



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Date **22/07/2025**
Time **13:00 - 16:00**
Location **Ystwyth Boardroom and Microsoft Teams Meeting**

Digital, Data and Innovation Committee Meeting

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1 - Governance and Risk

1.1

13:00,

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 - Minutes and Matters Arising from the meeting held on 22 April 2025

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

| For approval

Attachments

[2025-04-22 - Digital, Data and Innovation Committee Meeting - Minutes.pdf](#)

MINUTES OF THE DIGITAL, DATA AND INNOVATION COMMITTEE MEETING

Date of Meeting: **Tuesday 22 April 2025**

Venue: **Ystwyth Board Room and MS Teams**

Present: Mr Maynard Davies, Independent Member (Committee Chair)
Mrs Chantal Patel, Independent Member (Committee Vice-Chair)
Mrs Eleanor Marks, Vice-Chair, Hywel Dda University Health Board

In Attendance: Mr Huw Thomas, Executive Director of Finance
Mr Mark Henwood, Interim Executive Medical Director (part)
Dr Leighton Phillips, Director of Research, Innovation and Value
Mr Anthony Tracey, Director of Digital
Mr Shaun Ayers, Director of Delivery (deputising for Mr Lee Davies, Executive Director of Strategy and Planning)
Ms Charlotte Wilmshurst, Assistant Director of Assurance and Risk (deputising for Mrs Joanne Wilson, Director of Corporate Governance/Board Secretary)
Dr June Picton, AMD Professional Standards/Deputy Caldicott Guardian, Associate Medical Director for Professional Standards
Ms Judith Bowen, Lead Clinical Informatics Nurse
Dr Anthony (Tony) Smith, Consultant Anaesthetist (part)

Minutes Ref.	Item	Action
DDIC (25)01	Welcome and Apologies The Chair welcomed members to first meeting of the Digital, Data and Innovation Committee. Apologies for absence were received from: <ul style="list-style-type: none"> Mr Winston Weir, Independent Member Mr Lee Davies, Executive Director of Strategy and Planning Mrs Joanne Wilson, Director of Corporate Governance/Board Secretary 	
DDIC (25)02	Declarations of Interests The following declarations of interest were made: <ul style="list-style-type: none"> Mr Maynard Davies, relating to the Sail Databank at Swansea University. Mrs Chantal Patel regarding discussions related to Research and Innovation at Swansea University. 	
DDIC (25)03	Digital, Data and Innovation Committee (DDIC) Terms of Reference	

Mr Davies advised that the DDIC Terms of Reference (TOR) had been approved at Board on 29 January 2025. Following approval, some minor amendments have now been made including a section transferred from the Finance and Planning Committee TOR to reflect responsibilities for quality of data; changes to terminology; and the inclusion of a Health Science representative to the Committee membership.

Mr Huw Thomas reflected on discussions outside of the meeting on whether a representative from the Workforce and Organisational Development (W &OD) directorate should also form the Membership of DDIC. **Mr Thomas agreed to liaise with Lisa Gostling on the merits of adding a representative from W&OD to the DDIC Membership.**

HT

Dr Leighton Phillips highlighted the need to reflect research within the TOR and agreed **to share a suggested amendment relating to health research legislative responsibilities.**

LP

The Committee were **ASSURED** on this item.

Decision:

Subject to agreed amendments, the Committee **APPROVED** the Digital, Data and Innovation Committee's Terms of Reference for onward ratification by the Board on 29 May 2025.

DDIC
(25)04

Corporate and Operational Risks Aligned to DDIC (Verbal)

Mr Thomas informed Members that a report outlining the risks currently aligned to the Committee would be presented to the next DDIC meeting. As part of the risk discussion at the next meeting, a reflection on which risks may need further review, may be beneficial.

The Committee were **ASSURED** on this item.

DDIC
(25)05

Planning Objectives (PO9) Closure Report

Mr Anthony Tracey thanked Mr Daniel Warm for collating the information on Planning Objectives for the meeting. Mr Tracey highlighted that the report included reflections on what has gone well for the Health Board and areas which require improvement.

The Committee were **ASSURED** on this item.

Decision:

The Committee **RECEIVED 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.

Dr Anthony Smith joined the Committee meeting.

Digital Context Presentation

Mr Tracey provided an overview on in order to provide further context on digital transformation within the Health Board. The presentation outlined a number of digital transformation achievements.

Mrs Patel enquired to the budget for the plans within the presentation. She also highlighted the importance of training and education, not only with Health Board staff but also within the community. Ms Patel sited the 'Ask My GP' online system and the lack of communication to patients on how to use it, prior to launch.

In terms of specific budgets, Mr Tracey responded that all major business cases would be presented to the Committee for scrutiny, ahead of Board approval. Further, that the Health Board has seen significant investments during the previous 12 months, and that further funding may be available from the Welsh Government (WG).

The challenge of digital inclusion has been acknowledged. In order to progress this work, approval has been received to appoint a Digital OD Manager. It has also been identified that digital literacy within Health Board staff are not at levels previously assumed. Work has begun to improve this.
Mr Tracey agreed to present a report on Digital Inclusion to a future meeting.

AT

The Health Board worked with a local company to improve network connectivity in Ceredigion, unfortunately the company is no longer in business. Work now continues with our Digital Partner (CGI), to find a way forward.

Ms Patel issued a plea to the Committee to consider real organisational culture/behavioural change.

Mrs Eleanor Marks expressed her appreciation for the progress made to date, emphasising that the Health Board's technological advancements are often underestimated. She believed that this as an opportunity to implement numerous small improvements alongside significant strategic changes.

Mrs Marks queried how the Health Board would make choices between quick wins and the larger strategic work. In response, Mr Thomas advised that discussions on these had taken place at the previous Board Seminar meeting.

The Committee discussed whether the Health Board's digital proposals are truly radical. Whilst there was some consensus that they are, others believed that current efforts are more strategic than radical, as they rely on tried and tested technology.

It was noted that a combination of approaches is necessary to balance decisions between quick wins and larger projects. While a strategic overlay provides a wide perspective, deep dives can focus on specific areas of work. Mr Davies added that being radical is challenging when competing for

funding. Quick wins may be cost effective, however, larger projects can be more beneficial, making it more difficult to deliver strategic changes. The Health Board infrastructure continues to require improvement.

Historically, the Health Board has not been successful in terms of its focus on benefits realisation. However, there is now a strong ambition to conserve value and reduce waste. The Committee will review business cases for both strategic partnerships involving larger projects and smaller quick-win initiatives.

An annual plan is implemented to address infrastructure replacement needs. The Health Board's wi-fi is currently the oldest infrastructure, which will be replaced commencing next year. The Health Board is updating Application Programming Interfaces (APIs) due to insufficient performance of certain technologies such as Bluetooth. £5-6m has been spent to achieve improvements, with £2m invested on refresh programmes. The majority of digital funding is received from WG.

Mr Mark Henwood joined the Committee meeting.

Mr Davies queried how supportive WG were given the limited availability of capital funding. In response, Mr Tracey advised that discussions continue with WG regarding funding, in particular regarding out of date machines that may pose a cyber security risk. It is important to ensure there is consistent funding for this. However, given that a number of organisations have significant legacy debt, correspondence has been issued to the DHCW Directors of Finance (DOF) and our DOF to raise these concerns. Health Board devices remain a capital asset, and the Digital Team has placed an amnesty for staff to return Health Board devices in their possession that are not being used.

Members noted the intention to utilise more clinical applications on mobile devices, allowing healthcare professionals to receive and view updates, such as blood test results, on their devices. Efforts are being made to roll out the WCP mobile app more aggressively and transition to a digital paging system.

Mr Tracey highlighted that three other health boards use the same Electronic Prescribing and Medicines Administration (ePMA) system as HDdUHB.

Mr Thomas suggested it would be beneficial to discuss using a managed service (such as CGI) to procure devices that meet the necessary requirements. This approach offers financial benefits and shifts the risks from the Health Board to the managed service provider. Further investigation is required to determine whether this model is viable.

The Committee were **ASSURED** on this item.

Decision:

The Committee NOTED the content of the digital context presentation.

DDIC
(25)07

Digital Strategic Plan (PO9)

Mr Tracey advised that the Health Board's digital strategy response was published in 2020, during the COVID-19 pandemic. Given the adjustments in terms of the strategic direction of Health Board's digital plans, work is now underway to refresh this response.

The aim of the strategy is to empower patients to be digitally aware and improve the use of the NHS Wales App and other key systems. In terms of adopting national systems, the Digital Team need to consider a digital leadership framework, and expand it to include the therapy departments. **Mr Tracey agreed to present a report detailing digital leadership with Therapy Departments to DDIC on 7 October 2025.**

AT

This year, significant additional funding has been allocated to radiology services. There is a budget available within the system, allowing for a deep dive into radiology to identify and invest in necessary digital transformations. While the focus is currently on radiology, there is potential to apply this approach to other areas such as workforce or finance. Budget requirements for these initiatives will need to be considered in the next financial plan. The aim is to make impactful improvements within the functions of the Health Board.

Ms Patel enquired whether there would be an opportunity to see how digital systems are being adopted in clinical settings during Board Member Patient Safety walkabouts. **Mr Thomas agreed to liaise with Sharon Daniel regarding this matter.**

HT

The Committee were **ASSURED** on this item.

Decision:

The Committee:

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

DDIC
(25)08

Digital Annual Plan (PO9)

Mr Tracey outlined the annual digital plan for 2024/25, advising that work is currently being undertaken on a number of key systems, with the intention to present to DDIC in the third quarter.

One key project is Shadow IT, which will enable the Digital Team to understand all IT systems within the Health Board and consider replacing them with a larger system that has multiple functions and modules and support a robust. It was initially predicted to take 2-3 years to complete, however the estimated time is now 9 months. There has been considerable acceleration in the work. There is continuous monitoring of risks.

Mr Thomas welcomed the pace to date, acknowledging that frustration of clinical colleagues over delays in rolling out digital systems. He recognised the governance process the Health Board is required to follow in order to gain approval and emphasised the importance for all parties involved to become more proactive.

Mrs Marks commented that the public sector has struggled with delivering projects quickly. Additionally, individuals may need to change their behaviour to enable access to better information and systems. This involves collaboration with Human Resources to facilitate these changes. The importance of pathology was also noted.

In response, Mr Tracey advised that the strategic partner is improving our roll out and accepted that challenging conversations will be needed to progress. In terms of W&OD, collaborative working will be important, including a large Public Relations and Communications exercise to evidence the time management benefit to staff.

Ms Judith Bowen commented that from a clinical perspective, collaborative opportunities with IT have improved during the previous year, The reliance on Welsh Government funding makes resourcing project teams challenging, impacting the pace of progress. The ePMA team has been exceptional in their efforts. Clinical patient safety is as crucial as digital safety, and staff adoption of digital systems remains a significant challenge. Empowering staff to think differently is essential to maximise the benefits of new systems.

Mr Davies noted positively that the relationships between clinical and digital teams are improving.

Mr Tracey confirmed a Clinical Advisory Group (CAG) will be established and will form part of the digital governance structure going forward.

Whilst welcoming the establishment of CAG, Members emphasised that it was important it does not delay progressing projects which will require Committee and Board approval, particularly as the Committee only meets on a quarterly basis.

The Committee were **ASSURED** on this item.

Decision:

The Committee **NOTED** the proposed Digital Annual Plan for 2025/2026

DDIC
(25)09

Summary of Progress Against Board Approved Business Cases

The report presented to the Committee contains a high level deep dive into progress with two Business Cases (ePMA and Electronic Patient Flow (eFlow)) since approval at Board.

ePMA

Mr Tracey advised that working with the strategic partner has been beneficial, particularly for the ePMA project. Better UK Limited has implemented nine instances of their software in NHS England, working with CGI. This experience has accelerated progress for the Health Board, as the team is familiar with the product and its risks. Workshops with the vendor and CGI have strengthened the project, which is moving rapidly but safely. A detailed project plan is available, and with the first stage due to go live before Christmas, and full rollout by February-March 2026. The

Members noted the importance of data sharing over uniformity of systems, emphasising that leveraging data from different systems is crucial for meeting business needs. The ePMA system is praised for its rigorous standardisation of nomenclature and coding, which facilitates data integration and sharing. ePMA will enable a shift towards more collaborative decision-making processes, particularly in regional services like digital maternity and ophthalmology, which require integrated systems due to patient movement between regions.

It was noted that SBUHB will be using a different ePMA system but that the standardisation work would enable data to be shared

Mr Tracey agreed to present a report on the implementation of E-Obs to DDIC on 22 July 2025.

AT

eFlow

Given that eFlow will affect 90% of the Health Board, Mr Tracey advised that workshops and engagement with clinical and operational colleagues are essential to understand the implications, with show-and-tell sessions planned to demonstrate the system's functionality. Collaboration with the vendor is crucial to ensure a feasible and ambitious rollout plan, aiming to accelerate the implementation process and address any challenges that may arise.

Whilst accepting the complexity of roll out, Mrs Marks commented that the systems will improve patient experience. Referring to discussions with staff working in acute and community work, there is a positive reception towards the integration of systems. Mrs Marks enquired whether the level of commitment differs between community and hospital settings and whether this integration signifies a transition towards a social model of healthcare.

Mr Tracey confirmed that the project has a comprehensive benefit plan, which has identified several advantages through discussions with patients and staff. A time and motion study was conducted to observe patient movement within the hospital, acknowledging that patient flow is fundamentally a logistical process. Regarding community care, efforts are being made to adopt similar practices, with additional work being undertaken with community nurses to determine the most effective approach.

Mr Thomas believed the analysis should enable the Board to understand the pinch point in our system and could assist with next year's savings plan.

Mrs Marks enquired whether the availability of homecare services was a potential obstacle to progress the project.

In response to a query from Ms Patel regarding virtual wards, Mr Tracey advised that it is a module within the plan. An example of a virtual ward already exists in the Health Board, in Pembrokeshire, which is being monitored by the Digital Team.

Dr Tony Smith commented that it would be very useful to have digital tool to track hospital discharges.

The Committee were **ASSURED** on the processes of this item, however, **ADVISED** the Board regarding the change of pace required.

Decision:

The Committee:

- **NOTED** the Electronic Prescribing and Medicines Administration (ePMA) Project report and the progress to date
- **NOTED** the project plan included within ePMA Appendix 1 and the associated timescales
- **NOTED** the progress to date regarding the Electronic Patient Flow and Electronic Observation Project Update Report
- **NOTED** the project plan included within eFlow Appendix 1 and the associated timescales

DDIC
(25)10

Digital Partner Update

Mr Tracey highlighted the expenditure given to partners CGI and the proposed governance arrangements.

Ms Patel enquired whether Committee members would be able to meet with CGI. It was agreed that scheduling a workshop outside of the Committee meeting would be the best course of action.

Mr Thomas advised that a substantial rating had been received following an Internal Audit review into the Digital Partner.

In response to Mr. Davies' query regarding any remedies in the contract for failure to deliver a piece of work, Mr Tracey advised that in cases of dispute, the matter will be referred to arbitration, as per standard contract procedures. As a matter of assurance, Mr Tracey holds weekly meetings with CGI, in addition to monthly with Mr Thomas.

The Committee **ADVISED** the Board that they requested more information on the governance arrangements be brought to a future meeting.

Decision:

The Committee **NOTED** the content of the Digital Partner Update Report

DDIC
(25)11

Data Context Presentation

Mr Tracey provided further context on the data ambition for the Health Board, during the next 3-4 years, in order to ensure high data quality, and implementation of robust standards.

Mr Tracey explained that aim to establish a "kite mark" assurance process to certify data quality, aligning our efforts with the digital response refresh. This strategy will guide our data vision and ambitions, ensuring that our data is reliable and effectively supports our organisational goals.

Significant progress around data analytics for all dashboards, which has moved at pace. In response to a query from Mr Davies, **Mr Tracey agreed**

AT

to circulate the catalogue of dashboards within the Health Board to the Committee.

Following a query regarding the quality of information on dashboards, Mr Tracey explained that a robust process for making information requests has been established, with the team offering guidance to those who may not be data experts.

The intention is to transfer towards a self-service approach within set boundaries and guidelines. For short-term needs, the team can create dashboards, while for long-term needs, we will need to collaborate to develop sustainable processes. Our data quality team conducts deep dives and reports to the Information Governance Sub-Committee, ensuring data quality is scrutinised and improved. Operational teams are encouraged to take responsibility for data quality, shifting from fixing problems to addressing their root causes.

Mr Davies acknowledged that for effective data collection it was crucial to gather data that directly supports service delivery. By utilising various data sources and making them visible, transparent, and accessible, we can improve data quality and usability. This approach helps address common concerns and fosters better conversations about data relevance and application.

The Committee were **ASSURED** on this item.

Decision:

The Committee **NOTED** the content of the data context presentation.

DDIC
(25)12

Current use of AI

Artificial Intelligence (AI) is moving fast as a technology. The Digital Team is researching which AI models are currently being used in the Health Board and by which departments.

AI has the potential to be transformational for the health board in three key areas: legislative purposes, minute-taking and clinical applications. ensure effective governance and maximize AI's benefits, the establishment of an AI governance task force is recommended. This group will review AI applications, provide assurance, and develop a robust approach to AI governance within the health board.

Ms Patel enquired whether the use of AI for translation could be considered. In response, Mr Tracey advised that the Digital Team is currently researching AI systems available for use in call centres.

Dr June Picton reminded the Committee of the requirement to ensure AI does not breach any Caldicott principles.

Work on AI systems links in with the Research and Innovation Department regarding governance of AI. In terms of ethics, Mr Tracey explained that documents are signed as 'devised by AI'.

Mr Davies commented that the Chair of the Ethics Panel (EP) is a member of DDIC and requested to be invited as an observer to the EP meeting if AI is included on the agenda.

The Committee were **ASSURED** on this item.

Decision:

The Committee:

- **NOTED** the content of the Current use of Artificial Intelligence (AI) Report
- **APPROVED** the establishment of an AI Governance Task and Finish Group to provide the appropriate governance around the use of AI within the Health Board
- **ACKNOWLEDGED** the initiation of a review of AI within the Health Board

DDIC
(25)13

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

The Committee received the IGSC terms of reference, and the Corporate Records Management Policy for approval.

There was no further discussion on this item.

The Committee were **ASSURED** on this item.

Decision:

The Committee:

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

DDIC
(25)14

Research and Innovation Context Presentation

Dr Phillips presented further context on the work of the Research and Innovation (R&I) Department, emphasising the importance of R&I to the Health Board.

The Research and Development division has three main functions; research delivery, study set up and quality assurance, and researcher development. Funding is predominantly through Health Care Research Wales (HCRW). The team are performance managed and held to account with key performance indicators set by HCRW.

The Tritech and Innovation Division has 3 main functions: research to support regulatory approval of devices, real world evaluation of innovations and services, and advising and supporting non-clinical collaborations. The division operates on a cost recovery basis. Projects supported by TriTech have included AI.

A critical part of university partnerships is education and learning.

The R&I Strategic Plan is a robust consideration into the practical work undertaken at high level areas.

In response to a query from Ms Patel regarding the funding requests submitted by Tritech, Dr Phillips confirmed that only 1 in 10 bids are successful.

Mr Thomas suggested that reports to the Board should include celebrating successes. In response, Dr. Phillips noted that research opportunities have positively changed the perception of clinical staff. Some staff members who were considering leaving the Health Board have renewed their interest in their roles and the organisation due to these opportunities. A key focus for the next strategic plan is to significantly increase engagement compared to previous efforts.

Mrs Marks suggested liaising with the Communications and Engagement Director regarding the communication and engagement work. Dr Phillips believed that there could be financial benefits for the Health Board where certain projects are adopted nationally.

The Committee were **ASSURED** on this item.

Decision:

The Committee **NOTED** the content of the Research & Innovation context presentation.

DDIC
(25)15

Research & Development Implementation of the NHS Framework

Dr Phillips advised that the correspondence has been shared for information purposes which outline the expectations that all health boards are required to meet, and are integrated into our new research and innovation strategic plan. By collectively monitoring these expectations, we can ensure compliance and address any questions that arise. This approach helps us understand interactions at the national level and strengthens our partnership with universities.

No further discussions took place on this item.

The Committee were **ASSURED** on this item

Decision:

The Committee **NOTED** the letters regarding the R&D NHS Wales Framework

DDIC
(25)16

University Partnership Arrangements Update

The report outlined work achieved during the previous year.

The University Partnership Arrangements are currently in a period of refresh. The Memoranda of Understanding (MoUs) agreed with each

universities have now expired, however, discussions are taking place to determine areas to focus on over the next four years, such as data science, AI, building design, hospital design, biofilms, and many other areas the universities are involved in, from a research and innovation perspective. This also includes educational programmes, both existing and new planned programmes. The MoUs will be refreshed by the end of June 2025.

In response to Ms Patel's query regarding capacity within the R&I Department, Dr Phillips commented that there is always more which can be done with more staff. However, work is determined by what is felt achievable with current capacity.

Mr Thomas noted the frustration of working with the education sector who operate to very different time frames. He highlighted that technology is moving at such a fast pace. Which needs consideration when draft the new MoUs.

Dr Phillips highlighted that university students have been embedded with the Health Board to help them understand the health care environment.

The Committee **ALERTED** the Board that the MoUs had expired.

Decision:

The Committee **RECEIVED ASSURANCE** from the report on progress in university partnership activities and **NOTED** the plans to refresh MoUs and evolve governance arrangements.

DDIC
(25)17

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

The Committee discussed the importance of ensuring any research is ethical and aligns to the social model for health and wellbeing.

The Committee were **ASSURED** on this item.

Decision:

The Committee:

- **ADVISED** on the governance of the Centre for Social Innovation, given its relevance to the Social Model for Health and Wellbeing.
- **NOTED** the items the Committee is advising them of.
- **RECEIVED ASSURANCE** on the items that the Committee is providing assurance on.
- **APPROVED** the R&ISC Annual Report and ToRs.

DDIC
(25)18

Internal and External Audit Reports

There were no audit reports for discussion.

DDIC
(25)19

Monitoring of Ministerial Directions

No further discussion was made on this item.

The Committee were **ASSURED** on this item.

Decision: MDs

The Committee:

- **NOTED** the re-alignment of Digital-related MDs previously reportable to the Sustainable Resources Committee (SRC) in line with revised governance arrangements as approved by Board at its meeting in January 2025.
- **RECEIVED 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.

DDIC
(25)20 **Monitoring of Welsh Health Circulars (WHCs)**

The Committee discussed the WHC items and felt that the “Further extending the use of Blueteq in secondary care” item would be removed from the WHCs once ePMA was fully rolled out.

The Committee **RECEIVED LIMITED ASSURANCE** on this item

Decision:

The Committee:

- **NOTED** 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.
- **RECEIVED LIMITED 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.

DDIC
(25)21 **Policies for Approval**

Policy 347 was discussed and approved under the Information Governance Sub-Committee agenda item.

DDIC
(25)22 **Business Cases**

There were no business cases for discussion.

DDIC
(25)23 **For Information**

The DDIC workplan for 2025/26 was circulated for information. The Chair asked Members to submit any comments on the workplan.

DDIC **Any Other Business**
(25)24

There was no other business.

DDIC **Date and Time of next meetings:**
(25)25

9.30am-12.30pm Tuesday, 22 July 2025

Tuesday, 7 October 2025

Thursday, 15 January 2026

1.4

1.4 - Table of Actions from the meeting held on 22 April 2025

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

| For assurance

Attachments

[DDIC Table of Actions 22.04.25.pdf](#)

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

22 April 2025

TABLE OF ACTIONS/ TABL GWEITHREDOEDD

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress
DDIC(25)03	22.04.25	DDIC Terms of Reference	To liaise with Lisa Gostling on the merits of adding a representative from Workforce/Organisational Development to the DDIC Membership.	HT	31 May 25	Complete: Raised with Lisa Gostling on 13 May 2025.
			To share a suggested amendment relating to health research legislative responsibilities.	LP	31 May 25	Complete: Added to the TOR submitted to Board for approval on 29 May 2025.
DDIC(25)06	22.04.25	Digital Context Presentation	To present a report on Digital Inclusion to a future meeting.	AT	30 April 25	Complete: Forward planned on DDIC workplan.
DDIC(25)07	22.04.25	Digital Strategic Plan	To present a report detailing digital leadership with Allied Health Professionals and Health Scientists to DDIC on 7 October 2025	AT	30 April 25	Complete: Forward planned on DDIC workplan.
DDIC(25)07	22.04.25	Digital Strategic Plan	To liaise with Sharon Daniel regarding incorporating within Board Member Patient Safety walkabouts how digital systems are being adopted in clinical settings.	HT	31 May 25	Complete: Raised with Sharon Daniel on 13 May 2025.

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress
DDIC(25)09	22.04.25	Summary of Progress against Board Approved Business Cases	To present a report on the implementation of E-obs to DDIC on 22 July 2025.	AT	30 April 25	Complete: Forward planned on DDIC workplan.
DDIC(25)11	22.04.25	Data Context Presentation	To circulate the catalogue of dashboards within the Health Board to the Committee.	AT	30 April 25	Complete: List of the dashboards available circulated by email on 22.05.25

Key: HT: Huw Thomas AT: Anthony Tracey LP: Leighton Phillips

2 - Research and Innovation

| For discussion

2.1

2.1 - Research and Innovation Sub-Committee (RISC) 3A's Update

*Sally Hore (Hywel
Dda UHB - Head of
Research and
Development)*

| For assurance

Attachments

[2.1 R ISC 3As Update Report DDIC July 2025.pdf](#)

COMMITTEE UPDATE REPORT/ ADRODDIAD DIWEDDARU'R RESEARCH AND INNOVATION SUB-COMMITTEE

Date of last meeting/ Dyddiad y cyfarfod diwethaf: 9 June 2025

Quoracy/ Cworwm: Met

Report by/ Adroddiad gan: Mark Henwood, Chair

KEY DISCUSSION POINTS AND MATTERS 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)

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

- The Research Delivery Funding (RDF) from Health and Care Research Wales (HCRW) has now been allocated, with an approximate cost pressure to Hywel Dda University Health Board (HDdUHB) of £300k. While it is anticipated that that this will reduce throughout the year and will not present a pressure to the wider Health Board, a meeting with HCRW will take place to clarify the position, notify of any potential risks, and request a review. The Research and Development (R&D) Division is currently undergoing an Organisational Change Process (OCP), designed to address the financial deficit and support recovery over the medium to long term. In the short term, research Investigator capacity building funds are supporting wider R&D Division costs, , although this approach unsustainable beyond 2025/26. The R&ISC has requested a detailed financial management plan for the final two quarters of 2025/26 to be presented at the R&ISC on 15 September 2025.
- The RDF position for 2025/26 has since been recalculated as discussed at the R&ISC meeting and the Month 2 return to HCRW confirmed as a variation of £159k end of year forecast.

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

The Research and Innovation Sub-Committee Committee wish to **advise** members of the Digital, Data and Innovation Committee that:

- Members approved Policy 822 – Good Clinical Practice (GCP) Training Policy, V3. This will now be presented for approval at the Clinical Written Control Document Group on 3 July 2025.
- An update on the Centre for Social Innovation was received from both collaborators in University of Wales Trinity Saint David and HDdUHB. The collaboration is progressing well with staff in post. The finalised business plan, financial reconciliation and update on project priorities will be presented at the

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 meeting on 15 September 2025. Meeting this three-month timeline was considered essential to determining the ongoing viability of the centre.

Assure³ (to note)/ Sicrhau (i nodi)

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

- Noted and were assured by the R&D site activity performance, recognising a positive recruitment figure to date for 2025/26.
- Noted the progress with the R&I Strategic Plan 2025-30 and the upcoming soft launch in June 2025, with a proposed full launch in Autumn 2025.
- Noted and were assured by the activities of the Research Quality and Sponsorship Group (RQSG).
- Noted and were assured by the update relating to the Novel Technologies research study. The technology has now been licenced to a commercial organisation and HDdUHB anticipate receiving royalties from sales, should the technology be a success.
- Noted the positive feedback from the HCRW annual review on 7 March 2025.
- Noted and were assured by the close-down report from the 2021-24 R&I Strategy, which highlighted that the majority of objectives had been achieved and those outstanding are long-term goals and are reflected in the new Strategic plan 2025-30.
- Noted the update on applications to the Voluntary Scheme for Branded Medicines, Pricing and Growth (VPAG) scheme, and that the respiratory bid had been successful.
- Noted the university partner updates on activity and the upcoming signing of Memorandums of Understanding (MoU), with a HDdUHB executive present at each to confirm priorities going forward.
- Noted and were assured by the TriTech and Innovation (T&I) financial position.
- Noted and were assured by the T&I activity report.
- Noted and were assured by the T&I progress against the business plan and were advised that Key Performance Index (KPI) 9 (Intellectual Property (IP)) was not met, due to recent contracted projects not including new IP. This KPI will be reviewed in line with the new business plan.
- Received assurance on national developments for both Research and Development, and TriTech and Innovation.
- The Pentre Awel project has been delayed, with expected occupancy for Research and Innovation now moving to quarter 1 of 2026/27.
- Receive assurance on university partnerships and noted the intention for new signed Memoranda of Understanding to be in place with all university partners by September 2025.

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

Review of Risks/ Adolygiad o Risgiau

The R&ISC reviewed the one Research & Development risk that is aligned to it. The score for risk 1492 (Research Delivery Funding) remains the same since the previous meeting. The risk is being addressed through an ongoing OCP and is expected to be removed following clarification of the RDF allocation with HCRW.

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

No new or emerging risks were identified.

Recommendation/ Argymhelliad

The Committee is asked to:

- Respond to the items that they are being alerted to
- Note the items the Committee is advising them of
- Be assured on the items that the Committee is providing assurance on

Date of next meeting/ Dyddiad y cyfarfod nesaf: 15 September 2025

Agenda, papers and minutes are available on request.

2.2

2.2 - Research & Development: Implementation of the New Strategic Plan

Sally Hore (Hywel Dda UHB - Head of Research and Development), Prof. Chris Hopkins (Hywel Dda UHB - Head of Innovation & Tritech Institute • Research and Development)

| For assurance

Attachments

[2.2 R | Strategic Plan SBAR DDIC July 2025.pdf](#)

[2.2 Appendix A R | Strategic Plan ENG-WELSH.pdf](#)

[2.2 Appendix B - Implementation Actions SBAR \(1\).pdf](#)

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	22 July 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Research & Innovation Strategic Plan
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	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

Members of the Digital, Data, and Innovation Committee (DDIC) are asked to note and take assurance in the work being undertaken to develop implementation actions for Hywel Dda University Health Board's (HDdUHB) new Research and Innovation Strategic Plan (2025-2030).

Cefndir / Background

HDdUHB's new Research and Innovation Strategic Plan (2025-2030) was 'soft launched' on Thursday 19 June 2025, following Board approval earlier this year. Initial feedback suggests it has been positively received both within and outside the organisation. It provides a strong basis for achieving the vision to deliver high-quality and impactful research and innovation, improving services and health outcomes for our communities, patients, and staff. The Strategic Plan sets out three high level 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.

These strategic aims are underpinned by actions, as detailed within final Strategic Plan attached at Appendix A.

A Research and Innovation event will be held in the Autumn, providing a further opportunity to profile the Strategic Plan and provide real examples of studies and collaborations within HDdUHB. It is hoped this event will take place at the new Pentre Awel development in Llanelli, which will be the future focal point for Research and Innovation at HDdUHB. R&D will not have moved to Pentre Awel at this time, however the main reception area will be complete by the

Autumn, and access may be permitted for this event. This position will be clarified nearer the time.

HDdUHB should be proud of the work it delivered guided by the last Research and Innovation Strategic Plan (2021-2024), which led to a significant growth in the research and innovation portfolio and impact across the organisation. This was achieved in part due to the translation of the Strategic Plan into clear and measurable actions, which were owned by team members from across the Department of Research, Innovation and Value. The same approach will be taken this time.

Asesiad / Assessment

The Strategic Plan at Appendix A, outlines a mix of actions, some are definitive, such as establishing a commercial respiratory research unit, while others, like exploring options to optimise facility use, will require further development to determine feasibility. The latter might take several years. There are also actions within year that will need to be implemented, which are currently unknown, as they relate to external imperatives. An example of this could be changes in the performance indicators used by external funders to determine the level of funding received. An implementation commitment is made within the Strategic Plan, however, the reality is that these will need to be clearer before practical actions can be developed. These 'known unknowns' will need to be addressed as they occur, with any resulting implications shared with Committee members as appropriate.

The Director of Research, Innovation and Value has met with the Heads of Division for Research and Innovation to agree implementation actions for the 2025/26 financial year. This is attached for information at Appendix B. It is proposed that regular updates of plan delivery are provided to the Research and Innovation Sub Committee (R&ISC) for assurance. A further update will be provided to the DDIC at its April 2026 meeting as part of the R&ISC's annual report.

The members of the DDIC are asked to identify any areas within the 2025/26 implementation actions where they would like more detailed information as part of this DDIC year's work plan.

Argymhelliad / Recommendation

The DDIC is asked to:

- **NOTE** and **TAKE ASSURANCE** in the strategic actions that will be implemented in 2025/26 arising from the recently published Research and Innovation Strategic Plan.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

<p>Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:</p>	<p>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.</p>
<p>Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:</p>	<p>No associated risks</p>

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	10 Population health
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:	Detailed within report
Rhestr Termiau: Glossary of Terms:	Detailed within report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Digidol, Data ac Arloesi Parties / Committees consulted prior to Digital, Data and Innovation Committee:	Research & Innovation Sub-Committee Research & Development Leadership Group

Effaith: (rhaid cwblhau)

Impact: (must be completed)

Ariannol / Gwerth am Arian: Financial / Service:	N/A
Ansawdd / Gofal Claf: Quality / Patient Care:	The Strategic Plan aims to continue to support the development of research activity within the HB to ensure patients have access to high-quality, impactful, research.

