effective.

In addition to technical integrations, CGI has actively engaged in supplier discussions to secure the necessary resources and support for the Programme. These discussions have been crucial in aligning the suppliers' capabilities with the Health Board's strategic goals, ensuring that the solutions provided are both innovative and sustainable.

CGI has also facilitated a series of workshops aimed at enhancing stakeholder engagement. These workshops have brought together key individuals from various departments, including nursing, pharmacy, service delivery, therapies, maternity, quality improvement, and medical leadership. The collaborative nature of these workshops has ensured that all stakeholders are well-informed and actively involved in the digital transformation initiatives.

Overall, CGI's involvement since January 2025 has been pivotal in accelerating the Programme plans, integrating systems, engaging suppliers, and fostering stakeholder engagement. Their tailored support and strategic partnering approach have contributed significantly to the progress and success of HDdUHB's digital transformation initiatives.

Expenditure

CGI has been assigned several critical work packages as part of the strategic partnership. These work packages are designed to support the digital transformation initiatives and ensure the successful deployment of foundational systems such as ePMA, e-Flow, and eObs.

One of the primary work packages involves the development of the technical integration layer required for the deployment of these systems. This integration layer is crucial for ensuring seamless communication between different digital platforms and enhancing the overall efficiency of healthcare delivery.

The costs associated with these work packages are necessary for achieving the desired outcomes. The investment in CGI's services is expected to bring significant value to HDdUHB by enhancing digital capabilities, improving patient care pathways, and ensuring the successful deployment of foundational systems. The financial commitment reflects the Health Board's dedication to modernising healthcare delivery and leveraging technology to improve operational efficiency and patient care.

The costs associated with the work packages assigned to CGI are as follows:

- **Work Package 1** for CGI involves the initial *readiness and support activities* for the digital transformation programme at HDdUHB. Regular weekly governance meetings are held to discuss progress and any issues related to the work packages. Formal project status reports per work order will be introduced to provide greater granularity in progress reporting

Cost = £200k

- **Work Package 2** – Technical integration layer to support for the delivery the eObs and e-Flow and ePMA solutions and the existing Digital Healthcare Wales (DHCW) systems, enhancing interoperability for HDdUHB, and provide the foundational infrastructure for a Regional Data Fabric for data-driven decision-making across the healthcare ecosystem

Cost = £489k

- **Work Package 5** - support to manage and assure the implementation and rollout of the Better Meds Electronic Prescription and Medication Administration (ePMA) solution, ensuring that the benefits outlined within the business case are realised through a comprehensive change and implementation programme.

Cost = £450k

- **Work Package 6** – the project management, business change and assure the implementation and rollout of the Alcidion, eObs and e-Flow solution within HDdUHB.
Cost = £751k

Overall, the work packages assigned to CGI encompass a wide range of responsibilities, from technical integration and programme management to stakeholder engagement and supplier discussions. The costs associated with these packages are justified by the anticipated benefits and the strategic importance of the digital transformation initiatives.

Argymhelliad / Recommendation

The Committee are requested to **NOTE** the content of the Digital Partner Update Report

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.3. Seek assurance that the digital, data and information governance implications and risks arising from the development of the Health Board's corporate strategies and plans or those of its stakeholders and partners are considered and mitigated.
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	9 Digital plan 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
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not applicable
Rhestr Termau: Glossary of Terms:	Included within the main 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:	Sustainable Resources Committee Executive Team

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Value cases will be assessed for each individual business cases prior to utilising the supplier. A wider strategic benefit will be that the healthcare systems will be more efficient, processes are faster, and wasteful processes can be decreased or eliminated supporting longer-term sustainability for the health board.
Ansawdd / Gofal Claf: Quality / Patient Care:	The implementation of the transformation and digital enablement plan, will provide the following positive impact on quality and patient care: <ul style="list-style-type: none"> • Patient safety increased - Increased timeliness and availability of relevant clinical information decreased transcription errors and decreases risk to patients' safety • Positive patient outcomes increased - Easy access increases speed and of diagnosis, care, treatment plan and onward referral • Patient confidence increased - The availability and targeting of accurate and relevant information at the point of contact Reducing delay, improving waiting times and access to treatment
Gweithlu: Workforce:	Having a modern digital system, will attract and retain the workforce within the Health Board. A key component of this work is the assessment of operational readiness for organisational and digital change, the digital roadmap required and recommended service redesign principles for a whole system approach, which will enable the change the workforce urgently need. As part of the transformation plan there will be a change management, service redesign

	and digital enablement programme designed to co-produce and design services for people through a professional integrated and upskilled workforce across health and care.
Risg: Risk:	Without the necessary investment in transformation and digital there is a risk that the current complex system will become even slower stifling innovation that the Health Board has progressed and urgently needs.
Cyfreithiol: Legal:	Not applicable
Enw Da: Reputational:	The ambitious transformation and digital enablement plan will progress the Health Board forward to becoming a fully integrated digital organisation, and propelling Hywel Dda to become the first system-wide digital exemplar within NHS Wales.
Gyfrinachedd: Privacy:	At the centre of the transformation and digital enablement plan is inclusivity, and the requirement to ensure that staff, patients, and the people of our region are included in the development of any service with strong information governance and cyber security.
Cydraddoldeb: Equality:	Not applicable

3

0 Mins

3 - Data Context Presentation

*Anthony Tracey
(Hywel Dda UHB -
Digital Director)*

| For assurance

Attachments

[3 Data Context Presentation v0.2.pdf](#)



The Data Ambition

April 2025



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Within the Digital function, there are three data teams who are working together to develop a data strategy for the health board i.e. Information Services, Data Science Team and the Performance Team.

The data strategy is currently at the information gathering stage. One-to-one meetings have been held with all Executive Team members and all health board staff have been given the opportunity to respond to a brief data survey. Some additional one-to-one meetings with staff across all levels, staff groups and directorates across the health board are underway.

Initial findings from the responses received to date are supportive of the need to increase the value of our data. It is proposed this is achieved via the following steps:

1. Data Collection
2. Data Processing
3. Data Analytics, Insights & Action
4. Data Ambition

The steps above are described in more detail below.

Increasing Our Data Value



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1 Data Collection

Robust data sources to capture the required information entered appropriately, accurately and timely
Data standards; Data entry; Data quality



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Why is this important to us?

Data collection is the foundation element for any organisation that has an ambition to become truly data driven

Without assurances around the quality and usability of the data organisations are at risk of making poor decisions based on the data available to them.

Examples of work currently planned for 2025/26

- Continue to develop local and national recording solutions for the primary use of patient care and supporting reporting purposes.
- Ensure we are making effective and consistent use of the applications available to the Health Board, not only to support end users to deliver direct patient care but to also support the decision-making processes that captured data enables.
- Evidence the usability of recorded data for primary and secondary uses and supporting areas by developing robust data quality processes.
- Seek opportunities through existing training programmes to further educate staff on the importance of data quality.
- Embed data quality within the Executive Improving Together Sessions.

2 Data Processing

Single version of the truth where all secondary usage is sourced from a single data layer
Data acquisition; Data engineering; Data governance & assurance



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Why is this important to us?

We currently have disparate data sources across multiple functions, each with their own approach to data extraction and reporting creates data silos. This can lead to multiple different answers to the same questions.

A considerable amount of time and duplication of effort is spent by service leads and corporate teams preparing reports for groups, committees and Board meetings.

Examples of work currently planned for 2025/26

- Develop a single data platform to support the single version of the truth across all outputs. This migration intends to bring all organisational data into one space to support triangulation and decision making.
- Aim to source all data in a timely manner i.e. transactional, clinical, patient generated, workforce, quality & safety, socio-economic.
- Revise existing performance processes and data tools to reflect the new Care Group structure.
- Investigate ways to improve preparation and collation of qualitative data for reporting.

3 Data Analytics, Insight & Action

Access to timely and effective self-service solutions will provide insight and hindsight
Self-service; BI dashboards; KPI Tracking; Data Modelling



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Why is this important to us?

Decisions makers across all levels and teams in the Health Board need to have access to the appropriate information in a timely and appropriate manner

End users must have the ability to interrogate data to truly understand their services and allow triangulation of appropriate data sources to determine possible route cause analysis

What we already have in place

- IRIS Power BI (Cloud) can be accessed via the HB default desktop, via MS Teams or mobile devices. It is the landing page for any self-service reporting output made available at Health Board level and currently holds tools developed by Information Services, Performance and Data Science.

Examples of work currently planned for 2025/26

- Further develop the IRIS Power BI (Cloud) to include outputs from other areas e.g. Primary Care, Workforce & OD and links to national resources.
- Increase analytical skills and capacity to support services to look for data insights to drive forward improvements.
- Develop dashboards to provide staff with self-service access of data relating to productivity, outcomes, population health, business continuity plans, audits & inspections and health & safety.
- Embed the new Our Improving Together Framework into the organisation, with data available at all levels to drive forward improvements for patients, staff and the Hywel Dda population.

4 Data Ambition

Strategy development, foresight
AI Insights; LLM; Forecasting



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Why is this important to us?

Data driven transformation will only be achieved when we move beyond traditional data analytics and insights. These typically use single data sets to understand what has happened. To properly benefit from AI and Data Science, Big Data needs to be utilised.

Big Data will combine multiple and large data sets that are normally difficult to interpret. Data Science can transparently handle Big Data, providing prescriptive analytics. The power this brings is that it not only anticipates what will happen and when, but also why it will happen.

Example Benefits:

- Understand likelihood of a patient outcome
- Assess meaningful choices that can be taken to mitigate or improve a patient pathway

What we already have in place

- Data Science Platform (Flow Visualiser, Geographic Insights & Forecasts)
- Predicting DNAs for Ophthalmology
- Predicting Re-admissions
- Demand & Capacity Models Scheduled Care (Cancer prototype complete)

Examples of work currently planned for 2025/26

- Patient Digital Twin – Active Surveillance in Prostate Cancer
- Predicting ED Presentation
- Robust Forecasting and Tracking for the Annual Plan
- Optimising Off Pathway Patients
- Population Health of our Workforce

Next steps for our data strategy



We will continue to develop our data strategy over the coming months. The planned phases and progress are illustrated below.

We will strive to ensure the data strategy:

- Is ambitious but achievable
- Is accessible and meaningful to all staff
- Embraces new technologies



Summary of the findings



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Total responses

112

Board

5

Clinical

36

Admin

71

Requested a follow-up
meeting

28

(25%)

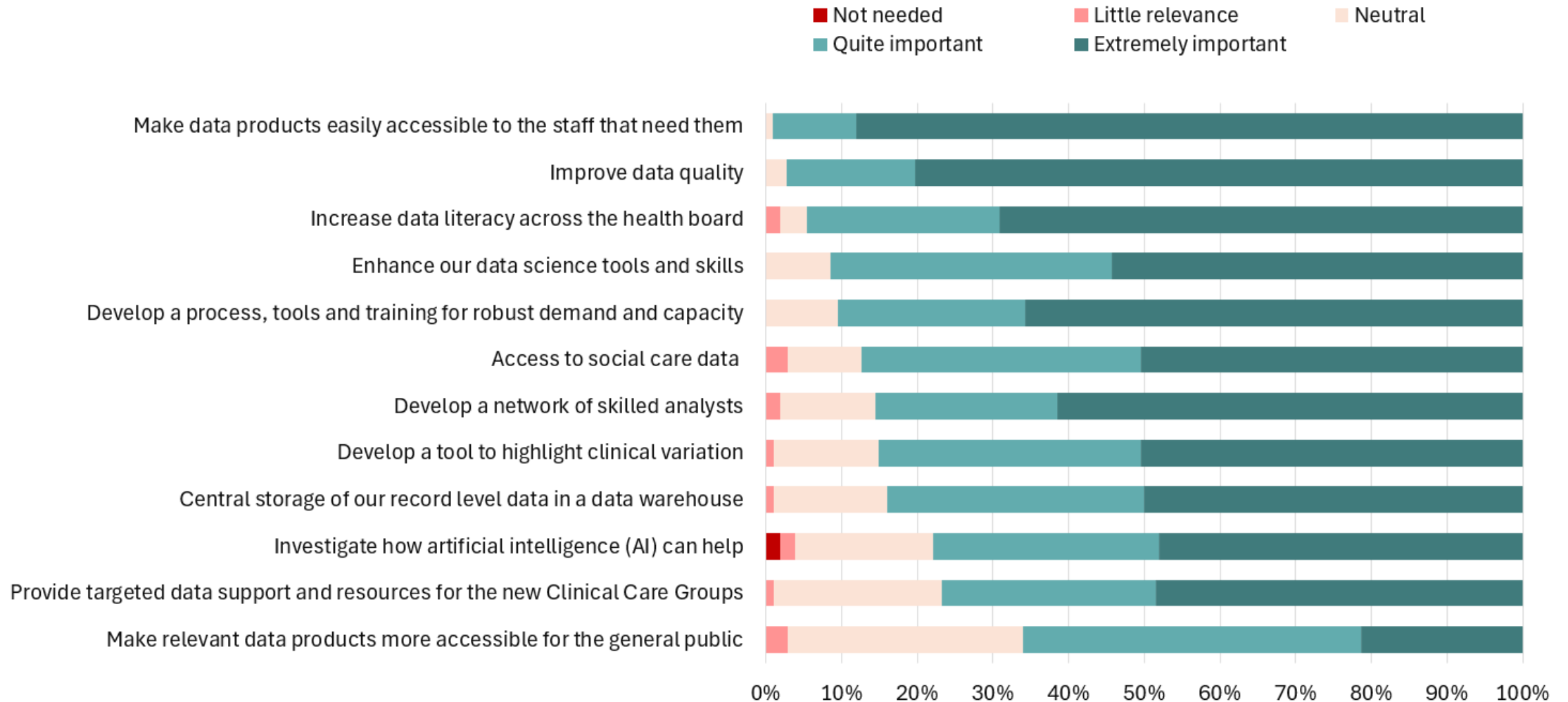


Summary of the findings



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Summary of the findings



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There are 12 key themes emerging from the feedback gathered from the various one-to-one discussions held and data survey responses (quantitative and qualitative).

Central storage of our key health data

Prevent data being held in silos, one version of the truth, enable data linkage

Central storage of social care data

Help us to better track patient pathways and outcomes

Improve our data quality

Rubbish in, rubbish out. We need data that is accurate and reliable

Develop a network of skilled analyst and analytical support

We need data experts who can support CCGs to deep dive issues to drive forward improvements and inform business cases

Increase data literacy across the health board

Data is an integral part of what we do. All staff should have the opportunity to ensure their data skills are sufficient to meet the needs of their job.

Summary of the findings



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Data products easily accessible for all relevant staff

Data made available in consistent formats and via a reduced number of platforms

Make data more accessible for the public

The Duty of Quality requires NHS organisations to be open with members of the public about the quality and safety of services provided.

Robust demand and capacity planning

This will allow us to better plan our service provision and develop business cases, ultimately improve patient experience.

Productivity & efficiency (include clinical variation)

We need to ensure we eliminate waste and make our services as efficient as possible to make the best use of our allocated resources.

Enhance our data science tools and skills

Provide actionable insights to improve patient outcomes & staff experience and reduce loss in the system

Artificial Intelligence (AI)

Reduce the number of routine tasks staff need to do, freeing capacity for them to undertake tasks of higher value. An AI databank would save staff time searching.

Data visualisation principles

Data needs to be displayed in a way that is clear and easy to interpret.

Main Themes – Data Approach:



Delivery of a fit for the future data infrastructure that enables the production of timely and consistent data across different datasets

What does the end state look like?

Data architecture

A multi-tenanted (many users) data platform, system-wide to enable access to and use of a broad array of data sets across different systems and different health and care organisations. An infrastructure that allows storage and integration of disparate data sets (e.g. electronic patient record (EPR), workforce, costing, benchmarking) into one place, which enables more sophisticated analysis. The production of timely and consistent data (a “single version of the truth”) through common data architecture, which releases analytical resources to focus on value-added activities, and creates an environment to produce more sophisticated outputs (e.g. data science).

Data quality

A high quality, consistent, rich data set input by well-trained users. A rolling training programme so users across the Health Board have a deep and broad understanding of the need for good quality data inputs, and can see the benefits in their analytical outputs. End-to-end data quality tools / dashboards in place to identify data quality issues at source, and clear processes to correct / amend data quality issues. The use of automation and artificial intelligence tools to support in the identification and constant improvement in data quality.

How do we get there

- | | |
|-------------|--|
| Year 1 | <ul style="list-style-type: none">• Approval of data architecture business case through the relevant governance• Securing funding for preferred option• Agreeing system-wide technical solutions to create uniform data architecture• Establish programme governance and resource and commence design• Agreed development plan• Assessment of data quality tools and processes and development plan for improvement |
| Year 2 | <ul style="list-style-type: none">• Delivery of data quality improvement plan including development / production of dashboards Data |
| Years 3 - 5 | <ul style="list-style-type: none">• Rollout of new architecture• Continuous improvement / development to meet needs and alignment with national plan |



Improving our ways of working so users know how to access the data they need, how to make new requests and how they are prioritised

What does the end state look like?

New requests and prioritisation

Standardised templates for making new requests and clear prioritisation matrix / scorecard for consistent approach to transparently identifying priorities, which are then sent to the Executive Team for validation. A unified approach between data teams to agree on prioritisation of requests and shared objectives. Clear, regular engagement and communication with users on the status of requests, backlogs and prioritisation.

Access

A central repository for all data products and tools that is quality assured, easily and widely accessed and meets users' needs.

Governance

Business intelligence champions embedded across the Health Board proactively contribute to operational and clinical meetings. Including the presentation of insight / analytics, training and guiding users to available tools, and using data to help to address the biggest challenges and identify opportunities.

How do we get there

- | | |
|------------------------|--|
| Year 1 | <ul style="list-style-type: none"> Standardised templates for new data / analytical requests Prioritisation matrix in place and used in prioritising requests Update intranet to provide up to date information on team structure, communication routes, prioritisation process etc. Development of product catalogue by area Clarity of ownership and responsibilities Closer working with BI and Operational teams |
| Year 2 + | <ul style="list-style-type: none"> Continuous development of product catalogue covering all major categories Continuing to develop relationships between end users and BI team |
| Further Considerations | <ul style="list-style-type: none"> Data compliance and cyber Information governance Data quality Culture – information security Manage and govern our data centrally, to agreed standards and processes Data ethics Data processing Data linkage |



Delivery of core suite of dashboards for widespread use across the Health Board as well as models allowing more in depth analysis/research

What does the end state look like?

Dashboard suite

Easily accessible, intuitive, suite of dashboards across recognised core areas (operational, clinical, workforce, finance), covering 80% of users needs. Dashboards provide the “single version of the truth” across the organisation from Board to site level to specialty / function and used widely for internal and external reporting. Dashboards are constantly updated to reflect the changing needs of users. Clear signposting / guides for users highlighting which reports to use for different purposes. Towards dashboards for trending analysis, and towards external benchmarking reports to identify variation by site to inform opportunities and actions required.

Data science and research

Bespoke data tools made available for detailed requests, available for specific clinical / operational users depending on role. These can be accessed directly by trained and informed users, or through bespoke requests to the data teams. Active use of advanced data tools and techniques (predictive analytical models, machine learning) to support operational delivery.

How do we get there

- | | |
|----------|---|
| Year 1 | <ul style="list-style-type: none">• Initial suite of dashboards to be made available to end users through a self-service interface• Collaboration across the health and care system to enable access to shared dashboards• Development of product catalogue by area and source• Training for analysts in preferred data visualisation software and end users |
| Year 2 | <ul style="list-style-type: none">• Further development of dashboards• Bespoke training for analysts in advanced modelling techniques (role specific)• Re-development of dashboards required for any changes relating to data architecture |
| Year 3-5 | <ul style="list-style-type: none">• Appraisal of current data visualisation tools and continuous development of offer |



Ensuring access to training, retention and continuous development of the highly skilled workforce required to meet the increasing analytical needs of a modern organisation

What does the end state look like?

Business Intelligence team and skillset

A highly skilled and respected Business Intelligence team, with deep technical and operational / clinical knowledge who are recognised experts in their field. A greater emphasis on automation / artificial intelligence to free up team resources to generate value added output. To drive recruitment and retention through more formal collaboration with higher and further education partners, including graduate training schemes as well as ongoing continued professional development and technical development.

Wider user training and knowledge

An improved formal and informal training offer to end users to enable higher quality data input and output, to build confidence in using data to inform decisions.

Shared service to make best use of resources

Maximising the benefits of scarce, highly skilled resource through formal collaboration across the care system, to enable specialisation (data science, data architecture, data visualisation) within a limited resource envelope, and to generate economies of scale to make more time available for value-added activities.

How do we get there

- | | |
|-----------------------|--|
| Year 1 | <ul style="list-style-type: none">• Whole health board analytics service review including consideration of benefits of sharing, aligning resource across the health board• Engagement with health board-wide operational training programme• Development of academic programme offers• Exploration of other ways of engaging with potential future recruits (external and internal)• Further development of automation within BI team to release more time to value-added activity |
| Year 2 + | <ul style="list-style-type: none">• Rollout of formal academic offer• Bespoke training for analysts in advanced modelling techniques (role specific)• Continuous development of automation within BI team to release more time to value-added activity |
| Future Considerations | <ul style="list-style-type: none">• Data literacy – leaders and managers• Analysts -able to understand and structure a problem & communicate their findings well• Exploring further use of AI |

3.1

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3.1 - Current use of AI

*Anthony Tracey
(Hywel Dda UHB -
Digital Director)*

| For discussion

Attachments

[3.1 Use of AI - April 2025.pdf](#)

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:	Current use of Artificial Intelligence (AI)
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)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The primary purpose of this paper is to introduce a review that is to be conducted across the Health Board on the use of Artificial Intelligence (AI). The review will be a thorough evaluation of our existing AI systems. This involves assessing their current performance, identifying areas where improvements can be made, and exploring potential new applications. Additionally, the review aims to ensure that our AI systems comply with all relevant regulations and ethical standards. By doing so, we can develop a strategic roadmap that will guide our future AI initiatives, ensuring they are aligned with our organisational goals and contribute to our overall mission.

Cefndir / Background

The use of AI within the Health Board will be a strategic initiative aimed at enhancing healthcare delivery and operational efficiency. AI technologies can be leveraged to support various aspects of healthcare, from clinical decision-making to administrative processes. This initiative aligns with the broader digital transformation goals of the Health Board, which aims to improve patient outcomes, optimise resource allocation, and reduce operational costs

AI algorithms can analyse patient records and automatically assign appropriate codes, reducing the burden on healthcare professionals and minimising the risk of human error. This not only enhances the quality of data but also ensures timely and accurate billing and reporting, which are critical for financial management and regulatory compliance.

AI has also been utilised in radiology services, where it assists in the interpretation of medical images. AI-powered tools can analyse radiological images with high precision, identifying abnormalities and providing diagnostic support to radiologists. This has significantly improved the speed and accuracy of diagnoses, enabling earlier detection of conditions and more effective treatment planning. The integration of AI in radiology has also helped to address the shortage of radiologists by augmenting their capabilities and allowing them to focus on more complex cases.

In addition to clinical applications, AI has been employed to enhance operational efficiency within the Health Board. AI systems have been used to optimise patient flow, manage resource allocation, and predict demand for medical supplies

By analysing historical data and identifying patterns, AI can forecast patient admissions, optimise staffing levels, and ensure that medical supplies are adequately stocked. This proactive approach to resource management has led to improved operational efficiency, reduced waiting times, and better patient care.

The implementation of AI within the Health Board has also raised important considerations regarding data protection and privacy. Ensuring the security of patient data is paramount, and the Health Board has adopted robust measures to safeguard sensitive information. This includes encryption, regular penetration testing, and compliance with recognised standards such as the General Data Protection Regulation (GDPR). The Health Board is also working closely with the National AI Commission to ensure that all AI initiatives comply with legal and ethical guidelines, thereby maintaining public trust and confidence in the use of AI in healthcare.

Asesiad / Assessment

The use of AI within the Health Board is currently not governed or fully understood, therefore the Digital Director, working with colleagues has already proposed undertaking a review into the use of AI within clinical and operational settings. This paper outlines the approach, methodology, proposed outcomes and timelines.

