

**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>	In Year Delivery - Digital Operational Plan
<b>CYFARWYDDWR ARWEINIOL:</b> <b>LEAD DIRECTOR:</b>	Huw Thomas, Executive Director of Finance
<b>SWYDDOG ADRODD:</b> <b>REPORTING OFFICER:</b>	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 report 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.

The report will also provide the Committee with a comprehensive update on the planned deployment timelines for a number of key national and local foundational digital systems. It outlines the current status of each programme, highlights any changes to expected go-live dates, and assesses the potential operational and strategic impacts on the organisation. This includes consideration of interdependencies, resource implications, and alignment with broader national digital health priorities.

Cefndir / Background

Whilst the Health Board continues to make significant progress in its digital transformation journey, the deployment of national and local foundational digital systems remains a complex and evolving challenge. These programmes are critical to supporting clinical care, operational efficiency, and the delivery of strategic objectives aligned with national digital health priorities.

The implementation of systems such as Radiology, Laboratory Information Management System (LIMS), Electronic Prescribing and Medicines Administration (ePMA), and Patient Flow/eObservations is subject to a range of external and internal factors. These include supplier readiness, integration complexities, resource availability, and the need for robust assurance processes to safeguard clinical safety and service continuity.

Recent months have seen a number of changes to deployment timelines, driven by supplier delays, technical challenges, and the need for additional validation and testing. These changes

have required the Health Board to adapt its planning, reallocate resources, and maintain close engagement with national programme teams and suppliers. The ongoing management of risks and interdependencies is essential to ensure that the benefits of digital transformation are realised without compromising patient care or organisational resilience.

**Asesiad / Assessment**

Outlined below are the key updates relating to current programme activities and associated risks. These reflect the latest developments, decisions, and concerns raised across workstreams and governance forums. Each item has been reviewed to ensure clarity on status, implications, and next steps. The programmes included within this update are:

- Radiology Informatics System Programme (RISP)
- Laboratory Information Management System (LIMS)
- Electronic Prescribing and Medicines Administration (ePMA)
- Patient Flow / eObservations
- Hybrid Print and Post
- Maternity System (BadgerNet)
- Eye Care System (OpenEyes)
- Switchboard Modernisation
- Paging Replacement
- Telecomms Modernisation

**Executive Summary**

This paper provides an update on Hywel Dda University Health Board's (HDdUHB) Digital Operational Plan for 2025/26, outlining the next phase of digital transformation. The plan aims to strengthen digital infrastructure, enhance patient engagement, and ensure compliance with regulatory requirements. It details the status, risks, and timelines for key national and local digital system deployments, highlighting operational and strategic impacts, interdependencies, and resource implications. The following table provides a summary of the risks associated with the delivery of the programme:

Programme	Risk of Delivery Level:	
<b>Radiology Deployment</b>	<b>Risk of Delivery Level: Medium</b> This risk has been assessed as <i>Medium</i> due to the presence of an agreed deployment date. However, ongoing operational concerns with Philips remain noted within the programme and continue to warrant close monitoring.	
<b>Laboratory Information Management System (LIMS) Deployment</b>	<b>Risk of Delivery Level: High</b> The risk has been assessed as <i>High</i> due to the ongoing fluidity of the deployment plan. Efforts are being made, both nationally and locally, to ensure the programme is delivered within the required timescales and that further delays are avoided.	
<b>Electronic Prescribing and Medicines</b>	<b>Risk of Delivery Level: Low / Medium</b> The risk is assessed as <i>low to medium</i> due to the current progress in deployment and the presence of an agreed implementation plan. However, operational concerns remain around user	

