

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

<b>DYDDIAD Y CYFARFOD:</b> <b>DATE OF MEETING:</b>	07 October 2025
<b>TEITL YR ADRODDIAD:</b> <b>TITLE OF REPORT:</b>	Digital Strategic Plan <ul style="list-style-type: none"> <li>Business Proposal – Patient Service Centre and Patient CRM/PRM</li> </ul>
<b>CYFARWYDDWR ARWEINIOL:</b> <b>LEAD DIRECTOR:</b>	Huw Thomas, Executive Director of Finance
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**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA**  
**SBAR REPORT**

Sefyllfa / Situation

The purpose of this report is to provide the Committee with an update on the progress of the Digital Strategic Plan, with particular emphasis on the current business case pipeline. This update outlines key developments, highlights emerging priorities, and details the status of business cases under development or review, ensuring the Committee has clear oversight of both strategic direction and forthcoming investment decisions.

Cefndir / Background

The Digital Response, first published in 2020, was rapidly adapted to address the urgent needs of the COVID-19 pandemic, prioritising immediate digital solutions like Microsoft 365 over longer-term initiatives. Lessons learned during this period are now informing a comprehensive redraft of the plan, which will focus on enabling digital service improvement and transformation across the Health Board.

The revised approach involves a thorough assessment of digital needs and opportunities, with an emphasis on integrating digital programmes, safeguarding information, and improving digital literacy. Key themes include the implementation of electronic health records (EHR), foundational systems such as Patient Flow and ePrescribing, and the creation of a Patient Services Centre to streamline care and enhance operational efficiency.

Empowering patients through digital tools, adopting national systems, and aligning with national standards are central to the new plan. The strategy also prioritises leadership, planning, and digital skills development to support technology adoption and patient engagement. Overall, the revised Digital Response aims to create a value-based, resilient health system that delivers better outcomes for patients and supports the Health Board's long-term digital ambitions.

## Asesiad / Assessment

This section presents an overview of the current business case pipeline supporting the Digital Strategic Plan. Each business case outlines a proposed investment in digital infrastructure, systems, or services designed to address identified needs, drive transformation, and deliver measurable benefits for patients, staff, and the organisation. The business cases have been developed through a collaborative process, ensuring alignment with both national priorities and local objectives. The following summaries provide the committee with clear visibility of the scope, anticipated impact, and next steps for each proposal, enabling informed decision-making and effective prioritisation of resources.

### **Patient Services Centre / Patient Relationship Management Tool**

A number of Scoping Workshops have taken place; these have been pivotal aimed at shaping the future direction of the Patient Service Centre (PSC) and the Patient Clinical Response Model/Patient Relationship Manager (CRM/PRM) initiative as part of Hywel Dda University Health Board's (HDdUHB) digital transformation programme. The workshop brought together key stakeholders from HDdUHB and CGI to collaboratively define the scope, requirements, and strategic context for these projects, which are central to improving patient experience, operational efficiency, and care outcomes across the Health Board.

The workshop's primary objective was to develop an options analysis for the PSC and Patient CRM/PRM, recognising their interdependency and importance to the Health Board's 10-year vision for digital excellence. The session followed the "Better Business Cases" methodology, ensuring a structured approach to determining strategic context, making the case for change, exploring options, and identifying critical success factors, benefits, risks, and dependencies.

The current patient service landscape is fragmented, with appointment management, referral coordination, and patient support services handled across multiple channels, systems, and teams. This leads to inefficiencies, inconsistent patient experiences, and challenges in data management and analysis. The workshop highlighted the need for a centralised PSC to streamline communication, improve access, and provide a single point of contact for patients, supported by a comprehensive 360° View of patient information.

The proposed PSC will centralise functions such as appointment management, information and guidance, referral coordination, follow-up care, patient support services, data management, and communication. The Patient CRM/PRM will enable clinicians and staff to access unified patient records, supporting better decision-making and care coordination. The scope includes integration with national systems (e.g., NHS Wales App, Patient Knows Best (PKB)), support for multiple communication channels, and alignment with regional and national digital strategies.

Key benefits identified include:

- Reduced missed appointments (Did Not Attends (DNAs)) and cancellations, freeing up clinical capacity and reducing costs.
- Improved staff productivity and ability to focus on patient care.
- Enhanced patient self-service and satisfaction through digital tools.
- Lower administrative burden and postage costs.
- Shorter patient waiting times and improved access to care.
- Reduced carbon footprint through digital-first processes.