Scope and Objectives of the Review

The scope of this review encompasses all AI systems currently in use within the organisation. This includes systems used for various functions such as data analysis, patient services, predictive analytics, and more. The objectives of the review are as follows:

- **Assess the Performance and Effectiveness of Current AI Systems:** Evaluate how well our AI systems are performing in terms of accuracy, efficiency, and overall impact on business processes.
- **Identify Areas for Improvement and Potential New Applications:** Determine where our AI systems can be enhanced and explore new ways to leverage AI technology to drive innovation and business growth.
- **Ensure Compliance with Legal and Ethical Standards:** Review our AI systems to ensure they comply with relevant regulations and ethical guidelines, addressing any potential risks or issues.
- **Develop a Comprehensive Roadmap for Future AI Initiatives:** Create a strategic plan that outlines the steps needed to advance our AI capabilities, including resource allocation, training, and development.

Methodology

To achieve the objectives outlined above, a multi-faceted methodology that combines both qualitative and quantitative approaches will be employed. The key components of our methodology include:

1. **Data Analysis:** analyse performance metrics and data from our AI systems to assess their effectiveness. This will involve examining key performance indicators (KPIs) such as accuracy, precision, recall, and Return on Investment (ROI).
2. **Surveys and Interviews:** conduct surveys and interviews with key stakeholders, including employees, customers, and partners, to gather insights into the performance

and impact of our AI systems. This qualitative data will help us understand user experiences and identify areas for improvement.

3. **Benchmarking:** benchmark our AI systems against industry standards and best practices. This will involve comparing our systems to those of leading organisations in our industry to identify gaps and opportunities for enhancement.
4. **Regulatory and Ethical Review:** review relevant regulations and ethical guidelines to ensure our AI systems are compliant. This will include examining frameworks such as GDPR, and the EU AI Act, as well as ethical principles related to bias, transparency, and accountability.
5. **Case Studies and Examples:** include case studies and examples of successful AI implementations within our organisation and from other leading organisations. These case studies will provide valuable insights into best practices and lessons learned.

Regulatory and Ethical Review

Review and ensure compliance with relevant regulatory frameworks, such as GDPR, and the EU AI Act. Additionally, the Ethical Guidelines will be evaluated, with an emphasis on detecting bias, and ensuring transparency of outputs. Furthermore, review and discuss the potential of AI becoming or acting as medical device.

The steps involved in this component include:

- **Regulatory Framework Review:** Review relevant regulatory frameworks such as GDPR, and the EU AI Act. Identify the specific requirements and guidelines that apply to our AI systems.
- **Ethical Guidelines Review:** Review ethical guidelines related to AI, including principles of fairness, transparency, accountability, and bias detection. Identify best practices for ethical AI implementation.
- **Compliance Assessment:** Assess our AI systems for compliance with regulatory and ethical standards. This may involve conducting audits, reviewing documentation, and evaluating system design.
- **Risk Management:** Develop risk management strategies to address potential compliance issues. This may include creating incident response plans, conducting regular audits, and implementing mitigation measures.
- **Case Studies:** Include case studies of ethical AI implementations to illustrate best practices and successful compliance strategies.

Case Studies and Examples

Case studies and examples provide practical insights into the implementation and impact of AI systems. The steps involved in this component include:

- **Selection of Case Studies:** Identify relevant case studies from within our organisation and from other leading organisations. These case studies should highlight successful AI implementations, challenges faced, and lessons learned.
- **Documentation:** Document the case studies in detail, including the context, objectives, implementation process, outcomes, and key takeaways.
- **Analysis:** Analyse the case studies to identify common themes, best practices, and areas for improvement.
- **Reporting:** Compile the case studies into a comprehensive report. This report will serve as a valuable resource for understanding the practical aspects of AI implementation.

Developing a Roadmap for Future AI Initiatives

Developing a roadmap for future AI initiatives will be a critical output from the review, that will aim to strategically guide the integration and advancement of artificial intelligence within the Health Board. This roadmap will serve as a comprehensive framework, outlining the necessary steps to leverage AI technologies effectively, ensuring that they align with our broader digital transformation goals. By identifying key areas for AI application, allocating resources efficiently, and ensuring compliance with legal and ethical standards, we can create a sustainable and impactful AI strategy that enhances healthcare delivery and operational efficiency.

The first step in developing this roadmap involves a thorough assessment of our current AI capabilities and identifying areas for improvement. This includes evaluating existing AI systems, such as those used in clinical coding and radiology, to determine their effectiveness and potential for enhancement. By analysing performance metrics and gathering feedback from users, we can pinpoint specific areas where AI can drive innovation and business growth. Additionally, exploring new applications of AI technology will be crucial in addressing emerging healthcare challenges and improving patient outcomes.

Resource allocation and training are pivotal components of the AI roadmap. Ensuring that we have the necessary financial and human resources to support AI initiatives is essential for their successful implementation. This includes investing in advanced AI tools, infrastructure, and continuous training programs for our staff. By building a skilled workforce that is proficient in AI technologies, we can foster a culture of innovation and adaptability, enabling our organisation to stay ahead in the rapidly evolving healthcare landscape.

Compliance with legal and ethical standards is another critical aspect of the AI roadmap. As we integrate AI into various aspects of healthcare, it is imperative to ensure that our systems comply with relevant regulations and ethical guidelines. This involves conducting regular audits, implementing robust data protection measures, and adhering to best practices in AI governance. By prioritising compliance, we can mitigate potential risks and maintain public trust in our AI initiatives.

Finally, the roadmap will include a clear methodology for monitoring and evaluating the progress of AI initiatives. This involves setting KPIs to measure the impact of AI on healthcare delivery and operational efficiency. Regular reviews and updates to the roadmap will ensure that our AI strategy remains aligned with our organisational goals and adapts to changing needs and technological advancements. By maintaining a dynamic and responsive approach, we can maximise the benefits of AI and drive continuous improvement in our healthcare services.

Effective Governance

Ensuring effective governance and monitoring of AI initiatives within the Health Board is crucial for maintaining compliance, enhancing patient safety, and fostering trust in AI technologies. Here are several key strategies to achieve this:

- **Establish a Dedicated AI Governance Task and Finish Group:** A dedicated AI Governance Task and Finish Group should be established to oversee all AI-related activities within the Health Board. The Group would be responsible for setting policies, standards, and guidelines for the development, implementation, and use of AI technologies. The Group should include representatives from various departments, including digital, clinical, legal, and information governance, to ensure a comprehensive approach to AI governance.
- **Develop and Implement AI Policies and Standards:** Clear policies and standards should be developed to guide the use of AI within the Health Board. These policies should address data security, ethical considerations, and the clinical governance of AI

algorithms. Regular reviews and updates to these policies will ensure they remain relevant and effective.

- **Conduct Regular Audits and Compliance Checks:** Regular audits and compliance checks are essential to ensure that AI systems are functioning as intended and adhering to established policies and standards. The Information Governance Team, for instance, conducts audits to identify any information governance and security risks. These audits where possible will be extended to include AI systems, ensuring that they comply with data protection regulations and ethical guidelines.
- **Implement Robust Data Protection Measures:** Data protection is a critical aspect of AI governance. The Health Board must ensure that all AI systems comply with data protection laws, such as the GDPR. This includes conducting Data Protection Impact Assessments (DPIAs) for AI projects, implementing encryption and other security measures, and regularly monitoring for potential data breaches
- **Foster a Culture of Continuous Learning and Improvement:** Continuous learning and improvement are vital for the successful governance and monitoring of AI initiatives. Training programs should be implemented to equip staff with the skills needed to use AI tools responsibly and effectively. Additionally, the AI Governance Group should regularly review AI projects, gather feedback from users, and make necessary adjustments to improve the effectiveness and safety of AI systems.
- **Engage with External Experts and Regulatory Bodies:** Engaging with external experts and regulatory bodies can provide valuable insights and guidance on best practices for AI governance. For example, collaboration with the AI Commission for Health and Social Care can help ensure that AI initiatives align with national strategies and regulatory requirements. External audits and consultations with experts can also provide an additional layer of oversight and assurance.

Outline Plan

To ensure a comprehensive and effective AI review within the Health Board, the detailed steps and timeline need to be meticulously planned and executed. Here is an expanded version of the plan, which will be supported by CGI from June 2025 onwards.

Month 1-2: Formation and Initial Data Collection

- Week 1: Establish the AI Governance Task and Finish Group
- Form a dedicated AI Governance Task and Finish Group comprising representatives from various departments, including digital, clinical, legal, and information governance
- Define roles and responsibilities for each Group member to ensure a structured approach to the review process.

Week 2-4: Develop a Data Collection Plan

- Identify key performance metrics for existing AI systems, such as accuracy, efficiency, and overall impact on business processes.
- Design surveys and interview questions to gather qualitative data from stakeholders, including staff and patients.
- Develop a timeline for data collection activities to ensure all relevant information is gathered systematically.

Week 5-8: Collect Data on Existing AI Systems

- Gather quantitative data on the performance of AI systems, including system logs, usage statistics, and error rates
- Conduct interviews and surveys with stakeholders to gather insights on the effectiveness and impact of AI systems
- Compile and organise the collected data for analysis in the next phase.

Month 3-4: Performance Assessment and Compliance Checks

Week 9-12: Analyse Collected Data

- Evaluate the performance and effectiveness of AI systems based on the collected data
- Identify gaps or areas where AI systems are not meeting expectations and propose solutions for improvement
- Prepare a preliminary report summarising the findings of the performance assessment.

Week 13-16: Conduct Compliance Checks and Risk Assessments

- Review AI systems to ensure compliance with data protection laws, such as GDPR, and other relevant regulations
- Conduct DPIAs for AI projects to identify and mitigate potential risks
- Implement robust data protection measures, including encryption and regular monitoring for potential data breaches

Month 5: Stakeholder Engagement and Data Analysis

Week 17-18: Engage with Stakeholders

- Organise focus groups and workshops with stakeholders, including staff, patients, and external experts, to gather additional insights and feedback
- Document stakeholder feedback and integrate it with the performance and compliance data

Week 19-20: Analyse Stakeholder Feedback

- Analyse the feedback from stakeholders to identify common themes and areas for improvement
- Incorporate stakeholder insights into the overall assessment of AI systems
- Update the preliminary report to include stakeholder feedback and additional findings.

Month 6: Reporting and Strategic Roadmap Development

Week 21-22: Compile Findings into a Comprehensive Report

- Prepare a detailed report summarising the findings of the AI review, including performance assessments, compliance checks, and stakeholder feedback
- Include recommendations for improvement and innovation in the report
- Ensure the report is clear, concise, and accessible to all relevant stakeholders.

Week 23-24: Develop a Strategic Roadmap for Future AI Initiatives

- Create a strategic roadmap outlining the steps needed to advance AI capabilities, including resource allocation, training, and stakeholder engagement
- Set KPIs to measure the impact of AI on healthcare delivery and operational efficiency
- Present the report and strategic roadmap to the AI Governance Group and other relevant stakeholders for review and approval

Summary

The review aims to evaluate the performance of existing AI systems, identify areas for improvement, and explore new applications. It emphasises the importance of compliance with regulations and ethical standards, aiming to develop a strategic roadmap for future AI initiatives. The integration of AI within the Health Board is positioned as a strategic initiative to enhance healthcare delivery, operational efficiency, and patient outcomes

Argymhelliad / Recommendation

The Committee are requested to consider:

- **NOTE** the content of the Current use of Artificial Intelligence (AI) Report

- **APPROVE** the establishment of an AI Governance Task and Finish Group to provide the appropriate governance around the use of AI within the Health Board
- **ACKNOWLEDGE** the initiation of a review of AI within the Health Board

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1.3 That the Board's arrangements for information governance including creating, collecting, storing, safeguarding, disseminating, sharing, using and disposing of information is in accordance with its stated objectives; legislative responsibilities, listed in Appendix 1; and any relevant requirements, standards and codes of practice.
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	9 Digital plan 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 Termiau: Glossary of Terms:	Contained within the report

Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Digidol, Data ac Arloesi Parties / Committees consulted prior to Digital, Data and Innovation Committee:	Not applicable
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	The financial impact of AI use within the Health Board includes both significant initial investments and potential long-term savings, from an efficiency and cash releasing perspective.
Ansawdd / Gofal Claf: Quality / Patient Care:	The use of AI within the Health Board has a profound impact on quality and patient care. Internally, AI enhances service delivery, reduces clinician workloads, and improves patient outcomes through continuous observation and effective management of conditions. Externally, AI fosters innovative medical treatments, enhances clinical workflows, and ensures equitable and transparent patient care
Gweithlu: Workforce:	The use of AI within the Health Board has a significant impact on the workforce. Internally, AI initiatives focus on educating and upskilling the workforce, automating content creation, and maintaining data quality for informed decision-making. Externally, AI addresses workforce shortages, enhances diagnostic accuracy, and improves treatment planning, ultimately leading to a more efficient and effective healthcare workforce.
Risg: Risk:	Outlined within the paper
Cyfreithiol: Legal:	Not applicable
Enw Da: Reputational:	The use of AI within the Health Board has a significant impact on its reputation. Internally, the adoption of trusted AI frameworks, robust data protection measures, and ethical clinical practices ensures transparency, trust, and compliance with regulatory standards. Externally, aligning with best practices in AI transparency, informed consent, and health equity can further enhance the Health Board's reputation as a leader in ethical and innovative healthcare
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	This will be included within the review, and will be a crucial element of the outputs

3.2

0 Mins

3.2 - Information Governance Sub-Committee
(IGSC) 3A's update, IGSC Workplan and IGSC
Terms of Reference

*Anthony Tracey
(Hywel Dda UHB -
Digital Director)*

| For approval

Attachments

[3.2 IGSC Sub-Committee 26March2025.pdf](#)

[3.2 Appendix 1 Policy 347 Corporate Records Management Policy 2025 FOR APPROVAL.pdf](#)

[3.2 Appendix 2 Policy 347 - Equality Impact Assessment.pdf](#)

[3.2 Appendix 3 IGSC - Sub committee terms of reference.pdf](#)

[3.2 IG Work Plan 2025 2026 V0.2.pdf](#)

INFORMATION GOVERNANCE SUB-COMMITTEE COMMITTEE UPDATE REPORT

Date of last meeting: 26 March 2025

Quoracy: Met

Report by: Anthony Tracey, Digital Director, Chair

KEY DISCUSSION POINTS AND MATTERS TO BE ESCALATED FROM THE DISCUSSION AT THE MEETING:

Alert (may require discussion)

Information Governance Sub-Committee wish to **alert** members of the Digital, Data and Innovation Committee that:

- **Corporate Records Management Policy (Policy Number 347)** – the Sub-Committee approved the updates changes to the policy, following confirmation that the revised policy has been through the policy 190 process and been out for global consultation (Appendices 1 and 2).
- **Information Governance Toolkit Submissions for 2024/25** – the Sub-Committee approved the submissions of the Information Governance Toolkits for the Health Board, and Managed Practices.

Advise (to monitor)

Information Governance Sub-Committee had no matters that they wish to **advise** members of the Digital, Data and Innovation Committee that:

Assure (to note)

Information Governance Sub-Committee wish to **assure** members of the Digital, Data and Innovation Committee that:

- IGSC Terms of Reference – Reviewed and approved by the Sub-Committee (Appendix 3)
- **Corporate and Medical Records Storage Assurance Report** – The Sub-Committee received an update report on the storage of records within external facilities. The Sub-Committee were pleased to note the number of records that have been moved back to the internal records facilities reducing our reliance on external suppliers.

Review of Risks

The Sub-Committee reviewed the two risks which are aligned to Sub-Committee. As part of its review, the Sub-Committee considered the status of each risk, and the current score was deemed in tolerance. However, the Sub-Committee did recognise the work that had been done by the Information Governance and Health Records Teams in reducing the risk of inappropriate storage facilities.

Sharing of learning

The Information Governance Sub-Committee had no matters to alert the Group on this occasion.

Recommendation

The Committee is asked to:

- **APPROVE** the Corporate Records Management Policy (Policy Number 347) (Appendices 1 and 2)
- **APPROVE** the Information Governance Sub-Committee Terms of Reference (Appendix 3)
- **NOTE** the Information Governance Sub-Committee Report and **TAKE ASSURANCE** from the actions and oversight of the Sub-Committee.

Corporate Records Management Policy

Policy information

Policy number: **347**

Classification: Corporate

Supersedes: Previous Versions

Version number: 4

Date of Equality Impact Assessment: 19.02.2025

Approval information

Approved by: DDIC (Digital, Data and Innovation Committee)

Date of approval:

Date made active:

Review date:

Summary of document:

The Corporate Records Management Policy sets out best practice for the creation, management, retention and disposal of corporate records

Scope:

This policy relates to all non-clinical operational records held in any format by HDUHB. These include: all administrative records (e.g., personnel, estates, financial and accounting records, notes associated with complaints, etc.).

To be read in conjunction with: (opens in a new tab)

[193 – Retention and Destruction of Records Policy \(Including Health Records\)](#) (opens in a new tab)

[191 – Health Records Management Strategy](#) (opens in a new tab)

[192 – Health Records Management Policy](#) (opens in a new tab)

[291 – Personnel Employee Record Management Policy](#) (opens in a new tab)

[836 – All Wales Information Governance Policy](#) (opens in a new tab)

[238 – Information Governance Framework](#) (opens in a new tab)

[172 – Confidentiality Policy](#) (opens in a new tab)

[837 – All Wales Information Security Policy](#) (opens in a new tab)

[186 – Business Continuity Planning Policy](#) (opens in a new tab)

[173 – Freedom of Information Act Policy](#) (opens in a new tab)

Patient information:

Not applicable

Hywel Dda University Health Board
Owning group:
Information Governance Sub-Committee

Executive Director job title:
Director of Finance

Reviews and updates:
Version 1- 25.6.2013
Version 2 – 25.4.2022
Version 3 -

Keywords
Records Management, Corporate Records

Glossary of terms

Corporate records: are records (other than health records) that are of, or relating to, an organisation's business activities covering all the functions, processes, activities and transactions of the organisation and of its employees.

Records Management: is that "field of management responsible for the efficient and systematic control of the creation, receipt, maintenance, use and [disposal] of records, including processes for capturing and maintaining evidence of and information about business activities and transactions in the form of records". BS ISO 15489-1: 2001 Information and documentation – Records Management

Records management is about controlling the organisation's records to ensure authenticity, reliability, integrity and usability.

Welsh IG Toolkit: is an online self-assessment tool that allows organisations to measure their performance against the IG Standards and Regulations. All organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practising good data security and that personal information is handled correctly.

Retention Schedule: is a document setting out what records the HDUHB holds and how long they will be retained before disposal. It can also be used to set out what needs to happen to records at various different stages of their lifecycle to ensure that they are stored efficiently

Critical Records: are records without which the HDUHB could not effectively function or be reconstructed in the event of a disaster. These include records the HDUHB requires to recreate its legal and financial status, to reserve its rights and to ensure that it can continue to fulfil its obligations to its stakeholders

Metadata: is the information attached to a record which describes technical aspects of the creation, use and retention of the record and its relationship with other records.

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Introduction

Hywel Dda University Health Board (HDUHB) is dependent on its records to operate efficiently and account for its actions. An effective records management system is critical in the provision of effective and safe care to patients and to assist in the efficient running of the organisation. Corporate services must ensure that all records are created and maintained in accordance with legislations and standards guidance.

Policy Statement

This policy defines a structure for HDUHB to ensure adequate records are maintained and that they are managed and controlled effectively. This will support the confidentiality, integrity and availability of all information held and/or used by the HDUHB.

Scope

This policy relates to all non-clinical operational records held in any format by HDUHB. These include: all administrative records (e.g., personnel, estates, financial and accounting records, notes associated with complaints, etc.).

This policy applies to all staff employed (including volunteers) by or contracted to HDUHB and includes experts who the HDUHB might call upon in consultation.

Aim

This policy will define the way in which records will be managed throughout the organisation.

Objectives

This policy aims to ensure that records must be designed, prepared, reviewed and accessible to meet the required needs. Care treatment and decision making is supported by structured, accurate and accessible records documenting the conversation between people and health professionals and the resulting decisions and actions taken and reflects best practice founded on the evidence base.

The policy will ensure the following:

- **Records are available when needed** and shared when appropriate - from which HDUHB is able to form a reconstruction of activities or events that have taken place.
- **Records can be accessed** - records and the information within them can be located and displayed in a way consistent with its initial use, and that the current version is identified where multiple versions exist.

- **Records can be interpreted** - the context of the record can be interpreted: who created or added to the record and when, during which business process, and how the record is related to other records
- **Records can be trusted** – the record is accurate, up-to-date, complete and contemporaneous in accordance with professional standards and guidance. It reliably represents the information that was actually used in, or created by, the business process, and its integrity and authenticity can be demonstrated.
- **Records can be maintained through time** – the qualities of availability, accessibility, interpretation and trustworthiness can be maintained for as long as the record is needed, perhaps permanently, despite changes of format.
- **Records are secure** – they are stored securely and are secure from unauthorised or inadvertent alteration or erasure, that access and disclosure are properly controlled, and audit trails will track all use and changes. To ensure that records are held in a robust format which remains readable for as long as records are required.
- **Records are retained and disposed of appropriately** - using consistent and documented retention and disposal policies, which include provision for appraisal and the permanent preservation of records with archival value; records should only be destroyed with the consultation or approval of the relevant body/person.
- **Staff are trained and have guidance to refer to** - so that all staff are made aware of their responsibilities for record-keeping and record management.

Implementation of the policy

Record Creation

The HDUHB will apply good records management principles to information and records created or received as part of its activities.

- **Ownership** All records created by employees of the HDUHB in the course of their work remain the absolute property of HDUHB unless otherwise specifically agreed.
- **Evidential significance** Adequate records of all activities will be maintained to account fully and transparently for all actions and decisions of HDUHB.
- **Accuracy and authenticity** The HDUHB shall ensure records are complete and accurate and that the information they contain is reliable and its authenticity can be guaranteed
- **Accessibility** Records should be created using clear and unambiguous language appropriate to the subject, suitable fonts and font size, and relevant corporate templates where appropriate, so that records can easily be read and understood.
- **Legislative compliance** All the records created by the HDUHB may be used in requests for information under the Freedom of Information Act, Environmental Information Regulations and Data Protection Act. Employees must not create, delete or alter information that has been requested under legislation.

HDUHB will store records to maximise efficiency, reduce costs, enable sharing and minimise risks. All information must be held in secure environments regardless of medium. All records are subject to the HDUHB retention schedule found in [193 – Retention and Destruction of Records Policy \(Including Health Records\)](#) . Any record which might be used as evidence in a legal or regulatory process should be subject to access and audit trail controls to ensure that its reliability, integrity and evidential value can be demonstrated.

Responsibility for record keeping All employees are responsible for the protection of records they process. It is employees' responsibility to ensure adequate secure storage arrangements are provided which protect records from unauthorised or inadvertent alteration or destruction, controls access and disclosure with appropriate audit trails, and maintains the records in a robust format which remains readable so long as the information and records are required. They should work with the Information Governance Team to achieve this outcome.

Arrangement of records Information will be arranged using appropriate naming conventions so they can be retrieved quickly and efficiently for the length of their lifecycle. Each service should take into account the legal and regulatory environment specific to their area of work.

HDUHB's Classification Scheme A classification scheme is a way of organising records to make the management of them easier. Classification schemes consist of classes that represent broad functions sub-divided into sub-classes. The HDUHB will develop a corporate classification scheme for the storage of records, and to facilitate the application of access control and retention schedules.

Access Control The security of the HDUHB records is essential. The security controls in place to safeguard the records of HDUHB are detailed in the [837 – All Wales Information Security Policy](#) (opens in a new tab).

Records Storage

Storage of physical records Storage accommodation for physical records should protect the records from damage, accidental loss or destruction, and prevent unauthorised access. Records storage facilities, shelving and equipment must meet occupational health and safety requirements. Physical records that must be retained for legal or business purposes but are no longer required day to day should be placed in the care of one of the HDUHB approved storage areas, with access to the records provided on demand. Criteria for storage is detailed in the Corporate Records Management Procedure.

Storage of electronic records HDUHB will continue to develop appropriate solutions for the storage and preservation over time of electronic records in a structured and managed environment. The arrangements in place for managing electronic information in every service should be agreed with ICT and the IG, clearly documented and periodically reviewed.