<b>Administration (ePMA)</b>	adoption, system configuration, and assurance of clinical safety, which require ongoing monitoring and support.	
<b>Patient Flow / eObservations</b>	<b>Risk of Delivery Level: Low / Medium</b> The risk is assessed as <i>low to medium</i> due to the current progress in deployment and the presence of an agreed implementation plan. However, operational concerns remain around user adoption, system configuration, and assurance of clinical safety, which require ongoing monitoring and support.	
<b>Hybrid Print and Post</b>	<b>Risk of Delivery Level: Low / Medium</b> The risk is assessed as <i>low to medium</i> based on data quality issues, incomplete patient contact information, postal delays for short-notice appointments, inconsistent process adherence, and potential resistance to change. Mitigation requires improved data governance, staff training, and maintaining alternative communication channels for patients.	
<b>Maternity System (BadgerNet)</b>	<b>Risk of Delivery Level: Medium</b> The risk is assessed as <i>medium</i> however contingent on closing supplier documentation items, securing integration timelines, protecting training and clinical engagement capacity, and tightening programme-level governance with national partners.	
<b>Eye Care System (OpenEyes)</b>	<b>Risk of Delivery Level: Medium</b> The risk is assessed as <i>medium</i> based on the timescales of implementation by <b>31 March 2026</b> . Progress at Swansea Bay University Health Board (SBUHB) provides a workable blueprint, but HDdUHB's delivery still hinges on near-term design choices (notably prescribing), recruitment, and national dependencies (hosting, interfaces, and electronic referral systems (ERS)).	
<b>Switchboard Modernisation</b>	<b>Risk of Delivery Level: Medium</b> The risk is assessed as <i>medium</i> based delivery is exposed to near-term risks around rota standardisation and training, infrastructure resilience (power / rooms / Reinforced Autoclaved Aerated Concrete (RAAC) interfaces), and maintaining 24/7 operational continuity during phased cutover across sites.	
<b>Paging Replacement</b>	<b>Risk of Delivery Level: Medium</b> The risk is assessed as <i>medium</i> as successful delivery hinges on tight sequencing with switchboard and alarms modernisation, estates readiness (power/rooms), supplier lead-times, and a zero-harm cutover plan that preserves emergency cascades throughout	
<b>Telecomms Modernisation</b>	<b>Risk of Delivery Level: Low</b> The risk is assessed as <i>Low</i> as all sites have been migrated onto	

	the new telephony system. Work is continuing on rolling out the softphone approach	
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### Programme Updates

The following section provides a summary of the current status and key developments across HDdUHB's major digital transformation programmes. Each update highlights progress, risks, and challenges associated with the deployment of foundational digital systems, reflecting the organisation's commitment to modernising healthcare delivery, improving operational efficiency, and enhancing patient experience. These programme updates offer the Committee a clear view of achievements to date, ongoing issues, and the actions being taken to ensure successful implementation throughout 2025/26.

### Radiology Deployment Update

Since the last update, Philips has rescheduled the deployment date for the Radiology system on **three separate occasions**. While this has been a source of frustration, we now have a revised and confirmed go-live date of **1 December 2025**, from **7 September 2025**. We are continuing to engage closely with Philips to ensure there is no further slippage and to secure the necessary support for a smooth and timely implementation.

The repeated delays have had a tangible impact internally. Teams across Digital, Clinical, and Operational functions have had to adjust their planning cycles, reallocate resources, and manage expectations with stakeholders. This has introduced inefficiencies and created uncertainty around downstream activities that are dependent on the Radiology system going live.

To mitigate further disruption, we are maintaining close oversight of the deployment plan and have requested additional assurance from Philips regarding their readiness and commitment to the timeline. Internally, we are also reviewing contingency measures and ensuring that all preparatory work remains aligned with the new schedule.

#### **Risk of Delivery Level: Medium**

This risk has been assessed as *Medium* due to the presence of an agreed deployment date. However, ongoing operational concerns with Philips remain noted within the programme and continue to warrant close monitoring.

### Laboratory Information Management System (LIMS) Deployment Update

We are now in a position to confirm that the funding implications previously highlighted (circa £176k) have now been addressed through additional support from Welsh Government, made available via underspend in other programmes. This funding is intended to support the mitigation plan and maintain momentum in the delivery of the LIMS programme.

However, concerns remain around the sign-off of the minimal viable product, particularly in relation to ensuring clinical safety. These concerns are significant and continue to be a key focus for the programme team.

#### **Risk of Delivery Level: High**

The risk has been assessed as *High* due to the ongoing fluidity of the deployment plan. Every effort is being made, both nationally and locally, to ensure the

programme is delivered within the required timescales and that further delays are avoided.