The workshop identified several risks, including system resilience, resistance to change, usability and adoption challenges, data integration issues, information governance, clinical risk from incomplete data, cybersecurity threats, misalignment of expectations, and digital

exclusion. Mitigations include robust technical design, stakeholder engagement, co-design, comprehensive training, adherence to integration standards, clear governance frameworks, and maintaining non-digital access channels.

Success will depend on strategic alignment with local, regional, and national policies; value for money; supplier capability; affordability; and achievability within set timescales. The solution must be user-friendly, scalable, and able to deliver measurable improvements in patient care and operational efficiency.

The detailed draft proposal outlining the scope, cost assumptions, and strategic rationale for the initiative is provided in **Appendix 1**. This document will serve as a foundational reference for further discussion and refinement into a formal 5 Case Business Case and should be reviewed in conjunction with the main body of this report to ensure a comprehensive understanding of the proposed approach.

To summarise:

- **Key drivers** include reducing missed appointments (currently 6.9% DNA rate), improving patient satisfaction, streamlining workflows, and enhancing data quality. The initiative aligns with national and regional strategies, supports HDdUHB's 10-year vision, and is informed by extensive stakeholder engagement.
- **Expected benefits** are both quantitative (e.g., reduced DNAs, fewer cancellations, increased staff productivity, and significant cost savings) and qualitative (e.g., improved patient experience, faster access to care, and better data for decision-making).
- **Risks** have been identified and mitigations planned, including system outages, resistance to change, data integration challenges, and digital exclusion. The programme will be delivered in tranches, with robust governance and ongoing stakeholder engagement.

### **Next Steps:**

To ensure the successful delivery of the Patient Service Centre and Patient CRM/PRM initiatives, it is essential to move forward with a clear and structured implementation plan. The following next steps outline the immediate actions required to progress from proposal to execution, ensuring robust governance, effective stakeholder engagement, and timely realisation of the anticipated benefits. These steps are designed to maintain momentum, manage risks, and provide a strong foundation for the digital transformation journey across Hywel Dda University Health Board.

- **Approval of Business Case:**  
Seek formal approval from the Board at the January 2026 meeting to proceed with the Patient Service Centre and Patient CRM/PRM initiatives as outlined in the proposal.
- **Establish Programme Governance:**  
Confirm programme governance arrangements, including oversight by the Digital, Data and Innovation Committee (DDIC) and regular reporting mechanisms.
- **Detailed Planning and Resourcing:**  
Develop a detailed implementation plan, including resource allocation, timelines, and key milestones for delivery.
- **Stakeholder Engagement:**  
Continue and expand engagement with patients, clinicians, administrative staff, and external partners to refine requirements and ensure buy-in.
- **Procurement and Supplier Selection:**  
Initiate procurement processes for technology, integration, and change management partners, ensuring alignment with value for money and capability criteria.

- **Technical Design and Integration:**  
Begin technical design work, focusing on rapid integration of telephony, CRM, and patient administration systems, and ensuring interoperability with existing platforms.
- **Change Management and Training:**  
Develop and deliver a comprehensive change management and training programme to support staff adoption and minimise resistance.
- **Pilot and Phased Rollout:**  
Plan and execute a pilot phase, followed by a phased rollout across the Health Board, with clear criteria for success and mechanisms for feedback and adjustment.
- **Benefits Realisation and Monitoring:**  
Establish robust monitoring and evaluation processes to track progress against key performance indicators, manage risks, and ensure delivery of anticipated benefits.
- **Ongoing Communication:**  
Maintain transparent and regular communication with all stakeholders throughout the implementation process.

### Argymhelliad / Recommendation

The Committee are requested to:

- **RECEIVE ASSURANCE** from the proposed approach to the Patient Services Centre and Patient Relationship Management Tool

### 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 <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	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: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	9. All HDdUHB Well-being Objectives apply

### Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	Not applicable
Rhestr Termiau: Glossary of Terms:	Contained within the report
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)

<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	The financial and service impacts of the digital plan are evident in the substantial investments made and the significant improvements in service delivery. These efforts reflect our commitment to creating a modernised, patient-centered system of care that aligns with national digital standards and local healthcare priorities.  Each of the trenches, and projects will be subject to further business cases.
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	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.
<b>Gweithlu:</b> <b>Workforce:</b>	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
<b>Risg:</b> <b>Risk:</b>	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.
<b>Cyfreithiol: Legal:</b>	Not applicable
<b>Enw Da: Reputational:</b>	The successful execution of the digital plan can greatly enhance our organisations reputation as a leader in digital innovation within the healthcare sector. By integrating advanced digital tools and platforms, we demonstrate our commitment to improving patient care, operational efficiency, and data security. This proactive approach can attract positive media coverage, bolster public trust, and strengthen relationships with stakeholders, including patients, staff, and partners. The digital plan's emphasis on enhancing service delivery and patient outcomes aligns with our mission to provide high-quality, value-based healthcare, further solidifying our reputation as a forward-thinking and patient-centered organisation.
<b>Gyfrinachedd: Privacy:</b>	Not applicable
<b>Cydraddoldeb: Equality:</b>	All business cases / projects will be subject to an equality assessment