Disposal and transfer Services must follow the arrangements for appraisal and selection of records for disposal and transfer laid out in the Corporate Records Management Procedure. All records should be managed in accordance with the HDUHB Retention Schedule outline in [193 – Retention and Destruction of Records Policy \(Including Health Records\)](#) – opens in a new tab. Any divergence from the schedule should be authorised by the SIRO. Documentation of the disposal/transfer of records, for example to an external storage facility or to a Place of Deposit, must be completed and retained for audit purposes on the HDUHB destruction/transfer log. Mechanisms for the regular transfer of records selected for permanent preservation should be in place and agreed with HDUHB **Senior Corporate Records Management Officer**. Wherever records are held on corporate electronic data & records management systems [EDRMS], consideration must be given as to whether automated system retention, disposal & review dates should be used or whether manual ones should be given. Records subject to an open request under the Data Protection Legislation or Freedom of Information Act must not be destroyed.

Use of Records

Using physical records

Physical records are the responsibility of the user, who should ensure their safety and security at all times. Records should not be removed from the HB's premises except in cases of necessity, when adequate and appropriate security measures should be employed.

Use of the Internal and Off-site Storage

All records stored should be held within the HDUHB internal storage areas. The IG Service or Senior Corporate Records Management Officer should be contacted for advice.

Digital continuity

Electronic records are dependent on technology to access and read them. The IG service will work with ICT to ensure that information created digitally is accessible for as long as necessary. This may involve the use of non-proprietary formats and the use of PDF/A standards where necessary.

Critical Records

In the event of a disaster critical records will have the highest priority for preservation, rescue and / or restoration. The HDUHB must be aware of its critical records and services should have contingency plans in place.

Business Continuity and Recovery

If records are damaged the service area must contact the **Senior Corporate Records Management Officer** for immediate records recovery. Services must also undertake a risk assessment with the Senior Corporate Records Management Officer to decide whether restoration would be beneficial after the initial recovery of records. Advice should be sought from the IG Service or Business Continuity Service.

Risk Management

Records form part of the corporate assets of the HDUHB, and risks relating to confidentiality, integrity and availability of records must be managed appropriately. Risks relating to the management of records should be incorporated into the HDUHB risk management framework and included on each service's risk register for local management and escalated through their management structure where appropriate.

Partnership Working

Information sharing protocols will be drawn up with partners to reflect agreement in data sharing. The HDUHB will ensure that any partners involved in projects or the delivery of services have proper management with agreed standards in place for records created under partnership initiatives.

- **Partnership working where HDUHB is the lead partner:** Core records will be retained and managed by HDUHB under retention schedules agreed by the HDUHB. HDUHB's Corporate Records Management Policy will apply.
- **Partnership working where another organisation is the lead partner:** Core records will be retained by the other organisation. The HDUHB will identify and manage records relating to its role in the partnership under retention schedules agreed by the HDUHB.
- **Partnership working where no single organisation is the lead partner:** The HDUHB will ensure that an agreement is in place with one partner for the management of core records.

Responsibilities

Chief Executive – The Chief Executive takes overall responsibility for the HDUHB information governance performance and is required to ensure that:

- the HDUHB can demonstrate accountability against the requirements within the Data Protection Act;
- decision-making is in line with the HDUHB policy for information governance and any statutory provisions set out in legislation;
- the information risks are assessed and mitigated to an acceptable level and information governance performance is continually reviewed;
- suitable action plans for improving information governance are developed and implemented;
- ensure IG training is mandated for all staff and is provided at a level relevant to their role.

To satisfy the above, the Chief Executive has delegated this responsibility to the Director of Digital who will be accountable for the HDUHB overall information governance arrangements.

Senior Information Risk Owner (SIRO) – The Director of Finance is the identified Senior Information Risk Owner (SIRO), and will take ownership of information risk. The Director of Digital is appointed as Deputy SIRO. The SIRO is a key factor in successfully raising the profile of information risks and embedding information risk management into the HDUHB culture. The SIRO is the Chair of the Information Governance Sub-Committee.

Caldicott Guardian - The Medical Director has been nominated as the HDUHB Caldicott Guardian and is responsible for protecting the confidentiality and reflecting patients' interests regarding the use of patient identifiable information. The Caldicott Guardian is responsible for ensuring patient identifiable information is shared in an appropriate, ethical and secure manner.

Data Protection Officer – The Head of Information Governance has been appointed as the Data Protection Officer as required by UK Data Protection Legislation. This role plays a key part in fostering a data protection culture to help implement essential elements of the Data Protection Legislation such as, principles of data processing, data subjects' rights, data protection by design and by default – privacy impact assessments.

The Head of Information Governance – The Head of Information Governance will be responsible for the development, communication and monitoring of policies, procedures and action plans ensuring the HDUHB adopts information governance best practice and standards. This role will report to the Director of Digital and will be supported by the Information Governance Team who will also work in collaboration with the Information Asset Owners.

Director of Digital – The Director of Digital has overall responsibility for the technical infrastructure to ensure the security and data quality of the information assets and systems held within the Board.

Head of Digital Operations – The Head of Digital Operations is the HDUHB identified IT Security Lead and provides expert technical advice on matters relating to IT Security and ensures compliance and conformance against the NHS Wales Code of Connection and NIS Directive.

Health Records Manager – This role is responsible for the overall management and performance of the Health Records Service within HDUHB including the provision of organisation-wide access to health records.

Executive Director/Secondary Care Director/Area Director - Each Director is responsible for the information within their Directorate and therefore must take responsibility for information governance matters. In particular they must appoint an Information Asset Owners.

Information Asset Owners (IAOs) – The Information Asset Owner's role is to understand what information is processed by their department i.e., what information is held, added, removed, how it is moved, who has access to it and why. As a result, they are able to understand and address risks to the information, to ensure that information is processed within legislative requirements. The IAOs work with

Hywel Dda University Health Board
the IG Team to ensure compliance with the HDUHB Retention Schedule, corporate IG policies, procedures, standards, legislation and to promote best practice.

Information Asset Administrators (IAAs) – The Information Asset Administrator will recognise actual or potential security incidents, consult with their IAO on appropriate incident management and ensure that information asset registers are accurate and up to date including retention review dates for declared records.

System Owners – The System Owners will be responsible for identifying and managing system risks; understand procurement requirements around contracts and licencing; put in place and test business continuity and disaster recovery plans, control access permissions and ensure the system asset record is regularly reviewed and updated on the asset register.

Freedom of Information (FOI) Officer - The Freedom of Information Officer is responsible for ensuring all Information requests are fulfilled within the statutory regulations. The FOI officer will work with departments to ensure that information required in response to requests is managed in the appropriate manner and is stored until such a time as it is no longer required to be protected by the requirements stated under the FOI Act.

Senior Corporate Records Management Officer - The Senior Corporate Records Management Officer is responsible for the management of corporate records, including training, destruction of records, and transfer of records to the HDUHB Places of Deposit and for oversight of the selection of records for permanent preservation.

All Staff - All employees, contractors, volunteers and students working for or supplying services for the HDUHB are responsible for any records or data they create and what they do with information they use.

Staff must attend mandatory information governance training and/or refresher/ awareness sessions to maintain their knowledge and skills every two years.

All staff have a responsibility to adhere to information governance policies and procedures and standards which are written into the terms and conditions of their contracts of employment and the organisations Staff Code of Conduct.

Third Party Contractors – appropriate contracts and confidentiality agreements shall be in place with third parties where potential or actual access to the HDUHB confidential information assets is identified.

Monitoring

Monitoring of this policy will be the joint responsibility of the Director of Digital and the Head of Information Governance. The policy will be disseminated throughout the organisation and training initiated. Escalation of issues will be through the Information Governance Sub-Committee to the Board as per the HDUHB Standing Orders.

This policy will be reviewed every 3 years. Review maybe invoked earlier if new legislation, new standards, or codes of practice are introduced.

Resources

The Information Governance Team should have sufficient resource to ensure the HDUHB remains compliant against its legislative requirements and timescales.

Directorates should ensure that their appointed, Information Asset Owners and System Owners have sufficient time and resource to execute the requirements within these job roles.

Training

All staff within HDUHB, are mandated to undertake Information Governance, Records Management and Cyber Security training. This training must be renewed every two years.

In addition to induction and mandatory training requirements, there are certain posts/job roles which require specialised IG training in order to fulfil their duties, for example: Caldicott Guardian, DPO, SIRO, IG Team, IAO, IAA, System Owners and staff who handle subject access requests.

The Information Governance Team are responsible for developing and delivering the IG training programme which is supported by a 3 year IG Training Strategy and action plan.

Audit

The HDUHB will respond to the Welsh Information Governance Toolkit on how we manage the processing of personal data, in particular looking at: Governance & Accountability; Records Management and Requests for Information.

The Information Governance Team will carry out audits to:

- review IG compliance across departments and teams within HDUHB;
- review and risk assess Information/System asset register submissions;
- assess the data protection impact of all new or revised system or service development.

References

The legislation and guidance supporting this policy includes:

- Freedom of Information Act 2000
- Environmental Information Regulations 2004
- Human Rights Act 1998
- Access to Health Records Act 1990
- Public Records Act 1958
- The Computer Misuse Act 1990
- UK General Data Protection Regulation (UK GDPR)
- Data Protection Act 2018
- Code of Practice on the management of records issued under section 46 of the Freedom of Information Act 2000
- Records Management Code of Practice for Health and Social Care 2022 Caldicott: Principles into Practice (C-PIP) Foundation Manual for Caldicott Guardians
- Welsh IG Toolkit
- International Standard ISO, 15489, Records Management
- Information Security assurance - ISO 27001

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

For further support please visit the [EqIA Sharepoint](#) or contact:

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	Director of Finance, Finance
Service Area	Information Governance

Title of Procedure, Project, Proposal, Policy being screened:	Corporate Records Management Policy & Strategy
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Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

This policy relates to all non-clinical operational records held in any format by HDUHB. These include: all administrative records (e.g., personnel, estates, financial and accounting records, notes associated with complaints, etc.).

This policy aims to ensure that records must be designed, prepared, reviewed and accessible to meet the required needs. Care treatment and decision making is supported by structured, accurate and accessible records documenting the conversation between people and health professionals and the resulting decisions and actions taken and reflects best practice founded on the evidence base.

Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)

This policy applies to all staff employed (including volunteers) by or contracted to HDUHB and includes experts who the HDUHB might call upon in consultation.

Assess which protected characteristics will potentially be affected by the proposal in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

If at any point a negative impact has been identified (actual or potential), you do not need to proceed with the completion of this form, as a full EqlA must be undertaken: [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](https://sharepoint.com)

Age				
Is it likely to affect older and younger people in different ways or affect one age group and not another?				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact
				x
Justification of impact identified: This is an admin policy and strategy which do not negatively impact patients or staff. The policy is already in place and has had no complaints from protected groups. This policy has the same impact on a person regardless of their age, therefore no impact identified.				
Disability				
Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact
				x
Justification of impact identified: This is an admin policy and strategy which do not negatively impact patients or staff. The policy is already in place and has had no complaints from protected groups. This policy has the same impact on a person regardless of their disability, therefore no impact identified.				
Gender Reassignment				
Is it likely to affect those who either:				
<ul style="list-style-type: none"> • Have undergone, intend to undergo or are currently undergoing gender reassignment. • Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth 				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact
				x
Justification of impact identified: This is an admin policy and strategy which do not negatively impact patients or staff. The policy is already in place and has had no complaints from protected groups. This policy has the same impact on a person regardless of their gender, therefore no impact identified.				
Marriage / Civil Partnership				
Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.				
Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact
				x
Justification of impact identified: This is an admin policy and strategy which do not negatively impact patients or staff. The policy is already in place and has had no complaints from protected groups. This policy has the same impact on a person regardless of their marital status, therefore no impact identified.				
Pregnancy and Maternity				
Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact
				x
Justification of impact identified: This is an admin policy and strategy which do not negatively impact patients or staff. The policy is already in place and has had no complaints from protected groups. This policy has the same impact on a person regardless of their health, therefore no impact identified.				
Race / Ethnicity				
Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?				

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: This is an admin policy and strategy which do not negatively impact patients or staff. The policy is already in place and has had no complaints from protected groups. This policy has the same impact on a person regardless of their race, therefore no impact identified.					
Religion or Belief Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: This is an admin policy and strategy which do not negatively impact patients or staff. The policy is already in place and has had no complaints from protected groups. This policy has the same impact on a person regardless of their religion, therefore no impact identified.					
Sex Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: This is an admin policy and strategy which do not negatively impact patients or staff. The policy is already in place and has had no complaints from protected groups. This policy has the same impact on a person regardless of their sex, therefore no impact identified.					
Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or either.					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: This is an admin policy and strategy which do not negatively impact patients or staff. The policy is already in place and has had no complaints from protected groups. This policy has the same impact on a person regardless of their sexual choices, therefore no impact identified.					
Armed Forces Community Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.' For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: Armed-Forces-Covenant-duty-statutory-guidance					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: This is an admin policy and strategy which do not negatively impact patients or staff. The policy is already in place and has had no complaints from protected groups. This policy has the same impact on a person regardless of their previous job roles, therefore no impact identified.					
Socio Economic Duty Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or					

health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered.

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see:

[more-equal-wales-socio-economic-duty](#)

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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Justification of impact identified:
 This is an admin policy and strategy which do not negatively impact patients or staff. The policy is already in place and has had no complaints from protected groups. This policy has the same impact on a person regardless of their income or where they live, therefore no impact identified.

Welsh Language

Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.

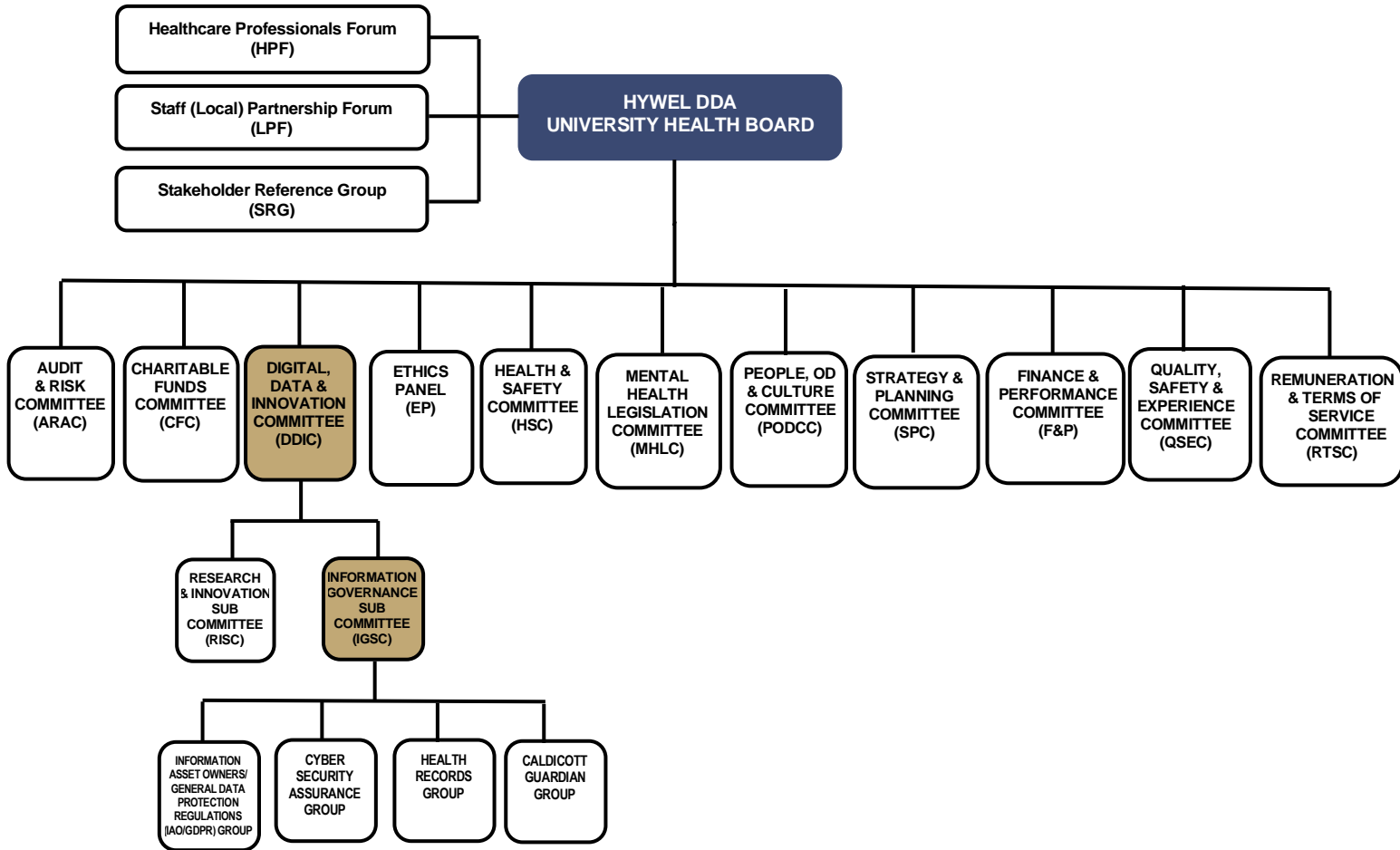
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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Justification of impact identified:
 This is an admin policy and strategy which do not negatively impact patients or staff. The policy is already in place and has had no complaints from protected groups. Justification of impact identified: This policy has the same impact on a person regardless of their language, therefore no impact identified.

If a negative impact has been identified, you are not required to complete this form as a full EqlA must be undertaken. A full EqlA template and guidance can be found on the following link: [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](#)

Screening Completed by:	Name	Siân Faiththorne
	Title	Senior Corporate Records Management Officer
	Contact details	Sian.Faiththorne@wales.nhs.uk
	Date	19 th February 2025
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Patrycja Duszynska
	Title	Head of Information Governance
	Contact details	patrycja.duszynska@wales.nhs.uk
	Date	19 th February 2025
Guidance has been provided by Diversity & Inclusion Team:	Name	Kylie Daniels
	Title	Senior Diversity and Inclusion Officer
	Contact details	Kylie.daniels@wales.nhs.uk
	Date	19/02/2025
Diversity and Inclusion Team additional Comments:		

Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate’s responsibility to update the EqlA and inform the D&I team.



TERMS OF REFERENCE

INFORMATION GOVERNANCE SUB-COMMITTEE (IGSC)

Version	Issued to:	Date	Comments
V.1	Information Governance Sub Committee Integrated Governance Committee	25 th November 2010 21 st December 2011	Approved Approved
V.2	Information Governance Sub Committee Integrated Governance Committee	11 th November 2011 20 th December 2012	Approved Approved
V.3	Information Governance Sub Committee Integrated Governance Committee	14 th March 2013 23 rd April 2013	Approved Approved
V.4	Information Governance Sub Committee Integrated Governance Committee	14 th March 2014 22 nd April 2014	Approved Approved
V.5	Information Governance Sub Committee Integrated Governance Committee	13 th March 2015 28 th April 2015	Approved Approved
V.6	Information Governance Sub Committee	19 th June 2015	Approved
V.7	Information Governance Sub Committee	27 th July 2015	Approved
V.8	Business Planning & Performance Assurance	25 th August 2015	Approved

	Committee		
V.9	Information Governance Sub-Committee	27 th November 2015	Approved
V.10	Business Planning & Performance Assurance Committee	22 nd August 2017	Approved
V.11	Information Governance Sub-Committee	30 th July 2018	Approved
V.12	Information Governance Sub-Committee	11 th December 2019	Approved
V.12	Business Planning & Performance Assurance Committee	17 th December 2019	Approved
V.13	Information Governance Sub-Committee	2 nd September 2020	Approved
V.14	People Planning & Performance Assurance Committee	Via Chair's Action	Approved
V.15	Information Governance Sub-Committee	12 th October 2021	Approved
V.15	Sustainable Resources Committee	28 th October 2021	Approved
V.16	Revised by Digital Director	17 th May 2022	Approved
V.16	Information Governance Sub-Committee	11 th October 2022	Approved
V.16	Sustainable Resources Committee	10 th November 2022	Approved
V.17	Revised by Digital Director	07 th February 2024	Approved
V.17	Information Governance Sub-Committee	07 th February 2024	Approved
V.17	Sustainable Resources Committee		
V.17	Information Governance Sub-Committee	26 March 2025	Approved
V.17	Digital, Data and Innovation Committee	22 April 2025	For Approval

INFORMATION GOVERNANCE SUB-COMMITTEE (IGSC)

1. Constitution

- 1.1 Information Governance Sub-Committee (IGSC) has been established as a Sub-Committee of the Digital, Data & Innovation Committee (DDIC), and was constituted from 25th November 2010.

2. Principal Duties

- 2.1 The purpose of the Information Governance Sub-Committee is to provide assurance to the Sustainable Resources Committee (SRC), which is a Committee of the Board, on compliance with information governance legislation, guidance, and best practice, and to:
- 2.2 The Sub-Committee will:
- 2.2.1 Provide evidence based and timely advice to assist the University Health Board (UHB) in discharging its functions and meeting its responsibilities with regard to the quality and integrity; safety and security; and appropriate access and use of information (including patient and personal information) to support its provision of high-quality healthcare.
 - 2.2.2 Provide assurance in relation to the Board's arrangements for creating, collecting, storing, safeguarding, disseminating, sharing, using and disposing of information in accordance with its stated objectives; legislative responsibilities, e.g., the Data Protection Act 2018, UK General Data Protection Regulations 2016 (implemented May 2018), Freedom of Information Act 2000 and Network and Information Systems Regulation 2018; and any relevant requirements, standards and codes of practice.
 - 2.2.3 Provide assurance that risks relating to information governance are being effectively managed across the whole of the UHB's activities (including for hosted and contracted services, through shared services, partnerships, independent contractors, and Joint Committees as appropriate).

3. Operational Responsibilities

- 3.1 The Sub-Committee will, in respect of its provision of assurance/advice to the Digital, Data and Innovation (DDIC) Committee, ensure that:
- 3.1.1 Promote and develop a robust information governance and security framework within the UHB and encourage a strong information governance and security culture across the organisation.
 - 3.1.2 Ensure that good information governance practice is integrated into service and project delivery plans and pathways across the UHB.
 - 3.1.3 Ensure openness, security, quality, and legal compliance in all information produced, utilised and reported by the UHB and its partners.

- 3.1.4 In conjunction with key Committees / sub-committees / groups develop appropriate systems, policies, work plans, procedures and accountability based on innovation and best practice for the effective management of information, including (but not restricted to) the areas of:
- Information and Cyber Security (Inc. SIRO related issues)
 - Information Sharing Protocols
 - Contracts, partnership and third party and supplier agreements
 - Confidentiality and Data Protection
 - Freedom of Information
 - Subject Access Requests
 - Records Management
 - Information Quality Assurance / Data Quality
 - Risk Management and Incident Management
 - Data Protection Impact Assessments
 - Patient records
 - Clinical Coding
- 3.1.5 The Sub-Committee is responsible for recommending policies and procedures relating to information governance to the Digital, Data and Innovation Committee, for approval.
- 3.1.6 Monitor the UHB's compliance against relevant statutory requirements, internal and external standards and assessment criteria, via the Information Governance Toolkit, Cyber Assessment Framework (CAF) any other relevant requirements / assessments, and Internal / External Audit reviews including the implementation of Welsh Audit Office, Health Inspectorate Wales and Internal Audit recommendations.
- 3.1.7 Provide appropriate information governance assurance in relation to any high-level projects and plans that are monitored through and reported to the Digital, Data and Innovation Committee including the UHB's performance management framework and reporting template.
- 3.1.8 Develop, and performance manage action plans to achieve information governance and security objectives and direct and co-ordinate the work of the individuals and Groups involved with aspects of information governance within the UHB. Ensure that action plans and work programmes align with the UHB's Integrated Medium Term Plans (IMTP) where appropriate.
- 3.1.9 Inform and report the UHB's performance, action plans, and identified risks connected to information governance and information security to the Digital, Data and Innovation Committee (DDIC).
- 3.1.10 Provide assurance to the Digital, Data and Innovation Committee in relation to the organisation's arrangements for managing information and cyber security incidents including emergency preparedness, resilience and response and business continuity.

- 3.1.11 Provide a forum for discussion and debate on any ad-hoc information governance issues. This will include receiving and enacting information governance issues arising from the implementation of national systems directed for use within the UHB.
- 3.1.12 Develop an annual work plan and report, for sign off by the Digital, Data and Innovation Committee that addresses identified risks and priorities, meets relevant statutory and good practice requirement and is consistent with the strategic direction and organisational objectives of the organisation, including the IMTP where appropriate.
- 3.1.13 Provide assurance to the Digital, Data and Innovation Committee that, wherever possible, work plans are aligned with partnership plans and developed with Local Authorities, Universities, Collaboratives, Alliances, and other key partners.
- 3.1.14 Take forward any work identified by the Digital, Data and Innovation Committee as required to feed into the UHB's planning cycle.
- 3.1.15 Agree issues to be escalated to the Digital, Data and Innovation Committee with recommendations for action.
- 3.1.16 Consider the information governance implications for the Health Board of review reports and actions arising from the work of external reviewers.
- 3.1.17 Ensure that there is a process of Data Protection Impact Assessment in accordance with Information Commissioner's guidance.
- 3.1.18 The Health Board is meeting its legislative responsibilities, e.g., Data Protection and Freedom of Information Legislation, as well as complying with national Information Governance policies and Information Commissioners Office guidance.