### **Electronic Prescribing and Medicines Administration (ePMA)**

The programme has encountered a **10-week delay** due to significant integration and configuration challenges. These issues primarily relate to **interoperability between systems and the complexity of data mapping**, which have proven more intricate than initially anticipated. The integration process has required additional development effort to ensure that data flows accurately and securely between systems, and that all mapped fields align with clinical and operational requirements. Furthermore, extended validation and testing cycles have been necessary to safeguard data integrity and system performance.

As a result of these complications, the deployment timeline has been revised, with the new target go-live date now set for **April 2026** moving from January 2026. This delay has implications not only for technical delivery but also for operational planning, resource allocation, and stakeholder confidence.

In response, a **revised integration roadmap** is being developed to provide a clearer path forward. This roadmap will outline key technical milestones, dependencies, and risk mitigation strategies. It will also include strengthened governance measures to ensure tighter oversight and accountability across all workstreams. The programme team is working closely with suppliers and internal stakeholders to re-baseline expectations and ensure that lessons learned from the current delay are embedded into future phases of delivery.

Efforts are also underway to assess the impact of the delay on related services and to update contingency plans accordingly. This includes reviewing interim support arrangements, ensuring continuity of service, and maintaining alignment with broader digital transformation objectives across the Health Board.

#### **Risk of Delivery Level: Low / Medium**

The risk is assessed as *low to medium* due to the current progress in deployment and the presence of an agreed implementation plan. However, operational concerns remain around user adoption, system configuration, and assurance of clinical safety, which require ongoing monitoring and support.

### **Patient Flow / eObservations**

A slight delay has occurred in the deployment schedule due to final stage testing requirements and limited resource availability. Originally planned for **October 2025**, the deployment has now been rescheduled to **November 2025**. The delay is primarily attributed to the need for additional assurance around system stability and performance, as well as competing demands on key personnel involved in the final configuration and validation stages.

While this adjustment is not expected to significantly impact the overall programme milestones, it does highlight the importance of maintaining flexibility in planning and ensuring that critical resources are aligned at each stage of delivery. The programme team is actively monitoring progress and working to minimise any knock-on effects to subsequent phases. Stakeholders have been informed, and contingency measures are being reviewed to ensure readiness for the revised timeline.

**Risk of Delivery Level: Low / Medium**

The risk is assessed as *low to medium* due to the current progress in deployment and the presence of an agreed implementation plan. However, operational concerns remain around user adoption, system configuration, and assurance of clinical safety, which require ongoing monitoring and support.

**Hybrid Print and Post  
Digitisation of letters**

To enable the digitisation of appointment letters, an integration feed was required between WPAS and the supplier solution. The solution requires the data set in order to generate a digital letter and associated inserts. This request was submitted to Digital Health and Care Wales (DHCW) in July 2023. However, this request was only partially completed in July 2024 and following testing the project went live with one specialty, this being General Surgery outpatient Appointment letters in August 2024. Since that time other Outpatient Department (OPD) services have been “transferred” into the Hybrid mail solution. DHCW have been asked to provide the data for all appointments in WPAS so that other services such as Therapies and Mental Health appointments can also be processed via this service.

To date 12 services are now live in the post hub and providing patients with the ability to:

- Receive an appointment reminder at a 7-day and 2-day notification point.
- Provide patients with the option to specify whether they wish to receive their appointment letters in Welsh or English.
- Enable patients to indicate accessibility options to improve our communication such as, Braille, colour contrast paper, large font and easy read leaflets (where these are available).
- Distribute letters depending on patient behaviour – if the patient accesses the Post hub the solution recognises this and a hard copy letter is therefore not sent, however if the patient does not access the hub or if we do not have the required contact details (email or mobile number) the letter is sent in the post.
- Enable patients to request to cancel or rebook their appointment, this process is then automated and sent directly to the contact centre to process.
- Provide patients with a location and map for the appointment.
- Add details of the appointment to their personal calendar via mobile device.