Gweithlu: Workforce:	R&D are currently in phase 2 of an Organisational Change Process, designed to ensure adequate staffing and distribution of allocated funds to deliver the Strategic Plan. No adverse impacts are expected.
Risg: Risk:	No associated risks at present. This position will be monitored throughout delivery of the Strategic Plan, via the appropriate forums.
Cyfreithiol: Legal:	No legal impacts expected.
Enw Da: Reputational:	With advice and guidance from the HB communications team, the Strategic Plan will be communicated via several platforms and a press release will be issued. This is seen as a good news story and no opposition is expected.
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	N/A



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Research and Innovation Strategic Plan

2025-2030



Supporting the Delivery of
A Healthier Mid and West Wales

Foreword

At Hywel Dda University Health Board, our vision is to deliver high-quality, impactful research and innovation that enhances services and improves health outcomes for our communities, patients, and staff. This strategy outlines the approach we will take over the next five years to achieve this vision, aligning with the University Health Board's *A Healthier Mid and West Wales* strategy.

Over the past four years, we have made significant progress, raising the profile of research and innovation across the University Health Board and with our partners. We now have designated research facilities in each county, more clinical researchers than ever before, well-established partnerships with universities and industry, and new innovation and evaluation capabilities through our TriTech Institute. However, now is the time to build on these achievements and capitalise on a favourable research and innovation policy and funding landscape in both Wales and the UK.

By implementing this strategy, we will enhance access to impactful research and innovation in key areas such as cancer care, respiratory disease, women's health, metabolic disease, primary care, digital health, and the social determinants of health and wellbeing. We are committed to fostering a culture that enables research and innovation, ensuring broader participation, and empowering all health and care staff — both clinical and non-clinical — to contribute. Research-active organisations not only attract top talent but also retain staff by fostering higher levels of job satisfaction.

Let's work together to turn this ambitious plan into reality for the communities of South West Wales.



Mr Mark Henwood

EXECUTIVE MEDICAL DIRECTOR



Dr Leighton Phillips

DIRECTOR OF RESEARCH, INNOVATION,
AND VALUE



Research and Innovation Matter

Research and innovation helps the NHS diagnose diseases more accurately and at an earlier point, supports the development of effective treatments, prevents people from developing conditions, improves the way in which care is delivered, and ultimately improves health outcomes and quality of life. The wider benefits of research and innovation to the NHS include improved workforce satisfaction and retention, better patient and carer experience, lower mortality, and improved financial performance. Our last Research and Innovation Strategy (2021) was designed to bring about these benefits in the context of Hywel Dda UHB's wider strategy – *A Healthier Mid and West Wales*.

Wider Context

A great deal has been achieved in the period following the publication of our last strategy, as will be evidenced throughout this document. However, significant developments have also happened in the time that has elapsed since its publication, including:

The launch of the Health and Care Research Wales (HCRW) Plan

(2022), setting out how the Welsh Government will achieve its mission of promoting, supporting and providing collective oversight of health and social care research in Wales. The plan outlined four aims, associated activities, and the financial environment within which our research and development function operates. In a related document, published in 2023, HCRW published a new framework containing a set of expectations and standards for NHS organisations. More recently, the Welsh Government has refreshed its strategy – *A Healthier Wales* – with stronger research and development planning objectives and has developed focused plans relating to commercial research and cancer studies.



Developments at a UK level, including the publication of the

Lord O'Shaugnessy Review (2023) into commercial clinical trials in the UK. This was followed in 2024 by the launch of the Voluntary Scheme for Branded Medicine Pricing, Access and Growth (VPAG) Investment Programme, which has unlocked substantial funding to overcome constraints to delivering a higher level of commercial trials activity across the UK. There have also been major steps to strengthen the innovation ecosystem in England. Building on recent reviews, including the Life Sciences Vision, Accelerated Access Review, and Lord Darzi's investigation, Roland Sinker CBE, has recently set out the blueprint for an Innovation Ecosystem Programme (IEP).



The publication of the National Innovation Strategy – Wales Innovates, Creating a Stronger, Fairer, Greener Wales and Action Plan

(2023). This was followed by the Welsh Government's Health Department advancing enabling actions and establishing a new Digital, Data, Technology, Innovation, and Value Directorate within the NHS Executive, with an interest in supporting the adoption of an innovation.





The health innovation system in Wales has been greatly assisted through several positive developments by the Life Sciences Hub for Wales serving to stimulate innovation and industry partnerships, including through a cancer mission. The Bevan Commission's groundbreaking work entitled *The Foundations for the Future Model of Health and Care in Wales* and related work in West Wales by the *Together for Change* are serving to broaden the definition of innovation to encompass social alongside technical. Organisations including Medi Wales and ABPI Cymru have continued to play invaluable roles in convening, enabling and bridging between the latest health innovations and the NHS.



The intention of Hywel Dda UHB to refresh its strategy – *A Healthier Mid and West Wales (2018)*. While it is not anticipated this refresh will alter the fundamental principles and vision of the strategy, which have stood the test of time, it will afford Hywel Dda UHB opportunity to:

- Refresh its strategic objectives.
- Focus on digital, population health, the social model for health and providing more care in the community.
- Re-consider the infrastructure options, and sequencing, in support of this vision.
- Assess the role of each of the acute sites and the configuration of services to provide resilient and high-quality services from within the existing hospital network.
- Consider opportunities for regional working and strengthen the relationship with the wider community to co-produce and co-deliver a future model of health care.

The advancement of our Value Based Health Care programme has brought unique research and innovation assets, including routine patient reported outcome measurement and costing in many service delivery areas.



Developments have been advanced at a regional level, including the establishment of the Joint Committee for Swansea Bay and Hywel Dda University Health Board and its early priority to strengthen research and innovation collaboration across the region.

These drivers and opportunities, together with a candid assessment of our current position and considerable internal and external engagement over a 10-month period, have led to the development of this strategic plan. In the sections that follow, you will find our vision and the high-level outcome areas for which we will strive over the next five years, including an overview of why they are important and the initial actions we will advance in respect of each. The strategic plan concludes with a short section on what we will do to monitor delivery and hold ourselves and others to account in the delivery of an ambitious vision and direction that has been set.

Vision and Aims

Our vision is to deliver high-quality and impactful research and innovation, improving services and health outcomes for our communities, patients, and staff.

We will realise our vision by:



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.

These areas will be unpacked in the sections that follow. In respect of each area, our strategic plan will:

- Outline why the area is important, including providing an account of the current situation and what needs to be improved over the next five years; and
- Include high level priorities for making the improvements described.

The final section will set out our approach to delivering the strategic plan, including our internal governance arrangements and the way in which we will manage partnerships with external organisations.



Access and Impact



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



Why this is an area of focus:

We believe that high-quality research and innovation can improve health services, health outcomes, change lives and enhance livelihoods. The key purpose of our department is to ensure those working in Hywel Dda UHB and/or receiving our services can develop and access high-quality research and innovation. Over the past four years, we have made substantial progress in supporting research and innovation in areas including women's health, respiratory, orthopaedics, stroke, cardiovascular, ophthalmology, and through our TriTech initiative, service and technology evaluation. The department has frequently met and exceeded its performance targets, and its progress and awards have reflected positively on Hywel Dda UHB and even led to it undertaking work on behalf of the Welsh NHS Executive.

However, several challenges remain. We are too reliant on a limited number of researchers and innovators, who do not always enjoy the wider organisational support and succession planning that would ensure sustainability. The quest

for operational alignment will underpin every aspect of this strategic plan and our intentions for the next period, including taking more time to prioritise the research and innovation that can have greatest impact on wider organisational plans.

We continue to see disparities in the clinical trials we offer, relative to other organisations with an equivalent population size and comparable disease burden, in areas including cancer and metabolic disease.

There is a clear and well evidenced need to increase our commercial trial activity and the level of research and innovation carried out in primary care and community settings. The latter being of particular importance in view of Hywel Dda UHB's intended move to a social model for health and wellbeing and firm commitments around tackling the wider determinants of health and wellbeing and guided by the biopsychosocial model of health.

There is an opportunity to position our organisation at the forefront of a rapidly advancing digital research and innovation movement.

We will improve access and impact by:

1

Harnessing the opportunities and investment associated with national initiatives and developments where they align to this strategic plan, including:

- Increasing the number and type of commercial research studies supported, securing investment through the Voluntary Pricing Agreement for Access and Growth (VPAG) and commercial income generation.
- Working with national research centres and associated developments. This will allow us to sustain the level of awards received through the Health and Care Research Wales Faculty, enhance our researcher development capabilities and work with the nationally sponsored research leads and networks.
- Collaborating with the new National Strategic Clinical Networks on innovation work programmes with the greatest potential to drive change, improve outcomes, reduce variation and improve the health and lives of our population.
- Further developing the TriTech Institute in support of medical technology, clinical pathway and innovation strategies, plans and associated initiatives, including those being evaluated by Health Technology Wales and considered by the Life Sciences Hub Wales.

2

Working with the Swansea Bay and Hywel Dda UHB Joint Committee, and other partners, to advance a regional research and innovation programme, which:

- Encompasses service areas where there is a cross-organisation delivery approach and aligned research and innovation opportunities (e.g. cancer and cardiovascular disease).
- Increases commercial research and innovation through the TriTech Institute at Hywel Dda UHB and in collaboration with the Joint Clinical Research Facility at Swansea University with Swansea Bay UHB.

3

Increasing research and innovation activities within Hywel Dda UHB, by:

- Establishing thematic groups, with meaningful public and patient engagement, in research and innovation active and emerging areas (e.g. women's health, respiratory, real world evidence and evaluation), acknowledging the need to develop the capacity to secure ongoing impact.
- Developing research and innovation capacity in new areas, including corporate departments (e.g. digital services, leadership and management practice), primary care and public health research.

- Supporting community based social research and innovation, to address social determinants and advance a social model of health and wellbeing. We will identify research and innovation that advances the biopsychosocial model of health.
- Developing the TriTech Institute as a centre of excellence for real world evidence studies and evaluations, including implementation science, aligned with national and international strategic developments.
- Strengthening the contribution research and innovation makes to wider operational challenges, including service fragility, improving quality of care and enhancing health outcomes.
- Utilising our Value Based Health Care assets to support our research and innovation programmes, notably our patient reported outcome information and costing methodologies. This will include developing economic evaluation and Return on Investment (RoI) as a core public health and value-based healthcare research priority.



Environment and Culture



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

Improving access to impactful research and innovation requires competent, energised, and empowered individuals and teams. Our department plays a key role by creating an environment that enables teams to conduct high-quality research and innovation.

Our support includes study and project design and setup, recruitment, evaluation and analysis, training, contracting and quality management. We provide high-quality facilities and advice for colleagues and help secure investments and grants to overcome barriers to the effective conduct of research and innovation. These grants often enable staff to secure time for research and innovation alongside their day jobs.

Our department has doubled in size over the past four years and has gained a reputation for a positive 'can do' culture that is welcomed by teams across the organisation. Over the same period, there has been a fourfold increase in clinicians with dedicated time for research and innovation.

We now have a dedicated research presence and facilities at each of our hospital sites. However, some challenges remain. We must improve the visibility of our functions across the organisation. We must demonstrate the contribution research and innovation can make to long standing organisational issues, including recruitment and retention and the delivery of sustainable services.

Our department is heavily reliant on external investment and is therefore sensitive to the priorities of these external parties and fluctuations in funding. The latter presents an ongoing tension in balancing team capacity with demand and ensuring we can maximise our impact in support of Hywel Dda UHB. Also, when benchmarked against other organisations, our overall level of research and innovation investment does not appear commensurate with our population size or disease burden.

Looking to the future, this strategy will ensure Hywel Dda UHB is ideally poised to address these challenges, including identifying opportunities associated with a refreshed clinical strategy, VPAG investment programme, and innovation developments associated with the NHS Executive clinical networks.



We will improve our research and innovation environment by:

1

Developing our dynamic, forward-thinking, and enabling department. This will include:

- Strengthening the way that we communicate and engage with individuals and teams across the organisation and raising awareness through a research and innovation conference and events to celebrate achievements.
- Enhancing our researcher development capabilities and developing our departmental staff to become research and innovation leaders, with specialist areas of interest and appropriate education and support.
- Increasing the use of research and innovation facilities and taking advantage of the new facility at the Pentre Awel scheme.
- Ensuring improved and consistent performance against both national and University Health Board key performance targets, where these are within our control.
- Implementing a new business plan for the TriTech Institute and maximising its contribution to Hywel Dda UHB's clinical strategy.
- Diversifying income sources, including developing improved financial capacity to take on internally commissioned research and innovation, accessing more funding from Health and Care Research Wales programmes and schemes, increasing commercial research activity, and securing longer term grant income and partnerships with commercial organisations and national organisations.
- Playing an active part in identifying and resolving the barriers to increasing research and innovation activity, including those associated with enabling services (e.g. digital, information governance, pharmacy, pathology, radiology).
- Developing Hywel Dda UHB approach to innovation adoption where there is strong evidence to do so, working closely with financial and procurement colleagues.
- Developing meaningful capacity to support research and innovation activities relating to the wider social determinants of health and wellbeing.
- Strengthening innovation commercialisation expertise.





2

Developing the next generation of research and innovation leaders, including:

- Increasing the number of professionals with a dedicated and ongoing time commitment to lead research and innovation. This will include clinical academics operating under the performance management arrangements of universities and professionals managed by Hywel Dda UHB, with dedicated time to lead research and innovation, including those with links to university partners. We will identify opportunities that:
 - Align to the interests and priorities of our research and innovation groups.
 - Support service delivery areas to improve the attractiveness of key clinical positions.
 - Contribute to regional service models where we know patient access to research and innovation is currently limited.
- Widening the range of professionals (e.g. public health) with allocated time for advancing research and innovation projects and programmes.

- Increasing the proportion of staff with time within their working week to enable research and innovation.

3

Embedding research and innovation into planning, performance, and governance arrangements throughout the organisation. This will include:

- Incorporating research and innovation performance measures into wider organisational plans and governance arrangements and enabling the delivery of the same through the resources and support that the department can offer.
- Securing a clearer link between research and innovation and the recruitment and retention plans of Hywel Dda UHB.
- Developing a richer programme of researcher development opportunities, with clear alignment to organisational development programmes within Hywel Dda UHB.
- Developing an ongoing process of engagement with different professional, clinical and non-clinical groups across the organisation, focused on what more can be done to advance the aims of this strategy.

Partnerships



Develop and sustain partnerships that maximise and accelerate research and innovation access and impact.

Meaningful partnerships with other public services, communities, universities, and industry matter. Partnerships bring resources, momentum, understanding and know how to the process of research and innovation. They maximise its potential to have a positive impact on our employees, the services we provide, and the outcomes delivered with our communities.

We have invested significantly in partnerships over the past four years. We have strong university partnerships that have increased and accelerated joint working projects, established new joint and honorary appointments, and developed bespoke educational programmes. We have an effective approach to joint working with industry that has led to many collaborative projects with large medical technology and biopharmaceutical companies.

Our regional working practices have matured through impactful collaborative projects being advanced with Swansea Bay University Health Board. We have supported Hywel Dda UHB's ambition for a social model for health and wellbeing by implementing a work programme leading to the establishment of a Social Innovation Institute. We have led projects on behalf of the Welsh NHS Executive and the European Union, in areas including respiratory health, social prescribing, and public health.

Regardless of this progress, now is the right time to revitalise current partnerships in view of the priorities for the next five years. There is also considerable potential to establish new collaborative partnerships focused on our goals of widening research and innovation access and impact.



We will strengthen our partnership to deliver access and impact by:

1

Improving the alignment and reciprocity between current university partners and our research and innovation plans.

This will involve refreshing our collaboration agreements with each university partner and developing an improved way of managing our bi-lateral and multi-lateral partnerships. We will agree a maximum of three long term research and innovation goals with each university partner, strongly aligned to their plans. Our goals with:

- Swansea University could include working trilaterally with Swansea Bay UHB to improve research and innovation in service areas that are delivered on a regional footprint and supporting the National Network for Innovation in Sport and Health (NNISH).
- University of Wales Trinity St David, could include sustaining our technical innovation partnership and developing a new Social Innovation Institute.
- Aberystwyth University could include developing our relationship with the Institute of Biological, Environmental and Rural Sciences (IBERs) and harnessing our shared interest in community based development and research catalysed by the Local Policy Innovation Partnership for Local Growth (LPIP).

2

Establishing new university partnerships in areas of aligned interest, which could include:

- Increasing the number of co-funded posts aligned to Hywel Dda UHB and university priorities.
- Proactively expanding research partnerships relating to our public health research missions.

3

Evolving our industry partnership arrangements through:

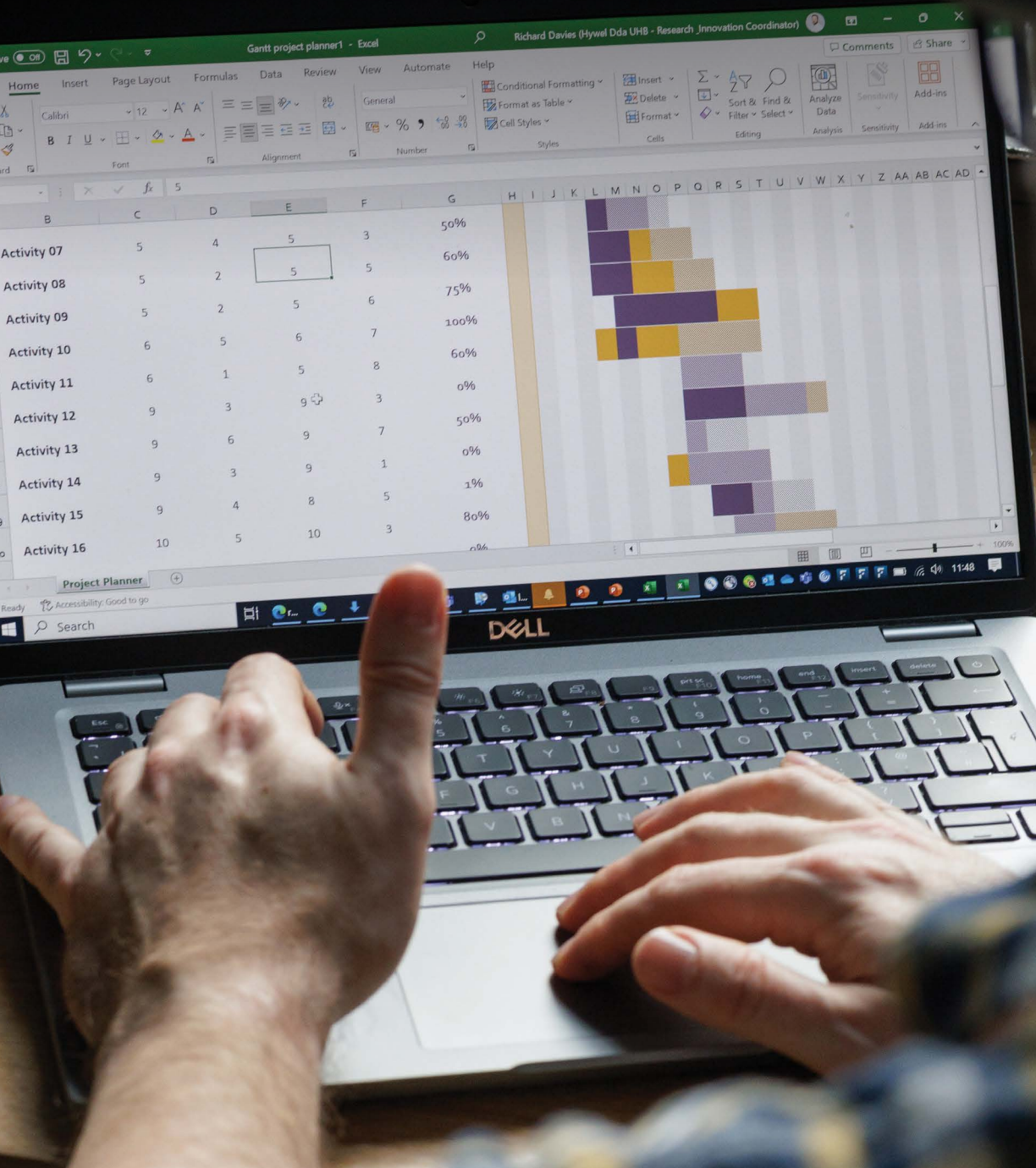
- Entering agreements with the City Region Growth Deal schemes and developing a systematic way of supporting the life science sector in South West Wales.
- Developing long term joint working partnerships with industry in areas of aligned interest.
- Establishing a new wave of joint clinical fellowships with industry.
- Working with national and industry partners to create an innovation skills development programme that helps NHS staff to work with industry partners.

4

Strengthening public and community partnership arrangements, including regional developments. This will include:

- Shaping and contributing to the delivery of the South West Wales Joint Committee agenda and related research and innovation initiatives.
- Shaping and contributing to the delivery of the Mid Wales Joint Committee for Health and Care, and related research and innovation initiatives.
- Collaborating with the NHS Wales Executive as a delivery partner for research and innovation projects associated with the national clinical networks.
- Working with other public bodies (Delta Wellbeing) and community organisations and missions (Together for Change) on joint research and innovation projects and programmes aligning to Hywel Dda UHB's refreshed strategy and this strategic plan.





Delivering the Strategic Plan

Delivering the Strategic Plan

The delivery of the strategic plan will be embedded in the day-to-day activities of our department, ensuring it remains central to how we plan, manage and deliver high-quality and impactful research and innovation. We believe strategic plans are delivered in dynamic and ever-changing contexts. While staying true to our high level aims, our delivery approach will enable an agile response to the associated shifting demands and flexibility in decision making.

In practical terms, this means key implementation decisions and monitoring will take place through the Research and Delivery Leadership Group and TriTech and Innovation Group. The operational teams beneath each of these groups will ensure practical implementation of strategic actions. Hywel Dda UHB's assurance of strategic plan delivery will be through the Digital Data and Innovation Committee (DDIC), which will delegate

responsibility to the Research and Innovation Sub Committee. A Research Quality and Sponsorship group will continue to ensure the research activities advanced by Hywel Dda UHB are safe, high-quality and impactful.

Partnerships are a key feature of this strategy and will be governed in the following ways:

- Where appropriate, regional partnerships will report into the Joint Committee for Swansea Bay UHB and Hywel Dda UHB, and the Mid Wales Joint Committee for Health and Care.
- University partnerships will be routinely governed through DDIC, but to ensure adequate consideration of all aspects of collaborative work (i.e., research and development, enterprise and innovation, and learning, teaching and workforce), a new University Partnerships Forum will be convened.

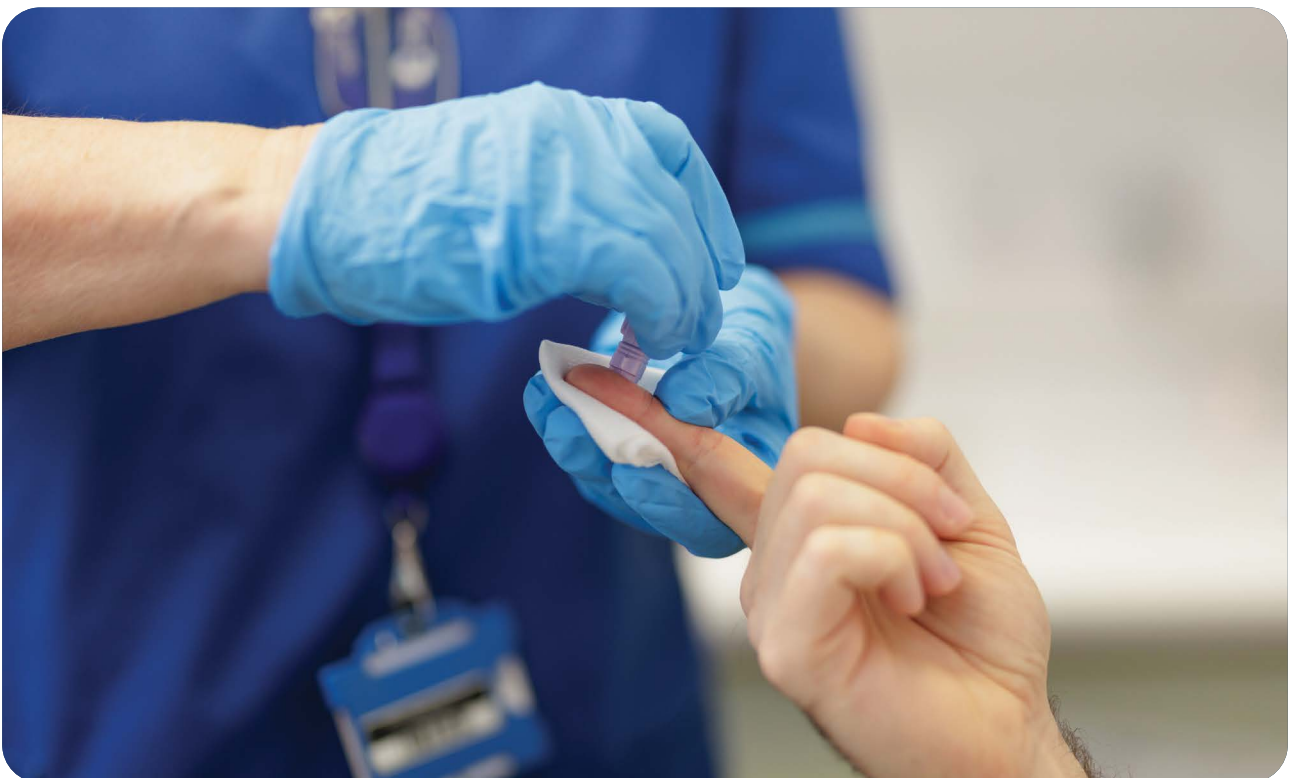


Figure 1 provides an overview of how we will manage and govern the delivery of the strategy. A delivery framework will be prepared following strategy launch, setting out clear measures and delivery deadline in all appropriate areas.

Figure 1 – Governance for Strategy Delivery







Ymchwil Iechyd
a Gofal Cymru
Health and Care
Research Wales

IBD BioResource

IBD BioResource

For further information please contact:

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Cynllun Strategol Ymchwil ac Arloesi

2025-2030



Cefnogi'r Gwaith o Gyflawni
Canolbarth a Gorllewin Cymru Iachach

Rhagair

Ym Mwrdd Iechyd Prifysgol Hywel Dda, ein gweledigaeth yw cyflawni ymchwil ac arloesi dylanwadol o safon uchel sy'n gwella gwasanaethau a chanlyniadau iechyd i'n cymunedau, i'n cleifion, a'n staff. Mae'r strategaeth hon yn amlinellu'r dull y byddwn yn ei weithredu dros y pum mlynedd nesaf i gyflawni'r weledigaeth hon, gan gyd-fynd â strategaeth *Canolbarth a Gorllewin Cymru Iachach* y Bwrdd Iechyd.

Dros y pedair blynedd ddiwethaf, rydym wedi gwneud cynnydd sylweddol, gan godi proffil ymchwil ac arloesi ar draws Fwrdd Iechyd y Brifysgol a chyda'n partneriaid. Bellach, mae gennym gyfleusterau ymchwil dynodedig ym mhob sir, mwy o ymchwilwyr clinigol nag erioed, partneriaethau sefydledig gyda phrifysgolion a diwydiant, a galluoedd arloesi a gwerthuso newydd drwy ein Sefydliad TriTech. Fodd bynnag, nawr yw'r amser i fynd â'r cyflawniadau hyn ymhellach a manteisio ar bolisi a thirwedd gyllid ffafriol ymchwil ac arloesi yng Nghymru ac yn y DU.

Drwy weithredu'r strategaeth hon, byddwn yn gwella mynediad i ymchwil ac arloesi dylanwadol mewn meysydd allweddol megis gofal canser, afiechyd anadlol, iechyd menywod, afiechyd metabolig, gofal sylfaenol, iechyd digidol, a phenderfynyddion cymdeithasol iechyd a llesiant. Rydym wedi ymrwymo i feithrin diwylliant sy'n galluogi ymchwil ac arloesi, gan ehangu cyfranogiad, a grymuso holl staff iechyd a gofal – yn glinigol ac anghlinigol – i gyfrannu. Nid yn unig mae sefydliadau sy'n weithredol o ran ymchwil yn denu talent o'r radd flaenaf ond hefyd maent yn llwyddo i gadw staff drwy feithrin lefelau uwch o foddhad swydd.

Rydym yn cydnabod bod cyflawni cynnydd yn y meysydd hyn yn gofyn am gydweithrediad. Felly, byddwn yn atgyfnerthu ein partneriaethau â phrifysgolion, cyrff cyhoeddus, sefydliadau cymunedol, a diwydiant. Yn ogystal â chleifion, rydym yn cydnabod hefyd bod sefydliadau'r GIG sydd â gweithgareddau ymchwil ac arloesi amlwg yn fanteisiol hefyd i'r economi leol, economi Cymru ac economi'r DU drwy annog arloesiadau, creu swyddi a thwf economaidd.

Dylai cynlluniau strategol gael eu hategu gan ddull gweithredu cadarn. Er mwyn sicrhau hyn, mae'r strategaeth hon wedi'i datblygu drwy broses drylwyr a bydd yn arwain gwaith ein Hadran Ymchwil ac Arloesi am y pum mlynedd nesaf. Un o'n camau gweithredu cyntaf fydd sefydlu fframwaith mesur i olrhain cynnydd. Mae pob cynnig o fewn y ddogfen hon yn ymarferol a chyflawnadwy. Byddwn hefyd yn rhoi strategaeth ymgysylltu gadarn ar waith ar draws grwpiau clinigol a phroffesiynol i gefnogi'r ddarpariaeth. Yn ogystal, bydd y cynllun strategol yn destun goruchwyliaeth gan y Pwyllgor Digidol, Data ac Arloesi newydd.

Dewch i ni gydweithio i wireddu'r cynllun uchelgeisiol hwn ar gyfer cymunedau de-orllewin Cymru.



Mr Mark Henwood

CYFARWYDDWR MEDDYGOL
GWEITHREDOL



Dr Leighton Phillips

CYFARWYDDWR YMCHWIL, ARLOESI,
A GWERTH



Mae Ymchwil ac Arloesi yn Bwysig

Mae ymchwil ac arloesi yn helpu'r GIG i ddiagnosiso afiechydon yn gywirach ac yn gynharach, cefnogi datblygiad triniaethau effeithiol, atal pobl rhag datblygu cyflyrau, gwella'r modd y caiff gofal ei ddarparu, a gwella canlyniadau iechyd ac ansawdd bywyd yn y pen draw. Ymhlith y manteision ehangach i'r GIG a ddaw yn sgil ymchwil ac arloesi mae gwell cyfraddau boddhad a chadw staff, profiad mwy cadarnhaol i'r claf a'r gofalwr, cyfradd farwolaethau is, a gwell perfformiad ariannol. Cafodd ein Strategaeth Ymchwil ac Arloesi (2021) ddiwethaf ei llunio i ysgogi'r buddion hyn yng nghyd-destun strategaeth ehangach BIP Hywel Dda – *Canolbarth a Gorllewin Cymru Iachach*.

Cyd-destun Ehangach

Mae cryn dipyn wedi'i gyflawni yn y cyfnod ar ôl i'n strategaeth ddiwethaf gael ei chyhoeddi, fel y gwelir drwy gydol y ddogfen hon. Fodd bynnag, mae datblygiadau sylweddol wedi digwydd hefyd yn yr amser a aeth heibio ers ei chyhoeddi, yn cynnwys:

Lansio'r Cynllun Ymchwil Iechyd a Gofal Cymru (HCRW) (2022),

gan nodi sut fydd Llywodraeth Cymru yn cyflawni ei chenhadaeth o hyrwyddo, cefnogi a darparu goruchwyliaeth ar y cyd o ymchwil iechyd a gofal cymdeithasol yng Nghymru. Amlinellodd y cynllun bedwar nod, gweithgareddau cysylltiedig a'r amgylchedd ariannol y mae ein gweithrediad ymchwil a datblygu'n gweithredu ynddo. Mewn dogfen berthnasol a gyhoeddwyd yn 2023, cyhoeddodd HCRW fframwaith newydd yn cynnwys set o ddisgwyliadau a safonau ar gyfer sefydliadau'r GIG. Yn fwy diweddar, mae Llywodraeth Cymru wedi adnewyddu ei strategaeth – *Cymru Iachach* – gydag amcanion cynllunio ymchwil a datblygu cryfach ac wedi datblygu cynlluniau penodol sy'n ymwneud ag ymchwil fasnachol ac astudiaethau canser.



Datblygiadau ar lefel y DU, yn cynnwys cyhoeddi

Adolygiad yr Arglwydd O'Shaugnessy (2023) o dreialon clinigol masnachol yn y DU.