## Appendix 1

### Hywel Dda Patient Service Centre & Patient CRM/PRM Draft Proposal Hywel Dda University Health Board September 2025

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#### 1. Executive Summary

Hywel Dda University Health Board (HDdUHB) is at a pivotal moment in its digital transformation journey. The Board experiences challenges in patient access, care coordination, and operational efficiency, exacerbated by fragmented systems and manual processes. This proposal recommends investment in two interdependent digital initiatives:

- **Patient Service Centre (PSC):** A centralised, multi-channel hub for all patient contact, appointment management, referral coordination, and support services, designed to simplify access and improve patient and staff experience.
- **Patient CRM/PRM:** An integrated, real-time clinical view of patient information across all care settings, enabling safer, faster, and more joined-up care for clinicians and multi-disciplinary teams.

These initiatives are foundational to HDdUHB's 10-year vision of becoming a fully digital Health Board, supporting improved outcomes, operational efficiency, and financial sustainability. The proposal is structured according to the business cases framework and is informed by extensive stakeholder engagement, including workshops with patients, clinicians, and administrative staff.

The expected outcomes include reduced missed appointments (DNAs), improved patient satisfaction, streamlined workflows, enhanced data quality, and a robust platform for future digital innovation. The proposal sets out the strategic context, case for change, investment objectives, scope, benefits, risks, constraints, critical success factors, and next steps for delivery.

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#### 2. Strategic Context

##### 2.1. Vision and Drivers

HDdUHB's strategic vision is to transform healthcare services in Mid and West Wales, addressing the needs of a growing and aging population. The Board's ambitions are to:

- Empower patients through digital platforms, enabling self-management, improved access to care, and greater involvement in their own health journeys.
- Support the workforce in delivering patient-centred care, reducing administrative burden, and improving job satisfaction and retention.
- Enhance financial sustainability and patient outcomes through streamlined processes, data-driven decision-making, and efficient use of resources.

##### 2.2. Policy and Programme Alignment

This proposal is fully aligned with:

- National and regional strategies: Including "A Healthier Mid and West Wales," NHS Wales digital transformation goals, and the Welsh Government's focus on integrated, equitable, and efficient care.
- Better Business Cases methodology: Ensuring a robust, evidence-based approach to investment decisions.
- HDdUHB's transformation programme: Delivered in tranches, with PSC and Patient CRM/PRM as key components of Tranche 1, alongside E-Forms and Virtual Wards in future phases.

### **2.3. Programme Structure and Governance**

- Tranche-based delivery: Ensures manageable, phased implementation with clear milestones and benefits realisation.
  - Stakeholder engagement: Ongoing involvement of patients, clinicians, administrative staff, and external partners to ensure solutions meet real-world needs.
  - Governance: Oversight by the Digital, Data and Innovation Committee (DDIC), with regular reporting to the Board and alignment with national digital health governance structures.
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## **3. Case for Change**

### **3.1. Current State Analysis**

#### **Patient Experience**

Patients currently face a complex and fragmented landscape when accessing care:

- Multiple, disconnected points of contact (call centres, clinic secretaries, online portals, support lines).
- Long call queues, duplicated administration, and inconsistent information.
- High rates of missed appointments (DNAs), delays in referrals and follow-up care.
- Poor communication, lack of transparency, and inconsistent patient experiences.
- Digital tools exist (e.g., Hywel Dda Post), but adoption is variable, and not all services are integrated.

#### **Staff Experience**

Staff are burdened by:

- Manual, inconsistent processes for appointment management, referrals, and patient support.
- Excessive time spent on administration, detracting from direct patient care.
- Fragmented communication between departments and sites.
- Difficulty accessing up-to-date patient information, leading to inefficiencies and potential safety risks.

#### **Data Fragmentation**

- Clinical and administrative data are scattered across multiple systems ( Welsh Patient Administration System (WPAS), Welsh Clinical Portal (WCP), Welsh Nursing Care Record (WNCR), Welsh Laboratory Information Management System (WLIMS), RADIS, Eclipse).
- Lack of interoperability hampers data analysis, demand forecasting, and service improvement.
- Incomplete or delayed data can lead to errors, duplication, and missed opportunities for proactive care.