Cyber Security

- 3.1.19 The promotion of information security throughout the Health Board.
- 3.1.20 The review and recommendation for the approval of all information security related policies and procedures.
- 3.1.21 The monitoring of progress in programmes to achieve compliance / certification with ISO27001.
- 3.1.22 The monitoring of progress in programmes to achieve compliance / certification with Cyber Essentials Plus.
- 3.1.23 The review and monitoring of security incidents both locally and nationally, identifying their root cause, any resolution and future prevention.
- 3.1.24 Reviewing information security risk assessments and improvement plans.

- 3.1.25 Consideration of solutions to improve security.
- 3.1.26 Monitoring and auditing compliance with standards and policies.
- 3.1.27 Receiving and reviewing information security related reports (e.g. internal audit).
- 3.1.28 Reviewing and commenting upon the security impact of information system development.
- 3.1.29 Reviewing, and recommending for approval, the information security elements of the annual IG toolkit submission.

4. Membership

4.1 The membership of the Sub-Committee shall comprise:

Title
Digital Director (Deputy SIRO) (Chair)
Medical Director (Caldicott Guardian)
Associate Medical Director for Professional Standard /Deputy Caldicott Guardian (Vice Chair)
Independent Member
Head of Information Governance
Head of Information Services
Health Records Manager
Information Governance Manager(s)
Assistant Director of Workforce and OD
Head of Digital Operations
Cyber Security Manager
Mental Health Representative
Nursing Representative
Therapies & Health Sciences Representative
County/Community Representative
Primary Care Representative
Risk and Assurance Representative
Legal Services Representative
Freedom of Information Service Representative
Estates and Facilities Representative
Clinical Engineering Representative
Corporate Archivist
In Attendance
Information Governance Officer(s)
Information Asset Owners

4.2 The membership of the Sub-Committee will be reviewed on an annual basis.

5. Quorum and Attendance

- 5.1 A quorum shall consist of no less than 6 and must include as a minimum either the Chair (Digital Director) or the Vice Chair (Associate Medical Director for Professional Standard), either the Caldicott Guardian (Medical Director) or the Deputy Caldicott Guardian (Associate Medical Director for Professional Standard) and the Independent Member for scrutiny
- 5.2 An Independent Member shall attend the meeting in a scrutiny capacity.
- 5.3 Additional members may be co-opted to contribute to specialised areas of discussion.
- 5.4 Any senior officer of the University Health Board, or from a partner organisation may, where appropriate, be invited to attend.
- 5.5 Should any member be unavailable to attend, they may nominate a deputy to attend in their place, subject to the agreement of the Chair.
- 5.6 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Information Governance Sub-Committee.
- 5.7 The Sub-Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

6. Agenda and Papers

- 6.1 The Sub-Committee Secretary is to hold an agenda setting meeting with the Chair and/or Vice Chair and the Lead Executive Director (Digital Director, at least **six** weeks before the meeting date
- 6.2 The agenda will be based around the Sub-Committee work plan, identified risks matters arising from previous meetings, issues emerging throughout the year and requests from Sub-Committee Members. Following approval, the agenda and timetable for papers will be circulated to all Sub-Committee Members.
- 6.3 All papers should have relevant sign off before being submitted to the Sub-Committee Secretary.
- 6.4 The agenda and papers for meetings will be distributed seven calendar days in advance of the meeting.
- 6.5 The draft minutes and table of actions will be circulated to Members within fourteen/seven calendar days to check the accuracy.
- 6.6 Members must forward amendments to the Sub-Committee Secretary within the next seven calendar days. The Sub-Committee Secretary will then forward the final version to the Sub-Committee Chair for approval.

6 Frequency of Meetings

- 7.1 The Sub-Committee will meet bi-monthly and shall agree an annual schedule of meetings. Additional meetings will be arranged as determined by the Chair of the Sub-Committee in discussion with the Sub-Committee Lead.
- 7.2 The Chair of the Sub-Committee, in discussion with the Sub-Committee Secretary, shall determine the time and the place of meetings of the Sub-Committee and procedures of such meetings.

8. Accountability, Responsibility and Authority

- 8.1 The Sub-Committee will be accountable to the Digital, Data and Innovation Committee for its performance in exercising the functions set out in these terms of reference.
- 8.2 The Sub-Committee shall embed the University Health Board's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.
- 8.3 The requirements for the conduct of business as set out in the University Health Board's Standing Orders are equally applicable to the operation of the Sub-Committee.

9. Reporting

- 9.1 The Sub-Committee, through its Chair and Members, shall work closely with the Board's other committees, including joint /sub committees and groups to provide advice and assurance to the Board through the:
 - 9.1.1 Joint planning and co-ordination of Board and Committee business;
 - 9.1.2 Sharing of information.
- 9.2 In doing so, the Sub-Committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.
- 9.3 The Sub-Committee, may, subject to the approval of the Digital, Data and Innovation Committee, establish groups or task and finish groups to carry out on its behalf specific aspects of Sub-Committee business. The Sub-Committee will receive updates following each meeting, detailing the business undertaken on its behalf. Groups reporting to this Sub-Committee are:
 - 9.3.1 Information Asset Owners/General Data Protection Regulations (IAO/GDPR) Group
 - 9.3.2 Cyber Security Assurance Group
 - 9.3.3 Health Records Group
 - 9.3.4 Caldicott Guardian Group
- 9.4 The Sub-Committee Chair, supported by the Sub-Committee Secretary, shall:
 - 9.4.1 Report formally, regularly and on a timely basis to the Digital, Data and Innovation Committee on the Sub-Committee's activities. This includes

written updates on activity, as well as the presentation of an Annual Report within 6 weeks of the financial year.

- 9.4.2 Bring to the Digital, Data and Innovation Committee's specific attention any significant matter under consideration by the Sub-Committee.

10. Secretarial Support

- 10.1 The Sub-Committee Secretary shall be determined by the Sub-Committee Lead.

11. Review Date

- 11.1 These terms of reference shall be reviewed on at least an annual basis by the Sub-Committee for approval by the Digital, Data and Innovation Committee.

Requirement	Ref No	Toolkit Req. No	CPIP/Standards/Audit	Objective / Recommendation	IG Toolkit Improvement Plan Recommendation	Management Action	Lead Officer	Target Date and RAG Rating	2025 - 2026			
									Progress / Comments			
									Q1 April - June	Q2 July - September	Q3 October - December	Q4 January - March
	1	ACCOUNTABILITY		ACCOUNTABILITY								
NHS Wales Requirement (IG Toolkit) (HDUHB Requirement)	1.1	tbc	G4	IGSC Annual Report		Develop and publish the Information Governance Annual Report which should be approved by IGSC, and SRC	Lead HoIG - Support IG Team / Medical Records / Information Services / FOI Team / Cyber Security Team					
NHS Wales Requirement	1.2			Welsh IG Toolkit - 2025 - 2026		Implement the All Wales IG Toolkit in replacement of Caldicott Outturn report.	HoIG / IGMs Lead: HoIG, IGMs / Medical Records / Cyber Security Team / FOI Team / Health, Safety & Security Team / Information Services					Submission in Q4
NHS Wales Requirement	1.3			Welsh IG Toolkit - Improvement Plan for 2025 - 2026	Yes	Coordinating the IG Toolkit Improvement Plan and presenting it to IGSC on a regular basis	HoIG / IGMs					as above
NHS Wales Requirement	1.6			IG Toolkit for Managed GPs		*Implement the All Wales IG Toolkit *Creating Teams Site with IG Resources for Managed Practices *Provide bespoke training *Attend quarterly all Managed practice forum meetings [Nia check] *Meeting with practice managers (face to face)	HoIG / IGMs					Submission in Q4
NHS Wales Requirement	1.7			Managed GPs - Improvement Plan		Coordinating the IG Toolkit Improvement Plan for Managed Practices and presenting it to IGSC on a regular basis	IGMs					As above
NHS Wales Requirement	1.8		GDPR	IG Policies and Procedures	Yes IG Policies and procedures to be included in the quarterly IG Activity Report to IGSC, where review dates are closely monitored.	Review and update annual cycle of policies and procedures to ensure compliance with legislation.	HoIG / IGMs / ISM	In Progress		to be included in Q2 report		
NHS Wales Requirement	1.9		G9	Third Party Monitoring		Continue to monitor all partners and 3rd sector organisations who have access to Health Board information assets	IGMs Support - IG Officers	Ongoing	Ongoing monitoring of Third Party suppliers through IARs work, DPIAs, Third Party Suppliers questionnaires, etc.	Ongoing monitoring of Third Party suppliers through IARs work, DPIAs, Third Party Suppliers questionnaires, etc.	Ongoing monitoring of Third Party suppliers through IARs work, DPIAs, Third Party Suppliers questionnaires, etc.	Ongoing monitoring of Third Party suppliers through IARs work, DPIAs, Third Party Suppliers questionnaires, etc.
NHS Wales Requirement	1.10		G9	Employees Contracts (volunteers / trainees / work placements / apprenticeship / bank staff / agency / locum etc)		Continue to implement confidentiality clauses for any new contracts that involve contact; access or sharing of confidential information	IGMs Support - IG Officers	Ongoing				

NHS Wales Requirement	1.11			Review of Terms of Reference for IGSC and other Groups Meetings (e.g. Information Asset Owners Group, Caldicott Guardian Group; Information Governance Incidents Group; Health Records Group)	Yes	Term of Reference for meetings need to be reviewed every 12 months	Lead IGSC HoIG							To be included in Q4
NHS Wales Requirement	1.12			HDUHB's Annual Report and Accounts - Accountability Report (IG)		The purpose of the IG accountability section of the annual report is to meet key accountability requirements to the WG. https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2021/board-agenda-and-papers-10th-june-2021/10th-june-2021-documents/item-2-4-hdduhb-annual-report-and-accounts-2020-21/	HoIG	Completed	In Q1					
NHS Wales Requirement	1.13			Audit and Risk Assurance Committee (ARAC) - Legislation Assurance Framework		Update to be provided to Assurance and Risk Officer	HoIG	Ongoing	N/A	N/A	N/A	N/A	N/A	N/A
NHS Wales Requirement	1.14			Information Governance - Business Continuity Plan	Yes Cyber Security Medical Records	Review of the Documents: - Business Continuity: Business Impact Analysis & Risk Assessment; - Continuity Planning Arrangements	HoIG	Completed						to be reviewed in 2026-2027
Statutory Requirement	1.15		G10 Audit/ICO	DPIAs Documentation	Yes	Continue to implement and monitor data protection impact assessment process and documentation. -Yes Consider how the DPIAs can be published on the website - Implementing the Digital Services Support Requests System	Support - IGMs	Ongoing	Attending Digital Support Request Meetings fortnightly	Attending Digital Support Request Meetings fortnightly	Attending Digital Support Request Meetings fortnightly	Attending Digital Support Request Meetings fortnightly	Attending Digital Support Request Meetings fortnightly	Attending Digital Support Request Meetings fortnightly
Statutory Requirement	1.16			Welsh Language Standard		Ensure IG team compliant with Welsh Language Standards.	IGMs Support - IG Officers	Ongoing						
To Be Accelerated (IG Team could be more effective with robust admin system)	1.25			Monitoring IG Enquiries through IG Tracker		IG Tracker needs to be reviewed and new format needs to be implemented, new system to be developed internally by ICT based on SharePoint, Power Apps and Power BI	HoIG / IGMs / IGOs	Ongoing						
HDUHB Requirement	1.26			IGSC Risk Register - review		Regular IGSC Risk Register Review, and IG Themed Risk Register	HoIG / IGMs	Ongoing						
NHS Wales Requirement	1.27			Welsh Control Standard for Electronic Health and Care Records		* Control Standard to be reviewed and signed * AC3 Process to be agreed and implemented	HoIG / IGMs	Ongoing						
IG Toolkit Requirement	1.28			IG Policies and Procedures - Monitoring	Yes	Digital Services to look into how the HB could actively monitor whether staff have read and understood relevant policies and procedures.	HoIG / IGMs	Ongoing						
	2	CONFIDENTIALITY AND DATA PROTECTION ASSURANCE												
HDUHB Requirement	2.1		IP2	Monitoring IG E-Learning Compliance	Yes	Providing reports to IGSC on regular basis. To be included in IG Training strategy/plan 2.5 *Work on the Health Board IG Training compliance so we reach 85% compliance	HoIG	Ongoing	IG Activity Reports provided to IGSC quarterly.	IG Activity Reports provided to IGSC quarterly.	IG Activity Reports provided to IGSC quarterly.	IG Activity Reports provided to IGSC quarterly.	IG Activity Reports provided to IGSC quarterly.	IG Activity Reports provided to IGSC quarterly.

To Be Accelerated (IG Team could be more effective with completed training package)	2.2			Review and update IG Training Package	Yes	* Training Material to be updated, include Corporate Records Management in the sessions * IG Training Sessions to be recorded (Virtual Learning Video) * IG Training Sessions Prospectus to be updated on the Workforce Site (IG Training Level 1; IG Training Level 2 (Information Asset Owners and Information Asset Administrators) * Produce Training/awareness/IG Communication material for staff not having access to digital platforms.	HoIG / IGMs / IGOs						
To Be Accelerated (IG Team could be more effective with completed training package)	2.3			Development of IG Training Platform		Development of short IG Movies on specific topic (e.g. National IG Policies) and to be placed on the SharePoint Site	IGMs						
ICO Requirement	2.4			Provision of tailored IG Training to different Services		Training Sessions delivered: * Information Asset Owners Training * Subject Access Requests Training to Access to Health Records Team and Complaints Service. * IG Training for Medical Secretaries	IGMs		Junior Doctors	Junior Doctors/ Consultants	Medical Secretaries Pembrokeshire Collage Students	Social Workers (WNCR) - New Starters and Refresher Complaints Team Managed Practices Pharmacies (BGH)	
HUJHB Requirement	2.5			Development of the IG Training Plan	Yes	The plan to be developed and reviewed annually *IG Training needs analysis (Questionnaire)	HoIG / IGMs				Training Plan reviewed	Training Plan approved	
To Be Accelerated (IG Team could be more effective with completed intranet site, where guidance to staff is available)	2.6			Review and Update of IG Intranet Site for staff	Yes	* IG Intranet Site on HDUHB SharePoint, needs to be regularly checked and content reviewed * Links to IG Policies * Link to IG Training	IGMs / IGOs					review of content	
To Be Accelerated (IG Team could be more effective with completed internet site, where guidance to patients is available)	2.7			Review and Update of IG Internet Site for patients and visitors		* IG External Website needs to be reviewed and updated if needed	IGMs / IGOs						
To Be Accelerated	2.8			Develop IG Communication Plan to ensure coordinated and consistent approach to dissemination of Information	Yes	Plan to include: * IG Newsletter * IG Guidance to be circulated through Global Email and HB's Bulletins * Planning Campaigns on National Data Protection/Privacy Day; Cyber Security Awareness Day, etc.	HoIG / IGMs		Linked with IG Training Plan	Linked with IG Training Plan	Linked with IG Training Plan	Linked with IG Training Plan	

Statutory Requirement	2.9		IP2 GDPR	Privacy Notices		Review, update and make publicly available all fair processing information to ensure staff and patients are effectively informed with regards to the sharing of their data (full Review Yearly)	IGMs						
Statutory Requirement	2.10			Information Asset Registers - Platform for managing Registers		The identification of processing activities, recording them via the integrated asset register and data flow mapping tool on Teams that has been developed by IG Team remains an ongoing project. The Health Board should ensure that the IG Teams site is kept up to date.	IGMs						
Statutory Requirement	2.11			Information Asset Registers - Build with Services		Complete the project of creating IARs for all Services across HDUHB	IGMs	In Progress					
Statutory Requirement	2.12		IM1 & ICO A15	Information Asset Registers - Review	Yes	Continue to capture information flows and ensure that asset owners are adequately equipped to manage and review these flows (IARs need to be reviewed on a regular basis and IAOs and IAAs need to receive refresher training)	IGMs	Ongoing	Review plan submitted to IAOG/IGSC meeting	Review plan submitted to IAOG/IGSC meeting	Review plan submitted to IAOG/IGSC meeting	Review plan submitted to IAOG/IGSC meeting	Review plan submitted to IAOG/IGSC meeting
Statutory Requirement	2.13			Information Asset Registers - Identify Data Flows from EEA		International Data Flows are being picked up through work with Information Asset Administrators.	IGMs	Ongoing					
HDUHB Requirement	2.14			Quarterly IG Activity reports		Quarterly Reports to be presented to IGSC	HoIG / IGO		Report Provided to IGSC	Report Provided to IGSC	Report Provided to IGSC	Report Provided to IGSC	Report Provided to IGSC
ICO Requirement	2.15			Complying with ICO recommendations		Any actions arising from ICO recommendations or decision notices need to be reported to IGSC In-Committee Meetings.	IGMs		Report Provided to IGSC In Committee	Report Provided to IGSC In Committee	Report Provided to IGSC In Committee	Report Provided to IGSC In Committee	Report Provided to IGSC In Committee
NHS Wales Requirement	2.16			Compliance with WASPI Framework		* Ensure relevant ISPs/DDAs are in place * Creation of Local Register	IGMs		ISPs Lead by HDUHB reviewed and up to date	ISPs Lead by HDUHB reviewed and up to date	ISPs Lead by HDUHB reviewed and up to date	ISPs Lead by HDUHB reviewed and up to date	ISPs Lead by HDUHB reviewed and up to date
NHS Wales Requirement	2.17			Maintenance of Caldicott Guardian Register		maintaining the register in line with internal guidance	IGMs		Report Provided to IGSC	Report Provided to IGSC	Report Provided to IGSC	Report Provided to IGSC	Report Provided to IGSC
Statutory Requirement	2.18			IG Complaints and Investigation Process		* Develop process for dealing with IG complaints/investigations * Adding themes around staff's confidentiality through "Working in Confidence" Platform. IG Responder to be delegated. (these will be complaints raised anonymously in the beginning)	HoIG / IGMs	Closed					
Statutory Requirement	2.19			Personal Data Breaches	Yes	* Procedure to be reviewed * Adopting DATIX for management of Personal Data Breaches	HoIG / IGMs	In Progress					
Statutory Requirement	2.20			GDPR Compliance		* Ensure completion of project plan for implementation	HoIG / IGMs		Report Provided to IGSC	Report Provided to IGSC	Report Provided to IGSC	Report Provided to IGSC	Report Provided to IGSC
Statutory Requirement	2.21			Development of IG Template Forms		* Individuals Right Request Form * Third Party Request Form * Subject Access Request Form Developing digital Forms.	HoIG / IGMs	Ongoing					
Statutory Requirement	2.22			Development of IG Template Agreements		* Data Processing Agreement (DPA) * Joint Data Controller Agreement (JDCA)	HoIG / IGMs	Closed					Review in 2026 - 2027

Statutory Requirement	2.23			Redaction of Health Records (including Mental Health)		*Assisting and providing advice to Access to Health records Team * Providing Guidance and Training	HoIG / IGMs	Ongoing				
NHS Wales Requirement	2.24			Adoption of the WASPI Information Sharing Gateway			HoIG / IGMs	Not Started	The system is being rolled out by DHCW, HDUHB awaiting local implementation.			
NHS Wales Requirement	2.25			Adoption of Information Sharing Code of Practice			HoIG / IGMs	Not Started	Awaiting the ICO directions			
3 INFORMATION SECURITY ASSURANCE												
HDUHB Requirement	3.1		GDPR M5 M7	Information Asset Owners - Systems	Yes	Ensure all entries on the Information Asset Registers have system owners and administrators who are regularly reviewing and updating their register entries.	IGM, ISM	Ongoing				
Statutory Requirement	3.2			Information Governance Audits	Yes inc. Cyber Security	Conduct site compliance audits to ensure Data Protection and UK GDPR compliance across the HB.	IGMs / IGOs					
NHS Wales Requirement	3.3			Management of Mail Marshal (Archived) Management of Data Loss Prevention Tool		* Release of email containing PII, which are being blocked by the system * Staff's Communications * Review & Monitor emails being sent to personal email addresses	ISM / IGMs / IGOs	Ongoing				
NHS Wales Requirement	3.4			Management of Secure File Share Portal Facility		* Promoting Secure Sending of PII * Policy Review	ISM / IGMs	Ongoing				
4 CLINICAL INFORMATION ASSURANCE												
Statutory Requirement	4.1			Individual Rights - enquiries from Patients and staff		Update procedures for Subject Access Requests and Access to health records requests to ensure compliance with the new right rights of a data subjects with regards to the right to restrict processing; rights of data portability; enhances right of erasure; rights to restrictions in processing for profiling	HoIG / IGMs / Health Records Manager	In Progress				
HDUHB Requirement	4.2			Review Storage for Health Records		Offsite Storage Providers and HDUHB's Premises are being reviewed	IGMs	In Progress	Ceredigion Site (outstanding)			
HDUHB Requirement	4.3			Multi Agency Access to Patients Records on WPAS, CarePartner, WCCIS and WNCR		Develop documented procedures and processes to ensure a multi-disciplinary approach to the regular auditing of clinical records (Link to	HoIG / IGMs	Ongoing				
Statutory Requirement	4.4			Monitoring Unauthorised Access to Patients Records		Continue with regular confidentiality audits (inc. NIIAS, WCP Break Glass) ensuring comprehensive audit trails are maintained and breaches are reported and dealt with appropriately	IGMs / IGOs		Report Provided to IGSC	Report Provided to IGSC	Report Provided to IGSC	Report Provided to IGSC
5 CORPORATE INFORMATION ASSURANCE												
HDUHB Requirement	5.1			Review & develop procedures, guidance and training packages to enable staff to work in a consistent way with regards to records management		* Roles of the IAO and IAA are captured and delivered as part of the IAO/IAA training package * Develop training and awareness package within IG training * Roll out a training schedule * Starters check list to be reviewed to include awareness around records management * Information Asset Register Procedure/Guidance/User Guides	HoIG / IGMs	Ongoing				Corporate Records Management Procedure Assured

HDUHB Requirement	5.2			Review storage arrangements for corporate archived information across the Health Board		<ul style="list-style-type: none"> * Identify current storage locations * Corporate Records Management Policy and Procedure to be developed and implemented * Conduct an audit of any records that are due to be transferred to PROs 	HoIG / IGMs		Report Provided to IGSC	Report Provided to IGSC	Report Provided to IGSC	Report Provided to IGSC
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4

0 Mins

4 - Research and Innovation Context Presentation

*Leighton Phillips
(Hywel Dda UHB -
Director Research,
Innovation and
Value)*

| For discussion

Attachments

[4 R I Context Presentation DDIC April 2025.pdf](#)



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Research and Innovation (R&I) Context Setting



Department Overview

- Three Divisions: **R&D, TriTech and Innovation**, Value Based Healthcare (VBHC) + **University Partnerships**.
- All aim to **enable** R&I benefits including:
 - accurate and earlier disease diagnosis
 - developing effective treatments
 - developing and understanding preventative approaches
 - improving care delivery, health outcomes and quality of life
 - improving workforce satisfaction and retention
 - delivering better patient and carer experience, lower mortality, and improved financial performance.