Dilynwyd hyn yn 2024 gan lansiad y Cynllun Gwirfoddol ar gyfer y Rhaglen Fuddsoddi Prisio, Mynediad a Thwf Meddyginiaethau wedi'u Brandio (VPAG), sydd wedi datgloi cyllid sylweddol i oresgyn cyfyngiadau i gyflawni lefel uwch o weithgarwch treialu masnachol ledled y DU. Bu camau pwysig hefyd i gryfhau'r ecosystem arloesi yn Lloegr. Gan ehangu ar adolygiadau diweddar, yn cynnwys y Weledigaeth Gwyddorau Bywyd, yr Adolygiad Mynediad Cyflym, ac ymchwiliad yr Arglwydd Darzi, mae Roland Sinker CBE wedi nodi'r glasbrint ar gyfer Rhaglen Ecosystem Arloesi (IEP).



Cyhoeddi'r Strategaeth Arloesi Genedlaethol – Cymru'n Arloesi, Creu Cymru Gryfach, Decach a Gwyrddach a Chynllun Gweithredu (2023).

Dilynwyd hyn gan Adran Iechyd Llywodraeth Cymru yn datblygu camau galluogi ac yn sefydlu Cyfarwyddiaeth Ddigidol, Data Technoleg, Arloesi, a Gwerth newydd o fewn Gweithrediaeth y GIG, gyda diddordeb mewn cefnogi'r gwaith o fabwysiadu arloesedd.





Mae'r system arloesi iechyd yng Nghymru wedi'i chefnogi'n sylweddol drwy sawl datblygiad cadarnhaol gan Hwb Gwyddorau Bywyd Cymru yn gwasanaethu i ysgogi arloesedd a phartneriaethau diwydiant, yn cynnwys drwy genhadaeth ganser. Mae gwaith arloesol Comisiwn Bevan sy'n dwyn y teitl *Y Sylfeini ar gyfer Model Iechyd a Gofal y Dyfodol yng Nghymru* a gwaith cysylltiedig yng ngorllewin Cymru gan *Gyda'n Gilydd dros Newid* yn ehangu'r diffiniad o arloesedd i gwmpasu'r elfen gymdeithasol ochr yn ochr â'r elfen dechnegol. Mae sefydliadau fel MediWales ac ABPI Cymru wedi parhau i chwarae rhan amhrisiadwy mewn cynnull, galluogi a phontio rhwng yr arloesiadau iechyd diweddaraf a'r GIG.



Bwriad BIP Hywel Dda i adnewyddu ei strategaeth – Canolbarth a Gorllewin Cymru Iachach (2018). Er na ragwelir i'r adnewyddiad hwn newid egwyddorion sylfaenol a gweledigaeth y strategaeth, sydd wedi llwyddo i ddal eu tir, bydd yn cynnig cyfle i BIP Hywel Dda:

- Adnewyddu ei amcanion strategol.
- Canolbwyntio ar iechyd poblogaeth digidol, y model cymdeithasol ar gyfer iechyd a darparu mwy o ofal yn y gymuned.
- Ailystyried yr opsiynau seilwaith, a dilyniant, i gefnogi'r weledigaeth hon.
- Asesu rôl pob un o'r safleoedd aciwt a chyfluniad y gwasanaethau i ddarparu gwasanaethau gwydn o'r radd flaenaf o fewn y rhwydwaith ysbyty presennol.
- Ystyried cyfleoedd ar gyfer gweithio rhanbarthol a chryfhau'r berthynas â'r gymuned ehangach i gyd-gynhyrchu a chyd-gyflawni model gofal iechyd y dyfodol.

Mae datblygiad ein rhaglen Gofal Iechyd Seiliedig ar Werth wedi cyflwyno asedau ymchwil ac arloesi unigryw, yn cynnwys mesur a phrisio canlyniadau cleifion yr adroddwyd arnynt yn rheolaidd mewn sawl maes sy'n darparu gwasanaeth.



Mae datblygiadau wedi'u hyrwyddo ar lefel ranbarthol, yn cynnwys sefydlu'r Cyd-bwyllgor ar gyfer Bae Abertawe a Bwrdd Iechyd Prifysgol Hywel Dda a'i flaenoriaeth gynnar i gyfnerthu cydweithrediad ymchwil ac arloesi ar draws y rhanbarth.

Mae'r ysgogwyr a'r cyfleoedd hyn, ynghyd ag asesiad gonest o'n sefyllfa gyfredol a'n hymgysylltiad mewnol ac allanol helaeth dros gyfnod o 10 mis, wedi arwain at ddatblygu'r cynllun strategol hwn. Y yr adrannau canlynol, byddwch yn canfod ein gweledigaeth a'r meysydd canlyniadau lefel uchel y byddwn yn gwneud pob ymdrech i'w cyflawni dros y pum mlynedd nesaf, yn cynnwys trosolwg o pam eu bod yn bwysig a'r camau cyntaf y byddwn yn eu gweithredu mewn perthynas â phob un. Mae'r cynllun strategol yn cloi gyda darn byr ynglŷn â sut rydym yn bwriadu monitor ddarpariaeth a dwyn ein hunain ac eraill i gyfrif wrth gyflawni gweledigaeth a chyfeiriad uchelgeisiol a bennwyd.

Gweledigaeth ac Amcanion

Ein gweledigaeth yw cyflawni ymchwil ac arloesi dylanwadol ac o ansawdd, gan wella gwasanaethau a chanlyniadau iechyd i'n cymunedau, i'n cleifion, a'n staff.

Byddwn yn gwireddu ein gweledigaeth drwy:



Wella mynediad at ymchwil ac arloesi o ansawdd sy'n gwella gwasanaethau, iechyd a llesiant.



Creu amgylchedd a diwylliant sy'n datblygu a galluogi ymchwilwyr ac arloeswyr cymwys ac awdurdodedig i ffynnu.



Datblygu a chynnal partneriaethau sy'n hyrwyddo a chyflymu mynediad a dylanwad ymchwil ac arloesi.

Byddwn yn edrych yn fanylach ar y meysydd hyn yn yr adrannau sydd i ddod. Mewn perthynas â phob maes, bydd ein cynllun strategol:

- Amlinellu pam mae'r maes yn bwysig, yn cynnwys darparu disgrifiad o'r sefyllfa bresennol a'r hyn sydd angen ei wella dros y pum mlynedd nesaf; a
- Chynnwys blaenoriaethau lefel uchel i roi'r blaenoriaethau hynny ar waith.

Bydd yr adran olaf yn egluro ein dull o ddarparu'r cynllun strategol, yn cynnwys ein trefniadau llywodraethu mewnol a'r ffordd byddwn yn rheoli partneriaethau gyda sefydliadau allanol.



Mynediad a Dylanwad



Gwella mynediad at ymchwil ac arloesi o ansawdd sy'n gwella gwasanaethau, iechyd a llesiant.



Pam mae hwn yn faes dan sylw:

Rydym o'r farn y gall ymchwil ac arloesi o ansawdd wella gwasanaethau a chanlyniadau iechyd, newid bywydau a chyfoethogi bywoliaethau. Prif ddiben ein hadran yw sicrhau bod yr unigolion sy'n gweithio yn BIP Hywel Dda a/neu yn derbyn ein gwasanaethau yn gallu datblygu a chael mynediad at ymchwil ac arloesi o'r radd flaenaf. Dros y pedair blynedd ddiwethaf, rydym wedi llwyddo i wneud cynnydd sylweddol o ran cefnogi ymchwil ac arloesi mewn meysydd yn cynnwys iechyd menywod, anadlol, orthopedeg, strôc, cardiofasgwlaidd, offthalmoleg, a thrwy ein menter TriTech, gwasanaeth a gwerthusiad technoleg. Mae'r adran wedi bod yn bodloni a rhagori ar ei thargedau perfformiad, ac mae ei chynnydd a'i dyfarniadau wedi adlewyrchu'n dda ar BIP Hywel Dda ac wedi arwain ati'n ymgymryd â gwaith ar ran Gweithrediaeth GIG Cymru hyd yn oed.

Fodd bynnag, mae sawl her yn dal i fod. Rydym yn rhy ddibynnol ar nifer cyfyngedig o ymchwilwyr ac arloeswyr, nad ydynt wastad yn mwynhau'r gefnogaeth sefydliadol ehangach a'r cynllunio olyniaeth a fyddai'n sicrhau

cynaliadwyedd. Bydd y dasg o geisio aliniad gweithrediadol yn sail i bob agwedd ar y cynllun strategol hwn a'n bwriadau ar gyfer y cyfnod nesaf, yn cynnwys cymryd mwy o amser i flaenoriaethu'r ymchwil a'r arloesi a all gael y dylanwad mwyaf ar gynlluniau sefydliadol ehangach.

Rydym yn parhau i weld gwahaniaethau yn y treialon clinigol a gynigiwn, o'i gymharu â sefydliadau eraill gyda'r un maint poblogaeth a baich afiechyd tebyg, mewn meysydd yn cynnwys canser ac afiechyd metabolig.

Mae tystiolaeth yn dangos yn glir bod angen cynyddu ein gweithgarwch treialu masnachol a lefel yr ymchwil a'r arloesi a gynhelir mewn lleoliadau gofal sylfaenol a chymunedol. Gyda'r olaf o'r ddau o bwys penodol o ystyried bwriad BIP Hywel Dda i symud at fodel cymdeithasol ar gyfer iechyd a llesiant ac ymrwymadau cadarn ynghylch mynd i'r afael â phenderfynyddion ehangach iechyd a llesiant dan arweiniad y model bioseicogymdeithasol o iechyd.

Mae yna gyfle i osod ein sefydliad ar flaen mudiad ymchwil ac arloesi digidol sy'n datblygu'n gyflym.

Byddwn yn gwella mynediad a dylanwad drwy:

1

Reoli'r cyfleoedd a buddsoddiad sy'n gysylltiedig â mentrau a datblygiadau cenedlaethol lle maent yn cyd-fynd â'r cynllun strategol hwn, yn cynnwys:

- Cynyddu'r nifer a'r math o astudiaethau ymchwil masnachol a gefnogir, sicrhau buddsoddiad drwy'r Cytundeb Prisio Gwirfoddol ar gyfer Mynediad a Thwf (VPAG) a chynhyrchu incwm masnachol.
- Gweithio gyda chanolfannau ymchwil cenedlaethol a datblygiadau cysylltiedig. Bydd hyn yn ein galluogi i gynnal lefel y dyfarniadau a dderbyniwyd drwy'r Gyfadran Ymchwil Iechyd a Gofal Cymru, gwella'n gallu i ddatblygu ymchwilwyr a gweithio gyda'r arweinyddwyr a'r rhwydweithiau ymchwil a noddir yn genedlaethol.
- Cydweithio â'r Rhwydweithiau Clinigol Strategol Cenedlaethol ar raglenni gwaith arloesi gyda'r potensial mwyaf i annog newid, gwella canlyniadau, lleihau amrywiad a gwella iechyd a bywyd ein poblogaeth.
- Datblygu'r Sefydliad TriTech ymhellach i gefnogi technoleg feddygol, llwybr clinigol a strategaethau arloesi, cynlluniau a mentrau cysylltiedig, yn cynnwys y rhai sy'n cael eu gwerthuso gan Technoleg Iechyd Cymru a'u hystyried gan Hwb Gwyddorau Bywyd Cymru.

2

Gweithio gyda Chyd-bwyllgor Bae Abertawe a BIP Hywel Dda, a phartneriaid eraill, i ddatblygu rhaglen ymchwil ac arloesi ranbarthol, sy'n:

- Cwmpasu meysydd gwasanaeth lle ceir dull cyflawni traws-sefydliad a chyfleoedd ymchwil ac arloesi cydlynol (e.e. cancer ac afiechyd cardiofasgwlaidd).
- Cynyddu ymchwil fasnachol ac arloesi drwy'r Sefydliad TriTech yn BIP Hywel Dda ac mewn cydweithrediad â Chyfleuster Ymchwil Glinigol ar y Cyd ym Mhrifysgol Abertawe gyda BIP Bae Abertawe.

3

Cynyddu gweithgareddau ymchwil ac arloesi o fewn BIP Hywel Dda, drwy:

- Sefydlu grwpiau thematig, gydag ymgysylltiad arwyddocaol â'r cyhoedd a'r cleifion, mewn meysydd ymchwil ac arloesi gweithredol a newydd (e.e. iechyd menywod, anadlol, tystiolaeth a gwerthusiad byd go iawn), cydnabod yr angen i ddatblygu'r capasiti i sicrhau dylanwad parhaus.
- Datblygu capasiti ymchwil ac arloesi mewn meysydd newydd, gan gynnwys adrannau corfforaethol (e.e. gwasanaethau digidol, arweinyddiaeth ac arfer rheoli), ymchwil iechyd cyhoeddus a gofal sylfaenol.

- Cefnogi ymchwil ac arloesi cymdeithasol seiliedig ar gymuned, er mwyn mynd i'r afael â phenderfynyddion cymdeithasol a datblygu model cymdeithasol o iechyd a llesiant. Byddwn yn nodi'r ymchwil a'r arloesi sy'n datblygu'r model bioseicogymdeithasol o iechyd.
- Datblygu'r Sefydliad TriTech fel canolfan ragoriaeth ar gyfer astudiaethau a gwerthusiadau tystiolaeth byd go iawn, yn cynnwys gwyddoniaeth gweithredu, sy'n cyd-fynd â datblygiadau strategol cenedlaethol a rhyngwladol.
- Atgyfnerthu'r cyfraniad a wneir gan ymchwil ac arloesi i heriau gweithrediadol ehangach, gan gynnwys bregusrwydd y gwasanaeth, gwella ansawdd y gofal a gwella'r canlyniadau iechyd.
- Defnyddio ein hasedau Gofal Iechyd Seiliedig ar Werth i ategu ein rhaglenni ymchwil ac arloesi, yn arbennig ein gwybodaeth am ganlyniadau cleifion yr adroddwyd arnynt a'n methodoleg brisio. Bydd hyn yn cynnwys datblygu gwerthusiad economaidd ac Enillion ar Fuddsoddiad (RoI) fel blaenoriaeth greiddiol o ran ymchwil iechyd cyhoeddus a gofal iechyd seiliedig ar werth.



Amgylchedd a Diwylliant



Creu amgylchedd a diwylliant sy'n datblygu a galluogi ymchwilyr ac arloeswyr cymwys ac awdurdodedig i ffynnu.

Mae gofyn cael unigolion a thimau cymwys, egniol ac awdurdodedig i wella mynediad at ymchwil ac arloesi dylanwadol. Mae ein hadran yn chwarae rôl allweddol drwy greu amgylchedd sy'n galluogi timau i gynnal ymchwil ac arloesi o'r radd flaenaf.

Mae ein cefnogaeth yn cynnwys dylunio a sefydlu astudiaeth a phrosiect, recriwtio, gwerthusiad a dadansoddiad, hyfforddiant, contractio a rheoli ansawdd. Rydym yn darparu cyfleusterau gwych a chyngor i gydweithwyr ac yn helpu i sicrhau buddsoddiadau a grantiau er mwyn goresgyn rhwystrau i gynnal ymchwil ac arloesi effeithiol. Yn aml, mae'r grantiau hyn yn galluogi staff i sicrhau amser ar gyfer ymchwil ac arloesi ochr yn ochr â'u swyddi arferol.

Bu i'n hadran ddyblu mewn maint dros y pedair blynedd ddiwethaf a chanddi enw da am ei diwylliant cadarnhaol y mae timau ar draws y sefydliad yn ei groesawu. Dros yr un cyfnod, mae'r clinigwyr sy'n gallu neilltuo amser i ymchwil ac arloesi wedi cynyddu pedair gwaith drosodd.

Bellach, mae gennym bresenoldeb a chyfleusterau ymchwil pwrpasol ym mhob un o'n safleoedd ysbyty. Fodd bynnag, mae rhai heriau'n dal i fod. Mae'n rhaid i ni wella gwelededd ein gweithrediadau ar draws y sefydliad. Mae'n rhaid i ni ddangos y cyfraniad y gall ymchwil ac arloesi ei wneud i faterion sefydliadol hirdymor, yn cynnwys recriwtio a chadw a darparu gwasanaethau cynaliadwy.

Mae ein hadran yn ddibynnol iawn ar fuddsoddiad allanol ac felly, mae'n sensitif i flaenoriaethau'r partion allanol hyn a'r amrywiadau mewn cyllid. Mae tensiwn parhaus ynn dod yn sgil yr olaf o'r rhain wrth geisio cydbwysu capasiti'r tîm gyda'r galw a sicrhau ein bod yn gallu cael yr effaith fwyaf posibl i gefnogi BIP Hywel Dda. Yn ogystal, wrth gael ein meincnodi yn erbyn sefydliadau eraill, nid yw ein lefel gyffredinol ni o fuddsoddiad ymchwil ac arloesi yn ymddangos yn gymesur â maint ein poblogaeth neu ein baich afiechyd.

O edrych tua'r dyfodol, bydd y strategaeth hon yn sicrhau bod BIP Hywel Dda mewn sefyllfa ddelfrydol i fynd i'r afael a'r heriau hyn, yn cynnwys nodi cyfleoedd sy'n gysylltiedig â strategaeth glinigol adnewyddedig, rhaglen fuddsoddi VPAG, a datblygiadau arloesi sy'n ymwneud â rhwydweithiau clinigol Gweithrediaeth y GIG.



Byddwn yn gwella ein hamgylchedd ymchwil ac arloesi drwy:

1

Ddatblygu ein hadran alluogi, blaengar a deinamig. Bydd hyn yn cynnwys:

- Mireinio'r ffordd rydym yn cyfathrebu ac ymgysylltu ag unigolion a thimau ar draws y sefydliad a chodi ymwybyddiaeth drwy gynhadledd ymchwil ac arloesi, a digwyddiadau i ddathlu cyflawniadau.
- Gwella ein gallu i ddatblygu ymchwilwyr a datblygu ein staff adrannol i ddod yn arweinwyr ymchwil ac arloesi, gyda meysydd arbenigol o ddiddordeb a lefel briodol o addysg a chefnogaeth.
- Cynyddu'r defnydd o gyfleusterau ymchwil ac arloesi a manteisio ar y cyfleuster newydd yn y cynllun Pentre Awel.
- Sicrhau perfformiad gwell a chyson yn erbyn targedau perfformio allweddol Bwrdd Iechyd y Brifysgol a chenedlaethol, lle mae'r rhain o fewn ein rheolaeth.
- Rhoi cynllun busnes newydd ar waith i'r Sefydliad TriTech a manteisio i'r eithaf ar ei gyfraniad i strategaeth glinigol BIP Hywel Dda.
- Arallgyfeirio ffynonellau incwm, yn cynnwys datblygu gwell capasiti ariannol er mwyn ymgymryd â gwaith ymchwil ac arloesi a gomisiynwyd yn fewnol, cael mynediad at fwy o gyllid gan raglenni a chynlluniau Ymchwil Iechyd a Gofal Cymru, cynyddu gweithgarwch ymchwil fasnachol, a sicrhau incwm grant mwy a phartneriaethau mwy hirdymor gyda sefydliadau masnachol a sefydliadau cenedlaethol.
- Cymryd rhan weithredol mewn nodi a datrys yr hyn sy'n ein rhwystro rhag cynyddu gweithgarwch ymchwil ac arloesi, gan gynnwys y rhai sy'n gysylltiedig â gwasanaethau galluogi (e.e. digidol, llywodraethu gwybodaeth, fferylliaeth, patholeg, radioleg).
- Datblygu dull BIP Hywel Dda o fabwysiadu arloesedd lle bo tystiolaeth gref dros wneud hynny, gan weithio'n agos â chydweithwyr yn yr adran gyllid a'r adran gaffael.
- Datblygu capasiti arwyddocaol i gefnogi gweithgareddau ymchwil ac arloesi sy'n berthnasol i benderfyniadau cymdeithasol ehangach iechyd a llesiant.
- Cryfhau arbenigedd masnacheiddio arloesi.





2

Datblygu'r genhedlaeth nesaf o arweinwyr ymchwil ac arloesi, yn cynnwys:

- Cynyddu nifer y gweithwyr proffesiynol sy'n gallu rhoi o'u hamser yn barhaus i arwain ymchwil ac arloesi. Bydd hyn yn cynnwys academyddion clinigol yn gweithredu dan drefniadau rheoli perfformiad y prifysgolion a'r gweithwyr proffesiynol a reolir gan BIP Hywel Dda, sydd ag amser dynodedig i arwain ymchwil ac arloesi, yn cynnwys y rhai sydd â chysylltiad â phartneriaid y brifysgol. Byddwn yn nodi cyfleoedd sy'n:
- Cyd-fynd â diddordebau a blaenoriaethau ein grwpiau ymchwil ac arloesi.
- Cefnogi meysydd sy'n darparu gwasanaeth er mwyn cryfhau atyniad swyddi clinigol allweddol.
- Cyfrannu at fodolau gwasanaeth rhanbarthol lle rydym yn gwybod bod mynediad cleifion at ymchwil ac arloesi yn gyfyngedig ar hyn o bryd.
- Ehangu ystod y gweithwyr proffesiynol (e.e. iechyd cyhoeddus) gydag amser dynodedig ar gyfer prosiectau a rhaglenni ymchwil ac arloesi sy'n datblygu.

- Cynyddu cyfran y staff gydag amser o fewn eu hwythnos waith i alluogi ymchwil ac arloesi.

3

Sicrhau bod ymchwil ac arloesi yn cael eu gwreiddio yn y trefniadau cynllunio, perfformio, a llywodraethu drwy gydol y sefydliad. Bydd hyn yn cynnwys:

- Cynnwys mesurau perfformio ymchwil ac arloesi yn y cynlluniau sefydliadol a'r trefniadau llywodraethu ehangach a sicrhau bod yr un peth yn cael ei gyflwyno drwy'r adnoddau a'r cymorth sy'n cael eu cynnig gan yr adran.
- Sicrhau cysylltiad mwy clir rhwng ymchwil ac arloesi a chynlluniau recriwtio a chadw BIP Hywel Dda.
- Datblygu rhaglen gyfoethocach o gyfleoedd datblygu ymchwilwyr, gydag aliniad clir â rhaglenni datblygu sefydliadol o fewn BIP Hywel Dda.
- Datblygu proses barhaus o ymgysylltiad â gwahanol grwpiau proffesiynol, clinigol ac anghlinigol ar hyd y sefydliad, sy'n canolbwyntio ar beth arall y gellir ei wneud i ddatblygu amcanion y strategaeth hon.

Partneriaethau



Datblygu a chynnal partneriaethau sy'n hyrwyddo a chyflymu mynediad a dylanwad ymchwil ac arloesi.

Mae partneriaethau ystyrion â gwasanaethau cyhoeddus, cymunedau, prifysgolion a diwydiant yn bwysig. Mae partneriaethau'n dod ag adnoddau, momentwm, dealltwriaeth a'r gallu i'r broses ymchwil ac arloesi. Maent yn sicrhau ei llawn botensial i gael dylanwad cadarnhaol ar ein gweithwyr, y gwasanaethau a ddarparwn, a'r canlyniadau a gyflawnir gyda'n cymunedau.

Rydym wedi buddsoddi'n sylweddol mewn partneriaethau dros y pedair blynedd ddiwethaf. Mae gennym bartneriaethau prifysgol cadarn sydd wedi cynyddu ac ysgogi prosiectau gweithio ar y cyd, wedi sefydlu penodiadau newydd anrhydeddus ac ar y cyd, ac wedi datblygu rhaglenni addysgol teilwredig. Rydym yn gweithredu dull effeithiol o gydweithio â diwydiant sydd wedi arwain at sawl prosiect ar y cyd â chwmnïau technoleg feddygol a biofferyllol mawr.

Mae ein harferion gweithio rhanbarthol wedi aeddfedu o ganlyniad i brosiectau cydweithredol dylanwadol yn cael eu hannog gyda Bwrdd Iechyd Prifysgol Bae Abertawe. Rydym wedi cefnogi uchelgais BIP Hywel Dda am fodel cymdeithasol ar gyfer iechyd a llesiant drwy weithredu rhaglen waith sydd wedi arwain at sefydlu Sefydliad Arloesi Cymdeithasol. Rydym wedi arwain prosiectau ar ran Gweithrediaeth GIG Cymru a'r Undeb Ewropeaidd, mewn meysydd yn cynnwys iechyd anadlol, presgripsiynu cymdeithasol, ac iechyd cyhoeddus.

Serch y cynnydd hwn, nawr yw'r amser i adfywio partneriaethau presennol o ystyried y blaenoriaethau ar gyfer y pum mlynedd nesaf. Mae yna hefyd gryn botensial i sefydlu partneriaethau cydweithredol newydd sy'n canolbwyntio ar ein nodau o ehangu mynediad a dylanwad ymchwil ac arloesi.



Byddwn yn atgyfnerthu ein partneriaeth i gyflawni mynediad a dylanwad drwy:

1

Wella'r aliniad a'r cydgyfnewidiaeth rhwng partneriaid prifysgol presennol a'n cynlluniau ymchwil ac arloesi.

Bydd hyn yn cynnwys adnewyddu ein cytundebau cydweithrediad â phob partner prifysgol a datblygu ffordd well o reoli ein partneriaid dwyochrog ac amlochrog. Byddwn yn cytuno ar uchafswm o dri nod ymchwil ac arloesi hirdymor gyda phob partner prifysgol, fydd yn cyd-fynd yn agos â'u cynlluniau. Gallai ein nodau â:

- Prifysgol Abertawe gynnwys gweithio'n deirochrog â BIP Bae Abertawe i wella ymchwil ac arloesi mewn meysydd gwasanaeth a ddarperir ar sail ymdrechion rhanbarthol a chefnogi'r Rhwydwaith Cenedlaethol ar gyfer Arloesedd mewn Chwaraeon ac Iechyd (NNISH).
- Gallai Prifysgol Cymru y Drindod Dewi Sant gynnwys cynnal ein partneriaeth arloesi technegol a datblygu Sefydliad Arloesi Cymdeithasol newydd.
- Prifysgol Aberystwyth gynnwys datblygu ein cysylltiad ag Athrofa'r Gwyddorau Biolegol, Amgylcheddol a Gwledig (IBERs) a manteisio ar ein diddordeb cyffredin mewn datblygu ac ymchwil cymunedol sydd wedi'u sbarduno gan Bartneriaeth Polisi ac Arloesi Lleol ar gyfer Twf Lleol (LPIP).

2

Sefydlu partneriaethau prifysgol newydd mewn meysydd o ddiddordeb cyflin, a allai gynnwys:

- Cynyddu nifer y swyddi a ariennir ar y cyd sy'n cyd-fynd â blaenoriaethau BIP Hywel Dda a'r brifysgol.
- Bod yn rhagweithiol o ran ehangu partneriaethau ymchwil sy'n ymwneud â'n hamcanion ymchwil iechyd cyhoeddus.

3

Datblygu ein trefniadau partneriaeth ddiwydiannol drwy:

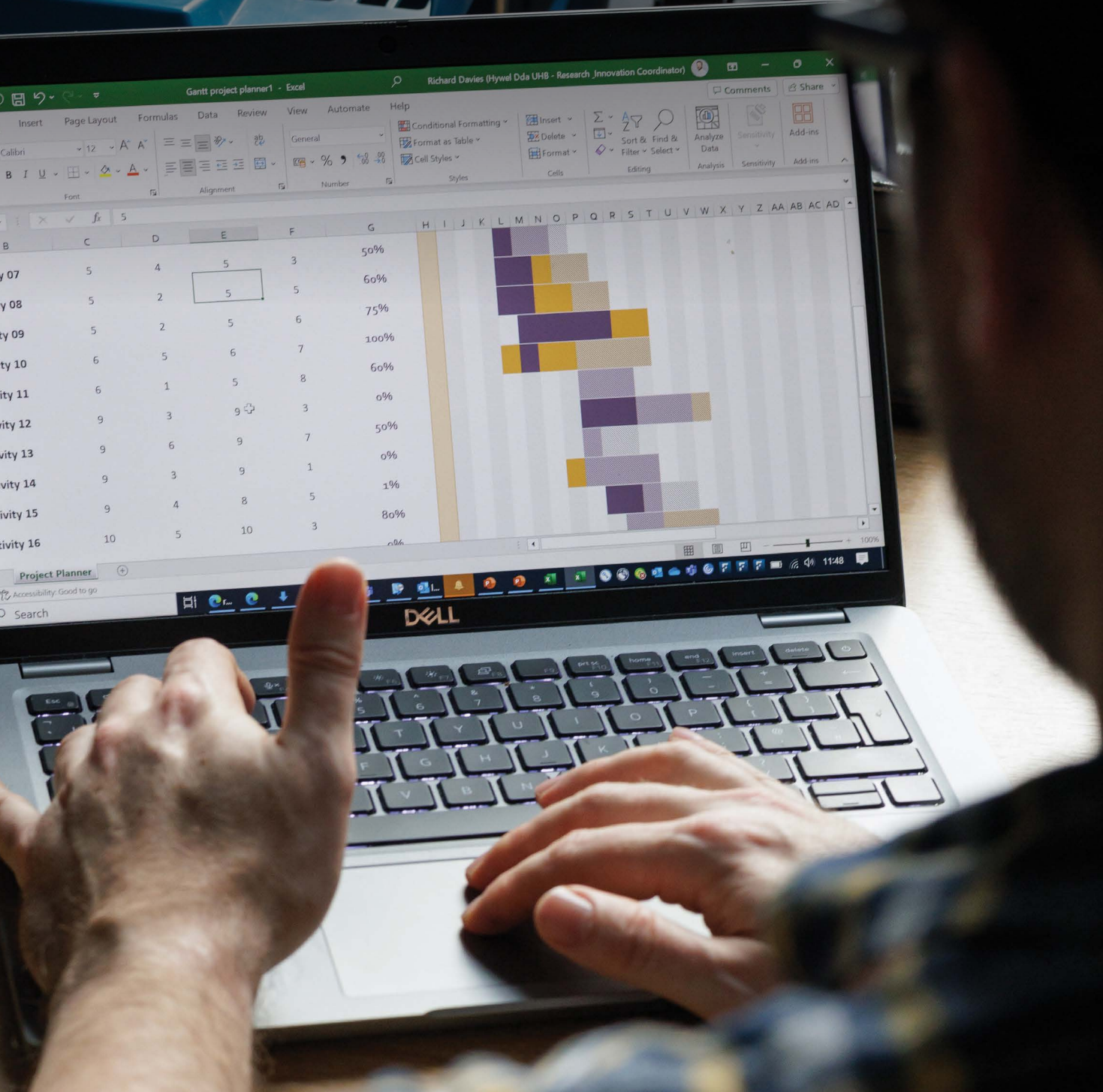
- Gwneud cytundeb â'r cynlluniau Bargaen Twf Prifddinas-Ranbarth a datblygu ffordd systematig o gefnogi'r sector gwyddorau bywyd yn ne-orllewin Cymru.
- Datblygu partneriaethau gweithio ar y cyd hirdymor gyda diwydiant mewn meysydd o ddiddordeb cyflin.
- Sefydlu carfan newydd o gymrodoriaethau clinigol ar y cyd â diwydiant.
- Gweithio â phartneriaid diwydiant a chenedlaethol i greu rhaglen datblygu sgiliau arloesi sy'n helpu staff y GIG i weithio â phartneriaid diwydiant.

4

Atgyfnerthu trefniadau partneriaeth gyhoeddus a chymunedol, yn cynnwys datblygiadau rhanbarthol. Bydd hyn yn cynnwys:

- Llywio a chyfrannu at gyflwyno agenda Cyd-bwyllgor De-orllewin Cymru, ynghyd ag ymchwil gysylltiedig a mentrau arloesi.
- Llywio a chyfrannu at gyflawni Cyd-bwyllgor Canolbarth Cymru ar gyfer Iechyd a Gofal, ynghyd ag ymchwil gysylltiedig a mentrau arloesi.
- Cydweithio â Gweithrediaeth GIG Cymru fel partner cyflawni ar gyfer prosiectau ymchwil ac arloesi sy'n gysylltiedig â'r rhwydweithiau clinigol cenedlaethol.
- Gweithio â chyrrff cyhoeddus eraill (Llesiant Delta) a chenadaethau a sefydliadau cymunedol (Gyda'n Gilydd Dros Newid) ar brosiectau a rhaglenni ymchwil ac arloesi ar y cyd sy'n cyd-fynd â strategaeth adnewyddedig BIP Hywel Dda a'r cynllun strategol hwn.