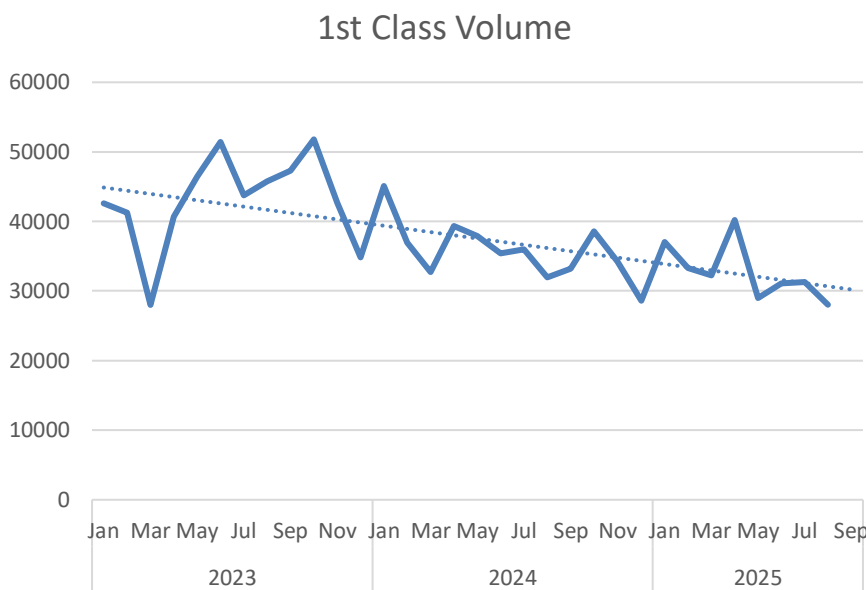
Further OPD services will be added to the Hybrid Mail solution over the coming months, see timetable below.

Live Specialities	Specialities planned	Go - Live month
General Surgery	Pain Management	Sept 25
Vascular	Trauma & Orthopaedics	Sept 25
Colorectal	Neurology	Sept 25
Gastroenterology	Urology	Sept 25
Diabetic Medicine	Gynaecology	Sept 25
Endocrinology	Haematology	Sept 25
Paediatrics - Community	Rheumatology	Sept 25
Paediatrics - Acute	Breast	Oct 25
Ear, Nose & Throat (ENT)	Respiratory	Oct 25
Cardiology	Ophthalmology	Oct 25
Dermatology	Clinical Oncology (USC)	Oct 25
Nephrology	Medical Oncology	Oct 25
	General Medicine/Stroke Medicine	Oct 25

By October 2025, it is expected that DHCW will have resolved integration issues, enabling Therapies appointments to be moved into the Hybrid Mail Solution. However, this transition is complex due to data quality issues within WPAS, the need for extensive validation, and the wide access to clinic templates across the Health Board, which complicates data governance as digital solutions expand. The process has been time-consuming, with each service requiring several weeks to complete. Additionally, some staff remain unaware of postal delivery times, leading to potential delays in patient communication for short-notice appointments. A review also found that 10% of patients lack an email address or mobile number on record, limiting the ability to contact them digitally and reducing opportunities for online appointment management.

**Reduction in 1<sup>st</sup> class mail and additional processing costs**

High levels of 1<sup>st</sup> class mail usage was identified at all sites across the organisation, with Glangwili Hospital (GGH) showing particularly significant usage. An analysis and process mapping exercise was undertaken before a communication campaign was launched to help raise awareness of “good practice” letter preparation and the financial responsibility to ensure 2<sup>nd</sup> class mail was the standard option with 1<sup>st</sup> class only being used when the letter in question was urgent or needed to be with the recipient within 10 days. Reminders of this are circulated regularly and as a result a reduction in the volume of 1<sup>st</sup> class mail has been achieved as show in the graph below.



Despite efforts to reduce costs, the overall expenditure on first class mail has not decreased, primarily due to annual price increases by Royal Mail, including two separate rises last year. However, by successfully reducing the volume of first class mail sent, we have mitigated what could have been a much greater financial impact. Moving forward, our focus is on digitising additional types of correspondence currently processed by local postal franking teams, such as clinical letters. Progress in this area is currently limited by the need to validate outpatient department (OPD) clinic templates before they can be transferred to the Hybrid Mail Solution. Once the OPD clinic specialties are completed, we will begin work on digitising Therapies appointment letters, Waiting List communications, and TPro Clinical letters.