### **3.2. Key Challenges and Evidence**

Access to outpatient services within HDdUHB continues to present significant challenges, as evidenced by the numbers of patients waiting over a year for their first outpatient appointment. While there are improvements, in long waits since April 2022, it still highlights ongoing challenges in meeting patient demand and ensuring timely access to care. Efficiency within the system is also a concern, with a Did Not Attend (DNA) rate of 6.9%. This translates to approximately 21,000 missed appointments each year, which results in wasted clinical resources and also contributes to delays in treatment and increased pressure on waiting lists.

Timeliness of care delivery is further impacted by performance against diagnostic and therapy targets. Only 67% of patients requiring diagnostic tests and 80% of those needing therapy are seen within the recommended timeframes. The number of patients waiting more

than 14 weeks for therapy has doubled since April 2022, highlighting increasing pressure on service provision and a need for more effective scheduling and resource allocation. Resource utilisation across the Health Board is suboptimal, with staff frequently diverted from direct patient care to administrative duties. This inefficiency is compounded by the high number of late cancellations, including 2,277 elective surgical admissions that were cancelled within 24 hours during the 2024–25 period. Such last-minute changes not only waste valuable clinic slots but also disrupt care pathways and increase operational costs.

Ultimately, these systemic challenges have a direct impact on patient outcomes. Delays in receiving treatment, fragmented support services, and inconsistent follow-up processes undermine patient safety and satisfaction. Patients may experience prolonged discomfort, anxiety, or deterioration in their health while waiting for care, and the lack of coordinated support can lead to missed opportunities for early intervention or holistic management of their conditions. Addressing these issues is essential to improving both the quality and equity of healthcare delivery across the region.

### **3.3. Stakeholder Insights**

Through a series of workshops and engagement sessions with clinicians, and administrative staff, several critical priorities for service transformation have emerged. Participants repeatedly emphasised the urgent need for a single, centralised point of contact that could handle all patient enquiries and appointment / booking management. The current system, with its multiple contact numbers and fragmented processes, often leads to confusion, delays, and frustration for patients seeking information or trying to manage their appointments. By consolidating these functions into a unified hub, the Health Board could greatly simplify the patient journey, ensuring that individuals receive timely and consistent support regardless of their point of entry.

In addition to streamlining access, there was a strong and consistent call for the adoption of modern digital tools. Patients and staff alike expressed a desire for solutions that would empower individuals to take greater control of their healthcare interactions. Features such as online self-service portals, automated reminders, and the ability to easily rebook or change appointments were highlighted as essential for improving convenience and reducing missed appointments. These digital capabilities are seen not only as a way to enhance patient autonomy but also as a means to alleviate administrative pressures on staff and improve overall system efficiency.

Clinicians, meanwhile, underscored the importance of having an integrated clinical view of each patient. Currently, information is often fragmented across multiple systems, making it challenging for healthcare professionals to access a complete and up-to-date record at the point of care. An integrated solution would enable clinicians to make safer, faster, and more coordinated decisions, ultimately leading to better patient outcomes. The ability to see the full picture, which encompassing referrals, appointments, test results, and previous interactions, was described as vital for delivering high-quality, joined-up care across the Health Board.

Collectively, these insights from engagement activities provide a clear mandate for change: to create a more accessible, efficient, and patient-centred system that leverages digital innovation and supports clinicians in delivering the best possible care.

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## **4. Investment Objectives**

The investment objectives for this programme have been carefully developed to align with the STEEEP (safe, timely, effective, efficient, equitable and patient-centred) framework, which emphasises the importance of delivering care that is STEEP. These objectives serve as the foundation for the entire project, providing a clear rationale for why this transformation is

necessary. By articulating these aims, the Health Board ensures that every aspect of the initiative is focused on addressing the most pressing needs of patients, staff, and the wider health system. Ultimately, these objectives are designed to answer the fundamental question: “Why are we undertaking this project?”, ensuring that the proposed changes are purposeful, measurable, and directly linked to improved outcomes for all stakeholders.

The following are the high-level investment objectives:

#### **4.1. Improve Effectiveness**

- Goal: Optimise the quality of public services and delivery of agreed outcomes.
- How: Enable clinicians and staff to access clear, actionable patient information, supporting better decision-making and improved health outcomes.
- Measures: Improved clinical outcomes, reduced errors, higher patient and staff satisfaction.