Cyflawni'r Cynllun Strategol

Cyflawni'r Cynllun Strategol

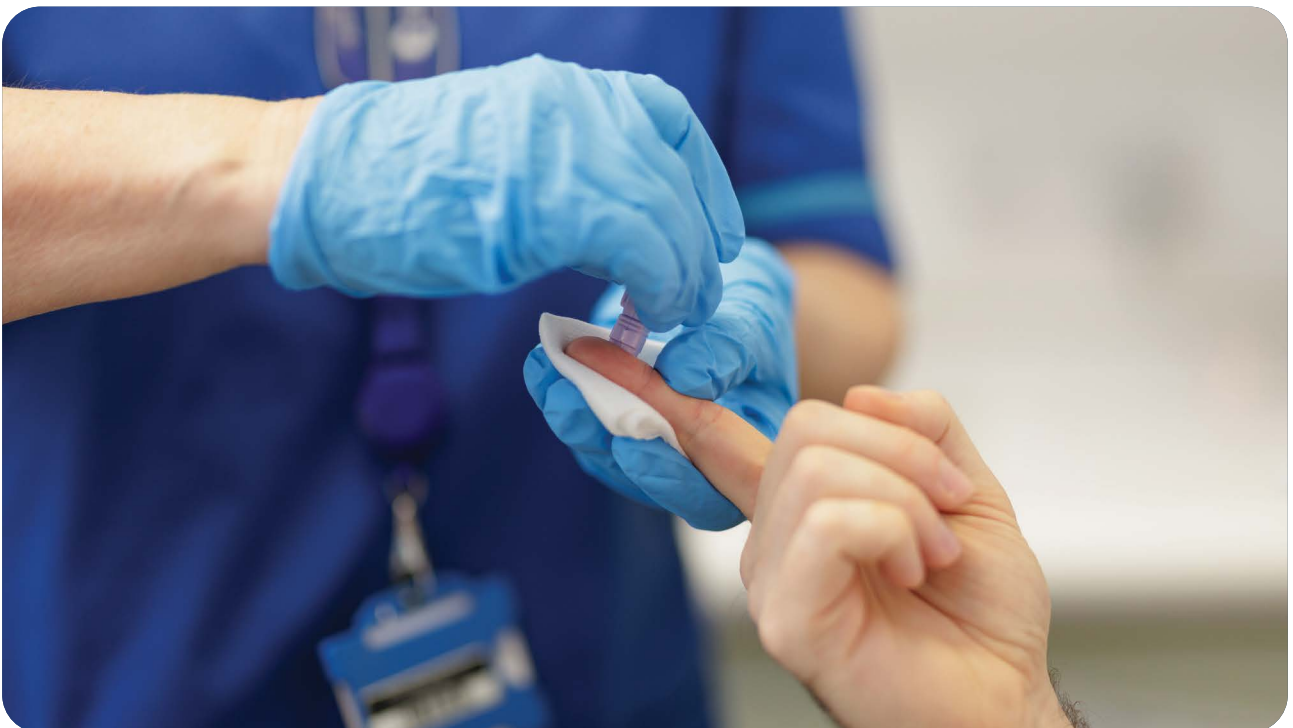
Bydd cyflawni'r cynllun strategol wedi'i wreiddio yng ngweithgareddau ein hadran o ddydd i ddydd, gan sicrhau ei fod yn parhau i fod yn ganolog i sut rydym yn cynllunio, rheoli a chyflawni gwaith ymchwil ac arloesi dylanwadol ac o'r radd flaenaf. Credwn fod cynlluniau strategol yn cael eu cyflawni mewn cyd-destunau deinamig sy'n newid yn barhaus. Gan aros yn driw i'n hamcanion lefel uchel, bydd ein dull cyflawni yn galluogi ymateb chwim i'r gofynion newidiol cysylltiedig a hyblygrwydd wrth wneud penderfyniadau.

O safbwynt ymarferol, mae hyn yn golygu y bydd penderfyniadau gweithredu allweddol a monitro yn digwydd drwy'r Grŵp Arweinyddiaeth Ymchwil a Chyflawni, a'r Grŵp TriTech ac Arloesi. Bydd y timau gweithredol o dan bob un o'r grwpiau hyn yn sicrhau bod camau strategol yn cael eu gweithredu'n ymarferol. Bydd BIP Hywel Dda yn sicrhau bod y cynllun strategol yn cael ei gyflawni drwy'r Pwyllgor Digidol, Data ac Arloesi (DDIC), a fydd yn dirprwyo cyfrifoldeb

i'r Is-bwyllgor Ymchwil ac Arloesi. Bydd grŵp Ansawdd Ymchwil a Nawdd yn parhau i sicrhau bod y gweithgareddau ymchwil a ddatblygir gan BIP Hywel Dda yn ddiogel, yn ddylanwadol ac o safon uchel.

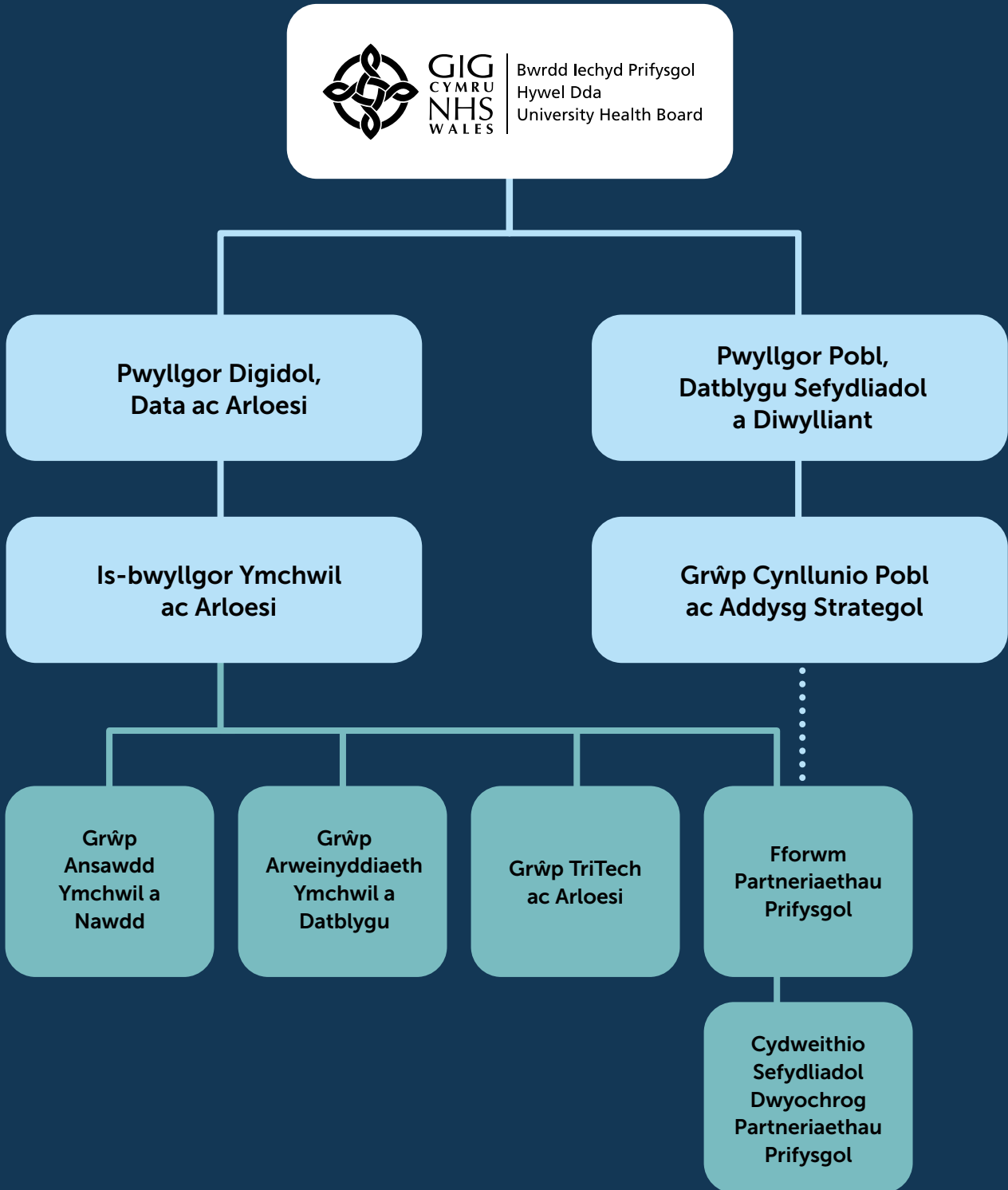
Mae partneriaethau'n un o brif nodweddion y strategaeth hon a byddant yn cael eu llywodraethu fel a ganlyn:

- Lle bo'n briodol, bydd partneriaethau rhanbarthol yn adrodd i'r Cyd-bwyllgor ar gyfer BIP Bae Abertawe a BIP Hywel Dda, a Chyd-bwyllgor Canolbarth Cymru ar gyfer Iechyd a Gofal.
- Bydd partneriaethau prifysgol yn cael eu llywodraethu'n rheolaidd drwy DDIC, ond er mwyn sicrhau ystyriaeth ddigonol o'r holl agweddau ar waith ar y cyd (h.y., ymchwil a datblygu, menter ac arloesi, a dysgu, addysgu a gweithlu), bydd Fforwm Partneriaethau Prifysgol newydd yn cael ei alw ynghyd.



Ffigwr 1 yn darparu trosolwg o sut byddwn yn rheoli a llywodraethu'r gwaith o gyflawni'r strategaeth. Bydd fframwaith cyflawni yn cael ei baratoi ar ôl lansio'r strategaeth, fydd yn nodi mesurau clir a dyddiad cyflwyno ym mhob maes priodol.

Ffigwr 1 – Llywodraethu ar gyfer Cyflawni'r Strategaeth







Ymchwil Iechyd
a Gofal Cymru
Health and Care
Research Wales

Am ragor o wybodaeth, cysylltwch â'r:

Swyddfa Ymchwil ac Arloesi
Parc Dura, Heol Yspitty,
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Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Appendix B - Research and Innovation Strategic Plan Implementation Actions for 2025/26

Strategic Aim 1: Improve access to high-quality research and innovation that improves services, health and wellbeing

Objectives (from Strategic Plan)	Actions (from Strategic Plan)	Specific Implementation Actions (25-26)	Deadline
<p>Harness opportunities and investment associated with national initiatives and developments where they align to the strategic plan</p>			
<p>1.1</p>	<p>Increase the number and type of commercial research</p>	<p>Targeted action in three areas:</p> <ul style="list-style-type: none"> - Respiratory (Deliver first year of funded proposal) - Metabolic medicine (Key appointments made and first six months of delivery) - Oncology (plan developed and approved) 	<p>31 March 2026</p>

	studies supported.	Separate plans are being developed or implemented for each of these. In addition, we are continuing to support commercial research through delivery teams at each of our hospital sites.	
1.2	Work with national research centres to sustain Health and Care Research Wales Faculty awards – connecting to national leads and networks.	To support three people a year to apply for awards through the HCRW faculty scheme, aligned to current or planned research groups and sustainability plans.	31 October (Progress Review)
1.3	Collaborate with National Strategic Clinical Networks on innovation programmes, to improve outcomes, and drive change.	To deliver the following through the TriTech Institute: <ul style="list-style-type: none"> - Phase 3 of the Amgen project, working with the new Cardiovascular Disease (CVD) industry group. - Final reporting of an evaluation of the Health Pathways initiative (by October 2025). 	CVD: March 2026 Health Pathways Final Reporting: October 2025
1.4	Further develop the TriTech Institute to support MedTech, clinical	Deliver the TriTech Business plan, and collaboration agreements/Memoranda of Understanding (MoUs) with relevant representative partners.	Agreements in place: December 2025

	pathway, and innovation strategies – connecting with the LSHW and HTW.		
Objective: Work with the Swansea Bay and Hywel Dda UHB Joint Committee to advance a regional research and innovation programme			
1.5	Develop clear research and innovation plans for service areas of joint interest and opportunity.	<p>Deliver a plan to widen access to oncology studies across South West Wales.</p> <p>Determine the actions that could be taken regionally in response to the ‘predict and prevent’ CVD project.</p>	<p>Oncology research plan: October 2025</p> <p>CVD: October 2025</p>
1.6	Increase commercial research and innovation through	Convene joint health board discussions to share current operating models and plans and identify practical ways for working together in respect of regional priorities. Joint research and innovation committee established.	Regional Committee: October 2025

	<p>Research & Development (R&D) Departments, the TriTech Institute, and the Joint Clinical Research Facility.</p>	<p>In respect of R&D, one early opportunity will be to consider a specific JCRF collaboration in respect of metabolic medicine.</p> <p>In respect of TriTech and Innovation, priorities will be determined by the regional research and innovation committee.</p>	<p>Metabolic medicine: October 2025</p>
<p>Objective: Increase Research and Innovation opportunities within Hywel Dda UHB</p>			
<p>1.7</p>	<p>Establish thematic groups with meaningful public and patient engagement in research and innovation active areas, acknowledging the need to develop capacity to</p>	<p>To involve Hywel Dda UHB's corporate public and patient involvement group to determine the best way of engaging around research and innovation. Initial discussion planned for the summer. This will be enhanced by issues specific public engagement, led by investigators/innovators and supported by the department on an ad hoc basis.</p>	<p>Corporate engagement group: 1st meeting in August</p>

	secure ongoing impact.		
1.8	Develop Research and innovation capacity in corporate departments (digital services, leadership, and management practice, primary care, and public health research.	<p>To work with workforce colleagues to set out what it would take to embed R&I in all job descriptions (JDs) and appraisal processes and prepare clear plan(s) for doing the same.</p> <p>To hold exploratory discussions with digital and workforce to develop capacity building plans.</p> <p>To convene a discussion with primary care colleagues about building increased research capacity, based on recent time awards.</p>	<p>Workforce JDs: October 2025</p> <p>Workforce and digital initial discussions: October 2025</p> <p>Primary care discussion: October 2025</p>
1.9	Support community based social research and innovation to advance the biopsychosocial model of health.	To provide the research and innovation input into the Centre for Social Innovation’s annual plan, as required, and subject to the necessary resources being available. Obtain clarity on 25/26 plan.	Plan clarity: September 2025
1.10	Develop the TriTech Institute as a centre of excellence for evaluative research and implementation	Develop and achieve board approval for the TriTech Business plan no later than the 31 March 2026.	Business plan approved: 31 March 2026.

	science, aligned with national and international strategic developments.		
1.11	Strengthen R&I's contribution to operational challenges, including service fragility, improving quality of care and enhancing health outcomes.	Test an 'internal commissioning' approach for research and innovation. This will be done for at least one area in 2025/26.	One project completed: 31 March 2026.
1.12	Utilise our VBHC assets to support our research and innovation programmes, notably PROMs and costing methodologies (including ROI as a key public health priority).	<p>No additional action required at this point. This will be progressed on a 'case by case' basis. As evaluations are scoped and public health priorities worked through.</p> <p>Develop an independent and ongoing form of support for economic evaluation in support of our research and innovation projects.</p>	<p>VBHC alignment: ongoing</p> <p>Independent health economics: December 2025</p>

Strategic Aim 2: Create an environment and culture that develops and enables competent and empowered researchers and innovators to flourish

Objectives (from Strategic Plan)	Actions (from Strategic Plan)	Specific Implementation Actions (25-26)	Deadline
Objective: Developing a dynamic, forward-thinking and enabling department			
2.1	Strengthen communication and engagement across the organisation and raise awareness through a research and innovation conference and events to celebrate achievements.	<p>This year, we will:</p> <ul style="list-style-type: none"> - Review and improve the SharePoint site, taking on board user feedback. - Develop Strategy launch materials, including a website and targeted press releases (Respiratory in June and Women’s Health in September?). - Evolve the TriTech webpage (perhaps landing, directing towards R&D and Tritech and Innovation (T&I)) covering research and innovation. <p>Conclude phase 2 of the TriTech website re-design.</p>	<p>SharePoint site: March.</p> <p>Strategy Launch: Event in September/October. Supported by a film.</p> <p>Ensure enhanced R&D and TriTech web coverage: October.</p> <p>TriTech second phase by March 2025.</p>

2.2	Enhance researcher development and staff capabilities, including developing Departmental staff to become research and innovation leaders.	Review the researcher development capabilities in academia and national functions and develop proposals to better align to the core researcher development capabilities in HDdUHB. Gain a comprehensive understanding of the capacity that exists in other organisations before determining how best to align to Hywel Dda UHB's in house offer, with a paper prepared for leadership group.	March 2025.
2.3	Increase use of facilities, including establishing at Pentre Awel.	<p>Enable a seamless transition of Dura Park based staff to Pentre Awel, including optimizing the benefits of being located proximal to other tenants and their staff.</p> <p>Conduct a review of utilisation of other facilities to ensure they remain fit for purpose in view of the objectives of this strategic plan.</p>	<p>Pentre Awel: Smooth occupation by April 2026 (subject to scheme timelines).</p> <p>Review of R&D facilities: March 2026.</p>
2.4	Ensure improved and consistent performance against national and UHB Key Performance Indicators (KPIs).	<p>Modify our management reporting to come into line with:</p> <ul style="list-style-type: none"> - The new Health Care Research Wales (HCRW) reporting requirements aligned to national commercial plan initiative and Tackling Cancer Together Through Research Programme. - The new TriTech Business Plan and any emerging national innovation indicators. 	As required, throughout the year.
2.5	Implement TriTech business plan aligned to clinical strategy.	Develop and achieve board approval for the TriTech Business plan.	31 March 2026

2.6	Diversify income sources (e.g. commercial activity, internal commissioning, grants, and longer-term partnerships).	<p>In 25/26, we will:</p> <p>Generate sufficient investment through our research development function, to ensure ongoing sustainability. This will be through costing into grant applications and a 'top slice' arrangement for the support offered to investigators.</p> <p>Test an internal commissioning approach for TriTech and Innovation.</p>	Both end of the financial year
2.7	Identify and resolve wider barriers to supporting research and innovation, particularly in enabling services (e.g. digital, Information Governance, pharmacy, radiology).	<p>This will be a rolling programme of work, designed to identify and overcome challenges. The 25/26 priorities will be:</p> <ul style="list-style-type: none"> - To work with Radiology colleagues to ensure a clear plan for overcoming constraints to supporting research studies and innovation projects. - To work with Digital colleagues to co-develop a plan for overcoming any constraints to supporting research studies and innovation projects. 	<p>Radiology: Plans and some implementation by March 2026.</p> <p>Digital/IG: Plans and some implementation by March 2026.</p>
2.8	Develop an innovation adoption framework with procurement and finance.	<p>Partner in national work underway, which is being supported by the Life Science Hub.</p> <p>Support operational areas harness innovations that could improve care quality and performance through evidence generation. Evidence generation projects will be scoped and supported on a case-by-case basis.</p>	<p>National Innovation Adoption work: March 2026 (inline with national process)</p> <p>Operational area support: ad hoc, following scoping.</p>

2.9	Build capacity to support research and innovation activity relating to the wider social determinants of health and wellbeing.	<p>To hold a workshop with public health colleagues to understand the opportunities for supporting research around addressing the wider determinants of health and wellbeing and whether there is an interest in applying for time awards and other funding schemes.</p> <p>To ensure the newly established Centre for Social Innovation within University of Wales Trinity Saint David (UWTSD) is adequately supported by the Departments and joint commitments set out within the business plan for 25/26.</p>	<p>Public health research and innovation workshop: October 2025</p> <p>Social Innovation Centre: Yr 1 Business Plan Delivery reviewed in March 2026.</p>
2.10	Strengthen commercialization expertise for innovation.	<p>To identify the 'in house' capacity required to support research and innovation commercialisation and set out options for meeting the same. These could include a training and development programme for current staff or partnering with local universities.</p> <p>Develop an Intellectual Property (IP) Policy.</p>	<p>Commercialisation Review: December 2025</p> <p>IP policy: December 2025</p>
Objective: Developing the next generation of research and innovation leaders			
2.11	Increase number of professionals with time to lead R&I	Establish a baseline position of those staff with dedicated time in their working week to contribute and lead research and innovation.	Baseline position: March 2026

	(e.g. clinical academics) – aligned to the new research groups. R&I time might also be incorporated into ‘hard to recruit’ posts to support recruitment.	Take a targeted approach to increasing the amount of time available to staff to advance research and innovation in the newly established research groups, starting with respiratory, metabolic disease, and cardiovascular disease.	Measurable increases in staff time for Respiratory, Metabolic disease and cardiovascular disease (CVD) (innovation) by March 2026.
2.12	Consider joint clinical academic posts with SBUHB, where it is likely to improve access to R&I as part of a regionalized approach.	To determine clinical leadership of oncology studies following the conclusion of the regional pathways work. To determine whether there is a regional opportunity linked to pharmacy and/or healthcare science.	Plan for Oncology, with aligned resourcing: January 2026
2.13	Allocate R&I time for wider range of professionals (e.g. public health).	Directly relates to 2.11. No additional actions at this point.	Directly relates to 2.11.
Objective: Embed research and innovation into planning, performance , and governance			

2.14	Embed R&I in organisational governance and workforce strategy.	<p>Organisation level governance of Research and Innovation will develop and evolve through the new Committee arrangements.</p> <p>A plan will be developed with workforce and organisational development colleagues to determine how best to incorporate into workforce strategic plans. This will also cover point 2.15.</p>	<p>New governance: implemented</p> <p>Workforce plan: December 25.</p>
2.15	Develop researcher development programme aligned to Organisational; Development.	Directly relates to 2.14.	Directly relates to 2.14.

2.16	Develop an ongoing process of engagement with different professional, clinical and non clinical groups across the organisation, focused on what more can be done to advance the aims of the strategy.	Take strategic plan to all professional groups (nursing, therapies, digital, HR) across the organisation and support response to the aims within.	March 2026.
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Strategic Aim 3: Develop and Sustain Partnerships that maximise and accelerate research and innovation access and impact

Objectives (from Strategic Plan)	Actions (form Strategic Plan)	Specific Implementation Actions (25-26)	Deadline
Objective: Improve the alignment and reciprocity between current			

university partners and our research and innovation plans			
3.1	Refresh university collaboration agreements and align goals (3xmax per partner – far more strategic/long term)	Sign new MoUs with all University Partners and hold executive to executive discussions, focused on agreeing strategic priorities for the next 1-2 years.	September 2025
Objective: New University Partnerships			
3.2	Create new university partnerships – particularly where there is potential for co-funded posts or an opportunity to advance public health missions	Hold exploratory discussions with other Higher Education Institutes, to better understand span of activities and determine whether entering a formal collaboration agreement would be worthwhile. Discussions opened with other institutions.	Two exploratory discussions completed and, if appropriate, plans drawn up: March 2026.

Objective: Evolving Industry Partnership			
3.3	Enter agreements with City Region Growth Deal schemes to establish a systematic way of supporting industry	Hold an exploratory discussion with the Swansea Bay Growth Deal team and if appropriate formulate a collaborative working plan around life science ambitions. Carry out the next phase of work in support of the Pentre Awel Scheme.	Swansea Bay City Region (SBCR) Growth Deal: Explore and, if appropriate, agree a plan: December 2025. Complete second phase of Pentre Awel business and innovation project: January 2026.
3.4	Develop long-term industry collaborations in aligned areas.	Enter one long term research and innovation (2 years +) collaboration agreement with a commercial partner in an area where it is determined there is an aligned benefit/opportunity.	Transacted agreement: March 2026.
3.5	Launch new wave of joint clinical fellowships with industry.	Progress one new industry sponsored innovation fellowship.	March 2026
3.6	Develop innovation skills programme for NHS staff to help them in partnering with industry.	Determine how innovation skills development would operate and be resourced, drawing on national support and advice.	December 2025.

Objective: Strengthen public and community partnership arrangements			
3.7	Collaborate with NHS Wales Executive (now Delivery and Performance Wales) on national R&I projects.	Conclude the Health Pathways Evaluation and identify at least one further area of work in support of NHS Delivery and Performance.	Health Pathways: September 2025 Additional area scoped and contracted: October 2025.
3.8	Work with public bodies (e.g. Delta Wellbeing, Together for Change).	To reinvigorate discussions with Delta Wellbeing, to determine the value of collaborating on research and innovation programmes.	Scoping discussion: by October 2025.
3.9	Support South West Wales Joint Committee R&I agenda.	Collaborate with Swansea Bay to develop new joint research and innovation committee and establish early priorities, to include oncology and (likely) CVD.	First committee: September 2025.
3.10	Support Mid Wales Joint Committee R&I initiatives.	Exploratory discussions with Aberystwyth University and Rural Health and Care Wales to determine future collaborative opportunities and how the health board can best align.	October 2025

2.3

2.3 - TriTech Peer Review Update

***Prof. Chris Hopkins
(Hywel Dda UHB -
Head of Innovation &
Tritech Institute •
Research and
Development)***

| For discussion

Attachments

[2.3 DDIC SBAR - Tritech Business Plan June 2025 FINAL.pdf](#)

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	22 July 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	TriTech Institute Business Plan Refresh
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mark Henwood, Executive Medical Director
SWYDDOG ADRODD: REPORTING OFFICER:	Professor Chris Hopkins, Head of Tritech and Innovation Dr Leighton Phillips, Director of Research, Innovation and Value

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 report is to present to the Digital, Data and Innovation Committee a refreshed five-year business plan for the TriTech Institute and consideration of the independent peer review findings.

Cefndir / Background

The TriTech Institute (the Institute) was established by Hywel Dda University Health Board (HDdUHB) in 2021, to support healthcare technology development, research and innovation. The Institute aimed to sustain the good interdisciplinary work between the Research and Development (R&D) department and clinical departments beyond the pandemic, with the ultimate goal of supporting those innovations that can contribute to improved patient outcomes. The Institute was formally launched by the Permanent Secretary of the Welsh Government in November 2021.

The TriTech Institute is now preparing a new refreshed business plan (2026–2031) as its current plan concludes in 2025/26. An independent peer review was commissioned to inform this development. Stakeholder interviews were conducted to identify strengths, challenges, and improvement areas. The insights now require response, alignment, and incorporation into the new refreshed business plan.

The peer review is just one source of evidence, and the new business plan will be informed by several, including:

- Team Feedback & Content Gathering.
- Situational analysis
- Market analysis
- Financial Audit
- Strategy and financial assumptions

Asesiad / Assessment

The business plan is being developed over a nine-month period, in a consultative manner, and with independent peer review advice. Moreover, the business plan benefits from the Institute having been in operation for a 4-year period. Within that period, the business model has been refined and tested, governance arrangements developed and strengthened, and a team has been recruited and skill sets developed, with several contracts / partnerships delivered. The Institute has delivered a year-on-year surplus against its cost recovery targets and, perhaps more significantly, has committed to supporting clinical teams with innovations.

Key achievements over the four-year period:

- £4.63M income generated across 111 projects
- Support for 29 clinical leads, 37 academic collaborations, and 6 local businesses.
- Recognition through several awards including MediWales, Chief Scientific Officer (CSO) England, and NHS Wales accolades.
- Delivery of 67 publications, posters and conference presentations.
- Appointment of 8 high-quality research and scientific staff, 4 fixed-term staff, and 3 Health Education and Improvement Wales (HEIW) funded Clinical Scientist trainees.

The level of interest in the Institute, and its reputation, has put it in a positive position for the future. It is noteworthy that the activity stimulated by the Institute has enabled the creation of several high-quality scientific jobs within the region, it has supported the local economy through evaluative work completed for a number of local companies and public sector organisations and has received a growing base of clinical support. The latter often comment on the enabling nature of the initiative and teams.

However, such is the nature of the life science industry and the rapid pace of developments, that it is necessary to constantly challenge and improve the TriTech Institute's operating model, to ensure it remains relevant and impactful for HDdUHB and its population. The peer review has illuminated several feedback points requiring attention in the context of developing the next business plan.

Clearly there will be choices and considerations around the next business plan, including determining how best to respond to the findings from the Peer Review. The DDIC will receive a presentation of how we are currently working through these choices and considerations, to inform the preparation of the business plan, which will be presented to the Executive Team in the Autumn.

The TriTech Management Group – a subgroup of the Research and Innovation (R&I) Sub Committee, acts as the primary decision-making body for the initiative and will review the business plan prior to submission to the Executive Team for consideration.

Subject to Executive approval of the plan, it is proposed that it proceeds through the following governance structures for consideration and assurance:

- the Research and Innovation Sub Committee on 15 September 2025.
- the Digital, Data and Innovation Committee on 7 October 2025, and
- the Board on 27 November 2025.

The DDIC will receive a summary of the Peer Review findings 'in-committee' due to their commercially sensitive nature.

Argymhelliad / Recommendation

The Committee is asked to:

- **DISCUSS** the peer review findings and
- **REVIEW** the proposed route for the refreshed business plan through the Health Board's governance and assurance processes.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	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.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risks 1508 & 1511.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	2.9 Medical Devices, Equipment and Diagnostic Systems 3.3 Quality Improvement, Research and Innovation
Amcanion Strategol y BIP: UHB Strategic Objectives:	3. Striving to deliver and develop excellent services
Amcanion Cynllunio Planning Objectives	1 Workforce Stabilisation 2 Financial recovery and route map 3 Transforming Urgent and Emergency Care programme 4 Planned care, diagnostics and cancer Recovery 5 Mental health and CAHMS
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	Tritech Institute Business plan, June 2022 Tritech Institute Peer Review Report
Rhestr Termiau: Glossary of Terms:	Not applicable.
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Tîm Cyfarwyddwyr:	Research & Innovation Sub-Committee.

Parties / Committees consulted prior to Executive Team:	
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not applicable.
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.

3

0 Mins

3 - Digital

| For discussion

3.1

0 Mins

3.1 - Digital Strategic Plan (PO9) and Planning Objective (PO) Update Report

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

| For assurance

Attachments

[3.1 DDIC SBAR PO update report July 2025.pdf](#)

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	22 July 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Planning Objective Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Executive Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Angharad Lloyd-Probert (Senior Project Manager – Strategic 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

The Health Boards 10 Planning Objectives are a key element of our Annual Plan. This paper provides the Digital, Data and Innovation Committee (DDIC) with an update on the one Planning Objective aligned to it.

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
- Quality of Care

The Planning Objectives set out the aims of the organisation, for example, 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 for is aligned to DDIC, which is:

- **Planning Objective 9: Digital Plan**

Asesiad / Assessment

Whilst the Planning Objectives for 2025/26 continue to be in development. An update on the 2024/25 actions is summarised below, which shows that all actions for 2024/25 have been completed.

Planning Objective	Executive Lead	Status at the end of 2024/25
9 Digital Plan	Director of Finance	Complete

In supporting the development of 2025/26 Planning Objectives, a Plan on a Page is being developed for each, and these will be brought to the next Committee meeting.

Argymhelliad / Recommendation

The DDIC committee is asked to:

- **RECEIVE ASSURANCE** on the current position regarding the progress of the Planning Objective aligned to it.

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: Evidence Base:	Annual Plan 2024/25 Annual Plan 2025/26
Rhestr Termiau: Glossary of Terms:	Explanation of terms is included within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Digidol, Data ac Arloesi Parties / Committees consulted prior to Digital, Data and Innovation Committee:	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

3.2

3.2 - Digital Operational Plan

Anthony Tracey
(Hywel Dda UHB -
Digital Director)

| For discussion

Attachments

[3.2 - DDIC - Operational Plan July 2025.pdf](#)

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	22 July 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Digital Operational Plan 2025/26
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 an update on the Digital Operational Plan for 2025/26, which outlines the next phase of our digital transformation journey. This plan is designed to strengthen our digital infrastructure, enhance patient engagement, and ensure continued compliance with regulatory requirements. At its core, the plan supports the development of a more efficient, responsive, and integrated healthcare system. It is underpinned by an agreed approach to aligning priorities and assigning resources effectively, ensuring that digital initiatives are strategically coordinated and deliver maximum value across the organisation.

Cefndir / Background

Prioritising digital projects is essential in ensuring that limited resources, such as funding, technical capacity, and staff time is allocated effectively to initiatives that deliver the greatest value. In increasingly complex digital environments, organisations often experience competing demands and must make strategic decisions about which projects to pursue. Prioritisation helps align digital initiatives with organisational goals, ensures compliance with regulatory requirements, and supports the delivery of services that meet user needs. It also enables better risk management by focusing attention on critical systems and services that underpin operational continuity and safety.

However, prioritising digital projects is not without its challenges. One of the most common difficulties is balancing the interests of multiple stakeholders, each with their own priorities and expectations. Limited resources can further complicate this process, requiring difficult trade-offs between equally valuable initiatives. In some cases, the absence of clear prioritisation criteria can lead to subjective or politically influenced decisions, rather than those based on measurable impact or strategic alignment. Additionally, external factors such as policy changes, emerging technologies, or integration with legacy systems can shift priorities mid-project, requiring flexibility and ongoing reassessment. Despite these challenges, a structured and transparent prioritisation framework is critical to ensuring that digital transformation is effective and sustainable.

Asesiad / Assessment

Approach Taken

To effectively manage scope, resources, and stakeholder expectations, the MoSCoW prioritisation method has been adopted, which is a structured framework that categorises project requirements into four levels: Must Do, Should Do, Could Do, and Won't Do. This approach was selected to bring clarity and focus to the decision-making process, especially in a complex environment with multiple stakeholders and competing priorities.

Using MoSCoW allows the project team to clearly distinguish between critical deliverables and those that are desirable but not essential. By identifying Must Do items, the core objectives of the project are met and that any dependencies — such as regulatory compliance, system integration, or patient safety — are addressed without compromise. The Should Do and Could Do categories provide flexibility, enabling the team to adapt to changes in timelines or resources without jeopardising the overall success of the project. Meanwhile, the Won't Do category helps manage scope creep by explicitly stating which items are out of scope for the current phase, reducing ambiguity and helping to maintain focus.

This method also supports transparent communication with stakeholders by providing a shared understanding of priorities and trade-offs. It enables informed discussions about what can be delivered within the available time and budget, and what may need to be deferred. Ultimately, the MoSCoW approach helps ensure that the project delivers maximum value while remaining realistic and achievable.

Further Refinement

To enhance clarity and manageability within the plan, the "Must Do" priorities have been further refined into four distinct phases. This phased approach allows for a more structured and realistic delivery plan, ensuring that critical elements are addressed in a logical sequence while maintaining momentum and alignment with strategic objectives. Each phase builds upon the previous one, enabling incremental progress and early realisation of benefits, while also allowing for adjustments based on emerging insights or operational feedback.

- Phase 1 focuses on the absolute essentials required for system functionality, regulatory compliance, and patient safety, and these are the non-negotiables that must be in place before any further development can proceed.
- Phase 2 includes high-priority features that support core workflows and user adoption but are not immediately critical to go-live.
- Phase 3 targets enhancements that improve efficiency, integration, and user experience.
- Phase 4 addresses optimisation and futureproofing, including scalability and long-term sustainability. This structured breakdown ensures that resources are allocated effectively, risks are managed proactively, and stakeholders have a clear understanding of what will be delivered and when.