R&D Division



Three functions and teams:

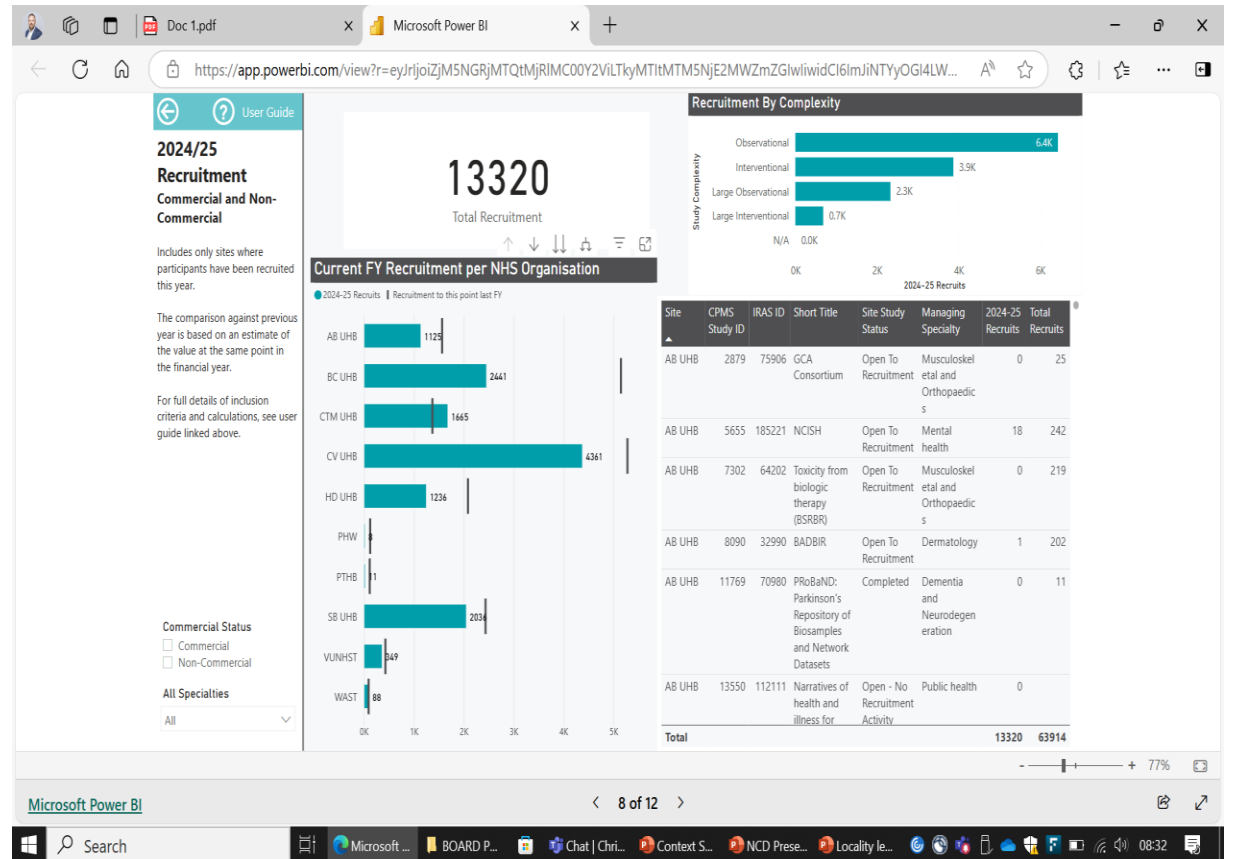
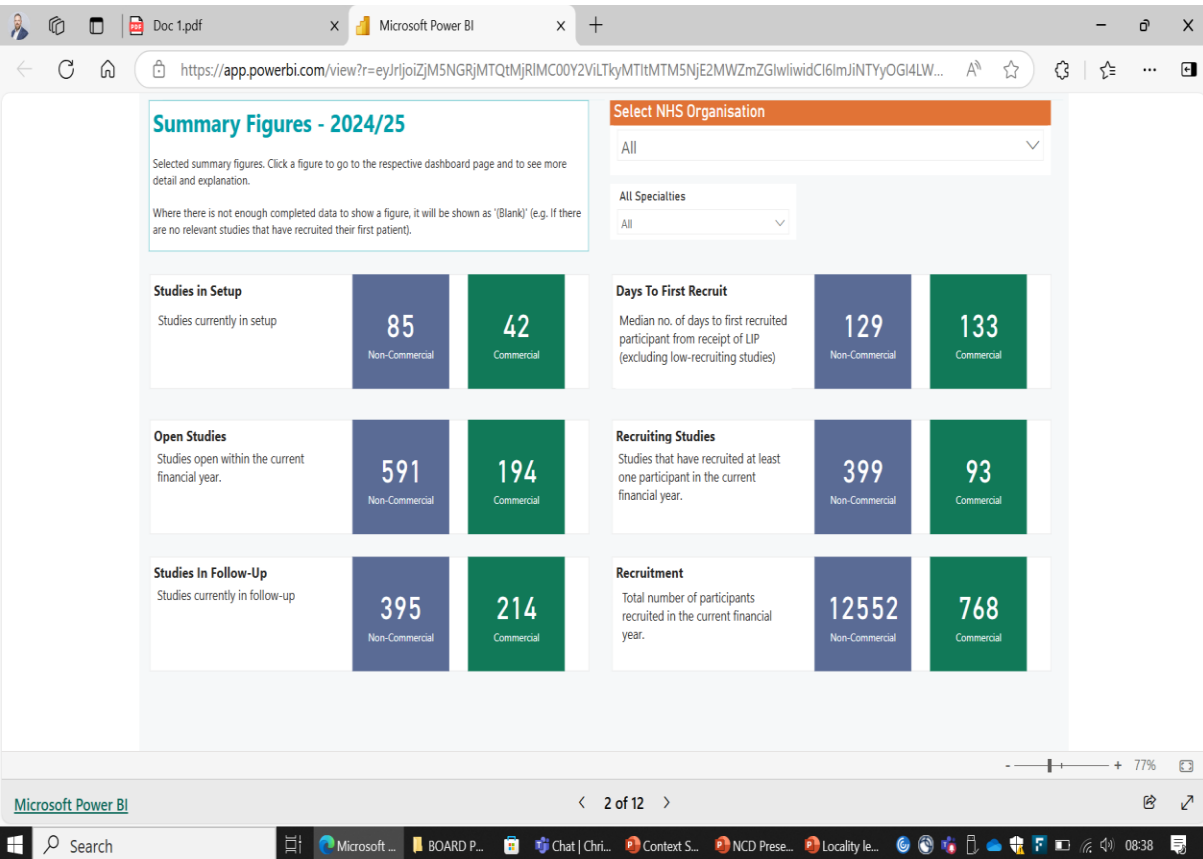
- Research Delivery – observational/interventional; sponsored/hosted; commercial/publicly funded.
- Study Set Up & Quality Assurance.
- Researcher Development – ‘growing our own’ (women’s health, metabolomics, respiratory, endocrine, orthopaedics, primary care). Securing grants.

Research facilities at all four hospital sites, with a responsibility for wider outreach. Support functions at Dura Park, Llanelli, with plans to relocate at Pentre Awel.

Funding predominantly Health and Care Research Wales (HCRW), supplemented with public grants and commercial – can restrict.

Performance includes HCRW Key Indicators – can restrict.

R&D Division



Reality Check

Robot-enabled hip and knee surgery clinical trial at Hywel Dda



CONSCOP2

A randomised controlled trial of contrast enhanced colonoscopy in the reduction of right sided bowel cancer.

Background

People testing positive on a bowel cancer screening stool test are offered colonoscopy (bowel camera examination).

About half of those have cancers or polyps (small abnormal growths that might lead to cancer in the future) found on colonoscopy. Studies have shown that screening reduces cancer development (through removing polyps found) and deaths from cancer in the lower bowel.

Giant PANDA Trial

Pregnancy ANtihypertensive Drugs: which Agent is best?

The Giant PANDA Trial is a pregnancy trial looking at evaluating the effect of different antihypertensive drugs in women with pregnancy hypertension on maternal and fetal/neonatal outcomes.



TriTech and Innovation Division



Three functions and one multidisciplinary team:

- Research to support regulatory approval of devices (ISO13485)
- Real world evaluation of innovations and services
- Advising and supporting non-clinical collaborations, research and innovation (e.g. with the EU, Health Board initiatives)

Located at Dura Park in Llanelli, with plans to relocate to Pentre Awel.

Board approved Business Plan in 2021. Operates on a **cost recovery** basis.

Funding sources include Industry, NHS Executive, European Union – can restrict. Other key indicators set by board.

New business plan informed by peer review in 2025/2026.

TriTech and Innovation Division

Projects have included:

- Evaluation of ICST (NHS Executive)
- Evaluation of IAN service (AstraZeneca)
- CVD Risk Assessment and Management (AMGEN)
- Technology Enabled Care (TEC) Evaluation (Tunstall) – COPD and Heart Failure
- AI for prostate cancer diagnosis (JIVA and Moondance)
- G:Data Game for early MCI-AD Screening/Diagnostics (Innovate)
- Nurse led triage for lung cancer diagnosis (Moondance)
- Invest4Health - Mobilising novel finance models for health promotion & disease prevention (EU)
- Evaluation of new model prostate cancer diagnosis pathway (CRUK)
- Evaluation of TMS for drug resistant depression (Life Science Hub)
- DYNAMO - modelling & dynamic assessment of integrated health & care pathways enhancing response capacity of Health systems (EU)
- Can Sense – an accurate, non-invasive, inexpensive blood test to diagnose bowel cancer early
- Long COVID App
- AI Signposting
- AI falls sensor

Reality Check

CORDIS - EU research results

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Home > Projects & Results > Horizon Europe > Modelling and dynamic assessment of integrated health and care pathways enhancing response capacity of health systems

EUROPEAN UNION

Modelling and dynamic assessment of integrated health and care pathways enhancing response capacity of health systems

Fact Sheet | Reporting | Results



Testbeds

REGION SKÅNE

The testbed region of Skåne is the third most populous region of Sweden and covers an area of 11,303 km². The capital of the county is the city of Malmö. Skåne is Sweden's southern gate to the world. Skåne's geographical location provides with unique possibilities and facilitates both national and international collaborations and investments that involve actors in a myriad of fields, from traditional industries to research and innovation in areas such as life science, tech, AI, gaming and more. Region...

WEST WALES

Hywel Dda University Health Board is representing West Wales among the testbeds in the Invest4Health project. Hywel Dda University Health Board is one of the seven health boards that make up NHS Wales, the publicly funded National Health Service of Wales. Within Wales healthcare is devolved, meaning that responsibility for managing and delivering healthcare services lies with the Welsh Government. The Welsh Government can make decisions and set policies regarding healthcare in Wales.

GALICIA

Galicia is a region located in north-west Spain, with autonomous government institutions in areas such as health and education. Geographic concentration is very low, with many sparsely populated rural areas. Population of Galicia is 2.7 million people, and is one of the most aged in Europe, a problem that is gradually worsening, reaching in 2022 an ageing index of 213.54 (214 citizens with more than 65 years for every 100 people with less than 16); within the elderly people, Galicia has a dependency...

NORTH-RHEIN-WESTPHALIA

The testbed region of North Rhine-Westphalia (NRW) is the most populous state of Germany, with its capital at Düsseldorf. NRW is situated in the middle western part of Germany and shares borders with Belgium and the Netherlands. As one of 16 German states, it is organized in 5 District Authorities and 53 local public health departments. The region of North Rhine-Westphalia consists of several major cities, including Cologne, Dortmund, Essen, Duisburg, and Bonn. NRW's central location, well-connected...

University Partnership

Hywel Dda **University** Health Board. Three domains of partnership:

- Research and Development
- Enterprise and Innovation
- Workforce, Education and Learning

Partner wherever there is aligned interest and potential benefits. Strategically managed partnerships with three **proximal** universities (Swansea, Aberystwyth and University of Wales Trinity Saint David).

No dedicated team. Incorporated into jobs. Partnerships with proximal universities managed and governed:

- MoUs (due for renewal) – Exec to Exec discussion
- Bilateral annual ‘agenda setting’ meeting and ‘performance review’
- Annual university partnership forum
- Research & Innovation Sub-Committee (R&ISC) and Strategic People Planning And
- Education Group (SPPEG) monitor.

University Partnership

MoU extract:

- Use of specialist facilities
- Clinical and non-clinical trial sponsorship
- Collaborative research projects
- Developing and managing an active trial portfolio, spanning health and social care
- Knowledge mobilisation
- Research income capture
- Industry collaborations
- Managing joint innovation assets, through intellectual property and commercialisation
- Managed placement activities in clinical and non-clinical settings
- Honorary posts
- Fellowships and studentships
- Managed graduate and undergraduate training opportunities
- New educational programme developments
- Joint posts
- Continuing professional development
- Workforce planning and commissioning, linked to national processes, including those overseen by Health Education and Improvement Wales (HEIW)

Many Successes





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University Health Board

Research and Innovation Strategic Plan

2025-2030



Vision and Aims



Improving access to high quality research and innovation that improves services, health and wellbeing.



Creating an environment and culture that develops and enables competent and empowered researchers and innovators to flourish.



Developing and sustaining partnerships that maximise and accelerate research and innovation access and impact.

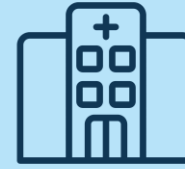
Access and Impact



Priorities Include:

- Increasing number of commercial studies (VPAG opportunity)
- Developing the next phase of the TriTech Initiative
- Strengthening regional/cross organisational approaches to R&I
- Improving access to oncology studies
- Sustaining and growing in areas of research strength, including establishing thematic groups
- Developing R&I capacity in new areas, incl digital and primary care
- Operational alignment – leveraging the wider benefits R&I can offer

Environment and Culture



Priorities Include:

- Improving how we communicate and engage around research and innovation
- Strengthening our researcher development capabilities
- Developing new TriTech business plan
- Playing our part in overcoming the common reasons for not advancing research and innovation, including constraints in wider corporate services
- Strengthening commercialisation expertise
- Research and innovation around the wider social determinants
- Increase the number of professionals with ongoing dedicated time for research (in areas linked to 'new research groups' or designed to strengthen service areas)

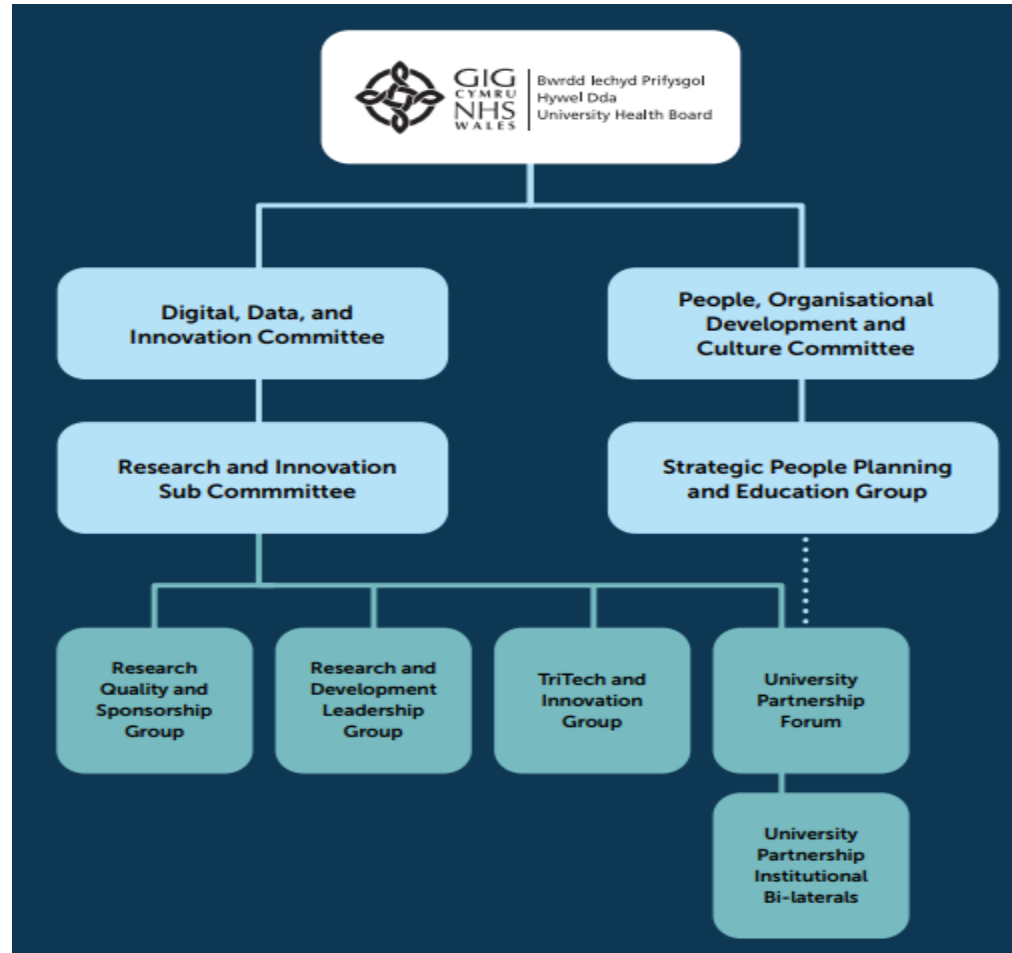
Partnerships



Priorities Include:

- Refreshing and re-purposing university partnership arrangements
- Increasing co-funded posts, in areas including public health research
- Securing new long term industry collaborations, linked to the TriTech initiative
- Advancing research and innovation proposals through regional partnership arrangements
- Identifying new collaborations with the NHS Executive

Governance



Challenges

- Aligning Health Board and Funder (HCRW, Grant, and Industry) priorities
- Being responsive to requests that are not financially supported
- Overcoming wider organisational constraints to advancing research and innovation, which will ultimately take place in pressurised service delivery environments
- Finding ways of demonstrating how research and innovation is part of the solution – sharper communications and engagement
- Addressing longstanding inequitable access to research and innovation and the issues that underpin the same
- Attracting and retaining research and innovation talent – departmental and wider organisation



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NHS
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Diolch / Thank You



Ymchwil Iechyd
a Gofal Cymru
Health and Care
Research Wales

BD BioResource

BD BioResource

BD BioResource

4.1

4.1 - Research & Development Implementation of the NHS Framework

***Leighton Phillips
(Hywel Dda UHB -
Director Research,
Innovation and
Value)***

| For information

Attachments

[4.1 R&D HDdUHB- 07.03.25 - Feedback letter from Carys Thomas.pdf](#)

[4.1 09.04.2025 - Response to HCRW letter 07.03.2025 - Annual Meeting with Welsh Gov~.pdf](#)



Ymchwil Iechyd
a Gofal Cymru
Health and Care
Research Wales



Llywodraeth Cymru
Welsh Government

Hywel Dda University Health Board

07 March 2025

Dear Mark and Leighton,

Thank you for meeting with me and colleagues from Health and Care Research Wales (HCRW) to discuss progress particularly against the implementation of the NHS R&D Framework, share challenges and identify actions that need to be taken to improve health and care research across Hywel Dda University Health Board (HDUHB), and discuss where the wider Health and Care Research Wales system can help.

We felt that the meeting was very constructive and positive, and your presentation provided a helpful overview and set out clearly your direction of travel.

During the meeting, we noted and were particularly interested to hear of:

- The ongoing support for research and innovation which continues to be strong across the organisation following the senior leadership changes.
- Strong support, engagement and scrutiny from the Board and the People, Organisational Development and Culture Committee. We noted plans to establish a Digital, Data and Innovation Sub Committee where research will feature prominently and noted HDUHB's mature governance and decision-making processes.
- How the team approached developing the new Research and Innovation Strategy by taking stock and undertaking a progress and maturity assessment of the outgoing strategy.
- Your newly developed strategy (which aligns closely with the NHS R&D Framework pillars and the Embedding Research in the NHS programme) is currently awaiting approval from the Board and has three main priorities, that focus on Access and Impact, Environment and Culture, and Partnerships, and that the implementation plan will also reflect the NHS R&D Framework.
- Your plans to address challenges with research delivery space at hospitals in Prince Phillip, Glangwilli and Bronglais, the ongoing partnerships with industry, and the growth of clinical leaders in areas such as women's health, respiratory and orthopaedics.

- Your work with SBUHB to form a Joint Committee that will span research and innovation alongside operational and clinical activity and clinical work, and we will be interested to hear how this evolves and benefits R&D.
- Your discussions with workforce on leadership and management research and we suggested linking with HEIW colleagues who will also have a role to play, as well as working with higher education institutions, such as USW who we understand provides resources for developing leadership and management skills.
- Progress with the cancer services pathways project, working with SBUHB to explore the development of a regional approach to improving patient access to studies.
- Your approach in developing NHS researchers, and we discussed the research development role you fund on a cost recovery basis to work proactively with staff to develop and submit grant applications and provide post award support. We are pleased to see the R&I Director on the HCRW Faculty funding panel.
- Your success in the recent VPAG funding call, to bolster capacity in respiratory commercial trial delivery, which we agreed was a real strength at HDUHB. We noted the high quality of the application that was submitted.

In terms of challenges:

- Principal investigator time continues to be seen as a challenge, and we noted that we are currently considering how to support this as part of the VPAG investment programme discussions initially.
- You highlighted concerns relating to resilience and succession planning across the team and this was something that remains active on your radar.
- We discussed local challenges in embedding research across the workforce and you are keen to ensure that development of local research capacity building forms a core part of a high performing service rather than an additional activity progressed by relatively few staff members, and we support this approach.

There are a few areas where we think Hywel Dda UHB should consider following the meeting:

- Strategy and implementation plan – we would be keen to see strong alignment between the implementation plan and the implementation of the NHS R&D framework and use the opportunity of the development of the implementation plan to cross reference with the framework. We look forward to receiving a copy of the R&I strategy once it has received approval and will read with interest.
- Communications, Engagement and Involvement – You acknowledged that you have progressed activities as planned since last year's discussion, and you have undertaken widespread engagement on developing the new R&I strategy. We feel this is an area where there is scope to develop some tangible activity and we agreed that the engagement and public involvement needs to be meaningful and impactful, and run alongside the implementation of your strategy. You suggested that having a specific workshop or R&D directors/managers briefing session on public involvement would be helpful and we will take this forward. We suggest that a discussion with the HCRW Head of Communications & Engagement who has been developing a communications toolkit for NHS organisations might be useful and we highlighted that the HCRW communications team have been meeting all Health Board's Directors of Communications to discuss national and local communications activity, including how to engage the public and raise levels of awareness amongst patients. We agreed to share the Health and Care Research Wales Inclusivity Plan that also focuses on this activity. At workforce level, we mentioned that ambassador scheme (research

champion) that Aneurin Bevan UHB has developed as one approach that you might like to consider.

- Supporting clinical staff to have protected time in job plans. We think that developing a structured approach might be beneficial and using the Supporting Professional Activities (SPAs) for research more proactively would help, particularly for staff who want protected time, and then to actively monitor. This could start to create a model for other professions. We highlighted the paper developed by Nicola Williams when at North Bristol NHST which has been shared previously, and which outlines a process/criteria for staff being given a designated SPA for research and would be happy to have further discussions about this.
- Note the letter from Judith Paget and Suzanne Rankin – We have attached the letter on the Embedding Research in the NHS Programme which you received in February for ease so that you can consider when progressing developments over the year.

We highlighted that the Research Delivery Funding Stream within Welsh Government could be selected for an internal audit in the forthcoming financial year, therefore work will be undertaken to ensure NHS organisations are compliant with the terms and conditions set out in the Research Delivery Funding Grant Award Letter.

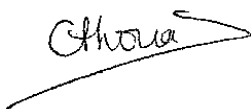
Regarding the requirement to publish a public facing R&D annual report by June 2025 (2024/25 financial year), you noted that you would welcome sight of national guidance being developed and noted that there was an existing template that the Board follows and would need to consider how these align.

We also advised that a series of cancer research delivery metrics are being developed as part of the ministerially led, Tackling Cancer Through Research initiative and NHS organisations will be expected to report against these. To test the integrity of the metrics, all NHS Wales organisations will shadow report for one year (from 1 April 2025). Technical work is underway to explore how to capture patient referral data across NHS organisations. It is anticipated that the metrics will be published in the 2026/27 planning framework and associated delivery framework.

We highlighted that a self-assessment against the NHS R&D Framework will be requested in readiness for the next annual review meeting likely to held in March 2026.

Finally, we would like to thank you for a productive meeting. Please continue to keep up the good work on supporting and delivering health and care research and supporting your staff. We look forward to working with you further to maximise research opportunities in Hywel Dda UHB.

Best wishes



Carys Thomas

Joint Head of Research and Development Division, Welsh Government
Joint Director of Health and Care Research Wales

Attendees	
Leighton Philips	Director of Research, Innovation and Value, Hywel Dda UHB
Mark Henwood	Interim Executive Medical Director, Hywel Dda UHB
Sally Hore	R&D Manager, Hywel Dda UHB
Carys Thomas	Head of R&D Policy, Research and Development Division, Welsh Government
Violina Sarma	Head of NHS & Social Care Research Environment, Research and Development Division, Welsh Government
Claire Bond	Senior Manager, NHS R&D Funding and Performance, Research and Development Division, Welsh Government
Nicola Williams	National Director of Support and Delivery, Health and Care Research Wales
Helen Grindell	Head of Research Support & Operations, Health and Care Research Wales

Additional Actions agreed	
1.	Violina Sarma to share a copy of the Health and Care Research Wales Inclusivity Action Plan.
4.	Helen Grindell to share the presentation from the recent Deputy Director of Finance meeting on the value of research project plans.