#### **4.2. Increase Efficiency**

- Goal: Simplify care pathways, reduce manual and duplicated processes, and enable faster, more accurate service delivery.
- How: Streamline appointment management, referral coordination, and patient support through digital automation and centralisation.
- Measures: Reduced call volumes, faster call resolution, increased staff productivity, lower administrative costs.

#### **4.3. Enhance Economy**

- Goal: Lower the cost and administrative burden of care through digital automation and increased patient self-service.
- How: Reduce wasted resources from missed appointments, late cancellations, and inefficient processes.
- Measures: Cost savings from reduced DNAs, postage, and administrative effort; improved resource utilisation.

#### **4.4. Ensure Compliance**

- Goal: Meet statutory, regulatory, and best practice requirements for data management, privacy, and accessibility.
- How: Implement robust information governance, data protection, and accessibility standards, including Welsh language compliance.
- Measures: Compliance with NHS and Welsh Government standards, successful audits, no major IG incidents.

#### **4.5. Support Future Improvement**

- Goal: Enable better data collection, analysis, and reporting to inform ongoing service development and innovation.
- How: Provide a foundation for future digital initiatives (e.g., E-Forms, Virtual Wards), and support continuous improvement.
- Measures: Enhanced analytics capability, ability to monitor and improve performance, readiness for future digital transformation.

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## **5. Scope**

### **5.1. In Scope**

#### **Patient Service Centre (PSC)**

The centralised contact centre will act as the cornerstone of patient engagement, offering a single, unified point of access for all patient enquiries, appointment management, and

support needs. This service will be accessible through a wide range of channels—including telephone, web portals, mobile applications, SMS, email, and in-person visits—ensuring that patients can interact with the Health Board in the way that best suits their preferences and circumstances. By consolidating these touchpoints, the Health Board aims to eliminate confusion, reduce duplication, and provide a seamless experience for patients navigating the healthcare system.

Appointment management within this model will be comprehensive, covering the entire lifecycle of a patient's interaction with outpatient, therapy, community, social care, and mental health services. Patients will be able to book, rebook, or cancel appointments with ease, receive timely reminders to reduce the likelihood of missed appointments, and access support for any queries or changes related to their care. This streamlined approach is designed to improve attendance rates, optimise clinic utilisation, and ensure that patients receive the care they need without unnecessary delays.

Referral coordination will also be significantly enhanced. The new processes will facilitate the efficient management of referrals from general practitioners, self-referrals, and internal transfers between departments. Each referral will be tracked and prioritised according to clinical risk, ensuring that urgent cases are identified and managed promptly, while routine referrals are processed efficiently. This will help to reduce waiting times, improve patient flow, and ensure that resources are allocated where they are most needed.

In addition to managing appointments and referrals, the Patient Service Centre will serve as a reliable source of information and guidance. Patients and their families will have access to accurate, up-to-date details about available services, current waiting times, support options, and the various pathways through the healthcare system. This transparency will empower patients to make informed decisions about their care and set realistic expectations about their treatment journey.

The integration of patient support services is another key feature of the centre. By bringing together mental health, social care, and other support resources, the centre will be able to proactively identify patients who may require additional assistance and facilitate timely referrals to the appropriate services. This holistic approach recognises that many patients have complex needs that extend beyond clinical care and seeks to address these in a coordinated manner.

Finally, robust mechanisms will be established for collecting patient feedback, managing complaints, and responding to crises or urgent needs. The centre will provide clear channels for patients to share their experiences, raise concerns, or seek help in emergency situations. This feedback will be used to drive continuous improvement, ensuring that the service remains responsive, patient-centred, and capable of adapting to the evolving needs of the community.

### **Patient CRM/PRM**

The creation of a unified clinical record represents a transformative step in how patient information is managed and accessed across the Health Board. By integrating data from a comprehensive suite of core systems—including WPAS, WCP, WNCR, WLIMS, RADIS, Eclipse, and other relevant platforms, the Health Board will provide clinicians with a single, consolidated, and real-time view of each patient's health record. This integration eliminates the silos that have historically fragmented patient data, ensuring that all relevant clinical, administrative, and diagnostic information is available at the point of care.

With this unified record, clinicians working in multi-disciplinary teams will have immediate access to up-to-date patient information, regardless of whether they are operating in inpatient

wards, outpatient clinics, or community settings. This real-time access supports safer clinical decision-making, reduces the risk of errors or duplicated tests, and enables more coordinated and efficient care. For example, a patient's test results, referral history, care plans, and previous interactions will all be visible in one place, allowing for a holistic understanding of their needs and facilitating seamless transitions between different care environments.