## **Patient Communications**

Over the past few months, we have received a number of complaints either directly from patients or via Llais regarding OPD appointment letters which have been received with little notice or received post the appointment. Investigations and analysis into postal services, suppliers and in house processes have identified that a high proportion of appointment letters are sent at short notice i.e. within 10 days or less of the appointments. Many of these letters will have been sent 1<sup>st</sup> class but it has also identified that many follow the standard process and therefore do not reach the recipient in time. Royal Mail does not guarantee next-day delivery for first class mail, and recent changes mean second class mail is now delivered on alternate days, often taking 8–10 days. As a result, appointments with less than 8 days' notice are at high risk of being missed. Whilst the Hybrid Mail solution will help address some of these challenges, provided up-to-date patient contact information is available, it will not resolve all cases.

### **Short notice appointments**

An analysis of data over a 6-month period between 01 Jan 2025 and 30 Jun 2025, showed that of the 310,578 OPD scheduled care appointments were booked during this period, the average number of days between the appointment letter being sent and the actual appointment date across all specialties was 39 days. However, 59,322 (19.1%) of appointments booked had less than 10 days' notice. Many these appointments were generated by specialties that are not yet processed by the Hybrid mail solution and will have required 1<sup>st</sup> class postage to ensure they reached the patient. This would be equivalent of £103,813 for postage costs based on £1.75 per letter during a 6m period. Over a 12m period this would be estimated to be £207,627. Non short notice and 2<sup>nd</sup> class costs would be £49,830 over a 6m period and £103,813 over 12m.

Further analysis showed that short-notice appointments are more likely to result in lost activity: 24% were cancelled or missed (14% cancelled by hospital, 6.5% could not attend, 3.7% did not attend (DNA)). For appointments with the average 39 days' notice, cancellation and DNA rates were also high (20.1% cancelled by hospital, 9.5% could not attend, 6.1% DNA), with short-notice cancellations particularly challenging to fill, impacting clinic utilisation, resource efficiency, and Referral to Treatment Times (RTT) times.

Audit trail reviews highlighted that most complaints about appointment letters related to bookings made outside the Contact Centre, where short-notice processes were not followed. This underscores the need for improved process adherence, better use of digital solutions, and more consistent direct patient contact to reduce costs, improve communication, and enhance patient experience. Despite guidance to confirm short-notice appointments by telephone and avoid sending letters, the data suggests that many letters are still posted or handed to patients in person. Transitioning to digital letters would significantly reduce postage costs and improve reliability, but this is dependent on accurate patient contact information and digital adoption.

Following a comprehensive review of the digital transformation work undertaken to date, a number of key recommendations have been identified to address current challenges and maximise future opportunities. These recommendations are informed by data analysis, stakeholder feedback, and lessons learned throughout the implementation process. They are designed to drive further improvements in efficiency, patient experience, and service quality as the Health Board continues its digital journey.

- **Accelerate Digitisation:** Continue to expand the digitisation of appointment and clinical letters, prioritising specialties not yet included in the Hybrid Mail Solution and ensure robust validation of clinic templates to improve data quality and process reliability.
- **Improve Data Governance:** Strengthen controls around access and management of clinic templates within WPAS to maintain data integrity, support digital solutions, and reduce errors in patient communications.
- **Enhance Patient Contact Information:** Implement targeted efforts to collect and update patient email addresses and mobile numbers, enabling greater use of digital channels and improving timely communication.
- **Promote Digital Adoption:** Launch a public communication campaign to encourage patients to use online solutions, address concerns about digital messaging, and reassure patients about the authenticity of communications.
- **Standardise Booking Processes, by Centralising Booking of Outpatient Appointments:** Ensure all staff, especially those outside the Contact Centre, follow established procedures for short-notice appointments, including direct telephone confirmation, to minimise missed appointments and complaints.
- **Monitor and Evaluate:** Continue to analyse appointment booking data, patient feedback, and operational outcomes to identify further opportunities for improvement and to measure the impact of digital initiatives.

On a positive note, 59% of patients are now accessing the online solution. While our goal is to reach 70%, achieving this will require a public communication campaign to encourage uptake and reassure patients that digital messages are genuine, addressing common concerns about spam. A campaign is planned for October 2025, pending approval from the Communications Team.

**Risk of Delivery Level: Low / Medium**

The risk is assessed as *low to medium* based on data quality issues, incomplete patient contact information, postal delays for short-notice appointments, inconsistent process adherence, and potential resistance to change. Mitigation requires improved data governance, staff training, and maintaining alternative communication channels for patients.