Ein cyf/Our ref: LP/gm
Gofynnwch am/Please ask for: Ginny
Murphy
Rhif Ffôn /Telephone: 0300 303 6115
Option 3

Ffacs/Facsimile:
E-bost/E-mail: ginny.murphy@wales.nhs.uk
Dyddiad/Date: 9th April 2025

Hywel Dda UHB
Corporate Office
Ystwyth Building
Hafan Derwen
St. David's Park
Jobswell Road
Carmarthen
SA31 3BB

BIP Hywel Dda
Swyddfeydd Corfforaethol
Adeilad Ystwyth
Hafan Derwen
Parc Dewi Sant
Heol Jobswell
Caerfyrddin
SA31 3BB

Health and Care Research Wales

Dear Carys,

Annual Meeting with Welsh Government and Health and Care Research Wales

Thank you for your letter dated 7 March 2025.

We enjoyed the discussion and, like you, felt the meeting was constructive and positive. Hywel Dda University Health Board is committed to a progressive research and innovation agenda and working closely with the Welsh Government and Health and Care Research Wales (HCRW) to improve the access to, and impact arising from, high quality research in South West Wales.

In relation to your summary of the meeting, we would like to ask for two small corrections to ensure we have an accurate record. In the second bullet point, you refer to a Digital, Data and Innovation Sub Committee being established. This is a committee rather than a sub committee. The implication of this is that it will bring the Research and Development agenda closer to the deliberations of the University Health Board. The Research and Innovation Sub Committee will continue to exist, enabling an increased level of scrutiny of activities. The fifth bullet point refers to our plans to address research delivery space and the growth of research leaders in women's health, respiratory and orthopaedics. We are pleased to report that we have achieved these things rather than them being plans. This has very much been enabled by HCRW through Research Delivery Funding and Faculty schemes, for which we are very grateful.

In relation to the areas for consideration, we can confirm that:

- The Board approved the new **Research and Innovation Strategy** at its meeting on 27 March 2025. The document will be translated and published in June. We will send you a final copy and keep you apprised of launch plans. Work on implementation has already commenced, together with the preparation of a plan, which will be monitored through the Research and Innovation Sub Committee. The new strategy and **Implementation Plan** are set within the context of the NHS R&D framework.

.../Continued/...

- There remains work to do on **communications, engagement and involvement**. We are in contact with the Head of Communications and Engagement from HCRW and our internal communications to support the launch of our new strategy, which we hope will provide the start of a sustained communications drive within our organisation. We look forward to the workshop and we are certain there is much we can learn from other organisations, including the referenced ambassadors scheme at Aneurin Bevan University Health Board. While we have meaningful engagement with the public and patients around specific research studies, we would be keen to learn what other organisations have done to secure similar involvement in the overall direction of R&D and decision affecting the same. We will read the inclusivity plan with great interest and ensure that it is shared with members of our Research and Innovation Sub Committee.
- One of our main priorities within the new Research and Innovation Strategy is to ensure the research environment and culture within Hywel Dda UHB is further developed and providing **protected time for all staff** is central to this ambition. The Director of HCRW has helpfully shared the North Bristol NHST paper and we will use this to inform our approach, including process/criteria, for staff being given a designated SPA for research. We are certain that some national guidance and direction in this area would be helpful to all Health Boards and Trusts.
- We have received and support the content of the **letter from Judith Paget and Suzanne Rankin** and are pleased to share that Research and Innovation has the unequivocal support of the Chair and Chief Executive of Hywel Dda UHB.

As highlighted at the meeting, we will support any audit of the Research Delivery Funding Stream. Our finances are meticulously managed, with dedicated Financial Business Partner support and independent reporting through the Board and Committee structures. We have copied this letter to our Financial Business Partner for information and assurance.

An annual report of all Research and Innovation activities will go to the new Digital, Data, and Innovation Sub Committee on 22 April, in advance of Board. This is our annual public facing report. We would appreciate sight of the national guidance and hope that it is consistent with our current approach, so not to create an additional reporting burden.

Thank you for confirming your advice in respect of the cancer research delivery metrics being developed, for shadow reporting from 1 April 2025. As mentioned, we are keen to overcome the challenges and barriers to offering patients across the entirety of South West Wales equitable access to cancer studies. Without addressing these long standing barriers, we will not see the improvement in the key metrics that we would all strive for. Key to this will be the conclusion of the project supported by Health and Care Research Wales and being led by Dr Gwynne at Swansea Bay University Health Board. We look forward to working with HCRW and the Welsh Government to address these challenges and barriers later this year.

We note the requirement for a self-assessment against the framework in time for the next meeting in March 2026.

Thank you once again for a good meeting and we look forward to seeing what we can achieve in partnership over the course of 2025/26.

Yours sincerely,



Mr Mark Henwood
Interim Medical Director
Cyfarwyddwr Meddygol Dros Dro



Dr Leighton Phillips
Director – Research, Innovation & Value
Cyfarwyddwr Ymchwil, Arloesi a Gwerth

4.2

4.2 - University Partnership Arrangements Update

***Leighton Phillips
(Hywel Dda UHB -
Director Research,
Innovation and
Value)***

| For assurance

Attachments

[4.2 University Partnership Arrangements Update DDIC Apr 2025.pdf](#)

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:	University Partnership Arrangements Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mr Mark Henwood, Executive Medical Director
SWYDDOG ADRODD: REPORTING OFFICER:	Dr Leighton Phillips, Director of Research, Innovation and Value

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

To provide an update of University Partnership arrangements to the Digital, Data and Innovation Committee.

Cefndir / Background

In order to maintain its 'University' designation, Hywel Dda University Health Board (HDdUHB) is required to demonstrate continuous improvement in collaborative working with its university partners. University designation represents a commitment on behalf of HDdUHB to ensure that university activity is demonstrably improving the quality of care, improving patient outcomes, and enhancing the reputation of the Health Board to attract people to work in Wales.

On an annual basis, HDdUHB is required through its planning and review mechanisms to provide evidence to the Welsh Government, if requested, of purposeful university partnership activity. This should include examples of how this is improving services and benefitting its population and set out work plans for the next 12 months. There are three themes against which HDdUHB is expected to progress university partnership activity: Research and Development; Innovation; and Workforce, Training, and Education.

Given the importance HDdUHB attaches to university status, partnership activities are reflected in its planning objectives, particularly those relating to research, innovation, and workforce, however, university partnership can be useful to advancing many of HDdUHB's ambitions, in areas including engineering, building design, law, management, and ecology.

The focus on the university partnership arrangements driven corporately is not to keep track of every area of activity being advanced between universities and the health board; rather, it is to ensure that a limited number of priorities receive the corporate focus and energy they deserve.

The People, Organisational Development and Culture Committee (PODCC) were advised on 13 June 2024 of a limited set of strategic priorities that would be advanced with universities based within the HDdUHB region (i.e. Swansea, Aberystwyth, and University of Wales Trinity

St David) for the 2024/25 financial year. These are provided at Appendix 1. A review of progress against each of these commitments concluded at the end of March 2025 and progress is also reported in Appendix 1.

The university partnership arrangements will change for the 2025/26 financial year. Rather than committing to a fresh set of strategic partnership actions for each institution at this point, the assessment section sets out our plans for the coming months and some key changes to how we will manage university partnerships in the context of the forthcoming Research and Innovation Strategy, developments as part of the Strategic People Planning and Education Group, and changes in the HDdUHB's Committee structures.

Asesiad / Assessment

At the end of 2024, the Memorandum of Understanding (MoUs) in place with each University partner expired. They were previously aligned to the duration of the last Research and Innovation Strategy (2021-2024), which has also expired. Two developments are taking place, which will influence our work on University Partnerships over the next six months.

Refreshing MoUs and High-Level University Partnership Commitments

Work is underway now to refresh the MoUs with Swansea University, Aberystwyth University, and University of Wales Trinity Saint David (UWTSD). The MoUs are high level statements of strategic intent, signed by the Chief Executive of HDdUHB and the Vice Chancellors of the three regionally based universities. They contain high level partnership commitments, against which annual planning commitments are then set. The plan is to have all three MoUs developed and signed by July 2025. As part of the signing arrangements, a strategic level discussion between University and HDdUHB Executive Teams is proposed, to provide the mandate for the partnership over the next five years. This will ensure alignment to HDdUHB's New Research and Innovation Strategy (2025-2030) and the work plans of the Strategic People Planning and Education Group.

Evolving University Partnership Governance Arrangements

At the Research and Innovation Sub-Committee on 10 December 2024, members were advised of some changes to how we work with universities to oversee our partnership activities. The changes had resulted from a meeting involving Swansea University, Aberystwyth University, and UWTSD on 6 December 2024. All organisations agreed that:

- Bi-lateral university partner discussions would continue but reduce to an annual meeting to set plans and review progress. These meetings would continue to span research, innovation, learning and teaching. Dates are in the diary to review progress; however, the development of 2025/26 plans have now been superseded by the work to develop new MoUs containing high level strategic objectives;
- One meeting a year would take place where all universities would be brought together to share plans and developments and look for pan institution collaborations. In December 2024, the target date was late Spring 25. However, with the MoU refresh, this is now most likely going to take place in the Autumn. This will be chaired by one of the university partners on a rotational basis. The agenda will be simple, with brief updates from each Institution on the things that are important to them in relation to our partnership. A terms of reference (ToR) for the meeting is being prepared.
- University representation on the Research and Innovation Sub-Committee (R&ISC) would be reduced to one person, and this will rotate on an annual basis, with the

representative seeking the views of other partners. Professor Lloyd at Swansea University kindly agreed to represent for the first 12 months.

- University representation will continue to exist on the Strategic People, Planning and Education Group.

The process of moving to the new arrangements has now commenced.

Argymhelliad / Recommendation

The Digital, Data and Innovation Committee is asked to:

- Receive assurance from the report on progress in university partnership activities and note the plans to refresh MoUs and evolve governance arrangements.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.16 Seek assurance that the university partnership arrangements are operating effectively and continue to protect the Health Board's 'university' designated status.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
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)	4. Learning, improvement and research
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:	N/A
Rhestr Termau: Glossary of Terms:	Within report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Digidol, Data ac Arloesi Parties / Committees consulted prior to Digital, Data and Innovation Committee:	University partners / R&ISC

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	N/A
Ansawdd / Gofal Claf: Quality / Patient Care:	N/A
Gweithlu: Workforce:	N/A
Risg: Risk:	N/A
Cyfreithiol: Legal:	N/A
Enw Da: Reputational:	N/A
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	N/A

Appendix 1 – Outline Plans for 24/25, by Institution

1. Swansea University

Commitments for 2024/25	Achievements (reported on 17 March 2025)
Research, Enterprise and Innovation	
<p>Strengthening the clinical research relationship with the Institute of Biological, Environmental and Rural Sciences Group, to include:</p> <ul style="list-style-type: none"> - Formalising the current arrangements around the Novel Technologies for Diagnosing Respiratory Disease Study, including planning a successor for when the 	<p>Progress has been made on the Novel Technologies study, including the signing of a collaboration agreement, establishment of a study management group and a potential new pan university research collaboration. There is also the prospect of licensing a discovery to a commercial partner, subject to necessary agreements being in place.</p>

<p>current research protocol ends in 2026; and</p> <ul style="list-style-type: none"> - Establishing clear plans and grant applications linked to research time award holders with established links to the University, starting with stroke and bowel cancer research, widening to other areas as appropriate. 	<p>In respect of research award time holders, Dr Tench continues to advance her stroke research study proposal with IBERS and Dr Munro is developing a proposal linked to women's health.</p>
<p>Developing plans to exploit wider health and healthcare related research in areas of established academic strength and where there is a clear University Health Board interest, to include:</p> <ul style="list-style-type: none"> - Supporting research outside hospital settings, including primary care; rural health economics and Value Based Health Care; and social innovation, including the recently announced Rural Wales Local Policy and Innovation Partnership. - To identify at least one new and funded (through a competitive grant scheme or commercial investment) project collaboration between the University Health Board's TriTech Institute and the Department of Computer Science at the University. 	<p>The collaboration with the rural health economics team has experienced some system and process challenges but is delivering useful insights in areas including children's epilepsy nursing models, respiratory research, and maximising the economic impact of health expenditure. However, this model is unlikely to continue in the future in view of funding constraints. Good connections have been made with the Rural Wales Local Policy and Innovation Partnership, opening the prospect of collaborative projects over the next period.</p> <p>The Hywel Dda UHB team is not aware of progress in relation to the computational science opportunity, but opportunities exist in the context of the Health Board's new Research and Innovation strategy and good relationships have been developed between both organisations.</p>
<p>Workforce, Education, and Training</p>	
<p>Develop and, if feasible, operationalise a proposal for establishing a flexible staffing pool that would give students the opportunity to take up opportunities working with the University Health Board alongside their studies.</p>	<p>Good progress has been made in relation to established courses, notably nursing. A wider discussion has started around developing a Service Level Agreement, which would afford greater opportunity for Hywel Dda UHB to access support and advice from Aberystwyth University through a 'call off' arrangement. A target of July has been set to get the SLA in place.</p>
<p>Determine whether the University can help overcome the education and training space constraints experienced by the University Health Board at Bronglais General Hospital.</p>	<p>A solution was found and will remain in place until at least November.</p>
<p>In the context of the University Health Board Strategic People Planning and Education Group, hold a pan university workshop to identify current and future workforce training needs where there is an aligned programme development opportunity for the university.</p>	<p>There have been recent changes to the leadership structure of the University, involving the appointment of new personnel. Until recently, advancing this action would therefore have been inappropriate. The conclusion of structural changes means a workshop will now be arranged, coinciding</p>

	with the refresh of the MoU and the Executive level discussion. It should be noted, however, that in some areas (e.g. nursing), long term strategic planning is already happening.
--	--

2. University of Wales Trinity Saint David

Commitments for 2024/25	Achievements (Reported on 31 March)
Research, Enterprise and Innovation	
To develop a model of support for the creation and testing of Social Innovation in the context of the University Health Board's commitment to developing a Social Model for Health and Wellbeing and UWTSD's Civic Mission. This spans several areas, but one additional common interest discussed was the therapeutic benefit of 'Arts in Health';	Good progress made, with a collaboration agreement signed and key staff members and resources in place. An expected acceleration of activities in Q1 2025/26.
To develop the next phase of the TriTech and ATiC collaboration, which has brought significant benefits to both organisations, including exploring the opportunities associated with the Innovation Matrix and Pentre Awel Scheme.	Collaboration with ATiC is redeveloping after a period of change, with new personnel now in place in UWTSD. Discussions are underway about collaboration at the Pentre Awel scheme, linking to a piece of work undertaken by Hywel Dda UHB.
To work with UWTSD to identify whether there is a research development programme that can support the University Health Board's current and future time award holders in developing as investigators, particularly in view of depleted nationally supported researcher development investment.	A recent research development appointment has been made in Hywel dda UHB, which will facilitate greater partnership with UWTSD in respect of researcher development activities. An exploratory discussion with the appointee and UWTSD will be arranged, including exploring the ability to connect to national programmes, and the Health and Care Research Wales faculty.
Workforce, Education, and Training	
To work in partnership with UWTSD and the construction industry to harness opportunities associated with the capital investments made through Healthier Mid and West Wales Programme, in a way that embrace biophilic design principles.	Good progress made, with a workshop convened. However, the work is ultimately on pause, due to a Strategy refresh within Hywel Dda UHB.

Identify further ways of providing support for non-clinical career pathways, including offering bridging courses to support employees to step up and into academic courses.	A connection has been made to the Curriculum Review currently underway at UWTSD, enabling a portfolio of programmes that could address both organisation's priorities.
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3. Aberystwyth University

Commitments for 2024/25	Achievements (Reported on 6 March)
Research, Enterprise and Innovation	
<p>Strengthening the clinical research relationship with the Institute of Biological, Environmental and Rural Sciences Group, to include:</p> <ul style="list-style-type: none"> - Formalising the current arrangements around the Novel Technologies for Diagnosing Respiratory Disease Study, including planning a successor for when the current research protocol ends in 2026; and - Establishing clear plans and grant applications linked to research time award holders with established links to the University, starting with stroke and bowel cancer research, widening to other areas as appropriate. 	<p>Progress has been made on the Novel Technologies study, including the signing of a collaboration agreement, establishment of a study management group and a potential new pan university research collaboration. There is also the prospect of licensing a discovery to a commercial partner, subject to necessary agreements being in place.</p> <p>In respect of research award time holders, Dr Tench continues to advance her stroke research study proposal with IBERS and Dr Munro is developing a proposal linked to women's health.</p>
<p>Developing plans to exploit wider health and healthcare related research in areas of established academic strength and where there is a clear University Health Board interest, to include:</p> <ul style="list-style-type: none"> - Supporting research outside hospital settings, including primary care; rural health economics and Value Based Health Care; and social innovation, including the recently announced Rural Wales Local Policy and Innovation Partnership. - To identify at least one new and funded (through a competitive grant scheme or commercial investment) project collaboration between the University Health Board's TriTech Institute and the Department of Computer Science at the University. 	<p>The collaboration with the rural health economics team has experienced some system and process challenges but is delivering useful insights in areas including children's epilepsy nursing models, respiratory research, and maximising the economic impact of health expenditure. However, this model is unlikely to continue in the future in view of funding constraints. Good connections have been made with the Rural Wales Local Policy and Innovation Partnership, opening the prospect of collaborative projects over the next period.</p> <p>The Hywel Dda UHB team is not aware of progress in relation to the computational science opportunity, but opportunities exist in the context of the Health Board's new Research and Innovation strategy and good relationships have been developed between both organisations.</p>

Workforce, Education, and Training	
Develop and, if feasible, operationalise a proposal for establishing a flexible staffing pool that would give students the opportunity to take up opportunities working with the University Health Board alongside their studies.	Good progress has been made in relation to established courses, notably nursing. A wider discussion has started around developing a Service Level Agreement, which would afford greater opportunity for Hywel Dda UHB to access support and advice from Aberystwyth University through a 'call off' arrangement. A target of July has been set to get the SLA in place.
Determine whether the University can help overcome the education and training space constraints experienced by the University Health Board at Bronglais General Hospital.	A solution has been identified.
In the context of the University Health Board Strategic People Planning and Education Group, hold a pan university workshop to identify current and future workforce training needs where there is an aligned programme development opportunity for the university.	There have been recent changes to the leadership structure of the University, involving the appointment of new personnel. Until recently, advancing this action would therefore have been inappropriate. The conclusion of structural changes means a workshop will now be arranged, coinciding with the refresh of the MoU and the Executive level discussion. It should be noted, however, that in some areas (e.g. nursing), long term strategic planning is already taking place.

4.3

4.3 - Research and Innovation Sub-Committee (RISC) 3A's update, RISC Workplan, RISC ToRs and RISC Annual Report

*Leighton Phillips
(Hywel Dda UHB -
Director Research,
Innovation and
Value)*

| For approval

Attachments

[4.3 R ISC 3As report for DDIC April 2025.pdf](#)

[4.3 Appendix A R I Sub-Committee ToR v14 2025-2026.pdf](#)

[4.3 Appendix B R I Sub-Committee Work Plan 2025-26.pdf](#)

[4.3 R I Sub-Committee Annual Review DDIC Apr 2025.pdf](#)

COMMITTEE UPDATE REPORT/ ADRODDIAD DIWEDDARU'R PWYLLGOR/ Research & Innovation Sub-Committee

Date of last meeting/ Dyddiad y cyfarfod diwethaf/: 10 March 2025

Quoracy/ Cworwm/: Met

Report by/ Adroddiad gan: Mark Henwood, Chair

KEY DISCUSSION POINTS AND MATTERS TO BE ESCALATED FROM THE DISCUSSION AT THE MEETING/ PWYNTIAU TRAFOD ALLWEDDOL A MATERION I'W HUWCHGYFEIRIO O'R DRAFODAETH YN Y CYFARFOD:

Alert¹ (may require discussion)/ **Rhybuddio** (efallai y bydd angen trafodaeth)

R&I Sub-Committee wish to **alert** members of the Digital, Data and Innovation Committee (DDIC) that:

- Hywel Dda University Health Board (HDdUHB) Executives have agreed to collaborate with UWTSD to support our staff and the communities they serve in innovating towards a Social Model for Health and Wellbeing (SMfHW), through the establishment of a Centre for Social Innovation. The R&I Sub-Committee were advised that the R&I Department can support and enable the Centre, but the accountability ultimately resides with the Executive Director of Public Health and that the centre's progress should also be monitored through the arrangements in place to govern the Social Model for Health and Wellbeing.

Advise² (to monitor)/ **Cynghori** (i fonitro)

The R&I Sub-Committee wish to **advise** members of the DDIC that:

- R&ISC received a report detailing the final position of the Research & Innovation Strategy 2021-24. All objectives have been achieved, with the exception of two; support learning opportunities for research staff within specialities that are new to them, and work with clinical teams to encourage involvement of Clinical Nurse Specialist (CNS's) and trainee doctors focusing on Inflammatory Bowel Disease (IBD). These objectives are long-term and will be incorporated into the new Strategic Plan. R&ISC members raised no issues with them being carried over and took assurance from the report. Members were also advised that the new R&I Strategic Plan 2025-30 has been approved by the Formal Executive Team, the People, Organisational Development and Culture Committee and is awaiting approval from Board on 27 March 2025. Once finalised, the Plan will be widely circulated throughout the Health Board, and an implementation plan will be developed. R&ISC members noted and accepted the update.

¹ There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.

² There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.

- R&ISC received an update on commercialisation relating to the Novel Technologies Study, including the licensing of intellectual property (IP) by Aberystwyth University pertaining to biomarkers for lung cancer. If commercialisation is successful, Hywel Dda UHB would benefit from a royalty and that a collaboration agreement had been developed with the input of NHS Wales Shared Services Partnership (NWSSP) Legal and Risk (L&R) Services. R&ISC were advised of a management plan for an identified conflict of interest, which had been approved by the Executive Medical Director and the Research and Enterprise Office of Swansea University. R&ISC members took assurance from the report.

Assure³ (to note)/ Sicrhau (i nodi)

R&ISC wish to assure members of the DDIC that they:

- Reviewed and approved the R&ISC Terms of Reference (ToRs), (Appendix A), and the R&ISC work plan for 2025/26 (Appendix B).
- Noted the positive annual review (7 March 2025) with Health and Care Research Wales (HCRW) and the recognition of achievements made throughout the year, including work on the new Strategic Plan. A feedback letter from HCRW is attached at Appendix C, the response to which is being prepared and will be presented for information at the next R&ISC.
- Noted and were assured by the financial position of the R&D Division.
- Noted and were assured by the R&D site activity performance, recognising a positive position on the main key performance indicator - recruitment to time and target - affording increased financial autonomy in respect of the grant allocated by HCRW.
- Noted and were assured by the activities of the Research Quality and Sponsorship Group (RQSG).
- Received confirmation that the occupancy of Pentre Awel is now likely to be in quarter 4 of 2025/26, and that the lease on Dura Park will therefore be extended.
- Received confirmation that HDdUHB had submitted three bids (oncology, respiratory and metabolics) to the Voluntary Scheme for Branded Medicines, Pricing and Growth (VPAG) scheme. Of those submitted, respiratory is likely to be awarded subject to agreement of the Terms and Conditions of grant.
- Noted and were assured by an update of university partnership activities. A single representative now attends to report on all partner activities, and this is now rotated around all partners on an annual basis. Swansea University is the first representative and gave an overview of activities. Committee members

³ There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.

were advised on other changes to how and when university partners meet and the reporting structure.

- Noted and were assured by the financial position of the TriTech and Innovation division.
- Noted progress against the Board approved TriTech Business Plan.
- Received an overview of national Innovation developments.

Review of Risks/ Adolygiad o Risgiau

The R&ISC reviewed the one Research & Development risk (service level) that is aligned to it. The score for risk 1492 (Research Delivery Funding) remains the same since the previous meeting. The risk is being mitigated by an ongoing Organisational Change Process.

The R&ISC also reviewed the two TriTech and Innovation risks (service level) that are aligned to it. There were no changes to the scores for risk 1511 (regulatory climate) and risk 1508 (lack of clinical leadership).