A key feature of this approach is its seamless integration with national digital health platforms, such as the NHS Wales App and Patients Know Best. This connectivity ensures that patient information can flow securely and efficiently between local Health Board systems and national repositories, supporting continuity of care even when patients move between different parts of the NHS or access services outside the immediate Health Board area. It also empowers patients to view and manage aspects of their own health information, fostering greater engagement and transparency.

Importantly, the scope of the unified clinical record extends beyond traditional hospital-based care. It encompasses community nursing, elective waiting lists, and social care, recognising that many patients receive support from a range of services throughout their health and care journey. By including these extended care settings in the integrated view, the health board can better coordinate care for individuals with complex needs, reduce duplication of effort, and ensure that all professionals involved in a patient's care have access to the same, accurate information. This holistic, system-wide perspective is essential for delivering truly person-centred care and for supporting the health board's broader ambitions for digital transformation and service integration.

## **5.2. Out of Scope**

Legacy paper and scanned records will generally fall outside the scope of this initiative, except in cases where their inclusion is necessary for integration with digital systems or to meet specific legal or regulatory requirements. This means that while the primary focus will be on digital data, provisions will be made to ensure that essential information from paper or scanned documents can be accessed or incorporated where absolutely required for continuity of care or compliance.

Additionally, services that are not directly managed by HDdUHB, such as those provided by external organisations or through digital platforms not overseen by the health board, are excluded from the immediate scope of this programme. This ensures that the project remains focused on areas where the health board has direct control and responsibility, while still allowing for future collaboration or integration with external providers as the digital ecosystem evolves.

## **5.3. Users and Channels**

The Patient Service Centre and Patient CRM/PRM initiatives are designed to serve a diverse range of users across the health and care system. Primary users include patients themselves, as well as their families, carers, and advocates, who may be involved in supporting or coordinating care. The system will also be utilised by a broad spectrum of healthcare professionals, including clinicians such as doctors, nurses, allied health professionals (AHPs), and pharmacists. In addition, administrative and operational staff, such as call handlers, service delivery managers, medical secretaries, community providers, general practitioners (GPs), ward clerks, and ambulance staff, will rely on the platform to manage workflows, coordinate services, and ensure seamless communication across different care settings.

To meet the varied needs and preferences of these users, the service will be accessible through a comprehensive array of communication channels. Patients and staff will be able to

interact with the system via traditional methods such as telephone and in-person visits, as well as through modern digital channels including video consultations, live chat, web portals, email, and SMS messaging. The platform will also support engagement through dedicated mobile applications and social media, ensuring accessibility for users who prefer digital-first solutions. Additionally, integration with specialist platforms and tools will be considered to further enhance the system's reach and functionality. This multi-channel approach is designed to maximise inclusivity, convenience, and responsiveness, ensuring that all users can access the support and information they need, whenever and however they choose.

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## **6. Benefits**

### **6.1. Quantitative Benefits**

One of the most significant benefits anticipated from the new system is a reduction in DNA rates. By making it easier for patients to rebook appointments, providing timely reminders, and enabling dynamic scheduling with patient-managed options, the Health Board can expect to see a substantial decrease in missed appointments. For example, the Imperial Patient Service Centre (PSC) pilot achieved a reduction in DNAs of over 4%, which translated into thousands of additional appointments being made available and resulted in considerable cost savings. In addition to reducing DNAs, the system is expected to lower the number of cancellations and unused appointment slots. With faster reallocation of appointments, benchmark sites have seen hospital cancellations drop by more than 11% and patient cancellations by approximately 4%, ensuring that clinical capacity is used more efficiently.

The introduction of digital self-service and streamlined processes will also lead to reduced call volumes and shorter handling times. Patients will be able to resolve many of their queries independently or with minimal staff intervention, leading to faster call resolution, less administrative effort, and a lower overall cost per enquiry. The Imperial PSC, for instance, managed to reduce average handling time by 57 seconds per call, freeing up valuable staff time that can be redirected toward patient care. These efficiencies contribute directly to staff productivity gains, as more enquiries and bookings can be processed with the same resources, and clinical staff are able to focus more on delivering care rather than managing administrative tasks. The impact of these changes is clear: the Imperial PSC processed 110 referrals per day compared to 70 previously, representing a 57% increase in productivity.

Finally, these operational improvements drive significant cost savings for the health board. Reduced postage costs, fewer missed appointments, and a lower carbon footprint due to less travel and paper use all contribute to a more sustainable and financially responsible service. It is estimated that a 20% reduction in DNA rates alone could save the health board approximately £0.6 million per year, underscoring the substantial value of these enhancements.