**Maternity System (BadgerNet)**

The implementation of BadgerNet within HDdUHB is progressing through key preparatory stages. Procurement has been completed under the national Digital Maternity Cymru programme. Outstanding clarifications, such as cyber security policies and backup arrangements, were addressed earlier this year, and System C has confirmed readiness to proceed. From an information governance perspective, a Level 3 Data Protection Impact Assessment was finalised in April 2025, supported by a cloud security review. No high-risk issues were identified, and controls such as multi-factor authentication, encryption, and annual penetration testing are in place. Business continuity and disaster recovery arrangements remain a priority and are being confirmed with the supplier.

On the technical side, the system will be hosted on Azure UK South via NHSNet (HSCN), with optional local failover servers for resilience. Integration with WPAS, Viewpoint scanning, and Welsh Government (WG) reporting is included in scope, although HL7 messaging for WPAS remains a national dependency. Interim robotic process automation solutions are being considered should delays persist. Locally, HDdUHB is represented on the national Delivery Oversight Group and Clinical Design Authority, and a dedicated BadgerNet Project Lead has

been appointed. Governance papers have been shared to ensure alignment with national standards. Workforce planning is also underway, with a Clinical Informatics Midwife post approved and funded by WG until March 2026 to support rollout and staff engagement. Additionally, a change request has been raised to incorporate WIMD deciles into BadgerNet to strengthen social determinants of health planning.

The next steps include confirming backup and disaster recovery documentation, completing local technical sign-off, and scheduling implementation workshops. Staff training and change management activities are planned for Q4 2025, with a target go-live in **March / April 2026** in line with national timelines. Key risks remain around integration delays with WPAS, resource constraints if specialist recruitment is delayed, and the complexity of governance across multiple national and local groups.

**Risk of Delivery Level: Medium**

The risk is assessed as *medium* and is contingent on closing supplier documentation items, securing integration timelines, protecting training and clinical engagement capacity, and tightening programme-level governance with national partners.

**Eye Care System (OpenEyes)**

The Eye Care Digitisation Programme, which includes the deployment of OpenEyes as the national ophthalmology electronic patient record (EPR), remains a key enabler for transforming eye care services across Wales. WG has set a target for full implementation of OpenEyes and the associated electronic referral solution (OpenERS) across all health boards by 31 March 2026.

For HDdUHB, the programme is currently in the mobilisation and planning phase. Governance arrangements have been strengthened, with representation on the Regional Eye Care Programme Board and plans to establish a dedicated local project group to oversee delivery. A critical decision is pending regarding prescribing workflows: whether to adopt the native OpenEyes prescribing module for speed and consistency with SBUHB or to integrate with the Health Board's wider ePMA strategy, which would require additional development and testing.

Recruitment of specialist resources is underway, including an Application Support Specialist post approved on a fixed-term basis until March 2026, to ensure technical readiness and mitigate delivery risks associated with competing digital priorities. Funding for a dedicated project manager remains under discussion, with interim support being provided by the Digital Services team.

Nationally, the programme is supported by additional Welsh Government investment through the Digital Programme Investment Fund, and Cardiff and Vale University Health Boards continues to host the OpenEyes platform on behalf of NHS Wales. HDdUHB is aligning its implementation plan with lessons learned from Swansea Bay's recent go-live in September 2025, particularly around workflow design, clinical engagement, and training delivery.

The next steps for HDdUHB include finalising the prescribing approach, confirming technical integration requirements, and commencing staff training and change management activities in early 2026. The programme remains on track to meet the national deadline, but key risks include resource constraints, integration complexity, and the need for robust governance to avoid scope creep.

**Risk of Delivery Level: Medium**

The risk is assessed as *medium* based on the timescales of implementation by **31 March 2026**. Progress at SBUHB provides a workable blueprint, but HDdUHB's delivery still hinges on near-term design choices (notably prescribing), recruitment, and national dependencies (hosting, interfaces, and ERS).

**Switchboard Modernisation**

The Switchboard Modernisation Programme at HDdUHB is a key component of the organisation's wider digital transformation strategy. It aims to address long-standing issues with outdated telephony and bleep systems, which have created operational inefficiencies, lone working risks, and compliance challenges with the European Working Time Directive. The modernisation will improve resilience, enhance patient safety, and provide a better working environment for staff.