Sharing of learning/ Rhannu dysgu

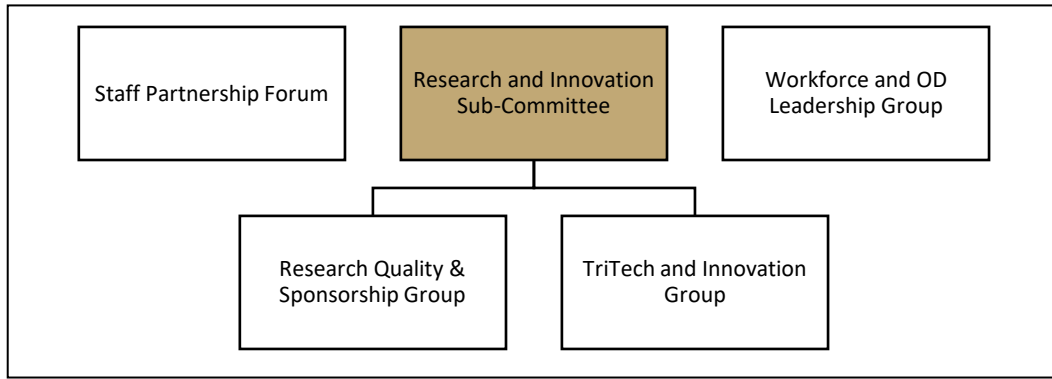
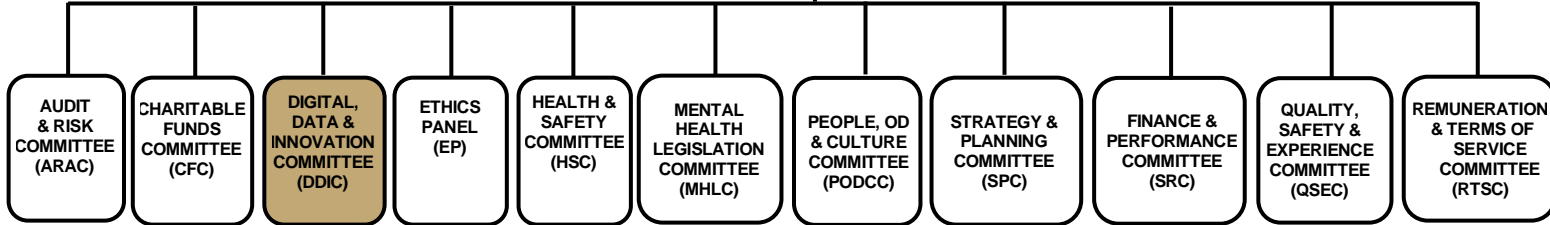
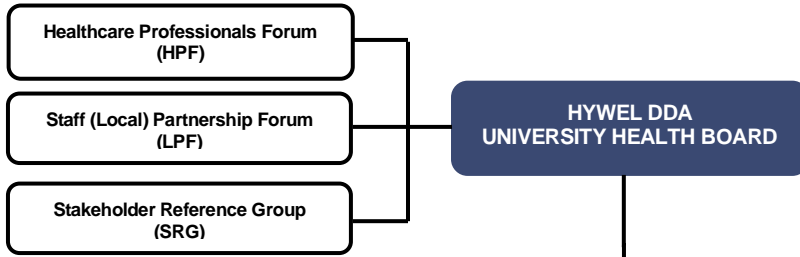
The commercialisation of the Novel Technologies could provide lessons to other parts of HDdUHB about how to recognise and protect IP.

Recommendation/ Argymhelliad

The Committee is asked to:

- Advise on the governance of the Centre for Social Innovation, given its relevance to the Social Model for Health and Wellbeing.
- Note the items the Committee is advising them of.
- Be assured on the items that the Committee is providing assurance on.
- Approve the R&ISC ToRs,.

Agenda, papers and minutes are available on request.



Version	Issued to:	Date	Comments
V0.2	Research & Development Committee	07.10.2013	Approved
V0.3	Research & Development Committee	24.10.2014	Approved
V0.4	University Partnership Board	16.11.2015	Approved
V0.5	Research & Development Sub-Committee	27.11.2015	Approved
V0.6	Research & Development Sub-Committee	22.02.2016	Approved
V0.7	Research & Development Sub-Committee	13.02.2017	Approved
V0.8	Research & Development Sub-Committee	21.05.2018	Approved
V0.9	Research & Development Sub-Committee	14.09.2020	Approved
V0.9	Quality, Safety & Experience Assurance Committee	06.10.2020	Approved
V10.0	Research & Innovation Sub-Committee	08.03.2021	Approved
V10.0	Quality, Safety & Experience Assurance Committee	13.04.2021	Approved
V11.0	Research & Innovation Sub-Committee	14.03.2022	Approved
V11	People, Organisational Development and Culture Committee	04.04.2022	Approved
V12	Research & Innovation Sub-Committee	13.03.2023	Approved

V12	People, Organisational Development and Culture Committee	03.04.2023	Approved
V13	Research & Innovation Sub-Committee	11.03.2024	Approved
V13	People, Organisational Development and Culture Committee	15.04.2024	Approved
V14	Research & Innovation Sub-Committee	10.03.2025	Approved
V14	Digital, Data and Innovation Committee	22.04.2025	

TERMS OF REFERENCE

RESEARCH & INNOVATION SUB-COMMITTEE

RESEARCH & INNOVATION SUB-COMMITTEE

1. Constitution

- 1.1. The Research & Innovation Sub-Committee (R&ISC) was established as a Sub-Committee of the People, Organisational Development and Culture Committee (PODCC) and constituted from 1 August 2021. As of February 2025, the R&ISC will report to the Digital, Data & Innovation Committee (DDIC).

2. Purpose

- 2.1. The purpose of the R&ISC is to assure the Board, via the DDIC, that it is discharging its functions and meeting its responsibilities with regards to the quality and safety of research, development and innovation activity carried out within the organisation.

The guiding principles will be:

- 2.1.1 a clear strategy;
- 2.1.2 clear governance and performance management
- 2.1.3 working within budget constraints.

- 2.2. The R&ISC will promote and support involvement in high quality, multi-disciplinary and multi-agency healthcare research, development and innovation, promote evidence-based healthcare, build research and innovation capacity and foster a research and innovation culture, including patient/public involvement where appropriate.
- 2.3. The R&ISC will facilitate collaboration with the Research and Academic community to maximise outcome and impact for the Health Board and the patients it serves.

3. Key Responsibilities

- 3.1. Assure the Board, through the DDIC, in relation to arrangements for ensuring compliance with all relevant frameworks, UK Clinical Trials, Clinical Investigations and other Regulations (transposed into UK law from European Union Directives) and reporting requirements.
- 3.2. Assure the Board, through the DDIC, that the sponsorship of research studies by Hywel Dda University Health Board (HDdUHB) follows a robust scientific review and complies with all relevant regulations.
- 3.3. Assure the Board, through the DDIC, that the arrangements for undertaking real world evaluations of medical devices are robust and comply with all relevant regulations.

- 3.4. Assure the Board, through the DDIC, that the ring-fenced funding is being spent according to Welsh Government requirements.
- 3.5. Receive assurance on the management of operational risks that have been aligned to the Sub-Committee and provide assurance to the DDIC that risks are being managed effectively and report any areas of concern, e.g. where risk tolerance is exceeded, lack of timely action.
- 3.6. Receive assurance on the progress of HDdUHB sponsored research studies.
- 3.7. Receive assurance on the progress of real-world evaluations of medical devices taking place in the HDdUHB.
- 3.8. Receive and comment on financial, performance management and data reports from the Research and Innovation Operational Team.
- 3.9. Oversee the development of the Health Board's Research & Innovation Strategy.
- 3.10. Oversee the development and approval of research and innovation written control documents (policies, plans, Standard Operating Procedures, etc) within the scope of the Sub-Committee, obtaining ratification as and where appropriate.
- 3.11. Consider the implications for the Health Board of the outcomes arising from relevant review, audit or inspection carried out by external regulatory authorities, review progress with resulting Corrective and Preventative Action plans (CAPAs) and authorising their completion.
- 3.12. Ensure strong relationships and effective communication with associated Higher Education Institutions and other external organisations.
- 3.13. Support Universities with their research & innovation agenda, including undergraduate /postgraduate work, research impact, and their Research Excellence Framework submission.
- 3.14. Ensure the HDdUHB maintains its University status by monitoring and driving improvement in those metrics associated with University status against which it will be judged by Welsh Government:
 - University Links
 - Health Education and Training Contribution
 - Contribution to Quality Care
 - Contribution to Health Research
 - Contribution to other Health Related activities
- 3.15. Report on research and innovation activity to relevant health community committees and the Health Board via the Director of Research, Innovation and Value, or a nominated deputy.
- 3.16. Agree issues to be escalated to the DDIC, with recommendations for action.

4. Membership

4.1 The membership of the Research & Innovation Sub-Committee shall comprise:

Title
Medical Director (Chair)
Director Research, Innovation & Value (Vice Chair)
Independent Member
Clinical Director Research & Development
Head of Research & Development
Head of TriTech & Innovation
Research & Innovation Finance Business Partner
Head of Data Science
Assistant Director of People Development
Head of Nursing (with a responsibility for research)
Deputy Director of Health Sciences (with a responsibility for research)
A representative from one University Partner organisation
Executive Director of Public Health
Representative from a 3 rd Sector Organisation
Head of Culture and Workforce Experience
Research active representatives as required

4.2 The membership of the Sub-Committee will be reviewed on an annual basis.

5. Quorum and Attendance

- 5.1 A quorum shall consist of no less than a third (5) of the membership and must include as a minimum the Chair or Vice Chair of the Sub-Committee and a research active clinician.
- 5.2 An Independent Member shall attend the meeting in a scrutiny capacity.
- 5.3 Any senior officer of the HDdUHB or a partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting, to assist with discussions on a particular matter.
- 5.4 The Sub-Committee may also co-opt additional independent external ‘experts’ from outside the organisation to provide specialist skills.
- 5.5 Should any member be unavailable to attend, they may nominate a fully briefed deputy to attend in their place, subject to the agreement of the Chair.
- 5.6 The Chair of the R&ISC shall have reasonable access to Executive Directors and other relevant senior staff.
- 5.7 The Sub-Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

6. Agenda and Papers

- 6.1 The Sub-Committee Secretary is to hold an agenda setting meeting with the Chair and the Sub-Committee Lead at least **six** weeks before the meeting date.
- 6.2 The agenda will be based around the Sub-Committee work plan, identified risks matters arising from previous meetings, issues emerging throughout the year and requests from Sub-Committee Members. Following approval, the agenda and timetable for papers will be circulated to all Sub-Committee Members.
- 6.3 All papers must be approved by the Director of Research, Innovation and Value.
- 6.4 The agenda and papers for meetings will be distributed **seven** days in advance of the meeting.
- 6.5 The minutes and action log will be circulated to members within **ten** days to check the accuracy.
- 6.6 Members must forward amendments to the Sub-Committee Secretary within the next **seven** days. The Sub-Committee Secretary will then forward the final version to the Sub-Committee Chair for approval.

7 Frequency of Meetings

- 7.1 The Sub-Committee will meet quarterly and shall agree an annual schedule of meetings. Additional meetings will be arranged as determined by the Chair of the Sub-Committee in discussion with the Director of Research, Innovation and University Partnerships.
- 7.2 The Chair of the Sub-Committee, in discussion with the Sub-Committee Secretary, shall determine the time and the place of meetings of the Sub-Committee and procedures of such meetings.

8. Accountability, Responsibility and Authority

- 8.1 The Sub-Committee will be accountable to the Digital, Data & Innovation Committee for its performance in exercising the functions set out in these terms of reference.
- 8.2 The Sub-Committee shall embed the HDdUHB's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.
- 8.3 The requirements for the conduct of business as set out in the HDdUHB's Standing Orders are equally applicable to the operation of the Sub-Committee.

9. Reporting

- 9.1 The Sub-Committee, through its Chair and Members, shall work closely with the Board's other committees, including joint /sub committees and groups to provide advice and assurance to the Board through the:

9.1.1 Joint planning and co-ordination of Board and Committee business;

9.1.2 Sharing of information.

- 9.2 In doing so, the Sub-Committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.
- 9.3 The Sub-Committee may establish groups or task and finish groups to carry out on its behalf specific aspects of Sub-Committee business. The Sub-Committee will receive updates following each meeting, detailing the business undertaken on its behalf. The following management groups have been or will be established:
- Research Quality and Sponsorship Group
 - TriTech and Innovation Group
- 9.4 The Sub-Committee Chair, supported by the Sub-Committee Secretary, shall:
- 9.4.1 Report formally, regularly and on a timely basis to the Digital, Data & Innovation Committee on the Sub-Committee's activities. This includes the submission of a Sub-Committee update report for information after every meeting, as well as the presentation of an Annual Report within 6 weeks of the end of the financial year;
- 9.4.2 Bring to the Digital, Data & Innovation Committee's specific attention any significant matters under consideration by the Sub-Committee;
- 9.4.3 Ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive, or Chair of other relevant Committees, of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the UHB.

10. Secretarial Support

- 10.1 The Sub-Committee Secretary shall be determined by the Director of Research, Innovation and Value.

11. Review Date

- 11.1 These terms of reference shall be reviewed on at least an annual basis by the Sub-Committee for approval by the People, Organisational Development and Culture Committee.

HYWEL DDA UNIVERSITY HEALTH BOARD – RESEARCH & INNOVATION SUB-COMMITTEE 2025/26

The following table sets out the Sub-Committee’s work programme for 2025/26, including standing agenda items denoted by *.

AGENDA ITEM/ ISSUE	LEAD	RESP. OFFICER	9th June 2025	8th Sept 2025	8th Dec 2025	9th Mar 2026
GOVERNANCE						
Apologies for Absence*	Chair	CaT	✓	✓	✓	✓
Declarations of Interests*	Chair	All	✓	✓	✓	✓
Minutes from previous meeting*	Chair	CaT	✓	✓	✓	✓
Table of Actions & Matters Arising*	Chair	CaT	✓	✓	✓	✓
Annual Review of Terms of Reference – R&I sub-committee (ToRs)	Chair	CaT				25/26
R&I Sub-Committee Annual Report 2025/26	Chair	CaT				✓
Annual Review of Group Terms of Reference 25/26 • Research Quality & Sponsorship Group (RQSG) • TriTech & Innovation Group	SRI CH	AT CH				25/26 25/26
RESEARCH & DEVELOPMENT– Quality, Performance & Finance						
R&D Team Activity Report*	SH	SH	✓	✓	✓	✓
R&D Performance*	SH	SH	✓	✓	✓	✓
R&D Risk Register*	SH	SH	✓	✓	✓	✓
R&D Governance from RQSG*	SH	AT	✓	✓	✓	✓
R&D Financial Report*	SH	LPo	✓	✓	✓	✓
HCRW / National Developments*	LP	SH	✓	✓	✓	✓
Any Other R&D Papers*	SH	SH	✓	✓	✓	✓
INNOVATION – Strategy & Futures						
TriTech & Innovation Activity Report*	CH	CH	✓	✓	✓	✓
TriTech Risk Register*	CH	CH	✓	✓	✓	✓
TriTech Financial Report*	CH	LPo	✓	✓	✓	✓
National Developments*	CH	CH	✓	✓	✓	✓
Any Other Innovation Papers*	CH	CH	✓	✓	✓	✓
Reports on Strategy Progress						

Strategy Action Plan for 25/26 & progress report	LP	SH	✓	✓	✓	25/26
*To be set following agreement of annual plan						
University Partnerships						
• Update from Partnership Meetings	LP/KL	LP/KL	✓	✓	✓	✓
FOR INFORMATION						
R&ISC Work Plan 2026/27*	Chair	CaT				26/27
DDIC dates		22.04.25	22.07.25	07.10.25		15.01.26
R&ISC dates			09.06.25	15.09.25	08.12.25	09.03.26
R&ISC report to DDIC		Y – from 10.03.25	Y – from 09.06.25	Y – from 08.09.25		Y – from 08.12.25

Initials

MH – Mark Henwood (Chair) LP – Leighton Phillips SRi – Sam Rice SH – Sally Hore LPo – Leon Popham CH – Chris Hopkins	KL – Keith Lloyd CaT – Camilla Templey AT – Abi Taylor
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Research and Innovation Sub-Committee

ANNUAL REVIEW REPORT

2024/2025

1. Introduction and Chair's summary

In line with Standing Orders the Research & Innovation Sub-Committee (R&ISC) must submit an Annual Report to its owning Committee through the Chair within 6 weeks of the end of the reporting year setting out its activities during the year and including the review of its performance and that of any Groups it has established, setting out how the Sub-Committee has met its Terms of Reference during the financial year.

The Board uses this annual report to inform:

- The ongoing development of its governance arrangements, including its structures and processes;
- Its Board Development Programme, as part of an overall Organisation Development framework: and

Chair's Reflections

The R&ISC has overseen a substantial work programme in 2024/2025. It has stewarded the delivery of key research and innovation performance and financial indicators, while adopting a thorough approach to risk management. There have been numerous key achievements, including:

- delivering the final year of the 2021-2024 strategic plan;
- overseeing comprehensive engagement to inform the next five-year strategic work plan;
- advancing regional oncology work plans;
- delivering research on behalf of the Welsh NHS Executive;
- winning commercial research investment; and
- winning substantial research and innovation projects through the TriTech initiative.

The priorities for 2025/26 will include publishing the new strategic plan and developing implementation proposals to ensure the Research and Innovation Divisions continue to develop and deliver impact and value for the people and communities of West Wales.

2. Terms of Reference and Workplan

The Terms of Reference (ToR) for the Research & Innovation (R&I) Sub-Committee is reviewed on an annual basis or following any significant changes. The TORs were last reviewed and approved on 10 March 2025.

The R&I Sub-Committee has a work plan to enable forward planning for the forthcoming year. The workplan is produced to incorporate the duties outlined in the Sub-Committee's ToRs and any suggested areas of focus identified during the self-assessment process.

The R&I Sub-Committee workplan covers a range of activities including statutory reporting duties, regular items of business and priority planned pieces of work which support Board and Committee's objectives.

The work plan is regularly updated throughout the year to ensure it remains responsive to emerging issues and risks. The work plan was approved by R&ISC on 10 March 2025.

3. Group/s

The Research Quality and Sponsorship Group (RQSG) and the TriTech and Innovation Group (TIG) report into the R&I Sub-Committee with their own terms of reference and workplans for the year.

The Group's TORs were last reviewed and approved on 10 March 2025.

In line with their Terms of Reference, the Groups are required to provide a report after each meeting.

4. Table of attendance

Membership	Date 12/07/24	Date 11/10/24	Date 09/12/24	Date 10/03/25
Medical Director (Chair)	✓	✓	✓	✓
Director Research, Innovation & Value (Vice Chair)	✓	✓	✓	✓
Independent Member	x	x	x	x
Clinical Director Research & Development	x	x	✓	x
Head of Research & Development	✓	x	✓	x
Head of TriTech & Innovation	✓	x	✓	✓
Research & Innovation Finance Business Partner	✓	✓	x	x
Research active representatives as required	N/A	N/A	N/A	N/A
Head of Data Science	✓	x	✓	✓
Assistant Director of People Development	x	x		
Assistant Director of Nursing (with a responsibility for research)	x	x	✓	✓
Assistant Director of Therapies and Health Science (with a	x	x	x	x

responsibility for research)				
A representative from Aberystwyth University	x	x	✓	x
A representative from Swansea University	x	x	✓	✓
A representative from the University of Wales Trinity Saint David	✓	x	x	x
Head of Medical Education and Knowledge	x	✓	x	x
Representative from a 3 rd Sector Organisation	x	✓	✓	x
Head of Research, Innovation & Improvement, Regional Partnership Board	✓	✓	✓	x
In Attendance	12/07/24	11/10/24	09/12/24	10/03/25
Deputy Head of TriTech	✓	✓	✓	x
Lead Nurse Professional Standards and Assurance	✓	x	x	x
Senior One Health Practitioner	✓	x	x	x
Assistant Director of Nursing	x	✓	x	x
R&D Manager	x	✓	x	✓
Value Business Partner	x	x	✓	x
2 nd representative Swansea University	x	x	✓	x
Assistant Finance Business Partner	x	x	x	✓
Deputy Director of Health Sciences	x	✓	x	✓
Meeting quorate?	Yes	Yes	Yes	Yes

A quorum shall consist of no less than a third (7) of the membership and must include as a minimum the Chair or Vice Chair of the Sub-Committee and a research active clinician.

5. Sub-Committee Activities – alert, advise and assure.

The Sub-Committee is required to report to the Committee after each Sub-Committee meeting by presenting a report highlighting the key discussion items at the Sub-Committee.

Alert – *The following matters were areas where the Sub-Committee was unable to take an assurance or had a lack of confidence that the action in place was sufficient to address the issue satisfactorily and/or it was within the scope of the operational team to resolve, and were alerting the Board as engagement action or intervention was required.*

10 March 2025

- Hywel Dda University Health Board (HDdUHB) Executives have agreed to collaborate with UWTSD to support our staff and the communities they serve in innovating towards a Social Model for Health and Wellbeing (SMfHW), through the establishment of a Centre for Social Innovation. The R&I Sub-Committee were advised that the R&I Department can support and enable the Centre, but the accountability ultimately resides with the Executive Director of Public Health and that the centre’s progress should also be monitored through the arrangements in place to govern the Social Model for Health and Wellbeing.

Advise – *The following matters were areas of concern where assurance had been taken on actions in place but required close monitoring.*

12 July 2024:

- Health and Care Research Wales (HCRW) confirmed the Research Delivery Funding (RDF) for HDdUHB during 2024/25 was approximately £125k lower than 2023/24. However, due to good financial management within the Division, it did not result in staffing affordability challenges for the 2024/25 financial year but, as a result, an Organisational Change Process has been initiated to ensure a sustainable function in subsequent years. R&ISC members noted the update.
- A TriTech and Innovation Divisional update was received at every meeting, providing assurance that Key Performance Indicators (KPIs) were on target (rated green), with only one rated amber following the late delivery of a project report. This was addressed appropriately and in line with the quality management process. The R&ISC took assurance from the report, and specifically the management of the amber KPI.
- An update on the plan to relocate the R&D quality assurance and researcher development functions and the TriTech & Innovation Division to Pentre Awel (PA) was provided. The attention of the R&ISC was drawn to the dependency of the plan on an agreement with the wider Health Board and Carmarthenshire County Council, in respect of the ongoing lease negotiations. The R&ISC members were advised of the ongoing negotiations concerning the Heads of Terms for the scheme that are yet to be resolved; it was agreed that the People, Organisation Development and Culture Committee (PODCC) should be advised of this dependency and the ongoing discussions. R&ISC members noted and accepted the report, including that business continuity could be maintained in the event of a lease not being agreed.

11 October 2024:

- The R&ISC advised members of the PODCC of a report that described current plans to improve access to oncology clinical trials for HDdUHB patients. The report described that currently, patients living in Swansea Bay University Health Board (SBUHB), with more common cancers, have a greater opportunity to enter interventional drug trails than those living in HDdUHB. SBUHB and HDdUHB hope to develop a situation whereby there is equity of access to cancer clinical trials across the region. Liaison with SBUHB was ongoing to work through the details of the report and agree on a preferred option for progression. The report was noted and accepted. A further update will be presented when discussions have taken place with SBUHB.
- The R&ISC advised PODCC on the positive progress being made with the Pentre Awel project, in light of the Board signing the lease agreement, and the intention to locate research and innovation activities at the scheme. However, the R&ISC noted that the Department does not have the funds to off-set the costs of the scheme, should it be asked to contribute to the lease costs. however if the Department were unable to locate at the scheme it would not be detrimental to performance.

9 December 2024:

- The R&ISC advised members of the PODCC of the ongoing regional oncology work with SBUHB. HCRW has provided funding to pursue one of three options. The meeting scheduled for 6 January 2025 with SBUHB will decide the final way forward. The report was noted and accepted.
- The R&ISC advised members of the PODCC of the positive progress being made with the Pentre Awel project, in light of the Board signing the lease agreement, and the intention to locate research and innovation activities at the scheme. However, the R&ISC noted that the Department does not have the funds to off-set the costs of the scheme, should it be asked to contribute to the lease costs.