### **6.2. Qualitative Benefits**

The implementation of the new system is expected to deliver a markedly improved patient experience, characterised by better access to services, clearer communication, and higher overall satisfaction. Evidence from the Medway NHS deployment demonstrates that such digital transformation can lead to materially enhanced access and patient experience, with individuals finding it easier to navigate the system and receive timely support. A key aspect of this improvement is the increased ability for patients to self-serve; with more digital tools at their disposal, patients can independently manage their appointments, receive reminders, and make changes as needed. This not only empowers patients and gives them greater control over their healthcare journey but also reduces the administrative workload for staff, allowing them to focus on more complex or urgent needs.

Additionally, the system is designed to reduce patient waiting times by making it easier to access earlier appointment slots and facilitating more efficient scheduling. This reduction in delays directly contributes to better health outcomes, as patients can receive assessment and treatment more promptly. Another significant benefit is the enhancement of data quality and analytics capabilities. With integrated and accurate data, the health board will be better equipped to monitor performance, identify emerging trends, and target interventions where they are most needed, supporting a culture of continuous improvement.

Staff will also benefit from these changes, as the reduction in administrative burden and the introduction of clearer, more streamlined processes will make their work more manageable and rewarding. Improved support for clinical decision-making, enabled by better access to comprehensive patient information, will further enhance job satisfaction and contribute to a more positive working environment. Collectively, these improvements will help foster a more responsive, efficient, and patient-centred health system.

**6.3. Calculation Methods and Benchmarks**

To ensure that the anticipated benefits of the Patient Service Centre and Patient CRM/PRM initiatives are both measurable and achievable, a robust approach to calculations and benchmarking has been adopted. This involves using clear, evidence-based methods to quantify improvements in key performance areas such as DNA rates, appointment cancellations, call -handling times, and staff productivity. Where possible, these calculations are supported by real-world benchmarks drawn from comparable NHS transformation programmes, such as Imperial and Medway PSC pilots. By grounding projections in proven methodologies and external examples, the health board can set realistic targets, monitor progress effectively, and demonstrate the value of investment to stakeholders.

<b>Benefit Area</b>	<b>Calculation Method</b>	<b>Example / Benchmark</b>
Reduced DNAs	$(\text{Baseline DNA rate \%} - \text{New DNA rate \%}) \times \text{Annual appointment volume} \times \text{Cost per missed appointment}$	Imperial PSC pilot: DNAs reduced by >4%
Reduced cancellations/unused slots	$(\text{Cancellations before} - \text{Cancellations after}) \times \text{Average cost per appointment}$	Imperial PSC pilot: hospital cancellations down >11%, patient cancellations down ~4%
Reduced call handling time and cost	$(\text{Baseline cost per call} - \text{New cost per call}) \times \text{Annual call volume}$	Imperial PSC lowered handling cost per call by 57 seconds
Staff productivity gains	$((\text{Calls per agent per day after} - \text{Calls per agent per day before}) / \text{Calls per agent per day before}) \times \text{FTE count} \times \text{Staff cost per FTE}$	Imperial PSC processed 110 vs 70 referrals/day (+57%)
Increased ability for patients to self-serve	$(\text{Agent cost per enquiry} - \text{Self-service cost}) \times \text{Annual volume of self-service enquiries}$	~30% callers chose self-service at Medway
Improved patient experience (Qualitative)	% change in Patient Experience Satisfaction Score (FFT), % change in complaints volumes	Medway reports improved access and experience

**7. Risks & Mitigations**

Risk management is a critical component of the successful delivery of the Patient Service Centre and Patient CRM/PRM initiatives. Given the scale and complexity of digital transformation across HDdUHB, it is essential to proactively identify, assess, and mitigate

potential risks that could impact the achievement of programme objectives. This section outlines the key risks associated with the implementation of these initiatives, along with corresponding mitigation strategies, to ensure that challenges are managed effectively and that the benefits of the programme are realised in a safe, timely, and sustainable manner.