Before finalising the phased breakdown of the "Must Do" priorities, stakeholder engagement is a critical step to ensure alignment, transparency, and shared ownership of the delivery plan. Engaging with key stakeholders, including clinical leads, and operational teams, provides valuable insights into practical needs, potential risks, and interdependencies that may not be immediately visible from a technical or strategic perspective. This collaborative approach helps validate the proposed phasing, ensuring that it reflects real-world workflows and organisational priorities.

Stakeholder feedback also plays a vital role in identifying any unintended consequences of deferring certain elements to later phases. By involving stakeholders early and consistently, the project team can build trust, manage expectations, and foster a sense of collective responsibility for successful delivery. This engagement will be facilitated through structured workshops, targeted consultations, and regular update forums, allowing for iterative refinement of the plan before it is formally approved and implemented.

Project / Programme List Output

Following a detailed analysis of the "Must Do" projects from the uploaded project list, the initiatives have been logically grouped into four implementation phases. This phased approach enables structured delivery, supports effective resource planning, and ensures alignment with both strategic objectives and operational priorities. While a full breakdown of the projects considered is provided in Appendix 1, it is important to note that this is not an exhaustive list of all digital projects or programmes. Rather, it represents those initiatives that the Digital Team has assessed as having the most significant impact in the current context.

- **Phase 1: Foundational Infrastructure and Compliance**

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

- Cyber Security – Audit Findings
- Microsoft Enterprise Agreement Renewal
- Cyber Resilient Unit Audit – September 2025
- Integration Layer & **Application Programming Interface**
- Biztalk Decommissioning
- Telecomms Modernisation
- Wireless Application Protocol (WAP) Replacement
- Switchboard Alarm Digitisation
- Paging Replacement
- Laboratory Information Management System Replacement
- Urgent and Emergency Care (UEC) Transformation Work (Planning the Unscheduled Care)
- Radiology Informatics System Programme (RISP)
- Integrated Performance Assurance Report (IPAR)
- Patient Flow and eObservations
- Switchboard Modernisation
- Implementation of a Maternity System (BadgerNet)
- Implementation of an Eye Care System (OpenEyes)

- **Phase 2: Core Service Enablement and Access**

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

- Pyxis Upgrade
- Citrix Hardware Replacement
- Audit Wales Response
- ePMA
- Prince Phillip Hospital – Minor Injuries Unit
- Virtual Ward – remote monitoring H@H integration
- UEC report rationalisation

Before finalising the phased implementation, stakeholder engagement is being undertaken to validate the proposed sequencing and ensure alignment with clinical, operational, and strategic priorities. Input from service leads, digital teams, and governance groups is essential to confirm

dependencies, identify risks, and ensure that the phasing reflects real-world needs. This collaborative process will help refine the plan, build consensus, and ensure that the delivery roadmap is both achievable and impactful.

Summary

The Digital Operational Plan for 2025/26 represents a significant step forward in our digital transformation journey. By prioritising critical projects and adopting a structured approach to implementation, this should enhance our digital infrastructure, improve patient engagement, and ensure regulatory compliance. This plan supports the development of a more efficient, responsive, and integrated healthcare system, ultimately delivering maximum value across the organisation.

Argymhelliad / Recommendation

The Committee are requested to:

- **NOTE** the Digital Operational Plan 2025/26

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1.2 That the organisation is discharging its responsibilities with regard to the quality and integrity; safety, security and appropriate access and use of information and data, to support health improvement and the provision of high-quality healthcare.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

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

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	<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</p>

	<p>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.</p>
<p>Gyfrinachedd: Privacy:</p>	<p>Not applicable</p>
<p>Cydraddoldeb: Equality:</p>	<p>All business cases / projects will be subject to an equality assessment</p>

Appendix 1

MUST DO				SHOULD DO	COULD DO	PAUSE	FURTHER DISCUSSIONS
Group 0	Group 1	Group 2	Group 3				
Cyber Security – Audit Findings	Pyxis Upgrade	Single Sign On	Forcepoint / iBOSS	Board Assurance Framework (BAF)	National Target Architecture	Weight Loss Drug Analyses	Readmission Prediction Model – Frailty Score Feature
MS EA Renewal	Citrix Hardware Replacement	Carmarthen Hwb	Pentre Awel	Data Quality Roadshow	Digital Support Requests	Fracture Liaison Service Benefits	Contract Renewals
CRU Audit – September 2025	Audit Wales Response	Picton Terrace	Community Networks – Llys Steffan	WECDS Implementation	Digital Signage	Managed Print Service	Tenders: EDRMS PKB Digital Dictation Virtual Consultations Orcha
Integration Layer & API	ePMA	Community Networks – llandoverly	SARC	Benefits Realisation & Tracking to Charters	Radio BGM	ITU Bed Commissioning Forecasts	Business Cases: eForms SPOC CRM/PRM Critical Care EDRMS Community
Biztalk Decommissioning	PPH - MIU	Planned Care Transformation Work (Waiting List Management)	Community Networks – Elizabeth Williams	Outpatient DNA Prediction – UI Prototype	Automated Coding - Potential with Chemocare		Digital Inclusion Programme
Telecomms Modernisation	Virtual Ward – remote	Dashboards	Cross Hands	NHS Wales App – P3F	Wales Weather Data		

MUST DO				SHOULD DO	COULD DO	PAUSE	FURTHER DISCUSSIONS
Group 0	Group 1	Group 2	Group 3				
	monitoring H@H integration						
WAP Replacement	UEC report rationalisation	Information Services Data Platform Migration	WICIS	INFRAM Audit	Capital Bids Process		
Switchboard Alram Digitisation		Digital Response	CCTV Installation	Hybrid Print and Post			
Paging Replacement			Optimisation of Legacy / Existing Clinical Systems	Mental Health Reporting			
LIMS			AI Commission	Shadow IT			
UEC Transformation Work (Planning the Unscheduled Care)			Centre of Excellence - Data Analytics	IQPD and TI meetings with WG			
RISP			Booking Systems	Heart Failure Pathway Redesign Impact			
Integrated Performance Assurance Report (IPAR)			Fols	T-Pro Phase 3 - integration with WCRS			

MUST DO				SHOULD DO	COULD DO	PAUSE	FURTHER DISCUSSIONS
Group 0	Group 1	Group 2	Group 3				
Patient Flow and eObservations			Clinical Safety	Pilot taking data directly from the data warehouse into the IPAR			
Switchboard Modernisation			Innovation	Regional Pathology			
Maternity System (BadgerNet)							
Eye Care System (OpenEyes)							

3.3

0 Mins

3.3 - Digital Partner Update

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

| For discussion

Attachments

[3.3 DDIC - Digital Partner Update - July 2025.pdf](#)

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	22 July 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

Working with our new strategic partner (CGI) the Hywel Dda University Health Board (HDdUHB) is 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 HDdUHB 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 designed 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 & Impact to Date

Since the previous Committee meeting, significant progress has been made across several key areas of the digital transformation programme. Notably, **deep dive sessions into Radiology and Urgent and Emergency Care (UEC)** have provided valuable insights into current workflows, system dependencies, and opportunities for digital enhancement. These sessions have assisted identifying critical pain points and informed the prioritisation of future digital

initiatives, ensuring that transformation efforts are aligned with clinical needs and operational realities.

In parallel, there has been **further deployment and adoption of key digital tools**, including Flow, Observations (Obs), and the Electronic Prescribing and Medicines Administration (EPMA) system. These tools are now being more widely used across clinical settings, contributing to improved data capture, enhanced patient safety, and more efficient care coordination. The increased uptake reflects growing confidence in digital solutions and highlights the importance of continued support and training to embed these tools into everyday practice.

Additionally, the programme has secured **agreement for expanded support in Eye Care and Maternity services**, recognising the unique challenges and opportunities within these specialties. This additional support will enable tailored digital interventions that address specific clinical workflows and patient pathways, ultimately improving service delivery and outcomes in these areas.

Finally, **proposals for business case support** have been advanced to ensure that future digital investments are underpinned by robust planning and clear value propositions. This will help streamline the approval process for new initiatives and ensure alignment with strategic priorities and available resources. Together, these developments mark a meaningful step forward in the digital transformation journey, reinforcing the commitment to delivering safer, smarter, and more connected care across the region.

Expenditure

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:

	2024-25 (£'000)	2025-26 (£'000)	Total
Work Package 1 - for CGI involves the initial <i>readiness and support activities</i> 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	£200		£200
Work Package 2 – technical integration layer to support for the delivery the eObs and Patient Flow and ePMA solutions and the existing Digital Health and Care Wales (DHCW) systems, enhancing interoperability for the Health Board, and provide the foundational infrastructure for a Regional Data Fabric for data-driven decision-making across the healthcare ecosystem	£489		£489
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	£450		£450

realised through a comprehensive change and implementation programme.			
Work Package 6 – the project management, business change and assure the implementation and rollout of the Alcideon eObs and Patient Flow solution within the Health Board.	£751		£751
Work Package 1.5 – Programme Readiness Acceleration Support business case production for the following initiatives: <ul style="list-style-type: none"> • Patient Service Centre • 360° view & Customer Relationship Management (CRM) • eForms • Virtual wards 		£220	£220
Work Package 1.6 – Digital Strategy Support CGI will support HDdUHB by reviewing and contributing to the draft Digital Response and developing a Digital Roadmap informed by existing programme charters, ongoing transformation efforts, and budget priorities. They are also maintaining key strategic artefacts—such as charters and blueprints—to ensure alignment with the organisation’s evolving digital direction and to support communication with delivery teams. Stakeholder engagement is being facilitated around Tranche One and Tranche Two transformation efforts, including socialising these artefacts. In the area of Enterprise Architecture (EA), the Contractor is delivering a recommended Application Portfolio Management (APM) approach that incorporates findings from a Shadow IT review and previous application cataloguing work, using frameworks like TIME to manage complexity and risk. Additionally, proposing an iterative EA adoption roadmap to enhance EA maturity through consistent principles, standards, and governance practices. Governance support will also be provided across the Strategic Advisory workstream, including representation at internal and external forums, supporting the Digital Director in strategic engagement, and participating in regular programme reviews		£78	£78
Work Package 9 - Shadow IT —unauthorised or unmanaged digital tools within the organisation. Key goals include: <ul style="list-style-type: none"> • Eliminating redundant tools to cut costs. • Improving interoperability by standardising systems. • Reducing IT support burden from unauthorised apps. • Minimizing data breach risks by avoiding insecure tools. • Encouraging innovation through secure, scalable official channels. 		£84	£84
Work Package 25 – Programme Management Support - This work package will be based on a call off order as part of daily live service operation, providing access to a named project manager resource for the full 6-month period.		£59	£59
Total	£1,890	£441	£2,331

Key:

	Agreed and in Progress
	Pending Approval
	Not Approved

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. The Digital Director is currently developing a pipeline of upcoming work packages, which will be presented to future meetings for review and discussion.

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:	2.1.2 That the organisation is discharging its responsibilities with regard to the quality and integrity; safety, security and appropriate access and use of information and data, to support health improvement and the provision of high-quality healthcare.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not applicable
Rhestr Termau: Glossary of Terms:	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:	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

3.4

3.4 - Digital Inclusion

Anthony Tracey
(Hywel Dda UHB -
Digital Director)

| For discussion

Attachments

[3.4 - DDIC Digital Inclusion SBAR July 2025 - V1.1.pdf](#)

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	22 July 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Digital Inclusion
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)

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report provides an update on the Digital Inclusion Programme, highlighting progress to date and ongoing efforts to support digital projects. The Digital Inclusion Support Service plays a vital role in preparing the workforce for digital transformation across Hywel Dda University Health Board (HDdUHB) as new systems such as ePMA, e-Flow, and e-Obs are introduced where emphasis is placed on the staff's need for basic and essential digital skills and confidence to use digital effectively. Without this readiness, the full benefits of these systems — such as improved patient care, streamlined workflows, and better data — cannot be realised.

The Digital Inclusion Service addresses this by offering:

- A referral process to help individuals access tailored digital support
- Resources for self-directed learning to empower staff in building digital skills
- Digital skills assessments to identify individual and team needs
- Tailored training and one-to-one support to build confidence
- Ongoing guidance to support digital adoption

This support is essential to ensure that all staff can engage with digital systems confidently and consistently, enabling the Health Board to meet its strategic goals.

Cefndir / Background

HDdUHB's Digital Inclusion Programme supports a coordinated approach to digital inclusion across the organisation and its partners. It aligns with the Health Board's digital response and focuses on:

- Embedding digital inclusion in daily workforce activities
- Supporting new digital programmes and population health initiatives
- Empowering patients through digital engagement
- Developing community-based digital support opportunities

- Improving digital literacy and digital health literacy to maximise technology benefits and support health and wellbeing

Launched in May 2023, the Digital Inclusion Support Service plays a key role in preparing the workforce for digital transformation. Digital inclusion ensures everyone can access and benefit from digital tools, helping to reduce inequalities and support safe, effective, person-centred care.

The service is delivered by a dedicated team working closely with internal departments and external partners, including Digital Communities Wales. Their collaborative approach ensures digital inclusion is embedded across the organisation and wider community.

To further support and strengthen the foundation of the service and improve digital capability, the programme has now introduced a Digital Readiness approach and a Digital Skills and Confidence Development Pathway, aligned with national frameworks, to promote continuous digital development across all levels

The Digital Skills and Confidence Development Pathway provides the support required to build capability at all levels and support continuous digital learning. The Team Digital Skills and Confidence Readiness Framework supports leaders to guide their teams through the digital changes ahead.

Asesiad / Assessment

Progress made towards meeting the Health Board's planning objective and the eight identified pillars within the Digital Inclusion Programme are outlined below. The Digital Inclusion Support Service provides targeted, personalised support to staff identified as digitally excluded or lacking confidence. This ensures equitable access to development opportunities and helps close capability gaps across the workforce.

Pillar 1 – Recognise Digital Access and Skills as a Social Determinant of Health

- The Digital Inclusion Manager provides regular updates at the Professional Nursing Forum, engaging Ward Managers across all sites to raise awareness, share resources, and address digital barriers and offer a point of contact and link to the larger digital innovation and transformation team.
- Welsh Government has confirmed and allocated funding, in partnership with the University of Wales Trinity Saint David (UWTSD), to develop the Digital Divide research project for the region. This initiative aims to provide a deeper understanding of community needs and is scheduled to commence on 1st August 2025.

Pillar 2 – Co-Design Digital Health Services

- The Digital Inclusion team supports the co-design of digital health services across HDdUHB, working with digital project teams to embed digital inclusion from the start.
- The Digital Inclusion Manager represents HDdUHB on the Digital Health and Care Wales (DHCW) NHS Wales App Patient and Public Assurance Group.
- The team collaborates with stakeholders such as Royal National Institute of the Blind (RNIB) to ensure usability and accessibility of new systems and strive to ensure that digital inclusion is considered in all engagement and development activities.
- The Regional Digital Inclusion Steering Group, developed to bring stakeholders and key partners together across the region, continues to grow in strength and influence, with new stakeholders joining and identifying funding opportunities for community-based digital inclusion projects and accessing information from our health service that contributes and supports patient engagement and community engagement.

Pillar 3 – Improve Digital Health Literacy in the Population

- Collaboration with Ceredigion County Council’s Independent Living Hub is progressing well with positive steps. Joint efforts are focused on enhancing digital skills and confidence among service users.
- Through ongoing engagement, a new Digital Inclusion Alliance Group has been developed in partnership with Ceredigion County Council, bringing together key stakeholders and providers to explore support needs and develop digital inclusion opportunities across the county.

Pillar 4 – Develop ‘Digital Health Hubs’ to Improve Inclusion

- The Digital Inclusion team has been asked to offer advice and guidance on incorporating digital inclusion activity into the development of an Independent Living Centre with Pembrokeshire County Council.
- Digital Inclusion input will help ensure the hub provides appropriate access, support, and opportunities for individuals to build digital skills and confidence.
- This collaboration aims to create a space that supports inclusive digital engagement and meets the needs of the local population.

Pillar 5 – Build Trust and Relationships with Poorly Served Groups

- A strong partnership with the Royal National Institute of the Blind (RNIB) is helping improve accessibility for people with sight loss, particularly in projects like Hybrid Print and Post.
- The team is supporting departments and teams working with patients to help identify and signpost individuals who may benefit from digital support.
- Patients are directed to local community-based opportunities that can help them build digital skills and confidence.
- Collaboration with the Benefits Realisation Manager is ensuring that communication and change management strategies are embedded into digital project rollouts.

Pillar 6 – Harness the Benefits of Digital for Health and Wellbeing

- Digital projects are regularly shared at Regional Steering Group meetings, encouraging stakeholder engagement and wider dissemination.
- Positive feedback from staff highlights the impact of digital inclusion support:

“Just wanted to feedback how helpful and insightful I have found previous sessions and that I will be sharing some of the resources I have learnt about at my next team meeting...”

“Your support was invaluable... the wider issues we had are beyond your team’s support.”

“Presented in a really friendly way using easy to understand language so I didn’t get left behind!”

“Following assessment, I realised my skills were better than I had realised, and confidence was more of the issue.”

“We now have a more efficient way of working within the team.”

Pillar 7 – Improve digital skills in the health and care workforce

Digital Inclusion Champions Network

- The network continues to grow, with Champions playing a vital role in supporting peers, promoting digital change, and embedding inclusion into everyday practice. Efforts are underway to expand the network — particularly in clinical areas — to strengthen sustainability and address barriers to engagement.

- Understanding and addressing barriers to engagement will remain a key priority to ensure long-term sustainability.

Building Digital Readiness and Capability

- Engaging departments to identify Digital Inclusion Champions who support digital adoption and peer learning.
- Piloting the Digital Readiness Manager's Toolkit to help teams assess preparedness and access targeted support.
- Developed the Digital Skills and Confidence Development Pathway, offering a structured, inclusive framework aligned with national standards.

Key focus areas of the pathway include:

- Core digital competency domains (e.g., communication, collaboration, problem solving) Skill levels from beginner to expert to support personalised development
- Assessment tools such as internal audits, Health Education and Improvement Wales (HEIW) self-evaluation, and a management checklist
- Learning resources including internal training, self-learning, and digital induction for new starters
- Working to embed digital capability into the Performance Appraisal and Development Review (PADR) process as a formal objective (awaiting confirmation).

Pillar 8 – Embed Digital Inclusion in Health, Care, and Wellbeing Strategies

- Significant progress has already been made in engaging pilot areas, and priority teams with the rollout of e-Obs and Patient Flow across the Health Board through the Digital Readiness approach.
- A pilot of the Digital Readiness Manager's Toolkit has already been launched, enabling team leaders to assess digital preparedness, identify gaps, and access targeted support from the Digital Inclusion team.
- The Digital Readiness Checklist continues to support a management-led approach to embedding digital capability within teams.
- The Digital Inclusion Manager is working with the Head of Digital Business and Engagement to include a Digital Capability and Confidence section within the PADR process. This is currently under review, with confirmation awaited on embedding it as a formal objective.
- The Digital Inclusion Manager and Head of Digital Business and Engagement continue to work closely with Learning and Development to explore opportunities of developing further digital skills development training opportunities within the health board's learning and development catalogue.
- Work continues to raise awareness of digital accessibility, including device functionality and assistive applications, to support both staff and patients.

Mitigating Risks to Digital Project Rollout from Low Digital Readiness

To reduce the risk of delays or low adoption of digital projects due to limited staff digital skills and confidence, the following actions are in place:

- **Digital Readiness Toolkit** - Supports managers in assessing team preparedness and identifying capability gaps early.
- **Digital Inclusion Champions** - Champions embedded in teams promote digital engagement and peer support, with a focus on expanding into clinical areas.
- **Digital Skills and Confidence Development Pathway** - A structured framework aligned with national standards to support skill development across all roles.

- **Targeted Training & Induction** - Tailored training, self-learning resources, and a digital induction for new starters address specific needs.
- **PADR Integration (Pending)** - Plans to embed digital capability objectives into the PADR process to support long-term workforce development.
- **Collaborative Engagement** - Working with internal teams and informatic nurses to ensure inclusive, accessible digital solutions.
- **Proactive Walkarounds** - Direct engagement with less digitally engaged teams and non-engaging teams to understand barriers, offer support, and identify Digital Inclusion Champions.

Argymhelliad / Recommendation

The Committee are asked to:

- **NOTE** progress made within the Digital Inclusion programme.
- **NOTE** the risk mitigation highlighted to the programme.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1.2 That the organisation is discharging its responsibilities with regard to the quality and integrity; safety, security and appropriate access and use of information and data, to support health improvement and the provision of high-quality healthcare.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	7. 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:	Not Applicable
Rhestr Termau: Glossary of Terms:	Contained within the Report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Digidol, Data ac Arloesi Parties / Committees consulted prior to Digital, Data and Innovation Committee:	Not Applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	The ability for patients to communicate with the Health Board is essential. Digital inclusion will allow the Health Board to explore greater digital services and therefore improving the experience of the patient.
Gweithlu: Workforce:	There will be an impact on staff as they are included within the ethos of digital inclusion. All staff and patients should feel comfortable in using the digital solutions that are to be implemented within the Health Board.
Risg: Risk:	Not applicable
Cyfreithiol: Legal:	Not applicable
Enw Da: Reputational:	The inability for patients not to feel engaged with their care via the use of digital solutions will affect the Health Board's reputation within the community. The strategic movement of providing care closer to the patient will mean that the Health Board needs to embrace digital solutions to improve patient care
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable

3.5

3.5 - Recommendations of Patient Flow and E-Obs

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

| For assurance

Attachments

[3.5 - DDIC eFlow update SBAR July 2025 v1.1.pdf](#)



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	22 July 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Update on the implementation of Patient Flow and eObservations
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 Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to provide an update to the Committee on the implementation of the Electronic Patient Flow and Electronic Observation (e-Flow & e-Obs) project. 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. Poorly managed patient flow in hospitals is associated with long wait times, overcrowding in A&E, and 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-Observations 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 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

The Digital Team, alongside the Health Board's strategic partner CGI, have been ensuring all stakeholders are familiar and supportive of the deployment plan and associated timeline for the project. The deployment plan (Appendix 1) has been ratified by the E-Flow & E-observations Steering Group. As it stands the project is still **on track** to commence Go Live by November 2025. A summary of recent activity and key risks that are being carefully managed are provided below:

The Digital Team have 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 delivered a number of workshops with key stakeholders to produce the local configuration requirements for the patient journey boards which display key information to enable the safe tracking and monitoring of tasks to improve patient flow and outcomes. To date these have covered:

- Adult Acute Journey boards
- Paediatrics Journey boards
- Community/Integrated care Journey Boards
- Internal referrals therapies

Further workshops are planned during July 2025 focusing on the key priority areas and validating that the feedback collated to date correctly reflects both clinical and operational requirements:

- Surgical / Day case / Endoscopy Journey boards
- Critical Care
- Mental health
- Virtual Ward mapping

The installation of Digital Whiteboards across the acute sites is in the later stages of preparation, prior to installation over the summer period. The interactive whiteboards will assist with ward huddles and the Multi-disciplinary team approach to progressing the tasks associated with patient flow across the organisation.

The Digital Team is actively collaborating with the Informatics Nursing and Senior Nursing teams to define a clear and clinically safe approach for capturing electronic observations using the Miya solution. This includes agreeing on which observations and assessments will be recorded within Miya and which will continue to be documented in Welsh Nursing Care Record (WNCR), ensuring streamlined workflows and avoiding duplication. As part of this process, the Health Board is also reviewing and agreeing on the National Early Warning Score (NEWS2) policy to support consistent and safe escalation across all clinical areas. This work is currently under review, with input from key stakeholders and the final approach into the wider implementation and rollout plan.

In terms of the technical developments this is **on track** and the test environment is now fully operational and access to HDdUHB staff has been provided. This has facilitated demonstrations to colleagues and provided reassurance that the project is progressing at pace.

Risks and Issues

The implementation of the e-Flow & e-Obs project is a significant step towards enhancing patient care and operational efficiency within the Health Board. However, as with any large-

scale digital transformation initiative, there are several risks and challenges that need to be carefully managed to ensure the project's success. This section outlines the key risks and challenges identified to date, along with the mitigation strategies to address them. These include challenges related to digital inclusion, business change and communication, bed configuration maps, integration, the role of ward clerks, and benefits realisation. By proactively addressing these risks and challenges, the project team aims to ensure a smooth transition to the new systems and maximise the benefits for both staff and patients.

- **Digital Inclusion**

To ensure all staff feel confident, supported, and included in the transition to digital systems, a range of targeted initiatives have been implemented to build digital readiness and inclusion across the organisation.

All managers are being asked to complete the Managers' Digital Skills and Confidence Readiness Checklist to assess their teams' digital preparedness. The results are scored using a matrix and shared with the Digital Inclusion Team to identify early support needs. This data is also captured in a Power BI dashboard, allowing Project Managers to monitor team readiness and highlight where further Digital Inclusion support or intervention may be required.

The Digital Skills and Confidence Self-Assessment Tool is available for managers to use with their team members to identify individual digital skill gaps and tailor development plans accordingly. Where additional support is needed, a Digital Inclusion Referral Process provides a clear pathway for managers to refer individuals for targeted assistance. The Digital Inclusion Team offers a personalised, targeted approach to support both individuals and teams based on their specific needs.

A variety of resources and support aligned with the Digital Inclusion Framework (0–5 Essential Digital Skills) has been developed to ensure staff have the foundational capabilities needed to confidently use digital systems. A Managers' Toolkit is also available to assist leaders guide and support their teams through their digital journey.

To ensure all clinical managers have assessed their teams' digital readiness ahead of rollout, proactive walkarounds are being scheduled across all sites. These will be targeted specifically at managers who do not engage with the initial request to complete the Digital Readiness Checklist. The walkarounds will provide an opportunity to understand barriers, support completion of the checklist, offer hands-on assistance, and identify potential Digital Inclusion Champions. This targeted engagement is part of the wider plan to ensure all teams are prepared by September 2025.

- **Business change & communication**

As part of the business change and communications strategy, a comprehensive engagement approach has been developed to align stakeholders and set clear objectives for implementation. A detailed communications plan has been developed and shared with key groups which includes the Communications Team, Digital Inclusion and Senior Digital Team for review and approval. Communication channels such as SharePoint pages, Medical/Nursing newsletters and staff social media pages including other resources will be finalised in collaboration with the Communications Team to ensure consistent and accessible messaging across the Health Board.

A strong emphasis has been placed on Digital Inclusion, ensuring all staff can engage with the change, regardless of digital literacy levels. To support adoption and feedback, identification of super users and champions with the support of the Informatics Nurses and

Clinical Site Leads who will act as advocates will be required, providing insights and assisting with the coordination of training with users.

- **Bed configuration maps**

A critical requirement for configuring the patient flow functionality within the Miya Flow system is the availability of accurate bed location maps for each ward. Previously, the lack of up-to-date ward maps including details such as isolation and gender specific beds posed a risk to the project timeline due to frequent ward reconfigurations. However, the supplier is now able to work directly with the Health Board's existing Computer-Aided Design (CAD) designs incorporating input from ward managers and site leads to accurately configure the bed maps required for Miya. This collaborative approach significantly reduces the need for manual mapping and will be integrated into the project rollout plan, with prioritisation of wards and timelines being coordinated between the Digital Team and Alcidion project team.

- **Integration**

There is a potential for delays if integration challenges arise, particularly with systems such as the Welsh Patient Administration System (WPAS), which require coordinated support. To mitigate these risks, the Digital Team, in collaboration with CGI, is holding regular meetings with representatives from Digital Health and Care Wales (DHCW) to monitor progress, address challenges proactively, and ensure successful system connectivity. Testing is scheduled over the summer months to validate that connectivity and data feeds are functioning as required.

- **Supporting Roles**

As part of the configuration discovery phase for the solution, meetings were held with other Trusts that have implemented the E-flow system to explore various deployment approaches. These discussions identified the Ward Clerk role as a key factor in ensuring timely updates to local PAS systems, particularly regarding ward admissions and discharges that feed into E-flow. It was noted that this role is not consistently covered on a 24/7 basis across the Health Board. This matter has been escalated to the programme's Senior Responsible Owner (SRO) for discussion as an operational team, to explore options for maintaining real-time data updates in WPAS and ensuring the E-flow system operates efficiently to support patient flow.

Benefits Realisation

Benefits realisation activities have been underway to collect baseline data and current state process maps across the Health Board. Approximately 60% of baseline data has been gathered and documented, with the remaining to take place in July and August. This will provide the Health Board with a structured approach to measure the impact of the project moving forward.

The current state process maps have been used to visualise and identify inefficiencies, streamline workflows, identify ways to improve communication, and establish a foundation for future improvements and innovation. Workshops were held in June and July for operational staff to review future state process maps including Therapy Referrals, Internal Referrals, Virtual Wards, Transfers, Repatriations, Site Flow Meetings, Discharges, and Recording and Monitoring Observations.

Governance

The e-Flow & e-Obs programme delivery group commenced on 24 of April and has continued to meet on a monthly basis to ensure the programme is on track. Membership includes representation from all Clinical Group areas and operational colleagues along with Subject

Matter Experts (SME's) to ensure all aspects of delivery have the appropriate oversight. Updates and risks are provided to Integrated Quality, Financial Performance and Delivery Group on a regular basis along with the attendance at various other Health Board Acute and Urgent Emergency care workstream meetings. The project is also regularly reviewed by the Digital Programme Governance Group ensure any risks or issues are appropriately managed and escalated where required.

In conclusion, the implementation of the Electronic Patient Flow and Electronic Observation (e-Flow & e-Obs) project represents a significant advancement in enhancing patient care and operational efficiency within the Health Board. The collaborative efforts of the Digital Team, strategic partners, and key stakeholders have ensured that the project remains **on track for its Go Live date in November 2025**. By addressing the identified risks and issues proactively, the project team is committed to ensuring a smooth transition to the new systems.

Argymhelliad / Recommendation

The committee is asked to

- **NOTE** the content and progress to date
- **TAKE ASSURANCE** that the project is **on track** to deliver to its timescales.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1.2 That the organisation is discharging its responsibilities with regard to the quality and integrity; safety, security and appropriate access and use of information and data, to support health improvement and the provision of high-quality healthcare. 3.1.11 Seek assurance on the development, procurement and implementation of national and local digital systems.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not available
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:	3. Striving to deliver and develop excellent services 5. Safe sustainable, accessible and kind care 6. Sustainable use of resources
Amcanion Cynllunio Planning Objectives	6 Clinical services plan

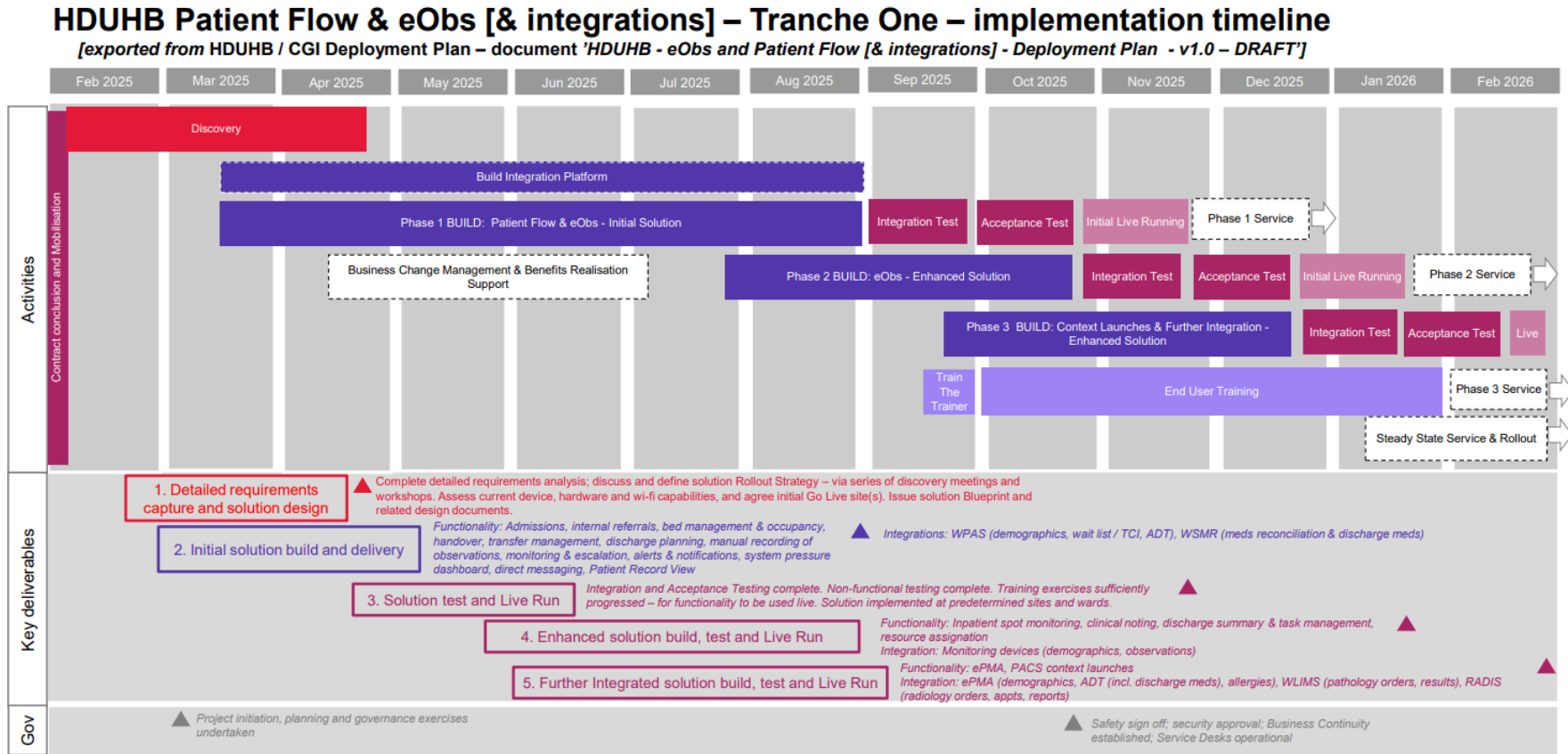
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termiau: Glossary of Terms:	e-Flow – electronic flow e-Obs – electronic observations SRO – Senior Reporting Officer
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Digidol, Data ac Arloesi Parties / Committees consulted prior to Digital, Data and Innovation Committee:	Executive Board E-Flow & E-obs Steering Group IQFPD Group

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] – Tranche One Timeline, Milestones & Dependencies –



Highly Confidential

3.6

3.6 - RISP – Radiology Informatics System Programme

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

| For assurance

Attachments

[3.6 DDIC - RISP Update - July 2025.pdf](#)

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	22 July 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Radiology Informatics System Programme (RISP)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Executive Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Anthony Tracey, Digital Director

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

<p><u>Sefyllfa / Situation</u></p> <p>This paper provides the Committee with an overview of the current Radiology programme, highlighting key risks associated with its information management system, which plays a critical role in supporting service delivery.</p> <p>There is a risk that national-level challenges could impact the successful local rollout of the Radiology Informatics System Programme (RISP) at Hywel Dd University Health Board (HDdUHB), currently scheduled for early September 2025. While local preparations remain on track at the time of this report, the delivery team is operating with limited capacity.</p>
<p><u>Cefndir / Background</u></p> <p>The Outline Business Case for the RISP was approved in December 2021, enabling the start of procurement activities. By January 2023, procurement for the new Radiology Informatics System — including software, infrastructure, and associated services — was successfully completed, ensuring alignment with the future requirements of Wales’ Imaging services. In September 2023, Philips Electronics UK Limited was awarded the contract to deliver the core components of the system, with subcontractors supporting specific elements such as the Radiology Information System (RIS). The contract is set for an initial term of five years, with the option to extend annually for up to a total of seven years.</p> <p>The implementation of RISP is expected to deliver several key outcomes: improved integration and interoperability across imaging systems, enhanced clinical workflows through streamlined access to imaging data, and increased diagnostic accuracy and efficiency. It will also support better patient outcomes by enabling faster reporting and decision-making, while reducing administrative burden on clinical staff. Additionally, the system will provide a scalable and future-proof digital foundation to support innovation and service transformation across radiology services in Wales.</p>
<p><u>Asesiad / Assessment</u></p>

At the time of writing, the RISP local deployment for HDdUHB remains on track for the planned go-live weekend of 6–7 September 2025. The project is operating under an agreed plan with Philips, with an active Risk and Issues and Decisions (RAID) log and robust project governance structures in place. All key milestones to date have been achieved, and local project control remains strong.