10 March 2025:

- R&ISC received a report detailing the final position of the Research & Innovation Strategy 2021-24. All objectives have been achieved, with the exception of two; support learning opportunities for research staff within specialities that are new to them, and work with clinical teams to encourage involvement of Clinical Nurse Specialist (CNS's) and trainee doctors focusing on Inflammatory Bowel Disease (IBD). These objectives are long-term and will be incorporated into the new Strategic Plan. R&ISC members raised no issues with them being carried over and took assurance from the report. Members were also advised that the new R&I Strategic Plan 2025-30 has been approved by the Formal Executive Team, PODCC, and is awaiting approval from Board on 27 March 2025. Once finalised, the Plan will be widely circulated throughout the Health Board, and an implementation plan will be developed. R&ISC members noted and accepted the update.

- R&ISC received an update on commercialisation relating to the Novel Technologies Study, including the licensing of intellectual property (IP) by Aberystwyth University pertaining to biomarkers for lung cancer. If commercialisation is successful, HDdUHB would benefit from a royalty and that a collaboration agreement had been developed with the input of NHS Wales Shared Services Partnership (NWSSP) Legal and Risk (L&R) Services. R&ISC were advised of a management plan for an identified conflict of interest, which had been approved by the Executive Medical Director and the Research and Enterprise Office of Swansea University. R&ISC members took assurance from the report.

Assure – *The following matters were areas where there was confidence that robust actions are in place and are sufficient to address the issues to operate effectively.*

On 12 July, 11 October, 9 December 2024 and 10 March 2025, R&ISC members discussed the following and these were submitted to PODCC to provide assurance:

- R&D site activity performance, noting a challenging position, but a focussed approach to recovery.
- Progress against the R&D Strategy (2021-2024), including plans to develop the next strategy, 2025-30.
- Activities of the Research Quality and Sponsorship Group (RQSG).
- University partnership activities.
- The financial position of the R&D Division.
- The financial position of the TriTech and Innovation division.
- Progress against the Board approved TriTech Business Plan.
- National Innovation developments and increasing interest in understanding the wider potential of the TriTech model.
- Proposals to support the University Health Board's capability and capacity to support social innovation.
- A partnership project with the National Botanic Gardens to create spaces for rest and recuperation across our hospital sites. The close-down report for this project was shared on 9 December 2024.

In addition, on 11 October and 9 December 2024, the following item was discussed and submitted to PODCC to provide assurance:

- An update on the Voluntary Scheme for Branded Medicines Pricing, Access and Growth (VPAG) scheme that is a five-year investment agreed by the Government, NHS England and the Association of the British Pharmaceutical Industry (ABPI). The programme is set to drive forward the NHS's capacity to deliver commercial clinical research.

On 10 March 2025, R&ISC the following additional items were shared:

- The positive annual review (7 March 2025) with HCRW
- An update on the Pentre Awel project, noting that occupancy will likely be early 2026 and the lease on Dura Park will therefore be extended.

- Received confirmation that HDdUHB had submitted three bids (oncology, respiratory and metabolics) to the Voluntary Scheme for Branded Medicines, Pricing and Growth (VPAG) scheme. Of those submitted, respiratory is likely to be awarded subject to agreement of the Terms and Conditions of grant.

Items approved by the Sub-Committee during the year.

- Minutes of R&ISC meetings in 2024/25
- TriTech and Innovation revised ToRs.
- Issues to escalate to PODCC
- Meeting 10 March 2025:
 - Annual review of R&ISC ToRs,
 - Annual review of RQSG ToRs,
 - Annual review of TriTech & Innovation Group (TIG) ToRs
 - Annual review of Senior Innovation & Trittech Operational Team (sub-group of TIG),
 - R&ISC Annual report 2024/25
 - RQSG Annual report 2024/25
 - TIG Annual report 2024/25

6. Conclusion

The Sub-Committee is satisfied that it continues to operate effectively and in line with the Terms of Reference. Issues have been escalated to the Committee as appropriate to evolve and continually improve.

5

0 Mins

5 - For Assurance

5.1

5.1 - Internal and External Audit Reports

***Huw Thomas (Hywel
Dda UHB - Director
of Finance)***

None for this meeting

5.2

5.2 - Monitoring of Ministerial Directions

*Huw Thomas (Hywel
Dda UHB - Director
of Finance)*

| For assurance

Attachments

[5.2 Ministerial Directions Apr-25 FINAL.pdf](#)

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:	Monitoring of Ministerial Directions
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Executive Director of Finance Jill Paterson, Director of Primary Care, Community Strategy and Long-Term Care
SWYDDOG ADRODD: REPORTING OFFICER:	Rachel Williams, Head of Assurance and Risk

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to provide the Digital, Data and Innovation Committee (DDIC) with a status update and assurance that all NHS Non-Statutory Instruments, otherwise known as Ministerial Directions (MD), received from Welsh Government (WG) which were previously aligned to Sustainable Resources Committee (SRC) and now under the remit of DDIC, have been implemented/adopted by Hywel Dda University Health Board (HDdUHB).

Cefndir / Background

Acts of Parliament, Acts of Senedd Cymru, Assembly Measures and Assembly Acts enable Welsh Ministers to develop more detailed legislation, known as secondary or subordinate legislation, usually by means of Statutory Instruments (SI).

Non-Statutory Instruments (NSI) are legislative in character; they alter legal rights and duties, however they are not SIs. NSIs, which are issued by Welsh Ministers, include codes of practice and guidance.

In complying with the requirements of various governance codes and the Annual Governance Statement requirements, HDdUHB has a duty to provide assurance of compliance with the NSIs.

During the review of the Annual Governance Statement, the Audit and Risk Assurance Committee (ARAC) requested that the internal assurance process regarding the adoption of and actions in response to, these requirements be strengthened. As MDs potentially form part of the process of the roll out of digital systems, DDIC will receive a regular assurance report on compliance.

Asesiad / Assessment

The table attached at Appendix 1 details the MDs relating to the National Health Service issued between 1 February 2024 and 31 March 2025, as well as MDs issued previously which are still in the process of being implemented.

The following RAG status is now applied to MDs:

- **Green** = completed
- **Amber** = a plan is in place and on schedule to be completed by the timescale provided by the Lead Officer
- **Red** = behind schedule to the timescale provided by the Lead officer, or a plan (with date for implementation) is not yet in place
- **Blue** = External i.e., the means to achieve compliance is currently outside the gift of the Health Board

A review of governance arrangements has been undertaken to improve the alignment of the Health Board's Committees to the 6 domains of targeted intervention as outlined by Welsh Government to strengthen the Health Board's focus on digital, finance, performance and strategic planning. The Board agreed the revision of governance arrangements at its meeting in January 2025. With the disestablishment of SRC from 31 March 2025, and the establishment of DDIC, Finance & Performance Committee, and Strategy & Planning Committee, MDs have now been re-aligned to the new Committees as appropriate.

MDs noted as complete (Green):

MD	Lead Director	Progress on Implementation	Date notified of completion
<p>2023. No 27 - The Primary Care (E-Prescribing Pilot Scheme) Directions 2023 (issued 01/06/23)</p>	<p>Director of Primary Care, Community Strategy and Long Term Care</p>	<p>The Health Board has now established the E-prescribing scheme with GMS contractors.</p> <p>Electronic Prescription Service (EPS) is now live across 10% of GP practices in Wales, with 278 community pharmacies now using the service. A national implementation plan is in place driven by Digital Health and Care Wales (DHCW) with direct implementation with GP practices and community pharmacies. Egton Medical Information Systems (EMIS) system is the only GP practice system that supports EPS, therefore practices within Hywel Dda on Vision system are migrating before they are eligible for EPS implementation. All Pharmacy Patient Medication Record (PMR) systems are now EPS-compliant within Wales, however there is still development work to be completed for dispensing doctors systems.</p> <p>Hywel Dda UHB have representation on the national EPS advisory group to provide local intelligence and approve and share local implementation plans.</p>	<p>Apr-25</p>

		As of April 2025, EPS is live in three practices in Hywel Dda, and across 32 community pharmacies. An implementation plan to roll out EPS to eligible practices in Hywel Dda has been approved in collaboration between the practices, DHCW and the Health Board. The proposed plan is to implement EPS in an additional 18 practices by the end of quarter 2 of 2025/26, representing 43% of practices.	
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MDs noted as external (Blue):

MD	Lead Director	Progress on Implementation	Health Board Completion Date
2023. No 08 - Local health boards and NHS Trusts reporting on the introduction of new medicines into the National Health Service in Wales Directions 2023 (issued 24/03/23)	Director of Primary Care, Community Strategy and Long-Term Care	<p>Implementation of this MD is aligned to the Welsh Health Circular 032-22 (Further extending the use of Blueteq in secondary care).</p> <p>The national roll out of Blueteq to the Health Boards will be managed and coordinated via the All-Wales Blueteq Steering Group, with management support from All Wales Therapeutics & Toxicology Centre on behalf of Welsh Government (WG).</p> <p>The Welsh Health Specialised Services Committee (WHSSC) Data Protection Impact Assessment (DPIA) and Cyber Security Impact Assessments, approved at National level, have now been approved at a local level by the Health Board.</p> <p>The steering group are continuing to develop and approve the drug proformas to be used within Blueteq and are working with the supplier to optimise the system to meet workflows within Welsh Health Boards.</p> <p>The phased implementation should begin in 2025/26 for HDUHB. Until implementation, use and monitoring of high-cost drugs will continue within current service provisions.</p>	Not Known

Argymhelliad / Recommendation

The Committee is requested to:

- **NOTE** the re-alignment of Digital-related MDs previously reportable to SRC in line with revised governance arrangements as approved by Board at its meeting in January 2025.
- **RECEIVE ASSURANCE**, or otherwise, from the lead Executive Director or Supporting Officer on the management of MDs within their area of responsibility, particularly in respect of understanding when the MD will be delivered, any barriers to delivery, impacts of non/late delivery and assurance that the risks associated with these are being managed effectively.

**Amcanion: (rhaid cwblhau)
Objectives: (must be completed)**

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.19 – seek assurance on the delivery of the requirements arising from the Health Board’s regulators, WG and professional bodies.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risks to delivery of MDs identified on operational risk registers.
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	10. Not Applicable

**Gwybodaeth Ychwanegol:
Further Information:**

Ar sail tystiolaeth: Evidence Base:	Underpinning WHC actions on the WHC Tracker from across HDdUHB's services reviewed by the lead Executive/Director or Supporting Officer.
Rhestr Termau: Glossary of Terms:	Contained within the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Digidol, Data ac Arloesi Parties / Committees consulted prior to Digital, Data and Innovation Committee:	Relevant Lead Executives/Lead Directors or Supporting Officers

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct impacts from report however organisations are expected to have effective monitoring systems in place and take steps to ensure actions are delivered effectively.
Ansawdd / Gofal Claf: Quality / Patient Care:	No direct impacts from report however organisations are expected to have effective monitoring systems in place and take steps to ensure actions are delivered effectively.
Gweithlu: Workforce:	No direct impacts from report however organisations are expected to have effective monitoring systems in place and take steps to ensure actions are delivered effectively.
Risg: Risk:	No direct impacts from report however organisations are expected to have effective audit and assurance mechanisms in place, along with risk management systems in place for any associated risks.
Cyfreithiol: Legal:	No direct impacts from report.
Enw Da: Reputational:	Poor management of MDs can lead to loss of stakeholder confidence. Organisations are expected to have effective monitoring systems in place and take steps to ensure actions are delivered effectively.
Gyfrinachedd: Privacy:	No direct impacts from report.
Cydraddoldeb: Equality:	No direct impacts from report however each action is outlined in description of overarching actions required.

5.3

5.3 - Monitoring of Welsh Health Circulars (WHCs)

*Huw Thomas (Hywel
Dda UHB - Director
of Finance)*

| For assurance

Attachments

[5.3 Welsh Health Circulars Apr-25 FINAL.pdf](#)

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:	Monitoring of Welsh Health Circulars (WHCs)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Executive Director of Finance Jill Paterson, Director of Primary Care, Community Strategy and Long-Term Care
SWYDDOG ADRODD: REPORTING OFFICER:	Rachel Williams, Head of Assurance and Risk

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 report to the Digital, Data and Innovation Committee (DDIC) includes updates on progress in relation to the implementation of Welsh Health Circulars (WHCs) which were previously aligned to Sustainable Resources Committee (SRC) and now under the remit of DDIC.

The Committee is requested to receive assurance from the lead Executive/Director or Supporting Officer on the management of WHCs within their area of responsibility, particularly in respect of understanding when the WHC will be delivered, any barriers to delivery, impacts of non/late delivery and assurance that the risks associated with these are being managed effectively.

Cefndir / Background

WHCs provide a streamlined, transparent and traceable method of communication between NHS Wales and NHS organisations relating to different areas such as estates, finance, governance, health professional letters, information governance, quality and safety, legislation, planning, performance and delivery, policy, public health, research, science, and workforce. WHCs are published on the [Welsh Government \(WG\) website](#).

The Board has requested that WHCs that have not been implemented by the stated timescales should be closely monitored by its Committee structure, in order to provide assurance on the compliance and delivery of the outstanding WHC, in addition to an understanding of the impacts resulting from late/non-delivery.

Asesiad / Assessment

Where WHCs are not clear in terms of implementation timescales, leads are requested to provide the planned date for implementation by the Health Board. The following RAG status is now applied to WHCs:

- **Red** = behind schedule to the timescale provided by the Lead officer, or a plan (with date for implementation) is not yet in place
- **Amber** = a plan is in place and on schedule to be completed by the timescale provided by the Lead Officer
- **Green** = completed
- **Blue** = External i.e., the means to achieve compliance is currently outside the gift of the Health Board.

A review of governance arrangements has been undertaken to improve the alignment of the Health Board's Committees to the 6 domains of targeted intervention as outlined by Welsh Government to strengthen the Health Board's focus on digital, finance, performance and strategic planning. The Board agreed the revision of governance arrangements at its meeting in January 2025, with the disestablishment of SRC from 31 March 2025, and the establishment of DDIC, Finance & Performance Committee, and Strategy and Planning Committee. WHCs previously aligned to SRC have been re-aligned to the new Committees as appropriate.

WHCs currently on schedule to be completed by the timescale provided / new WHCs received since the last SRC report in February 2025 (Amber):

Name of WHC	Date Issued	Lead Executive /Director	Progress Update	Health Board Completion Date
042-24: Introduction of the dictionary of medicines and devices	22/01/25	Director of Finance	This WHC was originally issued in November 2024 but subsequently withdrawn by Welsh Government (WG). The re-issued WHC was received by the Health Board on 27 January 2025 and is reported as Amber, with an implementation date of December 2027. Implementation of this WHC will be led by the Digital Executive Function, supported by Medicines Management, and is linked to the roll-out of an Electronic Prescribing and Medicines Administration (EPMA) system.	Dec-27

The following WHC is currently outside the gift of the Health Board to complete (Blue):

Name of WHC	Date Issued	Lead Executive /Director	Progress Update	Health Board Completion Date
032-22: Further extending the use of Blueteq	21/03/23	Director of Primary Care, Community	Implementation of this WHC is aligned to the Ministerial Direction WG23-08 (Local health boards and NHS Trusts reporting	Not known

in secondary care		Strategy and Long Term Care	<p>on the introduction of new medicines into the National Health Service in Wales Directions 2023).</p> <p>The national roll out of Blueteq to the Health Boards will be managed and coordinated via the All-Wales Blueteq Steering Group, with management support from All Wales Therapeutics & Toxicology Centre on behalf of WG.</p> <p>The Welsh Health Specialised Services Committee (WHSSC) Data Protection Impact Assessment (DPIA) and Cyber Security Impact Assessments, approved at national level, have now been approved at a local level by the Health Board.</p> <p>The steering group are continuing to develop and approve the drug proformas to be used within Blueteq and are working with the supplier to optimise the system to meet workflows within Welsh Health Boards.</p> <p>The phased implementation should begin in 2025/26 for HDdUHB. Until implementation, use and monitoring of high-cost drugs will continue within current service provisions.</p>	
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Argymhelliad / Recommendation

The Committee is requested to:

- **NOTE** the re-alignment of WHCs previously reportable to SRC in line with revised governance arrangements as approved by Board at its meeting in January 2025.
- **RECEIVE ASSURANCE**, or otherwise, from the lead Executive Director or Supporting Officer on the management of WHCs within their area of responsibility, particularly in respect of understanding when the WHC will be delivered, any barriers to delivery, impacts of non/late delivery and assurance that the risks associated with these are being managed effectively.

Amcanion: (rhaid cwblhau)
Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.19 – seek assurance on the delivery of the requirements arising from the Health Board’s regulators, WG and professional bodies.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risks to delivery of WHC’s should be identified on directorate/service risk registers.
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	10. Not Applicable

**Gwybodaeth Ychwanegol:
Further Information:**

Ar sail tystiolaeth: Evidence Base:	Underpinning WHC actions on the WHC Tracker from across HDdUHB’s services reviewed by the lead Executive/Director or Supporting Officer.
Rhestr Termiau: Glossary of Terms:	Contained within the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Digidol, Data ac Arloesi Parties / Committees consulted prior to Digital, Data and Innovation Committee:	Relevant Lead Executives/Lead Directors or Supporting Officers

**Effaith: (rhaid cwblhau)
Impact: (must be completed)**

Ariannol / Gwerth am Arian: Financial / Service:	No direct impacts from report however organisations are expected to have effective monitoring systems in place and take steps to ensure actions are delivered effectively.
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Ansawdd / Gofal Claf: Quality / Patient Care:	No direct impacts from report however organisations are expected to have effective monitoring systems in place and take steps to ensure actions are delivered effectively.
Gweithlu: Workforce:	No direct impacts from report however organisations are expected to have effective monitoring systems in place and take steps to ensure actions are delivered effectively.
Risg: Risk:	No direct impacts from report however organisations are expected to have effective audit and assurance mechanisms in place, along with risk management systems in place for any associated risks.
Cyfreithiol: Legal:	No direct impacts from report.
Enw Da: Reputational:	Poor management of WHCs can lead to loss of stakeholder confidence. Organisations are expected to have effective monitoring systems in place and take steps to ensure actions are delivered effectively.
Gyfrinachedd: Privacy:	No direct impacts from report.
Cydraddoldeb: Equality:	No direct impacts from report however each action is outlined in description of overarching actions required.

6

0 Mins

6 - For Approval

6.1

6.1 - Policies for Approval

***Huw Thomas (Hywel
Dda UHB - Director
of Finance)***

One policy - included under item 3.2

6.2

6.2 - Business Cases

***Huw Thomas (Hywel
Dda UHB - Director
of Finance), Anthony
Tracey (Hywel Dda
UHB - Digital
Director)***

None for this meeting

7 - For Information

7.1

0 Mins

7.1 - DDIC Workplan 2025/26

*Maynard Davies
(Hywel Dda UHB -
Independent
Member)*

| For information

Attachments

[DDIC Work Programme 2025-26 Draft.doc.pdf](#)

DIGITAL, DATA AND INNOVATION COMMITTEE WORK PLAN APRIL 2025 – MARCH 2026

Currently, Digital, Data and Innovation Committee (DDIC) meets quarterly. Based on this, the following table represents a proposal to incorporate the duties as outlined in the Committee's Terms of Reference into a basic work plan April 2025 – March 2026.

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	22 Apr 2025	22 Jul 2025	7 Oct 2025	15 Jan 2026	Apr 2026
Governance and Risk							
Welcome and Apologies	Chair	All	✓	✓	✓	✓	
Declarations of Interests	Chair	CSO	✓	✓	✓	✓	
Minutes from previous meeting	Chair	CSO		✓	✓	✓	
Matters Arising (not on agenda)	Chair	All		✓	✓	✓	
Table of Actions (ToAs)	Chair	CSO		✓	✓	✓	
DDIC Terms of Reference (TORs) Review (12.1)	Chair	JW	✓				✓
DDIC Annual Report (10.4.1)	Chair	CSO					✓
Self-Assessment of Committee Effectiveness: Outcome Report (10.5)	Chair	JW					✓
Corporate Risks Assigned to DDIC (3.1.20)	HT	RW	✓ V	✓	✓	✓	
Operational Risks Assigned to DDIC (3.1.20)	HT	RW	✓ V	✓	✓	✓	
Digital							
Digital Context Report	HT	AT	✓				
Digital Strategic Plan (2.1.1 & 3.1.1) (PO9)	HT	AT	✓	✓	✓	✓	
Digital Annual Plan (PO9)	HT	AT	✓				
Summary of Progress against Board Approved Business Cases	HT	AT	✓				
Digital Partner Update	HT	AT	✓	✓	✓	✓	
Cyber Security Updates incl CAF compliance (3.1.8 & 10) – In-Committee	HT	AT	✓	✓	✓	✓	
Digital Inclusion (from SRC workplan)	HT	AT		✓		✓	
Planning Objective (PO) Update Report (3.1.18)	HT	DW		✓	✓	✓	
Data							

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	22 Apr 2025	22 Jul 2025	7 Oct 2025	15 Jan 2026	Apr 2026
Data Context Report	HT	AT	✓				
Current use of AI	HT	AT	✓				
Information Governance Sub-Committee (IGSC) 3A's update (10.3)	AT		✓	✓	✓	✓	
IGSC Workplan (3.1.24)	AT		✓				✓
IGSC Annual Report (10.4.1)	AT			✓			✓
Annual Review IGSC TORs (10.3)	AT		✓				✓
Data Quality Assurance Report (3.1.9)	AT				✓		
Data Protection Impact Assessment Assurance Report (3.1.11)	HT	AT				✓	
Information Governance Assurance Report (2.1.3, 3.1.6,7 & 8)	HT	AT		✓			
Research and Innovation							
Research and Innovation Context Report	LP	CH/SH	✓				
Research and Innovation Sub-Committee (RISC) 3A's update (10.3)	LP	CH/SH	✓	✓	✓	✓	
Annual Review RISC TORs (10.3)	LP	CH	✓				✓
RISC Workplan (3.1.24)	LP	CH	✓				✓
RISC Annual Report (10.4.1)	LP	CH	✓				✓
Commercialisation of Research, Innovation (Tritech Business Plan and KPI Monitoring for Tritech Institute) (3.1.17)	LP	CH/SH				✓	
Research & Development Implementation of the NHS Framework (10.4.1)	LP	CH/SH	✓				
Research & Innovation Annual Report (3.1.15)	LP	CH/SH		✓			
University Partnership Arrangements Update (3.1.16)	LP	CH/SH	✓			✓	
Research and Development Framework Annual Update	MH	CH/SH				✓	

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	22 Apr 2025	22 Jul 2025	7 Oct 2025	15 Jan 2026	Apr 2026
For Assurance							
Internal and External Audit Reports (as required) (3.1.8)	HT			✓	✓	✓	
Monitoring of Ministerial Directions (if any)	HT	RW	✓	✓	✓	✓	
Monitoring of Welsh Health Circulars (WHCs)	HT	RW	✓	✓	✓	✓	
For Approval							
Policies (as required) (3.1.24)	HT	HT	✓	✓	✓	✓	
Business Cases ((as and when required for scrutiny before onward ratification at Board)) (3.1.5)	HT	AT		✓	✓	✓	
Administration							
Agenda setting meeting with Chair & Exec Lead (at least 6 weeks before the meeting)	CSO	N/A	✓	✓	✓	✓	
Draft agenda to go to Executive Team	CSO	N/A	✓	✓	✓	✓	
Call for papers (at least 6 weeks before the meeting to receive papers at least 14 days before the meeting)	CSO	N/A	✓	✓	✓	✓	
Disseminate agenda/papers 7 days prior to meeting	CSO	N/A	✓	✓	✓	✓	
Issue a draft TOA within two days of the meeting	CSO	N/A	✓	✓	✓	✓	
Circulate minutes and TOA to the Lead Director within 7 days of meeting	CSO	N/A	✓	✓	✓	✓	
Issue minutes and TOA to Members (including the Committee Chair) following Lead Director review	CSO	N/A	✓	✓	✓	✓	

Chair: Maynard Davies **Vice Chair:** Chantal Patel **Lead Executive:** Huw Thomas

HT	Huw Thomas	JW	Joanne Wilson	MH	Mark Henwood	AT	Anthony Tracey
RW	Rachel Williams	DW	Daniel Warm	SA	Shaun Ayres	LG	Leighton Phillips
CH	Chris Hopkins	SH	Sally Hore	CSO	Committee Services Officer	D	Deferred
V	Verbal						

8

8 - Any Other Business

*Maynard Davies
(Hywel Dda UHB -
Independent
Member)*

9 - Date and Time of next meeting

1-4pm Tuesday 22 July 2025