### 7.1. Risk Register

Risk	Description	Impact	Mitigation	Residual Risk
Single point of failure	Outage of PSC or platform	Loss of access, reputational damage	Cloud-based architecture, failover systems, DR/BCP testing	Low
Resistance to change	Staff reluctance to adopt new systems	Delayed adoption, morale issues	Stakeholder engagement, co-design, training	Medium
Poor usability	Systems not intuitive	Low adoption, errors	User-centred design, usability testing	Low
Poor data integration	Incomplete or delayed data flows	Errors, safety risks	HL7/FHIR standards, phased rollout, testing	Medium
Information governance incidents	Data breaches or inappropriate access	Regulatory fines, loss of trust	DPIAs, role-based access, audits	Low
Clinical risk from data	Inaccurate or missing data	Patient safety risk	Data quality checks, clinical validation	Medium
Cybersecurity breaches	Increased attack surface	Data loss, service disruption	DSPT & Cyber Essentials, penetration testing	Medium
Misalignment of expectations	Project fails to deliver expected outcomes	Disillusionment, wasted investment	Benefits analysis, KPIs, stakeholder engagement	Low
Digital exclusion	Some patients unable to use digital channels	Inequity, complaints	Non-digital channels, digital literacy support	Low
Resource constraints	Insufficient staffing or funding	Delays, reduced quality	Realistic planning, phased implementation	Medium
Legacy system limitations	Old systems may not support integration	Delays, increased costs	Technical assessment, phased decommissioning	Medium

### 8. Constraints & Dependencies

The successful delivery of the Patient Service Centre and Patient CRM/PRM initiatives will depend on recognising and effectively managing a range of constraints and dependencies. These factors include both internal and external elements that could influence the pace, scope, and overall impact of the programme. Constraints such as system interoperability, resource availability, compliance requirements, and data quality must be addressed to ensure smooth implementation. At the same time, the project's success will rely on several key dependencies, including the adoption of standardised processes, engagement and buy-in from stakeholders, and the timely integration of supporting technologies. By proactively identifying and planning for these constraints and dependencies, the Health Board can mitigate risks, allocate resources efficiently, and maximize the likelihood of achieving the intended benefits.

The solution checklist for the Patient Service Centre and Patient CRM/PRM initiatives encompasses several critical operational and technical requirements. First and foremost, there must be rapid and effective integration of telephony, customer relationship

management (CRM), and patient administration or electronic patient record (PAS/EPR) systems to ensure seamless workflows across the organisation. Staffing and training are also essential, with a central team that is not only adequately resourced but also equipped with the appropriate specialty knowledge to manage the new systems and processes. Demand management capabilities are required so that the system can handle peaks in activity and provide extended hours of service, ensuring accessibility for all users. Compliance with Welsh language and accessibility standards is a non-negotiable aspect, guaranteeing that services are inclusive and meet statutory obligations. Maintaining high data quality is also vital, with a focus on ensuring the provenance and timeliness of data from all sources. Strong governance structures must be in place, including robust consent management and role-based access controls to protect patient information.

Finally, the management of legacy data, such as paper and scanned records, must be addressed, as these can affect the completeness and reliability of the digital record and may require special handling to ensure continuity of care.

In addition to these solution requirements, there are several key dependencies that will influence the success of the programme. System interoperability is fundamental; existing systems must be capable of supporting integration and effective data sharing to avoid silos and duplication. The adoption of consistent, standardised processes across all departments and sites is also necessary to ensure uniformity and efficiency in service delivery. Continuous improvement of clinical and administrative pathways will be required to adapt to evolving needs and maximise the benefits of digital transformation. Securing stakeholder buy-in is another critical dependency, as the engagement and support of both clinical and administrative teams are essential for successful implementation and sustained change. Lastly, the availability of sufficient funding and resources must be ensured, both for the initial rollout and for ongoing support, to maintain momentum and achieve the intended outcomes of the initiative.

## 9. Critical Success Factors

Critical Success Factors (CSFs) are the attributes essential for successful delivery of the project, against which the initial assessment of the options for the delivery of the project will be appraised, alongside the spending objectives.

CSF	Description
Strategic fit and business needs	The solution aligns to local, regional, and national policies and strategies, and addresses the specific needs of HDdUHB's population and workforce.
Potential Value for Money	The option must reflect good value for money compared to competitor solutions, with clear evidence of cost-effectiveness and return on investment.
Supplier capacity and capability	The supplier must have the capacity and capability to deliver the scope of work, with a proven track record of successful delivery in similar settings. The solution must enable good usability and user experience.
Potential affordability	The solution must be affordable within the health board's budget, taking into account the total cost of ownership (TCO) over the lifecycle of the solution.
Potential achievability	Implementation must be achievable within the required timescales, with sufficient resources and support for business change activities to ensure successful adoption and benefits realisation.

## 10. Financial Case

The financial case is currently under development and will form an integral part of the overall business case. It will provide a detailed assessment of the costs, funding sources, value for money, and affordability of the proposed initiative, ensuring alignment with strategic priorities and financial governance requirements.