Staff engagement within Radiology services remains a noted challenge. There is a perception of RISP being a centrally imposed change, with limited immediate frontline benefits visible to clinical teams at go-live. This will require targeted messaging and visible leadership to support adoption and embed the wider benefits of the system over time.

From a technical and organisational perspective, the move to a managed service model for RISP will bring substantial long-term efficiencies, with supplier-led proactive monitoring expected to reduce service disruption and demand on local teams. However, at the national level, elements of the wider programme — such as the Global Index List — are more critical to other Health Boards than to HDdUHB.

In conclusion, while the local deployment remains on track for the go-live weekend of 6–7 September 2025, the project is managing a number of risks due to limited internal resources and the absence of contingency for staff unavailability. The RISP initiative, part of a broader NHS Wales strategy to modernise imaging services, is expected to deliver long-term efficiencies through a managed service model. However, concerns remain around staff engagement, perceived lack of immediate clinical benefits, and the potential impact of national-level programme delays.

Argymhelliad / Recommendation

The Committee are requested to:

- **NOTE** the content of the Radiology Informatics System Programme (RISP) report
- **TAKE ASSURANCE** that delivery milestones are being met and the project is proceeding according to plan.

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	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.
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:	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:	Radiology Senior Team

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not implementing RISP would lead to increased financial burdens, service inefficiencies, and compromised patient care, ultimately hindering the health board's ability to deliver high-quality radiology services.
Ansawdd / Gofal Claf: Quality / Patient Care:	Loss of service would cause severe disruption on patient outcomes
Gweithlu: Workforce:	Staff would have to quickly rollback to FujiFilm systems in short term.
Risg: Risk:	Huge disruption to delivery of Radiology and associated services
Cyfreithiol: Legal:	Regulatory Compliance through MHRA would be unachievable
Enw Da: Reputational:	Inability to provide an effective and timely Radiology service would have a significant detrimental effect at health board and national level.
Gyfrinachedd: Privacy:	An unsupported application could lead to risk of cyber-attack.
Cydraddoldeb: Equality:	All patients would be affected equally.

3.7

3.7 - LIMS – Laboratory Information Management System

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

| For approval

Attachments

[3.7 DDIC - LIMS Update - July 2025.pdf](#)

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	22 July 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Laboratory Information Management System (LIMS)
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

This report provides an update to the Committee on a critical risk within Pathology related to the Laboratory Information Management System (LIMS), which is fundamental to the delivery of safe and effective services.

There is a significant concern that delays in the implementation of the new LIMS solution (TCLe) may extend beyond the end-of-life date of the current system. Should this occur, it could lead to a complete failure of the pathology service. Such an outcome would have a catastrophic impact across acute, primary, and secondary care within Hywel Dda University Health Board (HDdUHB), and potentially affect services across Wales. Urgent attention and mitigation planning are required to address this risk and ensure continuity of service.

Cefndir / Background

The LIMS is a critical digital system used by Pathology to manage patient samples from receipt and registration through to the reporting of results. It underpins the safe and effective delivery of diagnostic services. As highlighted in the Department of Health's 2006 review of NHS Pathology Services, an estimated 70–80% of healthcare decisions affecting diagnosis or treatment involve a pathology investigation, making LIMS essential to clinical decision-making and patient care.

HDdUHB currently uses TCL2016, provided by InterSystems, with Blood Transfusion services operating on the legacy Telepath system. With TCL2016 approaching end-of-life in late 2025, a procurement process was initiated in 2021. Citadel Health was appointed to deliver a replacement system by July 2025. However, the contract was terminated during FY2022/23. As a contingency, the current supplier agreed to provide a five-year extension from the end of the existing contract, allowing for a new procurement to be completed by 2030. This has necessitated a revised implementation approach, with many build and testing activities now occurring in parallel and at reduced scope to deliver a minimum viable product for Wales.

The national LIMS programme is led by Digital Health and Care Wales (DHCW) in collaboration with Health Boards, Public Health Wales (PHW), the Welsh Blood Service, and Velindre University NHS Trust. Initially, a sequential rollout by Health Boards was planned, with HDdUHB and Swansea Bay scheduled to go live in February 2025 as part of a regional deployment. However, significant challenges with system build and User Acceptance Testing (UAT) prompted a comprehensive review.

Asesiad / Assessment

Due to the complexity of the programme and the compressed delivery timelines, several challenges have emerged. These include delays in delivering key functionality, an extended period of UAT, a high volume of identified defects, and limited availability of specialist resources. As a result, key milestones have been delayed, and it is now evident that the overall programme timelines will not be met.

In response, a mitigation plan was developed collaboratively with Health Boards to address the delays and ensure all organisations transition off TCL2016 by the end of December 2025. This revised approach shifts from a Health Board-by-Health Board rollout to a **national, discipline-based implementation model**. Additionally, the deployment of Blood Transfusion services has been decoupled for Health Boards still using legacy LIMS systems. These deployments are now scheduled between January and March 2026, allowing the programme to prioritise the transition of Swansea Bay University Health Board off TCL2016 by the end of 2025.

However, delays in adoption will defer the realisation of anticipated benefits and result in significant additional costs for NHS Wales. Prolonged reliance on obsolete LIMS platforms — many of which are approaching or beyond end-of-life. This will increase operational risks due to limited vendor support and heightened potential for system failure.

Given ongoing concerns about the achievability of the revised timelines, the programme is now exploring a contingency or "backup" plan in the event that delivery extends into 2026. While this would provide a safety net, extending the use of legacy systems would incur substantial further costs and introduce additional risks, particularly as resources are diverted to re-planning efforts.

In response to a number of risks, a request for a new risk for inclusion on the corporate risk register was presented to the Executive Team in April 2025. Additionally, the national programme's Senior Responsible Owner (SRO) raised the issue at the All-Wales Chief Executive meeting in May 2025, ensuring that senior leadership across Wales is fully aware of the potential impact and urgency of the situation.

Following a comprehensive review of readiness across Health Boards, Trusts, and individual disciplines, it was agreed that the most effective approach to transition from TCL2016 by December 2025 would be to proceed with **Option 2: deployment by discipline**.

A key caveat to this plan is the recent confirmation from Microbiology that they will proceed with a **reduced scope go-live in July 2025**, limited to the PenGU laboratory. As a result, further discussions will be required with PHW to explore an **incremental deployment model** for Microbiology before the end of the calendar year. Although the full system, including national integrations, will technically be operational, the initial access will be restricted to a limited user group.

InterSystems has expressed concerns regarding the reduced scope of the Microbiology deployment and has requested that the decision be revisited. In response, we have proposed a

revised approach that includes **dedicated task-and-finish sessions** to complete the remaining technical delivery, address outstanding defects, and finalise data migration and UAT activities.

These proposals have been discussed with the Microbiology team, who are now considering the possibility of expanding the deployment scope.

Key Rationale for the Deployment Change

The decision to shift from a Health Board/Trust-based deployment to a discipline-led approach is based on several critical factors:

- **Testing Readiness and Resource Constraints:**
The majority of remaining activity involves UAT within laboratories, alongside defect resolution by the supplier and configuration changes led by DHCW. Releasing staff to support testing has proven challenging, and disciplines are progressing at different rates. Public Health Wales Microbiology and Cervical Screening are closest to go-live (targeting July), while Blood Sciences and Blood Transfusion are aiming for October/November 2025.
- **Discipline-Led Workshop Findings:**
In-depth workshops led by discipline leads concluded that the original testing milestones were unachievable. The option to bring in external testers was considered but ultimately rejected due to concerns around the need for local expertise and ownership of the testing process.
- **Risks of Continuing with the Original Deployment Model:**
Maintaining the original Health Board/Trust-based rollout would likely delay the earliest possible go-live to the end of 2025 and extend remaining deployments into 2026. This would significantly increase programme costs and prolong reliance on legacy systems.
- **Benefits of a Discipline-Based Approach:**
Deploying by discipline allows for earlier implementation of TCLe, reducing the risk of cost overruns extending into FY2026–27. It also enables more focused support and coordination within each specialty.
- **Simplified Dual Running:**
A discipline-led rollout reduces the complexity of dual running TCL2016 and TCLe. Under this model, the overlap period for each discipline is limited to a few days, compared to several months under a Health Board/Trust-based approach.

Financial Impact

As part of the revised discipline-based delivery model for the LIMS programme, each Health Board is required to contribute additional resources to support implementation activities. Digital Health and Care Wales (DHCW) is currently seeking **£1.6 million in additional funding** from Welsh Government to offset these costs across NHS Wales.

Should this funding not be secured, the financial burden will fall to individual Health Boards. For **HDdUHB**, this would result in an **additional cost of approximately £176,000 in the 2025/26 financial year**. This figure reflects the increased demand for staffing, testing, and programme support required under the new delivery approach.

The financial risk associated with this potential shortfall should be considered in the context of broader programme delays and the ongoing need to maintain legacy systems, which may also incur further unplanned costs.

The plan is both challenging and ambitious, with several key dependencies that must be met to achieve the outlined timelines. These include the resolution of defects within each tranche, successful delivery of data migration, and completion of user acceptance testing. Without the

establishment of a firm deadline, there is significant risk that ongoing pressures within the NHS would lead to the use of any additional time — and potentially more — if it were available. As such it is critical that resources across Health Boards and DHCW are prioritised accordingly.

Argymhelliad / Recommendation

The Committee are requested to:

- **RECOMMENDED FOR APPROVAL BY THE BOARD** that the LIMS2.0 programme adopts a deployment approach based on discipline as this strategy will enable the earliest transition away from the current TCL system.
- **SUPPORT** the collective approach to Welsh Government, requesting that this funding be prioritised for slippage allocation from the 2025/26 Digital Priorities Investment Fund (DPIF).
- **NOTE** that if the funding request is unsuccessful, Hywel Dda University Health Board will be required to allocate **£176,000 in 2025/26** to support the revised discipline-based deployment model.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	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.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	DATIX 2079 Risk of loss of Pathology service across the Health Board due to delayed implementation of LIMS. Score: 20
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 Termiau: 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:	Pathology Operational Team

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not implementing LIMS would lead to increased financial burdens, service inefficiencies, and compromised patient care, ultimately hindering the health board's ability to deliver high-quality radiology services.
Ansawdd / Gofal Claf: Quality / Patient Care:	Loss of service would have catastrophic impact on patient outcomes
Gweithlu: Workforce:	Staff would be unable to perform their duties
Risg: Risk:	No service provision, mitigated by a robust contingency plan and additional resource or time to complete User Acceptance Testing within timeframes.
Cyfreithiol: Legal:	Regulatory Compliance through MHRA would be unachievable
Enw Da: Reputational:	Inability to provide a pathology service would have a significant detrimental effect at health board and national level.
Gyfrinachedd: Privacy:	An unsupported application could lead to risk of cyber-attack.
Cydraddoldeb: Equality:	All patients would be affected equally.

3.8

3.8 - Proposal of Ambient AI within the Health Board

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

| For assurance

Attachments

[3.8 DDIC - Ambient AI 2025.pdf](#)

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	22 July 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Proposal of Ambient AI within the Health Board
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Executive Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Anthony Tracey, Digital Director Gareth Beynon, Head of Information Services

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 provides an overview of the current opportunities, challenges and recommendations regarding the use of Ambient Artificial Intelligence (AI) in the Health Board. AI scribes offer significant benefits in reducing administrative burden and clinician burnout. These benefits have to be weighed against potential clinical and data / information governance risks and lessons must be learned from previous AI model implementation experiences.

Cefndir / Background

AI scribes are advanced tools that utilise machine learning and [natural language processing \(NLP\)](#) to transcribe and summarise clinical encounters in real-time. By capturing conversations between healthcare providers and patients, these systems aim to automate the documentation process, thereby reducing the administrative burden on clinicians and allowing them to [focus more on patient care](#) whilst also [improving clinical wellbeing](#)

Asesiad / Assessment

Ambient AI scribes represent a promising advancement in healthcare, offering potential benefits in reducing documentation burdens and enhancing clinician-patient interactions. However, careful implementation, continuous monitoring, and addressing challenges related to accuracy, privacy, and integration are essential to [fully realise their potential in clinical practice.](#)

Benefits of AI Scribes:

- Reduction in Documentation Time: AI scribes have been shown to decrease the time clinicians spend on [documentation, improving operational efficiency and reducing administrative workload.](#)
- Improved Physician Well-being: Reduced clerical workload has been linked to [lower levels of burnout and increased job satisfaction among clinicians.](#)
- Enhanced clinician - patient Interaction: With less focus on note-taking during consultations, clinicians can [engage more meaningfully with patients, improving the quality of care.](#)

Challenges and Considerations:

- Accuracy and Reliability: AI scribes can misinterpret context or generate inaccurate information (hallucinations). Errors such as transposing positive and negative statements (e.g., "does" vs. "does not") have been reported and [could impact clinical decision-making](#).
- Furthermore, [OpenAI's terms of use](#) explicitly prohibit medical applications, meaning developers should instead [consider fine-tuning an open-source large language models with controlled version management or, ideally, developing their own model](#).
- Data Privacy and Security: AI scribes rely on handling sensitive patient data, raising concerns about data protection and confidentiality. Even if AI scribes claim to be General Data Protection Regulation (GDPR)-compliant, practices / health boards should remain aware that some models (e.g. Heidi and Tortus) use OpenAI infrastructure, which introduces the involvement of a third party.
- Integration with Electronic Medical Records: Effective use of AI scribes requires seamless integration with existing health records systems to avoid workflow disruptions and ensure consistency in clinical documentation.
- Consent: While some clinicians inform patients that their consultations are being recorded for documentation purposes, others do not disclose this, arguing that no audio file is retained. The ethics of this practice remain unclear.

Health Boards and Trusts are uniquely positioned to inform decisions by Welsh government regarding development and deployment of AI technologies, including AI scribes. Strategic alignment with national AI frameworks and ongoing engagement with stakeholders are critical to ensuring AI adoption is both safe and effective. Links and working relationships are already established with colleagues across the four nations including other partners within Wales such as Digital Health and Care Wales (DHCW) and Welsh Government.

Building on the approach outlined in the previous meeting, this proposal seeks to enable safe and practical engagement with AI technologies among clinicians. This will be achieved through the establishment of working groups, the implementation of educational pilots—such as the development and evaluation of non-patient-facing custom Generative Pre-trained Transformer (GPTs) (e.g., for summarising clinical guidelines or generating draft documentation)—and research into real-world barriers to AI adoption within the Health Board. Specific technologies under consideration include large language models (LLMs) like OpenAI's GPT-4, clinical decision support tools powered by machine learning, and AI-driven image analysis platforms for radiology and pathology. In collaboration with our strategic partner, the aim is to position the organisation as a leader in the application of AI in both clinical workflows and patient-facing services.

Workforce Readiness

A lack of AI literacy and confidence among staff poses a significant barrier to digital transformation, with potential consequences for both patient care and operational efficiency. Tools such as AI scribes — alongside other AI applications — introduce complex challenges, including hallucinations, algorithmic bias, and the risk of misinterpreting clinical data. It is essential that staff are equipped to recognise and manage these risks. Without targeted education and training, NHS Wales may struggle to fully realise the benefits of AI while navigating its ethical and safety implications, increasing the risk of inaccurate documentation and potential patient harm.

To mitigate these risks, a structured programme of engagement and training is required. This should begin with a foundational 'Basics in AI' module, complemented by the development of an AI-powered 'Healthcare AI Mentor' to support ongoing learning. Collaboration with our

university partners and Health Education and Improvement Wales (HEIW) will be key to designing and delivering these initiatives effectively.

Is it a medical device?

There is ongoing debate about whether ambient scribes and clinical summarisers powered by LLMs should be classified as medical devices. According to the Medicines and Healthcare products Regulatory Agency (MHRA), software is generally considered a medical device if it performs calculations or interprets data used for diagnosis, treatment, or monitoring — rather than simply presenting reference information.

LLM-based summarisers go beyond basic transcription by generating structured summaries and selectively including or omitting clinical information. This interpretive function aligns with the MHRA's criteria for software as a medical device (SaMD), and similar interpretations are emerging under EU regulations. In the U.S., the Food and Drug Administration (FDA)'s Clinical Decision Support (CDS) guidance indicates that LLM-based summarisers may not meet key 'non-device' criteria, suggesting they could also fall under medical device regulation.

Consequently, these systems may require formal certification—such as UK Conformity Assessed (UKCA) marking, CE marking, or FDA approval—before they can be deployed in clinical settings. This introduces a significant risk: if procurement contracts are signed before regulatory classification is confirmed, these tools could become unusable until certified, delaying implementation and potentially incurring financial and operational costs.

Additionally, OpenAI's terms of service explicitly state: 'You must not use any Output relating to a person for any purpose that could have a legal or material impact on that person, such as making ... medical, or other important decisions about them.' Given that clinical documentation directly influences patient care—especially when reviewed by clinicians other than the author—this clause raises serious concerns about the current use of OpenAI-powered ambient AI solutions, many of which rely on Whisper and GPT APIs.

To ensure compliance and patient safety, it is essential that NHS Wales and other healthcare organisations proceed cautiously, seeking legal and regulatory clarity before widespread deployment of these technologies.

Data Privacy and Security

It is important to recognise that even if an AI scribe claims to comply with GDPR, the underlying infrastructure (e.g., OpenAI) may still share data with third parties. While not likely to breach confidentiality, healthcare providers need to be aware of this potential risk. In April 2025, NHS England published comprehensive implementation guidance for AI-enabled ambient scribing products, aimed primarily at Chief Information Officers (CIOs), Chief Clinical Information Officers (CCIOs), clinical safety officers, and digital transformation leads within health and care organisations in England ([NHSE guidance](#)). This guidance complements this document by providing detailed operational frameworks for procurement, risk management, clinical safety (DCB0129/0160), and post-deployment monitoring. It introduces structured tools such as DPIA templates, hazard logs, and service-level agreements, and offers clarity on regulatory classification under MHRA rules; particularly where summarisation or decision-support functionalities may render products medical devices. Importantly, it emphasises patient transparency, user training, and liability considerations, offering a valuable resource for organisations preparing to procure or deploy these technologies. While specific to England, many of the principles and tools are equally applicable and useful for planning in Wales.

Lessons learned from current implementations

The implementation of Brainomix for stroke imaging in NHS Wales highlights critical lessons for future AI scribe rollouts. A significant challenge was the variation in local Information Governance (IG) requirements across Health Boards, which led to delays and duplication effort, despite the existence of centralised approvals. Procurement took over 12 months due to complex processes and slow contract adjustments, emphasising the need for streamlined frameworks. A lack of consistent engagement with key stakeholders, firewall challenges, and delays in securing funding further complicated implementation. The absence of a standardised patient safety assurance process also poses significant risks. For AI scribes, these challenges underscore the importance of establishing a clear, standardised governance framework, engaging stakeholders early, and ensuring sufficient resourcing for IG and clinical safety reviews to avoid similar delays and risks.

Financial Constraints

AI scribe implementation would require initial investment in technology, training, and ongoing support. However, this investment could be offset by [increased clinical efficiency and reduced workload and burnout of clinical and administrative staff](#). Evidence from other healthcare systems suggests potential for a positive return on investment through improved operational efficiency and reduced staff turnover.

Financial constraints also pose a challenge for AI scribe implementation, as the cost of licensing, training, and integration into existing NHS Wales systems could be substantial. Establishing a clear funding strategy and ensuring early alignment with Integrated Medium Term Plan (IMTP) priorities will be essential to prevent similar challenges. Strategic investment in the Clinical lead for AI will support the successful delivery of future AI projects across the Health Board.

Argymhelliad / Recommendation

The Committee are requested to :

- **RECEIVE ASSURANCE** that the Health Board will continue to explore the potential application of Ambient AI (e.g. Radiology or Outpatients), and will actively engage with Welsh Government to clarify the strategic direction and policy position on ambient scribe in order to understand its implications for the wider NHS Wales roadmap.
- **NOTE** the ongoing pilot studies across Wales and subject to approval through the appropriate governance, consider supporting future studies to evaluate the performance, accuracy, and clinician acceptance of AI scribes in the Hywel Dda.

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	7. All apply

Quality and Engagement Act (sharepoint.com)	
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

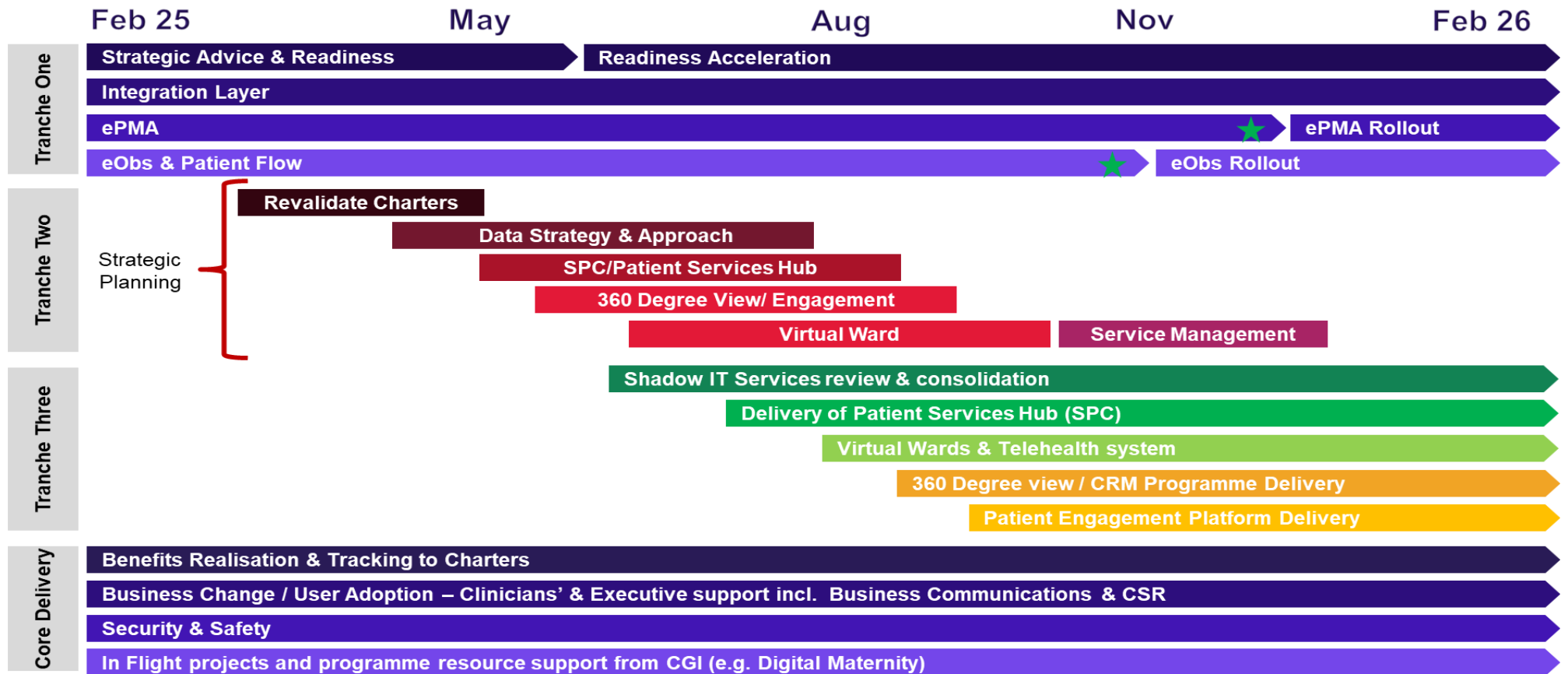
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not applicable
Rhestr Termau: Glossary of Terms:	Contained within the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Digidol, Data ac Arloesi Parties / Committees consulted prior to Digital, Data and Innovation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

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	The financial 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

Appendix 1

High Level Programme 12-month view



4

0 Mins

4 - Data

| For assurance

4.1

0 Mins

4.1 - Information Governance Sub-Committee (IGSC) 3A's Update, and Annual Report

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

- IGSC Annual Report DEFERRED

| For approval

Attachments

[4.1 - DDIC- IGSC Sub-Committee 5thJune2025.pdf](#)

[4.1 Appendix 1 - Mobile Working Policy ver4 0 Draft.pdf](#)

INFORMATION GOVERNANCE SUB-COMMITTEE COMMITTEE UPDATE REPORT

Date of last meeting: 5 June 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:

- **Mobile Working Policy (281)** – the Sub-Committee approved the updates changes to the policy (see Appendix 1)
- **All Wales Policies Extension** – the Sub-Committee approved the extension for the following All Wales Policies –
 - 836 – All Wales Information Governance.
 - 837 – All Wales Information Security Policy
 - 495 – All Wales Internet Usages Policy
 - 494 – All Wales Email Use Policy

Advise (to monitor)

The Information Governance Sub-Committee had no matters of which to **advise** members of the Digital, Data and Innovation Committee.

Assure (to note)

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

- **Information Governance Annual Report 2024-25** - The Sub-Committee received and approved the Information Governance Annual Report. Members expressed their appreciation to all contributing colleagues for their valuable insights and dedicated efforts throughout the year.

Review of Risks

The two risks which are aligned The Sub-Committee were reviewed. As part of its review, the Sub-Committee considered the status of each risk, and the current score was deemed in tolerance.

Sharing of learning

Not applicable

Recommendation

The Committee is asked to:

- **APPROVE** the Mobile Working Policy (281)

- **RESPOND** to the items that the Committee is alerting them to
- **TAKE ASSURANCE** from the actions that the Sub-Committee is providing assurance on.

Mobile Working Policy

Policy information

Policy number: 281

Classification:

Corporate

Supersedes:

Previous Versions

Version number:

4.0 (Draft)

Date of Equality Impact Assessment:

02/10/2023

Approval information

Approved by: Sustainable Resources Committee (SRC)

Date of approval:

Click or tap to enter a date.

Date made active:

Click or tap to enter a date.

Review date:

Click or tap to enter a date.

Summary of document:

The policy relates to any staff member, who at any time removes records and other information in any form, from Health Board owned premises, where it is usually stored in a secure manner.

Scope:

The policy relates to any staff member, who at any time removes or records information in any form, from Health Board owned premises, where it is usually stored.

The authorisation procedure only relates to staff that need to use mobile computing facilities, either on or off-site (including staff homes), or transfer information between computer systems via physical media.

The policy applies to all full-time and part-time employees of the Health Board, non-executive directors, contracted third parties (including agency staff), students/trainees, bank staff, staff on secondment and other staff on placement with Hywel Dda University Health Board, volunteers and staff of partner organisations with approved access.

To be read in conjunction with:

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

[422 - Consumer Device Policy \(Smartphones / Tablets\)](#) (opens in a new tab)

Patient information:

Include links to [Patient Information Library](#)

Owning group:

Information Governance Sub Committee

Click or tap to enter a date.

Executive Director job title:

Huw Thomas, Director of Finance

Reviews and updates:

1.0 – New Policy

2.0 – Revised

3.0 – Full Review

4.0 – Blocked countries section included

Keywords

Information, Personal Data, Personal Information, Informatics, Transfer of Information, Mobile Working

Glossary of terms

IAO - Information Asset Owner

NHS – National Health Service

NWIS - NHS Wales Informatics Service

PID - Person Identifiable Data

BYOD - Bring Your Own Device

ICT – Information and Communication Technology

PC – Personal Computer

SIRO – Senior Information Risk Owner

UK – United Kingdom

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CYMRU
NHS
WALES

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Hywel Dda
University Health Board

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Introduction

The use of portable devices and mobile computing equipment is now commonplace in the NHS with users connecting remotely to required information services through laptops, home computers, smartphones, and tablets. Users are also connecting from a variety of locations – home, hotels, NHS, and council premises, and through broadband and wireless technologies.

The use of mobile working when accessing digital services has increased significantly during the COVID 19 pandemic with many staff now working regularly from home or using new digital tools in community settings.

Mobile computing poses a substantial risk in that devices may be lost, damaged, or stolen, potentially resulting in loss or inappropriate disclosure of data. When using mobile computing, the risks of working in an unprotected environment must be considered and mitigated where possible by the use of appropriate security procedures or facilities which the digital team will implement. The ability to work remotely using Office 365 tools (such as E-mail and Microsoft Teams) is now available for all staff.

Policy statement

This policy has been developed to promote best practice with regards to information handling outside the boundaries of the Health Board premises (including working at home).

The policy is aimed at enabling and supporting employees who intend to use and transfer manual and electronic person identifiable records between home, the workplace and the community.

The Health Board's Policy is that remote access to the network will be subject to robust authentication using two-factor authentication for authorised users which ensures that data is encrypted during transit across the Internet.

The Health Board's approved method of remote connections is below

- Microsoft 365 for access to E-mail, Microsoft Teams and office applications such as Microsoft Word.
- Cisco Anyconnect which is available on Health Board laptops
- Citrix Access Gateway which is available on work and personal devices for applications available on our Citrix platform.

For all the methods above the user needs to register for Microsoft Authenticator which provides two-factor authentication and their existing Cymru username and password. Microsoft Authenticator can either be used with a smartphone app, text message or automated callback.

Health Board owned mobile devices and media must be encrypted and any sensitive data sent to or from that device should be encrypted during transit.

Person identifiable data (PID), or other confidential Health Board data must not be stored permanently on mobile devices or media. Where possible information should be transferred to the Health Board's secure network or applications and deleted from the device as soon as possible.

Unauthorised software must not be installed onto Health Board mobile devices. Anti-virus scanning will be installed and regularly updated.

Scope

The policy relates to any staff member, who at any time removes or records information in any form, from Health Board owned premises, where it is usually stored.

The policy applies to all full-time and part-time employees of the Health Board, non-executive directors, contracted third parties (including agency staff), students/trainees, bank staff, staff on secondment and other staff on placement with Hywel Dda University Health Board, volunteers, and staff of partner organisations with approved access.

Aim

The aim of this document is to:

- To ensure that the Health Board complies with its legal obligations.
- To promote the safe and secure use of mobile equipment in support of the clinical and operational work of Hywel Dda University Health Board.
- To provide a secure working practice for personnel working from home.
- To ensure that resources provided to staff are not misused.
- To ensure that the security of computer systems and the information they contain is not compromised in any way.

Objectives

The aim of this document will be achieved by the following objectives:

- As the use of mobile computing resources grows it is vital that the data held on these devices is not compromised by poor security practises. Mobile devices are by their very nature vulnerable to being both mislaid as well as being attractive to a potential criminal. It is important therefore that all users of mobile equipment such as: laptop computers, tablets, smartphones and mobile storage devices ('memory sticks') are aware of the inherent risks associated with their use.
- It is now mandatory that all laptop computers are encrypted to the Health Board's required security standards before use. In addition, all mobile phones need to have an initial password to help prevent unauthorised access to the device and any user who wants to use Bring Your Own Device (BYOD) or have a corporate Smartphone will be protected by the Health Board's mobile device management solution. If you are unsure if your equipment has the necessary security applied to it, please contact the Digital Service Desk for advice and assurance.
- All staff using mobile computing equipment or working offsite are required to comply with this policy. Failure to do so may result in this facility being removed or disciplinary action being taken against individuals.

Physical Security / Access Control

Usage in any Publicly Accessible Area

The use of information in these areas should be kept to an absolute minimum, due to the threats of "overlooking" and theft. Any member of staff choosing to use information and/or devices in these areas that results in any related incident will be required to state why the usage was required in that situation and the efforts they made to protect the information and any equipment. Equipment in use should not be left unattended at any time.

Home Usage

All staff can access digital services at home using the methods outlined in the policy statement however only authorised members of staff are allowed access to Health Board information being used at home in paper format. No family members are allowed access to the equipment or data.

Use of any information at home must be for authorised work purposes only.

Staff must ensure the security of information within their home from theft as well as ensuring that unauthorised individuals are not able to see information or access systems. Where possible any paper records should be stored in a locked container (filing cabinet, lockable briefcase). If this is not possible, when not in use it should be neatly filed and stored away.

Supplied Equipment

Where the Health Board has supplied any form of computing device, only the member of staff themselves is authorised to have access to it or another Health Board employee.

Any member of staff allowing access to an unauthorised person, deliberately or inadvertently, may be subject to disciplinary proceedings.

If staff have been supplied with mobile equipment (i.e., a laptop or similar device), they are responsible for ensuring that it is connected to the Health Board's network via Cisco Anyconnect for implementation of security patching at least once a month. All anti-virus updates are delivered over the Internet and do not require connection to the Health Board's network.

All Health Board mobile devices or removable media must be encrypted before any information is stored.

When equipment is returned, or the data is no longer needed the data must be removed. This is the user's responsibility.

Staff Owned Equipment

The use and storage of person identifiable or confidential data on staff owned equipment is strictly forbidden. Staff may only use a Health Board supplied encrypted USB memory key for this purpose or use the Citrix secure remote access service / Microsoft Office 365 with Microsoft Authenticator.

For prevention of viruses and related security risks, staff must not connect any personally owned devices to the Health Board network and instead use the free Public / Guest Wi-Fi which is available across the organisation.

Mobile Computing

It is important to take all reasonable steps to ensure that any mobile computer device is not misplaced or stolen. This should include leaving it out of sight when away from the workplace, particularly when travelling in a car when it should be locked in the boot. In busy areas such as bus stops, railway stations, it should not be placed on the ground, beside you on a counter, or left unattended at any time.

In the home environment any computer system is vulnerable to theft. To reduce this, devices should where possible be located so that they are not visible through windows from outside the home. Laptops, Tablets and Smartphones in particular must be placed in a secure location when not in use.

All mobile computer devices and removable storage devices should be encrypted by Digital Services before use.

Internal Network Connections

Only Hywel Dda owned or managed equipment is to be connected to the Health Board's network, this includes all mobile computing devices including Laptops, Tablets, encrypted memory sticks, audio, photographic and video equipment etc.

The free guest and patient Wi-Fi service is available to use where wireless coverage exists.

External Network Connections

Remote access to Hywel Dda network **must** be via the Health Board's approved solutions which provides two-factor authentication. Where remote access tokens are being used (currently being phased out) they should not be carried in the same bag as the device to which they provide access.

Staff must ensure that they do not download any attachments to their home pc. They must also ensure that Health Board information cannot be accessed or viewed by members of their family/visitors.

The computer must never be left unattended whilst access is open to the Health Board network.

Staff who have a need to use a mobile computing device to work on Health Board information offsite and have been given line manager authority, are required to comply with the following:

- The equipment must be encrypted.
- The device should be afforded all reasonable protection at all times and especially whilst mobile and located away from Health Board.
- Mobile devices must not be left unattended where it can be seen and open to theft.
- The authorised user will be held responsible for the correct operation of the device and for all data processing and storage.

Software Security Measures

All data is to be stored/and or synchronised to a Hywel Dda network or other approved secure storage system (such as Microsoft Office 365) to ensure that it is backed up daily or when mobile working permits.

Person Identifiable or confidential information is **not** to be stored on to or copied to any removable storage device unless this is appropriately encrypted to the correct security requirements. (E.g., encrypted data stick/flash drive). In certain circumstances it may be necessary to seek the permission of the relevant Information Asset Owner (IAO) to hold such data in this format and if in doubt please seek their advice/approval.

In circumstances where there is a clear business case and the IAO consent has been given, such data may be stored on the mobile computer equipment or removable storage device providing they meet the criteria of this policy.

All data which has been approved for storage on the mobile device is to be copied to an appropriate network drive, or other approved secure storage device, as soon as practicable to ensure that data is backed up.

Printing

The Health Board does not provide printers, nor does it support access to home printers any printing required to undertake roles should be printed at work prior to working from home. This should not include employee or commercially sensitive or patient identifiable information. Any paper must be disposed of securely in adherence to Health Board policy. Employees must not print and take-home paper documents of sensitive/confidential nature or patient data unless this has been approved by Head of Service and Information Governance and an appropriate risk assessment has been completed.

Blocked Countries

To reduce the risk from Cyber threats, devices that try to use Hywel Dda UHB or NHS Wales services from high-risk countries have been blocked. Hywel Dda UHB or NHS Wales IT services will not be available to both personal or corporate devices in these countries.

A list of blocked countries can be found in this [article](#).

If you are required to use or access IT services while in blocked countries, you must request a temporary exemption through the [IT Services Portal](#).

Exemption requests must be submitted at least 10 working days before travel.

Responsibilities

Proper definitions of roles and responsibilities are essential to assure compliance with this Policy. In summary these are:

Chief Executive

The Chief Executive has overall responsibility for all written control documentation within the Health Board.

Digital Services Department

The Digital Services Department are responsible for:

- Ensure procedures are in place within their sphere of responsibility to enable the identification and assessment of information risks of mobile computing and remote working and the implementation of control measures to mitigate the risks.
- That all necessary security controls have been implemented and configured.
- Undertake regular audits to ensure:
 - All users are approved, that all mobile devices issued can be accounted for and that assurance can be given to the SIRO that identified risks are adequately controlled and managed.
 - Equipment holding Health Board data is an information asset and must be recorded on the Digital asset register.

Line Managers

Managers are responsible for ensuring that all their staff have read and understood this policy.

They must ensure that staff work in compliance with this policy and other appropriate legislation and Health Board policies. This includes the responsibility for ensuring that risk assessments are or have been carried out and that suitable controls are put in place and remain in place to either eradicate or minimise any identified risks to the security of Health Board information.

All Staff

All staff, whether permanent, temporary or contracted, should be aware of their own individual responsibilities for the maintenance of confidentiality, data protection, and information security management and information quality and understand they are required to comply with this policy. If staff are unable to comply with this policy, they should discuss in the first instance with their line manager.

Staff shall inform their manager if they have any concerns about any issues that would constitute an information risk. This covers not only risks to resources or confidentiality of data, but also personal risk, risk to others and risk to the Health Board's reputation. Wilful failure to comply will be addressed via separate policies.

Staff need to confirm to their line manager that they understand this policy and their responsibility for the protection and security of the Health Board information they access. Agreement on how staff will comply with this policy when working away from Health Board controlled premises, should be reached with their line manager.

Health Board information must only be used for Health Board related purposes in connection with Health Board work.

Staff are not permitted to hold person identifiable data or any other Health Board sensitive data on personally owned equipment, in particular home PCs although they can access data using one of the approved methods outlined in the policy statement. Holding other commercially or business sensitive Health Board data on personal equipment would breach Health Board policies concerning information security and records management.

Staff must not, under any circumstances, disclose their network username or password, to anyone or allow them to access to Health Board data. Where Microsoft Authenticator is used staff must be ensure the device is protected by a PIN number or biometrics.

Staff working remotely by using portable devices or removable media must keep equipment, files and media locked out of sight during transit, and must also ensure any equipment is not left either unattended or insecure when off site to prevent accidental loss and unauthorised access at all times, including within their home. Particular care must be taken when media and equipment are taken on to public transport.

Staff travelling to blocked countries are required to request a block exemption if they are required to access Hywel Dda data.

Users of information will:

- Keep usage to a minimum in public areas
- Only use information off-site/at home for work related purposes
- Ensure security of information within the home

- Not connect any privately owned equipment to the Health Board's network
- Not store data on equipment unless supplied by the Health Board
- Not send person identifiable or confidential data to home (internet) e-mail addresses
- Keep equipment and files locked out of sight during transit
- Ensure equipment/files are adequately packaged in transit to prevent damage or tampering
- Not dispose of any media (including paper) off-site

Training

All staff will be required to have appropriate information governance training which will include guidance on transfer of personal information. A range of training methods will be considered in relation to identified needs and other training and awareness raising around transfer of personal information will be arranged as appropriate.

Implementation

All staff must adhere to this policy and comply with applicable UK legislation.

Failure to follow these policies may lead to disciplinary action being taken against the member of staff and could potentially lead to criminal investigation and potential prosecution.

As part of the information governance monitoring processes, regular audit of information flows will be carried out to ensure personal information is being transferred appropriately.

4.2

4.2 - Information Governance Assurance Report - DEFERRED

4.3

4.3 - Data Quality Report

Anthony Tracey
(Hywel Dda UHB -
Digital Director)

| For information

Attachments

[4.3 - DDIC - Data Quality - July 2025.pdf](#)

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	22 July 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Data Quality Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Executive Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Anthony Tracey, Digital Director

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

Er Gwybodaeth/For Information

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this paper is to update the Digital, Data and Innovation Committee on the Health Board's Information Quality Assurance activities, with a particular focus on the ongoing Data Quality Roadshows.

Cefndir / Background

It is important that the quality of data collected in the healthcare environment is of a high standard and fit for purpose. High data quality leads to effective decision making which in turn results in better patient care, wellbeing and safety. It is essential in the production of management information to enable the efficient running of the Health Board and to maximise the utilisation of resources.

Data quality is the foundation of information and needs to be of a high standard and fit purpose in order to enable the efficient running of the Health Board and to maximise the utilisation of resources. The six dimensions of data quality are defined as:

- **Timeliness:** Data must be available quickly and frequently enough to support information needs and to influence the appropriate level of service or management decisions.
- **Completeness:** Data requirements will be clearly specified and based upon the information needs of the organisation and data collection processes matched to these requirements.
- **Accuracy:** Data should be sufficiently accurate for its intended purposes and captured as close to the point of activity as possible.
- **Consistency:** Data will reflect stable and consistent data collection processes across collection points and over time. Managers and stakeholders should be confident that

progress toward performance targets reflects real changes rather than variations in data collection methods.

- **Precision:** Data captured will be relevant to the purposes for which it is used, capable of evolving to reflect changing needs. Quality assurance and feedback processes are needed to ensure the quality of such data.
- **Validity:** Data will be recorded and used in compliance with relevant requirements, including the correct application of any rules or definitions.

Poor quality data has a significant impact on how the service is managed and affects the quality of care on offer to patients and their families. In the case of some national data sets, the quality of the data also has a direct impact on the reported Health Board performance against the nationally agreed targets issued by Welsh Government.

Asesiad / Assessment

In April 2025, the Data Quality Improvement Manager initiated a comprehensive programme of data quality roadshows across the organisation. These roadshows were developed as a proactive approach to engage staff and raise awareness about the critical role of data quality in healthcare delivery. The sessions were designed to connect the dots between accurate data entry, effective training, and reliable reporting, with the overarching aim of improving the integrity of information captured within the Patient Administration System (PAS). By targeting key administrative and clinical support staff, the initiative seeks to embed a culture of accountability and precision in data handling practices throughout the organisation.

The first phase of the roadshows focused on five key staff groups: ward clerks, Emergency Department (ED) staff, Health Records teams, secretaries, and other administrative personnel. These groups were identified as having significant interaction with PAS and other core systems, making their understanding and engagement essential to the success of the initiative. The primary objectives of the roadshows were threefold: to ensure staff understood the importance of accurate data entry into PAS; to highlight the potential consequences of incorrect or incomplete data on the patient journey, clinical decision-making, and organisational performance; and to increase awareness of the various support teams within Information Services, including Data Quality, Data Standards, and Application Support, along with guidance on how to contact them for assistance.

To launch the initiative, the Information Quality Assurance (IQA) team developed a tailored questionnaire aimed at ward clerks who were the first group to be engaged. This questionnaire was distributed to 104 ward clerks across the Health Board, and a total of 64 responses were received. After removing three duplicate submissions, 60 unique responses were analysed. These responses provided valuable insights into current practices, challenges, and knowledge gaps, and were used to shape the content and focus of the roadshow sessions. Four sessions were held throughout April 2025, with one session delivered each week. Of the 104 ward clerks invited, 55 booked onto a session, and 32 attended. While attendance was lower than anticipated, the sessions generated meaningful discussions and provided a platform for staff to ask questions, share experiences, and gain clarity on data quality expectations.

Following the initial engagement with ward clerks, the next phase of the roadshows is now underway, focusing on Health Records staff. Sessions are currently being planned for late June and into July 2025. This phase will build on the lessons learned from the ward clerk sessions and continue to promote consistent, high-quality data entry practices across departments.

In parallel with the roadshows, the IQA team has also conducted a series of deep-dive audits across various services. These audits are designed to assess current data recording practices, identify areas for improvement, and provide actionable recommendations. The findings from these audits are compiled into detailed reports, which are monitored through the Information Governance Sub-Committee. Each report includes a set of recommendations and actions, with clear timelines and accountability assigned to relevant departments. The goal is to ensure that all patient interactions are recorded accurately and consistently, not only within individual departments and across different sites, thereby supporting continuity of care, operational efficiency, and compliance with data governance standards.

Together, the roadshows and audits represent a coordinated effort to strengthen data quality across the organisation. By fostering greater awareness, providing targeted training, and implementing robust monitoring mechanisms, the initiative aims to create a sustainable culture of data excellence that supports both patient care and organisational effectiveness.

Argymhelliad / Recommendation

The Committee are requested to consider:

- **NOTE** the content of the Data Quality Report
- **NOTE** the continuation of the data quality roadshows, with a targeted focus on challenges identified through feedback and audits, while actively promoting staff engagement with Information Services teams to address specific data challenges.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1.2 That the organisation is discharging its responsibilities with regard to the quality and integrity; safety, security and appropriate access and use of information and data, to support health improvement and the provision of high-quality healthcare.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable

Amcanion Cynllunio Planning Objectives	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
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Digidol, Data ac Arloesi Parties / Committees consulted prior to Digital, Data and Innovation Committee:	Not applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Incomplete or missing data can lead to significant errors in the calculation of financial cost returns, potentially resulting in inaccurate projections, flawed budgeting decisions, and misinformed strategic planning. This can undermine financial reporting integrity and affect overall business performance
Ansawdd / Gofal Claf: Quality / Patient Care:	Poor quality data can lead to the misidentification of patients, which poses serious risks to safety and care continuity. Additionally, service changes may be implemented based on incomplete or inaccurate information, preventing healthcare providers from gaining a full and accurate understanding of patient needs and system performance. This can compromise decision-making, resource allocation, and the overall effectiveness of healthcare delivery.
Gweithlu: Workforce:	Poor data quality can lead to inaccurate workforce planning, misallocation of staff, and ineffective deployment of resources. This can result in increased workload pressures, reduced staff morale, and compromised service delivery, ultimately affecting both employee well-being and organisational performance

Risg: Risk:	The accuracy of Welsh costing returns, which rely heavily on derived Healthcare Resource Groupings (HRGs), is critical for informed financial planning and service evaluation. Inaccurate or incomplete HRG data could undermine the effectiveness of clinical service reconfigurations, potentially preventing the University Health Board (UHB) from achieving its strategic objectives to enhance patient care.
Cyfreithiol: Legal:	Not applicable
Enw Da: Reputational:	Poor data quality can hinder the ability to meet key Delivery Targets set by the Welsh Government, leading to potential reputational damage for the organisation. Inaccurate or incomplete data undermines performance reporting, erodes stakeholder confidence, and may result in increased scrutiny or loss of public trust.
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable

5

0 Mins

5 - For Assurance

5.1

5.1 - Assurance On Governance Arrangements *Huw Thomas (Hywel Dda UHB - Director of Finance)*

| For assurance

Attachments

[5.1 Assurance on Governance Arrangements Final July 2025.pdf](#)

[5.1 Appendix 1 - Corporate Risk 2079 - June 2025 PUBLIC.pdf](#)

[5.1 Appendix 2- Operational Risks- July 2025.pdf](#)

[5.1 Appendix 3- Audit and Inspection recommendations.pdf](#)



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Assurance on Governance Arrangements

Situation



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This report provides the Digital, Data and Innovation Committee (DDIC) with the current status of the risks, audits and inspections recommendations, Welsh Health Circulars (WHCs) and Ministerial Directions (MDs) within its remit. The Committee is asked to seek assurance from the Lead Executive Directors that risks are being managed effectively, and that recommendations from audit and inspections, WHCs and MDs are being implemented by the Health Board.



Risk Management - Overview



Effective risk management requires a ‘monitoring and review’ structure to be in place to ensure that risks are effectively identified and assessed, and that appropriate controls and responses are in place.

The Health Board’s risk management process is recorded via the Datix Risk Register module, and enables risks to be recorded at either Principal, Corporate or Operational level. An escalation process is in place to ensure that risks which require escalation or de-escalation are done via appropriate approval processes and governance arrangements.

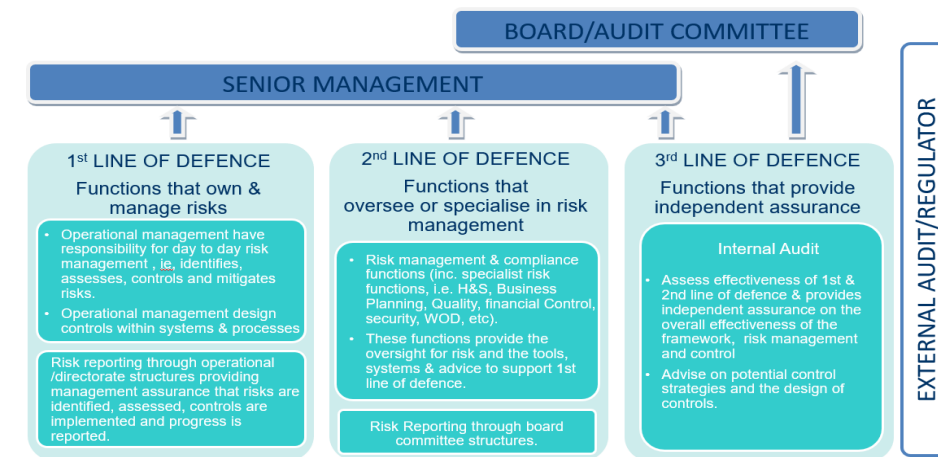
The Health Board operates within the widely accepted “Three Lines of Defence” model to ensure the appropriate responsibility is allocated for the management, reporting and escalation of risk.

Risks are aligned to an appropriate Clinical Care Group or Executive Function (hereto referred to as “Functions”), and each has a designated risk lead responsible for reviewing in a timely and comprehensive manner.

The Board’s Committees are responsible for the monitoring and scrutiny of corporate and operational risks within their remit and providing assurance to the Board that risks are being managed effectively and report areas of significant concern (eg where the risk appetite is exceeded, or there is a lack of action).

Committees are also responsible for reviewing risks over tolerance and where appropriate, recommend the ‘acceptance’ of risks that cannot be brought within risk appetite.

A revised approach to risk tolerance was agreed by the Board at its meeting in March 2025 to reflect the organisation’s readiness to bear the risk after risk treatment, in order to achieve its objectives. Risk leads are required to provide a rationale for the target risk score (TRS), and an expected date when the target risk score (TRS) will be achieved. These are mandatory fields on Datix as of 1 July 2025, and therefore where risks do not currently have this detail, risk leads will be asked to provide by the next report to DDIC.



Corporate Risks Assigned to DDIC



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Each risk on the Corporate Risk Register (CRR) has been mapped to a Board level Committee to ensure that risks on the CRR are being managed appropriately, taking into account gaps in controls, planned actions and agreed tolerances, and to provide assurance to the Board through their update report on the management of these risks.

Following the implementation of new Board Committee structure on 1 April 2025, corporate risks have been re-aligned to the most appropriate Board level Committee, with this report being the first report of corporate risks assigned to DDIC.

These risks have been identified by individual Directors via a top down and bottom-up approach and are either:

- Associated with the delivery of the Health Board objectives; or
- Significant escalated operational risks that are of significant concern and require corporate oversight and management.

There are 2 risks currently aligned to DDIC (out of the 21 that are currently on the CRR).

Due to the sensitive nature of risk '1352 – Risk of business disruption and delays in patient care due to a cyber-attack', the detail is being reported to in-committee to provide discussion and assurance.

The following slide provides a summary of the reportable corporate risks aligned to DDIC. The Risk Register attached at Appendix 1, provides full detail of the risk, including control measures in place, a risk action plan to further manage and mitigate the risk, and sources of assurance.

HYWEL DDA RISK HEAT MAP					
	LIKELIHOOD →				
IMPACT ↓	RARE 1	UNLIKELY 2	POSSIBLE 3	LIKELY 4	ALMOST CERTAIN 5
CATASTROPHIC 5	Yellow	Orange	Red	Red (2079 (NEW))	Red
MAJOR 4	Yellow	Orange	Orange	Red (1352 (→))	Red
MODERATE 3	Green	Yellow	Orange	Orange	Red
MINOR 2	Green	Yellow	Yellow	Orange	Orange
NEGLECTIBLE 1	Green	Green	Green	Yellow	Yellow

Corporate Risks assigned to DDIC



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Risk Reference & Title	Lead Director	Current Risk Score	Target Risk Score (TRS)	Expected Date to Achieve TRS
2079 – Risk of loss of Pathology services across the Health Board due to delayed implementation of LIMS	Chief Operating Officer	20 →	15	30/01/2026
1352 - Risk of business disruption and delays in patient care due to a cyber attack	Director of Finance	16 →	12	TBC

Rationale for Current Risk Score of Risk 2079	Rationale for Target Risk Score of Risk 2079
<p>No change in risk score since risk previously reported to Sustainable Resources Committee. No national contingency plan in place after 15th December 2025.</p> <p>Local contingency plan in place but only enables continuity for up to 5 days. More long-term contingencies would involve reliance on supplier middleware solutions and outsourcing.</p> <p>Lack of resource to complete the build and configuration by DHCW and InterSystems; lack of resource to complete the volume of testing and validation currently required to meet current timescales.</p> <p>Ineffective and incomplete user acceptance testing as the system is not functional and reliable.</p> <p>Blood transfusion (BT) legacy data unavailable due to inaccuracies on upload, therefore BT testing cannot be completed. Service will not meet regulatory compliance via the Medicines and Healthcare products Regulatory Authority (MHRA).</p>	<p>The reduction of the current risk score to the target risk score is reliant on DHCW and the wider system finding a solution to the Citrix issue and a robust mitigation plan to manage the risks of compressing the timescales or staying on end of life hardware and software until the system can be implemented.</p>

Operational Risks assigned to DDIC



Nine operational risks on Datix have been aligned to DDIC which are all within review date.

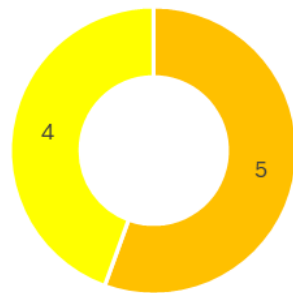
Of these, five have been identified as reportable to DDIC based on the following criteria:

- DDIC has been selected by the risk lead as the 'Assuring Committee' on Datix;
- Risks have been identified at operational level (previously Service and Directorate level) on Datix risk module;
- The current risk score is 'extreme' or 'high'; and
- The current risk score is either equal to or exceeds the target risk score.

Detail in relation to target risk scores became mandatory fields on Datix as of 1 July 2025, and therefore where risks do not currently have this detail, risk leads will be asked to provide by the next report to DDIC.

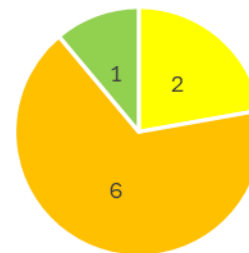
The following slide summarises the operational risks aligned to DDIC. The Risk Register attached at Appendix 2, provides full detail of each risk, including control measures in place and the risk action plan to further manage and mitigate the risk.

Current Level of Risks assigned to DDIC



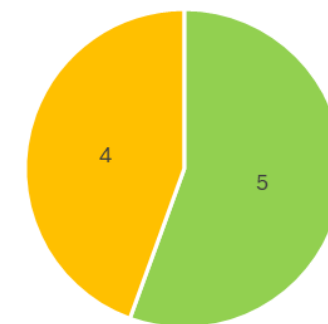
- HIGH (AMBER) Risks (based on 'Current Risk Score')
- MODERATE (YELLOW) Risks (based on 'Current Risk Score')

Risks split out by Clinical Care Group/Executive Function



- Operational Allied Health Professions & Health Sciences
- Director of Finance
- Primary Care, Community, Strategic & Long Term Care

Target Risk Score



- Number of Risks with a Target Risk Score Expected Date
- Number of Risks without a Target Risk Score Date

Operational Risks Reportable to DDIC



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Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Current Risk Score*	Target Risk Score	Expected Date to Achieve Target Risk Score	Date of last risk review
1535 - Risk of unresponsiveness and limitations in Digital Transformation projects due to limited funding	Director of Finance	Director of Finance	12 →	9	TBC	16/05/2025
1719 - Risk of loss of Radiology services across the Health Board from 31 March 2025 due to delayed implementation of RISP	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	10 →	10	31/03/2026	04/07/2025
1679 - Risk to the delivery of digital transformation projects which are reliant on DHCW as planned due to conflicting priorities	Director of Finance	Director of Finance	8 ↓	6	TBC	28/05/2025
2029 - Risk of harm to patients and inadequate clinical governance in digital systems	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	8 →	4	TBC	02/07/2025
1676 - Risk of lack of communications in or out of the Health Board due to UK PSTN telephone network switch off in 2025	Director of Finance	Director of Finance	8 →	1	01/10/2025	09/06/2025

*any movement in the current risk score since the risk was previously reported to Committee is denoted by the arrow under the risk score as at July 2025.

Audits and Inspections - Overview



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The Health Board remains in Targeted Intervention (TI) (Level 4) status with Welsh Government (WG) as a result of challenges relating to financial sustainability, strategy and planning, service delivery and organisational performance. Whilst the Health Board has been de-escalated for 'Governance' from TI (Level 4) to Enhanced Monitoring (Level 3), the Health Board has to meet the revised set criteria:

- Evidence that all recommendations from the Royal Colleges / Health Inspectorate Wales (HIW) and other reviews specific to Hywel Dda UHB are discharged and either verified or delivered or scheduled for delivery within the Health Board's longer-term improvement plan (*TI criteria 12*); and
- Demonstrate a prompt response to any HIW inspections, concerns, incidents, never-events, coroners requests and regulation 28s (*TI criteria 38*) – *which has replaced the previous criteria of 'Effective response from the Health Board to external reports and reviews including those from Audit Wales, the Ombudsman, Royal Colleges and HIW resulting in sustainable improvements.'*
- The Board acts on, and addresses appropriately, concerns raised through NHS regulators such as HIW.

All reports from audits, inspections and reviews undertaken across the Health Board are logged and tracked on AMaT (Audit Management and Tracking), with progress updated by relevant service leads against each recommendation, with evidence required to be uploaded to demonstrating progress and implementation.

AMaT enables services to directly update progress against all recommendations via one central system, promoting a consistent approach with regards to processes and reporting, improvement in transparency and accountability, supporting services with their governance arrangements, and improvement in information flow. Progress is monitored via the utilisation of a traffic light system based on performance against original completion dates.

Status	Explanation
Green	Recommendation has been confirmed as completed by the service / directorate lead (<i>AMAT Status: Complete and awaiting approval / Fully Complete</i>)
Amber	Recommendation is currently in progress, and within the agreed original timeframe for implementation (<i>AMAT Status: Partially Complete / In Progress</i>)
Red	Recommendation is in progress, but has exceeded its agreed original timeframe for implementation (i.e. overdue) (<i>AMAT Status: Overdue / Partially Complete (Overdue)</i>)
External	Recommendations considered to be outside the gift of the Health Board to currently implement, e.g. reliant on an external organisation. Due to current system limitations, the action title has been amended to include the phrase "external" to denote this status.

Recommendations raised, along with the management responses and most recent progress update provided by the lead officer can be found in Appendix 3.

Audits and Inspection Reports assigned to DDIC



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The following reports have been assigned to DDIC to enable them to undertake the following responsibility set out in their Terms of Reference:

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 or assessments, and audits, inspections and reviews, including the implementation of Audit Wales, Health Inspectorate Wales and Internal Audit recommendations.

Date of report	Report issued by	Report Title	Report Assurance Rating	Clinical Care Group/ Executive Function	Lead Director	Original Completion Date	Revised Completion Date	Number of recommendations in original report	Red (behind schedule) *	Amber (on schedule)	Green (complete)	External Recs	Any Barriers to Completion Noted?
Jun-15	Audit Wales	Medicines Management in Acute Hospitals	N/A	Primary Care, Community Strategy & Long-Term Care	Director of Primary Care, Community and Long-Term Care	Apr-16	Sep-22 Nov-22 Mar-23 Mar-25 Mar-26	19	0	0	18	1	2025/26 WG funding is soon expected, which will enable appointment of additional staffing resources to support the programme.
Oct-22	Internal Audit	IT Infrastructure	Reasonable	Director of Finance	Director of Finance	Mar-24	Mar-24 Jul-24 Dec-24 Apr-26	6	1	0	5	0	Funding for Contract Manager post to be approved to allow remaining recommendation to be progressed.
Jan-25	Internal Audit	Data Quality Final Internal Audit Report 2024/25	Limited	Director of Finance	Director of Finance	Aug-25	Sep-25	4	0	1	3	0	n/a
Apr-25	Internal Audit	Digital Strategic Partner Final Internal Audit Report 2024/25	Substantial	Director of Finance	Director of Finance	Aug-25	Aug-25	2	0	2	0	0	n/a

*Red (overdue) recommendations in the above table have revised implementation dates provided.

Meeting took place on 30 June 2025 with Assurance & Risk Officer, Director of Corporate Governance, Digital Director and Internal Audit to review longstanding recommendations. Evidence currently being collated with updates to be reflected in the next report to DDIC.

Due to their sensitive nature the following three reports are presented via in-committee to provide discussion and assurance:

- Internal Audit Technical Resilience Final Report
- NHS Wales Cyber Resilience Unit Cyber Assessment Framework Report March 2024
- NHS Wales Cyber Resilience Unit Cyber Security Assurance Report September 2024



Welsh Health Circulars (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](#).

Committees have responsibility to seek assurance that the Health Board is compliant with WHCs and that these are implemented in line with stated/agreed timescales, and where this has not been possible, to receive assurance the impacts resulting from late/non-delivery are understood and managed appropriately.

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 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.

WHCs included within this report have been re-aligned this Committee, based on the following criteria:

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 recommendation.

Progress updates relating to the implementation of WHCs are extracted from the AMAT system.

Welsh Health Circulars assigned to DDIC (1 of 2)



WHC	Issued On	Lead CCG / EF	Lead Director	Implementation Date	RAG Status	Associated risk (if applicable)	Barriers to implementation
03-22: Further extending the use of Blueteq in secondary care	21/03/23	Primary Care, Community Strategy & Long Term Care	Director of Primary Care, Community Strategy and Long Term Care	April 2024 N/K	External	N/A	<i>See progress update below</i>

Progress update

[Implementation of this WHC is aligned to the Ministerial Direction WG23-08 \(Local health boards and NHS Trusts reporting on the introduction of new medicines into the National Health Service in Wales Directions 2023. 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 \(WG\).](#)

[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.](#)

[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. 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.](#)

Welsh Health Circulars assigned to DDIC (2 of 2)



WHC	Issued On	Lead CCG / EF	Lead Director	Implementation Date	RAG Status	Associated risk (if applicable)	Barriers to implementation
042-24: Introduction of the dictionary of medicines and devices (REISSUED)	22/01/2025	Director of Finance	Director of Finance	December 2027	Amber	N/A	N/A

Progress update

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.

Implementation of this WHC is led by the Digital, and supported by Medicines Management. This WHC is considered during Digital procurement of systems using dictionary of medicines and devices (dm+d).

The Health Board has procured an Electronic Prescribing and Medicines Administration (EPMA) system that is dm+d compliant and is scheduled to begin implemented in February 2026

Ministerial Directions- Overview



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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.

MDs that potentially form part of the process of approving expenditure of public money have been realigned to DDIC to receive a regular assurance report on compliance.

The following RAG status is applied to MDs:

- **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.

MDs included within this report have been re-aligned this Committee, based on the following criteria:

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 recommendation.

Progress updates relating to the implementation of MDs are extracted from the AMAT system.

Ministerial Directions assigned to DDIC



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MD	Issued On	Lead CCG / EF	Lead Director	Implementation Date	RAG Status	Associated risk (if applicable)	Barriers to implementation
WG23-08: Local health boards and NHS Trusts reporting on the introduction of new medicines into the National Health Service in Wales Directions 2023	24/03/23	Primary Care, Community Strategy & Long Term Care	Director of Primary Care, Community Strategy and Long-Term Care	April 2024 N/K	External	N/A	<i>See progress update below</i>

Progress update

[Implementation of this MD is aligned to the Welsh Health Circular 032-22 \(Further extending the use of Blueteq in secondary care\) which has also been aligned to DDIC. 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 \(WG\).](#)

[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.](#)

[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. 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.](#)

The committee is requested, in relation to the areas presented in this paper, to:

Risk Management

- **RECEIVE ASSURANCE** that identified controls are in place and working effectively;
- **RECEIVE ASSURANCE** that all planned actions are credible and deliverable, and in line with agreed plans, and will be implemented within stated timescales and will reduce risks further and/or mitigate the impact should risks materialise; and
- **CHALLENGE** where assurances are inadequate 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).

Audits, Inspections and Regulatory Reports

- **RECEIVE ASSURANCE** from the lead Executive Director or Supporting Officer on the management of recommendations raised in audit, inspection and regulatory reports within their area of responsibility, particularly in respect of confirming the full implementation of recommendations, any barriers to delivery and subsequent impacts of non/late delivery, and assurance that the risks associated with these are being managed effectively.

Welsh Health Circulars

- **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.

Ministerial Directions

- **RECEIVE ASSURANCE** that the Health Board is compliant with the NSIs (MDs) issued by Welsh Government.



DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND



GIG
CYMRU
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WALES




Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

CORPORATE RISK REGISTER SUMMARY JUNE 2025

Risk Ref	Risk (for more detail see individual risk entries)	Executive Director	Domain	Previous Risk Score	Risk Score Jun-25	Trend	Target Risk Score (tolerable score)	Expected Date of achieving Target Risk Score
2079	Risk of loss of Pathology services across the Health Board due to delayed implementation of LIMS	Carruthers, Andrew	Service/Business interruption/disruption	4×5=20	4×5=20	→	1×5=5	30/01/2026

Assurance Key:

3 Lines of Defence (Assurance)		
1st Line	Business Management	Tends to be detailed assurance but lack independence
2nd Line	Corporate Oversight	Less detailed but slightly more independent
3rd Line	Independent Assurance	Often less detail but truly independent

Key - Assurance Required		<i>NB Assurance Map will tell you if you have sufficient sources of assurance not what those sources are telling you</i>
	Detailed review of relevant information	
	Medium level review	
	Cursory or narrow scope of review	

Key - Control RAG rating	
LOW	Significant concerns over the adequacy/effectiveness of the controls in place in proportion to the risks
MEDIUM	Some areas of concern over the adequacy/effectiveness of the controls in place in proportion to the risks
HIGH	Controls in place assessed as adequate/effective and in proportion to the risk
INSUFFICIENT	Insufficient information at present to judge the adequacy/effectiveness of the controls

CORPORATE RISK REGISTER SUMMARY JUNE 2025

Date Risk Identified:	Nov-24
Strategic Objective:	

Executive Director Owner:	Carruthers, Andrew	Date of Review:	Jun-25
Lead Committee:	Digital, Data and Innovation Committee	Date of Next Review:	Jul-25

Risk ID:	2079	Corporate Risk Description:	<p>There is a risk of loss of Pathology services across the Health Board from 15th December 2026 affecting a wide range of services across primary, community and secondary care including urgent and emergency care. This is caused by the potential inability of Digital Health Care Wales (DHCW) and the contracted supplier to provide a functional, reliable and safe system to enable Health Board approval and mobilisation before Citrix Licenses expire on 15th December 2025 or the current supplier contract expires and the hardware becomes end of life in January 2026. The System Build milestone is seven months behind schedule and a significant volume of work is outstanding to provide a safe minimal viable product. This could lead to an impact/affect on a total loss of service resulting in potential serious harm to patients. The financial implications would be significant, this would include £53k for Telepath, up to £1.6m for Citrix licences and £2-9m for hardware upgrade, these costs are indicative and yet to be confirmed by DHCW via a contingency plan. It would also detrimentally impact on the Health Board's ability to meet Ministerial priorities and targets including a significant proportion of diagnostic turn around and referral to treatment times. It would have an adverse impact on the reputation of the Health Board, and render it liable to increased complaints, litigation and scrutiny from external regulators, Welsh and UK governments. Outsourcing would be a difficult and costly approach and would need to be outside of Wales as this is a national concern. A year of contingency would be circa £4m</p>
Does this risk link to any Directorate (operational) risks?			1526, 1352

Risk Rating:(Likelihood x Impact)		No trend information available.
Domain:	Service/Business interruption/disruption	
Inherent Risk Score (L x I):	5x5=25	
Current Risk Score (L x I):	4x5=20	
Target Risk Score (L x I):	1x5=5	
Expected Date To Achieve TRS:	30/01/2026	
Trend:		New risk

Rationale for CURRENT Risk Score:

The impact of loss of service would be considerable, Pathology is crucial for diagnosis and treatment of patient conditions and ultimately the loss of service could lead to catastrophic patient outcomes.

User Acceptance Testing (UAT) began on a system which was not built and integrated, leading to inefficient and repetitive testing, there is a lack of Health Board resource to support the volume of testing and validation subsequently required. The project plan milestones have consistently not been met by DHCW and there is significant build, configuration and testing work to be completed to provide a safe, functional and reliable minimal viable product by the end of the year. The delay affects the pace and scale of pathology service transformation as set out in the HDUHB Annual Plan 25/26.

The April LIMS 2.0 Programme Board recognised that timescales to deliver in June 2025 were unrealistic and agreed to re-set the plan to include adequate time for defect resolution, testing and sign off processes. DHCW will work with the ISC and Health Boards to produce a new plan by May's Programme Board. This is likely to mean delivery in October with little contingency should further delays occur.

The current national system (TCL2016) is provided by InterSystems on Digital Health and Care Wales (DHCW) hardware, the project involves development on the InterSystems Cloud as the software and hardware becomes end of life in January 2026. From this date the current system will be frail, with a high risk of failure due to the inability to upgrade the system components or implement security patches to guard against cyber attacks. There would also be a minimal service level agreement, which could lead to extended down time and/or loss of functionality. Extending contracts and upgrading hardware would come at a considerable cost for Health Board and is not straight forward due to the age of the components. There is also the threat of legal challenge from alternative suppliers due to the collapse of a procurement award in 2024, should the programme extend into 2026.

In the shorter term the system is affected by the national issue of DHCW Citrix licenses expiring on 15 December 2025. If this is not resolved then the potential loss of system will take place at this point, this affects other services which rely on Citrix to support their systems - Hospital Pharmacy and HDU's WPAS. Negotiation on license price and exploration of alternative options (Parallels RAZ) are ongoing.

An all Wales CEO meeting on 8 April concluded that the project must be delivered in 2025 however this does not change the challenge and risks the project is currently facing.



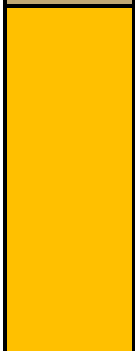



Rationale for TARGET Risk Score:

The reduction of the current risk score to the target risk score is reliant on DHCW and the wider system finding a solution to the Citrix issue and a robust mitigation plan to manage the risks of compressing the timescales or staying on end of life hardware and software until the system can be implemented.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed Further action necessary to address the controls gaps	By Who	By When	Progress
<p>Project plans in place both locally and nationally, they are monitored monthly. Local concerns are escalated via the National Implementation Steering Group (NISG) up to programme board. The Health Board have also raised concerns directly to the SRO.</p> <p>Project teams in place both locally and nationally, both meet weekly.</p> <p>Weekly meetings scheduled: HDU/SBU Leads, Technical Delivery and Testing Progress</p> <p>Regional Risks, Assumption, Issues and Decisions (RAID) Log is updated weekly and discussed monthly in the regional programme board including representatives from DHCW and InterSystems.</p> <p>Governance process are in place, Hywel Dda have raised and escalated the risk to LIMS 2.0 Programme board and direct to the national SRO on multiple occasions including in Feb 2025 with a proposal of an alternative plan. A joint all Wales Health Board letter to the SRO on 7th April 2025 led to agreement that the project plan needs to be re-set.</p> <p>Local contingency plans are in place</p>	<p>No national contingency plan in place after 15th December 2025</p> <p>A local contingency plan is in place but will only enable continuity for up to 5 days. More long term contingencies would involve reliance on supplier middleware solutions and outsourcing for histology.</p> <p>Lack of resource to complete the build and configuration by DHCW and InterSystems; lack of resource to complete the volume of testing and validation currently required to meet current timescales.</p> <p>Ineffective and incomplete user acceptance testing as the system is not functional and reliable.</p> <p>Blood transfusion (BT) legacy data unavailable due to inaccuracies on upload, therefore BT testing cannot be</p>	<p>All Health Boards to work alongside DHCW and ISC to approve a national contingency plan, including extension of hardware and software provision for current system with costs and mechanisms to enact.</p>	<p>Jones*, Dylan</p>	<p>Completed</p>	<p>DHCW presented the current position to Health Board CEOs on 8th April and they have requested a detailed, costed, contingency plan is developed by DHCW and ISC for review by Health Boards.</p> <p>28/05/2025 - No contingency plan agreed at last LIMS Programme Board. Revised plan and costings to be provided by next programme board.</p> <p>26/06/2025 - Mitigation plan agreed in June Programme Board, changing from HB deployment to discipline deployment with Microbiology commencing in July and the final discipline (Blood transfusion) going live in Jan 2026. National contingency plan inc costings has been submitted to Health Board CEOs via DHCW.</p>

CORPORATE RISK REGISTER SUMMARY JUNE 2025

	<p>upload, therefore B1 testing cannot be completed and the service will not meet regulatory compliance via the Medicines and Healthcare products Regulatory Authority (MHRA).</p> <p>26/06/2025 - Draft national contingency plan circulated to Health Board CEOs but not yet agreed. Additional funding will be required to support contingency plan, extending implementation into early 2026.</p>	<p>Review local contingency action plan and duration.</p>	<p>Jones*, Dylan</p>	<p>Completed</p>	<p>Short term contingency includes use of middle-ware and paper based processes which is not viable for more than 5 days.</p> <p>28/05/2025 - Local Business Continuity Plan already established and captured in Pathology BCP SOP (found on QPulse)</p> <p>Long term would be to prioritise urgent samples to be done manually and outsource all others to English laboratories. This would be logistically difficult and involve manual transcribing of results into WCP requiring significant staff resource, training and testing. This is practically not a viable option.</p>
		<p>To review staff resourcing to support testing requirements</p>	<p>Jones*, Dylan</p>	<p>31/05/2025 08/07/2025 31/07/2025</p>	<p>The project has provided £10k to the Health Board for overtime and short-term cover, with an additional £23k secured for overtime in 2024/25.</p> <p>There has been no agreed funding from the programme to support overtime in 2025/26.</p> <p>Review has highlighted increased staff resource requirements are 4 Biomedical Scientists (Only Agency BMS likely to be available) for 6 months. £39k x 4 - £156,000</p> <p>DHCW has explored the possibility of hiring an external resource company and will work with Health Boards on the approach in May/June.</p> <p>28/05/2025 - On going. DHCW continue to explore resource options to support LIMS delivery.</p>

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance  Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
All Wales Project Timelines	Pathology Strategy Group	1st			CCG Q&S Committee Pathology Paper					
	Quality And Safety	2nd								
	LIMS 2.0 National Programme Board	3rd								
	Regular Communication with DHCW	2nd								

DDIC Risk Register

Date: July 2025

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Detailed Risk Decision	Review date
1535	Director of Finance	Digital	Digital	Thomas, Huw -	Tracey, Anthony	Williams, Carolyn	Williams, Carolyn	07-Nov-22	<p>There is a risk of that digital transformation programmes that could potentially enable improved patient care, patient outcomes and staff experience will be limited in pace and scope of delivery or may not progress at all.</p> <p>This is caused by there being limited funding for digital transformation which often requires investment. Conflicting priorities in the HDUHB and at Welsh Government level will make the next few years very challenging.</p> <p>This will lead to an impact/affect on our ability to deliver at pace and as planned, resulting in our ability to respond to the demands of our patients and services and an ability to meet targets such as RTT, 6 Goals, Cancer Pathway targets etc</p> <p>Risk location, Health Board wide.</p>	<p>Digital Transformation Roadmap to illustrate the planned project delivery in place and reviewed annually.</p> <p>Exec and board members are familiar with our digital transformation ambition and priorities.</p> <p>Proposed projects are costed and illustrate a ROI with a benefits realisation plan.</p> <p>Projects are submitted via the Digital Delivery Framework to ensure they are aligned with our strategic and planning objectives.</p> <p>New project approach being rolled out to ensure that business requests are prioritised and assessed appropriately to make the most of our limited resources.</p>	Business objectives/projects	3	4	12	<p>The current risk score reflects the importance of planning and prioritising however, due to funding cuts in the public sector and the fact that HDUHB remains in targeted intervention, it is still likely that some projects will not be supported due to limited funding.</p>	<p>Publish an update to the Digital Response</p>	Tracey, Anthony	Completed	<p>The Digital Enablement Plan (which went to Board in November 2023 and going back to Board in March 2024 for contract approval) which will bring in resources to help address this issue.</p> <p>Work continues to improve how we highlight to colleagues across the UHB the limited resources of Digital services which has enabled prioritisation of projects.</p> <p>Governance routes to support Business cases has been agreed however an update to the digital strategy is required to reflect the procurement of the strategic partner.</p> <p>Now that the strategic partner has been appointed, this can inform the ambition and direction of travel which will be encompassed into the future digital strategy.</p>	Digital, Data and Innovation Committee	3	3	9		Treat	16-May-25

DDIC Risk Register

Date: July 2025

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															Publish and share the DI&T delivery roadmap.	Williams, Carolyn	Completed	<p>Timescales and project delivery are dependent on the outcome of the Board's approval of the Digital Enablement Plan and 2 Business Cases (going to Board in March and May 2024 respectively).</p> <p>The roadmap has been updated for Feb 25 and is being shared with directorates during strategic meetings as well as the Digital Programme Group on a monthly basis.</p> <p>Strategic partner procurement is now completed -awaiting sign off from Board Nov 2024. This will feed into the digital strategy , which the DI&T roadmap is a component.</p> <p>Roadmap - plan on a page provided and conversations around the structure and content being discussed.</p>																	
															Publish Digital Strategy	Tracey, Anthony	30/06/2025	Update at next review																	

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1719	Operational Allied Health Professions & Health Sciences	AHP&HS: Radiology	AHP&HS: Radiology	Caruthers, Andrew	Quarrie, Sara	Roberts-Davies, Gail	Roberts-Davies, Gail	19-Jun-23	<p>There is a risk of loss of Radiology services across the Health Board from 31 August 2026.</p> <p>This is caused by the delayed implementation of the All Wales Radiology Information Systems Procurement (RISP) programme, with the existing contract with Fuji ceasing prior to the implementation of the All Wales solution. This could be exacerbated by delays in the roll-out of the All Wales solution across other Health Boards in Wales.</p> <p>This will lead to an impact/affect on a total loss of services being delivered by the Radiology directorate across the Health Board and the loss of all radiology data held for patients, resulting in potential harm to patients, the inability to undertake diagnostic assessments, a detriment to the Health Board's ability to achieve ministerial priorities and targets. This will also have an adverse impact on the reputation of the Health Board, and render it liable to increased complaints, litigation and scrutiny from external regulators. There are</p>	<p>Hywel Dda have initiated a new project board, with members attending from both Radiology and Digital Services and TORs in place</p> <p>Health Board attendance by colleagues from Radiology and Digital Services at monthly All Wales RISP programme meetings, hosted by Digital Health and Care Wales (DHCW) ensuring the Health Board stays informed of the All Wales position which may have an impact on Hywel Dda's contract and timelines</p> <p>Regular communication with senior colleagues in Finance</p> <p>All Wales Deployment order agreed</p>	Service/Business interruption/disruption	2	5	10	<p>The Radiology Information Systems Procurement (RISP) project is a Wales wide project and therefore Hywel Dda UHB timelines will be affected by any time delays accrued within the other Health Boards with implementation dates before Hywel Dda UHB. A contract extension has been obtained with Fuji to cover the period until 31st August 2026. It is anticipated that the new RISP system will be functional by September 2025 (this date has slipped from the original date of 30th June 2025)- as such, contingencies are in place to mitigate the risk to ensure continued service delivery. Due to revised dates, this now allows for the dual running of both systems. The likelihood rating of this risk has been reduced from 4 to 2 given the developments with</p>	<p>To prepare and present a paper for August SRC In-Committee, highlighting revised options since the matter was presented at July 2023 Board</p> <p>Complete preparatory work (informatics and implementation plan) for our Health Board, with continued attendance at RISP meetings to monitor progress of other Health Boards and learn from delays encountered to avoid repeating errors before stable operations achieved.</p>	Roberts-Davies, Gail	Completed	<p>Paper has been prepared and presented, and outcomes of discussions at SRC In-Committee inform future actions for this risk and further update to Board in September 2023.</p> <p>Meetings progressing well with Philips. New HDd project manager is settling in well. PACS team are undertaking preparatory work. Keen engagement to be kept up with Philips.</p> <p>Local meetings are also taking place with Radiology PACS Manager, Head of Radiology, HB Digital Director and the Hywel Dda RISP project Manager. A local RISP board is due to be set up imminently which includes wider stakeholder engagement.</p>	Digital, Data and Innovation Committee	2	5	10	<p>Once contracts have been agreed and renegotiated, this will reduce the likelihood of this risk occurring, with sufficient contingencies in place to manage any delays encountered by the project whilst being implemented.</p>	Treat	04-Jul-25

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									also financial implications, with the current contract due to expire 31 August 2026. Risk location, Health Board wide.					contract negotiations providing additional contingency. 04/07/2025 - Radiology Leadership fragility reducing capacity for Radiology team to update risks and are focused on keeping patients and staff safe with remaining leadership workforce. Therefore due date updated. SQ	Appoint to a fixed term pathways project manager to manage the pathways and centralised booking work	Procter, Sarah	Completed	This action has now changed in light of the intended work with the Digital team and potentially CGI. Additional RISP budget would be used to fund WTE via the Digital Team								
1676	Director of Finance	Digital	Digital: Information and Communication Technology	Thomas, Huw -	Tracey, Anthony	Jones, Gavin	Jones, Gavin	01-Dec-20	There is a risk of to telephone communications into and out of the Health Board. This is caused by British Telecommunications (BT) progressing towards switching off their legacy Public Switched Telephone Network (PSTN), originally planned for 2025, in 2027. They ceased sale of some PSTN services in September 2023. This also covers the legacy Integrated Services Digital Network (ISDN). This will lead to an impact/affect on the effective delivery of services by the Health Board and introduce clinical risk when divisions would be unable to	We have completed a full audit of our PSTN estate and this information is supporting the Telecomms modernisation programme in a move to modern telephone communication.	Service/Business interruption/disruption	2	4	8	We have a programme in place to move away from the legacy PSTN environment and into modern communication technologies. As we move closer to the switch-off date, which was initially set as 2025 but now pushed back to 2027, the likelihood score may be increased depending on how the programme progresses. Work commenced in January 2024. In some areas of the UK, the switch-off has occurred earlier	Complete audit of PSTN infrastructure Move legacy ISDN services to modern SIP services	Solloway, Paul Hackett, John	Completed Completed	Audit completed by 3rd Party company and report provided to the Health Board This action being taken as part of the Telecomms Modernisation Programme. Completion of this action is dependent on the upgrading work at BGH. Progress being made and on track to upgrade the phone system by Jun 25.	Digital, Data and Innovation Committee	1	1	1	All phones systems will be replaced with a VOIP solution so will not be impacted by the PSTN Switch off.	Treat	09-Jun-25

DDIC Risk Register

Date: July 2025

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									<p>clinicians would be unable to phone or receive phone calls from patients. There would also be loss of contact with GPs and WAST, in particular the red phone. This would also impact on the monitoring of Drugs Fridge Alarms, Lift phones, Fire Alarms, intruder alarms, Estates Building management systems and any other equipment connected to the PSTN network.</p> <p>Risk location, Health Board wide.</p>						has occurred earlier than planned which adds some unpredictability to the risk.	Move legacy PSTN services to modern SIP services	Hackett, John	20/12/2024-14/06/25 28/11/25	PSTN services still running at BGH awaiting a DECT Phone solution.							
2029	Operational Allied Health Professions & Health Sciences	Allied Health Professions and Health Sciences	AHP&HS: Physiotherapy	Carruthers, Andrew	Quarrie, Sara	Davies, John	Evans, Nick	21-Feb-25	<p>There is a risk of There is a risk of digital clinical records going missing or being altered with no mechanism to recover them or track changes.</p> <p>There is a risk that this leads to medico legal qualifying liability where records are not available to support investigations of incidents.</p> <p>There is the risk that the service is unable to investigate robustly investigate clinical concerns if records tracking is not available.</p> <p>There is a risk that the unavailability of records adversely impacts quality of care where clinical information of historical care is not available to inform current management plans for patients.</p> <p>This is caused by Physio services are currently utilising</p>	Draft guidance document relating to the use of edocs system. Supplementary information (Eg referrals) scanned and held in shared drive	Safety - Patient, Staff or Public	4	2	8	There have not been high levels of lost digital records to date. The service is unable to monitor if records have been retrospectively altered due to limited audit functionality. It is not possible to fully mitigate the risk of lost records or inappropriate editing of records. The current system functionality does not meet national guidelines. Missing clinical records can adversely impact patient care and put the Health Board in a litigiously vulnerable position if complaints and concerns can not be investigated.	Review of existing guideline document for the clinical use of the e docs system on WPAS. This will then need to be submitted to physio quality and safety forum and then directorate scrutiny via document control group.	Evans, Nick	30/04/2025-31/07/2025	Awaiting comments from physio service leads 24/03/25 - SOP completed barring Paediatric Physiotherapy, who are anticipating this to be completed within 2 weeks. Then to be presented and escalated to CCG. 22/05/25 - Paeds comments back. Ready for presentation and escalation to CCG.	Digital, Data and Innovation Committee	2	2	4	Service to add rationale and expected date for TRS (date below added during administrative update by Assurance and Risk Team)	Treat	02-Jul-25

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									<p>WPAS digital systems such as edocs. This is the best of the limited systems currently available to support digital records. The system does not track all changes to the records, does not save, archive and lock off previous entries, does not support document upload and does not have printing functionality.</p> <p>This will lead to an impact/affect on This could lead to an impact on the ability of the service to robustly respond to complaints and litigation issues. this could lead to impact on the services ability to robustly support clinical capability processes where there are fitness to practice concerns.</p> <p>Risk location, Health Board wide.</p>							escalate clinical governance issues to informatics service with request to raise at national forum. Request time line on solutions to current issues or definitive confirmation is system will not be modified in the next 12 months.	Davies, John	30/04/2025 31/07/2025	Pending feedback from informatics. Email request for update sent 28/02/2025. 22/05/25 - Further emails sent, no response.								
1679	Director of Finance	Digital	Digital	Thomas, Huw -	Tracey, Anthony	Williams, Carolyn	Williams, Carolyn	07-Nov-22	<p>There is a risk of to the delivery of digital transformation projects which are reliant on DHCW.</p> <p>This is caused by conflicting priorities, particularly where DHCW priorities and resources (which are outside the gift of the Health Board to manage) are not aligned with the HDUHB programme of work.</p> <p>This will lead to an impact/affect on our ability to deliver project objectives at pace and as planned. In such an event the impact would result in adverse impacts on the project deliverables including service, cost, risk etc. This could have an impact on existing systems</p>	<p>Quarterly meetings with DHCW Planning team to review HDUHB roadmap. Continue to escalate and highlight importance of access to the DHCW API (Application Programme Interface) platform. Submit DHCW service requests in advance in order support planning and resource allocation.</p> <p>Hold Project Design workshops to ensure that all DHCW controlled requirements are flagged as part of the project plan (factored into all projects going forward).</p> <p>Appointment of Integration lead on some key projects. Continue to consider this for new projects.</p> <p>Prioritisation list was sent to DHCW in</p>	Business objectives/projects	2	4	8	<p>If the above controls are not in place, then DCHW will not be aware of the implications of any of the required integrations. They will be unable to plan accordingly and current response rates indicate they would not be able to respond in a timely fashion.</p> <p>Schedule slippage can impact the service budget and delay meeting objectives (local and national).</p> <p>DHCW are provided</p>	<p>Appoint a strategic partner to work with the UHB in order to deliver its Digital Enablement plan - completed</p>	Williams, Carolyn	Completed	<p>Strategic partner may negate the need for an integration lead but however this depends on the outcome. All projects in development currently reviewed. Looking at resources required and building into Business Case. To be reviewed with Digital Director. Action is dependent on whether previous action is achieved. Strategic Partner has been appointed and further discussions underway .</p>	Digital, Data and Innovation Committee	3	2	6		Treat	28-May-25	

DDIC Risk Register

Date: July 2025

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Detailed Risk Decision	Review date		
									and their functionality as well as the delivery of new systems. The worst case scenario would be that the team cannot deliver the transformation in question, directly affecting the supported services. Patient care and efficient use of resources could be impacted. Risk location, Health Board wide.	August 2023 as requested to show them the projects which are of priority and also those which are impacting on saving plans. Appointed a strategic partner to work with the UHB in order to deliver its Digital Enablement plan as at December 2024.				with a list of our integration requirements in order of priority, which has been provided in order to help mitigate the impact of non-delivery or delay. The priority list is reviewed at the Digital Programmes Review Group and with DHCW at the quarterly SLA review meetings. Likelihood score reduced in Feb 2025 from 3 to 2 as appointed a strategic partner to work with the UHB in order to deliver its Digital Enablement plan.	Review the need for and consider options for an Integration lead depending on work involved locally and the project type.	Williams, Carolyn	Completed	Strategic partner will help with integration requests however it has been agreed that do need to appoint an integration lead locally to support key HB wide projects.All projects in development currently reviewed. Looking at resources required and building into Business Case. To be reviewed with Digital Director. Action is dependent on whether previous action is achieved. Strategic Partner has been appointed and further discussions underway .Appointment of integration lead will be subject to internal approvals. Approval for integration lead has been agreed by FCG and the appoint process is underway.										
														Integration requests are reviewed as part of the SLA meetings with DHCW to ensure the priority list is up to date.		Williams, Carolyn	Completed	Review completed during July 2024 - meeting takes place quarterly. Review completed during Digital Programme group and DHCW updated accordingly. Review due mid feb 25, further discussions with the strategic partner will help to ascertain if DHCW support is needed or not. Reviewed May 2025 - No change to priority listing with DHCW										

Report Title	Recommendation Reference	Recommendation	Management Response	Person Responsible	Original Due Date	Current Due Date	Status (Red- behind schedule, Amber- on schedule, Green- complete)	Comments/Updates
Audit Wales Medicines Management in Acute Hospitals	Audit Wales/2015/162/M D2/1	(External Recommendation) Set out a clear timescale and funding plan for implementing inpatient electronic prescribing, electronic discharge and rolling out access to the Individual Health Record (IHR).	(External Recommendation) The Medicines Management Group will lead on the discussion and the inter-professional work needed so that a plan of action can be implemented. This recommendation will need an All Wales approach as it will be a huge project. All staff involved with medicines will have to be part of the project and there will need to buy in from director level down.	Mr Owain Williams	31/03/2025	31/03/2025	External	04/04/2024 - Following a procurement exercise HDUHB contracted Better Meds as their ePMA supplier in December 2024. The programme is currently in a design and preparation phase, working with the HB strategic partner CGI to ready the HB for ePMA implementation. Welsh Government ePMA funding for 2024/25 was received by the HB and release of 2025/26 WG funding is soon expected, which will enable appointment of additional staffing resources to support the programme. The phased implementation of ePMA is expected to begin in February 2026.
Internal Audit - Data Quality Final Internal Audit Report 2024/25 (Limited)	Internal Audit/2025/436/MD 4/1	R4. Information / Intelligence Strategy The health board does not currently have a formal information / intelligence strategy that outlines not only what the organisation aims to achieve with data but also how it intends to collect, manage, analyse and apply that data effectively to ensure a coordinated and systematic approach to utilising intelligence across teams and services. This absence impacts the ability to align efforts, prioritise key areas and effectively use data for decision-making.	The Digital Response requires refreshing, and "data" will be a key element to be document. As part of the data management and analytics plan, we will look to expand how the organisation will use this information to make informed decisions and create machine learning (ML) or generative artificial intelligence (AI)	Mr Anthony Tracey	31/08/2025	31/08/2025	Amber	No progress update on AMaT
Internal Audit-Digital Strategic Partner Final Internal Audit Reports 2024/25 (Substantial)	Internal Audit/2025/484/MD 1/1	R1. Staffing Model There has not been a formal analysis of the full range digital capabilities required and which sets out how these are to be accessed across the spectrum from fully in house to fully contracted. Without this the staffing model is not fully defined and the benefits of the contract related to upskilling may not be fully	As part of any new business case for transformation, the Digital Team will conduct a digital capability assessment to ensure the utilisation of a diverse workforce model. This approach will include developing internal talent ("grow your own") and integrating the expertise of our strategic partner	Gavin Jones	31/08/2025	31/08/2025	Amber	No progress update on AMaT
Internal Audit-Digital Strategic Partner Final Internal Audit Reports 2024/25 (Substantial)	Internal Audit/2025/484/MD 2/1	R2. Financial Risk There may be a risk of pressure on the Health Board to move faster which will lead to expenditure on Digital items taking up all the available funding, with other areas not being as efficient and effective in the bidding process.	Ensure that each business case and work package is processed through the established committee governance within the Board, starting with the Digital, Data, and Innovation Committee and subsequently progressing to the Board	Gavin Jones	31/08/2025	31/08/2025	Amber	No progress update on AMaT
Internal Audit IT Infrastructure (Reasonable)	Internal Audit/2022/267/MD 3/1	R3. Suppliers should be monitored regularly, at annual review points, to ensure all contractual obligations, including claimed standards and accreditations for themselves and their staff are being maintained.	This recommendation is being picked up as part of the supply chain security workstream of our cyber programme where assurances will be sought at contract award and annual renewal of their standards and accreditations	Daniel Owen	31/07/2023	31/07/2023	Red	18/02/25 – There are plans to introduce a contract manager post within digital who will be responsible for contact review of digital suppliers. This is expected to be in post next financial year. 06/06/2025- Job description to be drafted for contract manager post, and requires approval for post funding by Executive Team. Revised implementation date of April 2026.

5.2

5.2 - National and Regional Landscape - DEFERRED

6

0 Mins

6 - For Approval

6.1

6.1 - Business Cases (as and when required)

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

- None at this time.

6.2

6.2 - Policies for Approval

- This has been included in agenda item 4.1 Information Governance Sub Committee 3As Report

7 - For Information

7.1

7.1 - DDIC Workplan 2025-26

Attachments

[DDIC Work Programme 2025-26 v2.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					✓
Assurance On Governance Arrangements Report: combined report including: <ul style="list-style-type: none"> • Corporate Risks Assigned to DDIC (3.1.20) • Operational Risks Assigned to DDIC (3.1.20) • Internal and External Audit Reports (3.1.8) • Monitoring of Ministerial Directions • Monitoring of Welsh Health Circulars (WHCs) 	HT	RW	✓ V	✓	✓	✓	✓
National and Regional Landscape	HT	HT		D	✓		
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	✓				
Recommendations of Patient Flow and E-Obs	HT	AT		✓			

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	22 Apr 2025	22 Jul 2025	7 Oct 2025	15 Jan 2026	Apr 2026
RISP – Radiology Informatics System Programme	HT	AT		✓			
LIMS – Laboratory Information Management System	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		✓		✓	
Proposal of Ambient AI within the Health Board	HT	DW		✓			
Digital leadership with Allied Health Professionals and Health Scientists (action from DDIC 22/4/25)	HT	AT			✓		
Digital Innovation & Transformation Benefits Realisation Report 2024/25	HT	AT			✓		
Data							
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		D	D	✓		✓
Annual Review IGSC TORs (10.3)	AT		✓				✓
Data Quality 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		D	✓		
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	✓	✓	✓	✓	

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	22 Apr 2025	22 Jul 2025	7 Oct 2025	15 Jan 2026	Apr 2026
Annual Review RISC TORs (10.3)	LP	CH	✓				✓
RISC Workplan (3.1.24)	LP	CH	✓				✓
Research & Development Implementation of the NHS Framework and Strategic Plan (10.4.1)	LP	CH	✓	✓			✓
Commercialisation of Research, Innovation (TriTech Business Plan and KPI Monitoring for TriTech Institute) (3.1.17)	LP	CH/SH				✓	
TriTech Peer Review Report	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				✓	
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
RW Rachel Williams
CH Chris Hopkins

V Verbal

JW Joanne Wilson
DW Daniel Warm
SH Sally Hore

MH Mark Henwood
SA Shaun Ayres
CSO Committee Services
Officer

AT Anthony Tracey
LG Leighton Phillips
D Deferred

8

8 - Any Other Business

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

9 - Date and Time of next meeting

9.30am-12.30pm Tuesday 07 October 2025