The approved plan sets out a vision for a single, consolidated switchboard service across the Health Board. This includes standardising roles, introducing Band 4 Business Support Officers, and ensuring all operators work at Band 3. The programme also focuses on eliminating lone working, implementing modern digital solutions to replace legacy systems, and introducing standardised operating procedures for business continuity and major incidents. A bilingual service will be maintained in line with Welsh Language Standards.

Extensive staff consultation has been taking place, with feedback incorporated into the final Organisational Change Plan. Engagement with trade unions and workforce representatives has been central to ensuring transparency and fairness. The implementation phase is now underway, with infrastructure upgrades, room refurbishments, and technology improvements progressing. A structured training programme is being developed to support staff through the transition.

Key risks include technology resilience, workforce transition, and operational continuity during migration. These are being mitigated through measures such as Uninterruptible Power Supply (UPS) upgrades, robust business continuity planning, and phased implementation. The modernised service is scheduled for rollout during 2025/26, aligned with the Health Board's digital roadmap, and will deliver a more efficient, resilient, and patient-focused switchboard function.

**Risk of Delivery Level: Medium**

The risk is assessed as *medium* based delivery is exposed to near-term risks around rota standardisation and training, infrastructure resilience (power / rooms / RAAC interfaces), and maintaining 24/7 operational continuity during phased cutover across sites.

**Paging Replacement**

The Paging Replacement Programme at HDdUHB is a critical initiative to replace ageing pager infrastructure across Bronglais, GGH Prince Philip, and Withybush hospitals. The current systems are beyond end-of-life and have experienced failures that pose risks to patient safety and operational resilience. This programme is part of the Health Board's wider Digital Transformation Strategy, aiming to deliver safer and more reliable clinical communication.

The new solution will provide a modern, resilient paging platform with dual-site disaster recovery, remote management, and real-time reporting capabilities. It will also enable cross-site operational control, ensuring that any main hospital can manage paging for another site during incidents. Integration with the Health Board's telecoms modernisation and switchboard rationalisation projects is a key objective to ensure seamless interoperability and improved emergency response.

Procurement for the new system began in 2024, with specifications requiring a robust yet easy-to-manage solution. The estimated contract value is £750,000 (excluding VAT) for an initial three-year term, with options to extend. Funding has been secured through the Digital Capital Programme, and the anticipated go-live for the first phase is December 2025, subject to contract award and implementation planning.

Current priorities include finalising supplier evaluation, aligning technical integration with other modernisation programmes, and developing business continuity and training plans. The programme is on track for contract award in Q4 2025, with phased implementation across all sites by mid-2026. This upgrade will significantly enhance resilience, operational efficiency, and patient safety across the Health Board.

**Risk of Delivery Level: Medium**

The risk is assessed as *medium* as successful delivery hinges on tight sequencing with switchboard and alarms modernisation, estates readiness (power/rooms), supplier lead-times, and a zero-harm cutover plan that preserves emergency cascades throughout

**Telecomms Modernisation**

HDdUHB is modernising telephony across all sites to retire end-of-life systems and mitigate outage risk, driven primarily by BT/Openreach's PSTN switch-off by end-2026 that affects ~5,000 internal extensions. The programme standardises numbering (including a move to 0300 ranges) and underpins safer clinical communications, with a tight interface to switchboard digitalisation so emergency cascades (2222/3333) remain robust throughout change.

Our stance is cloud-first on the ICON platform, with geo-redundant Session Initiation Protocol (SIP)/ Session Border Controller (SBC) architecture and optional Microsoft Teams interop where it adds value. On the user side we will be moving towards a softphone-first (MiCollab) approach to reduce handset dependency and support hybrid working, retaining physical Mitel handsets only where clinical workflows require. Delivery is governed through the Digital Programme Group, with contracting and finance controls in place.

Design principles are resilience (active-active cores, QoS-ready networks, controlled porting/rollback), security/Information Governance (IG) (Data Protection Impact Assessment (DPIA) for call recording and directory data, encrypted signalling/media), and adoption (bilingual comms, targeted training, single source of truth for directories). Expected benefits include improved safety and uptime, operational efficiency (faster changes, consistent user experience, numbering rationalisation), and affordability, with the combined sub-projects tracked against a savings target by streamlining the vendors used by the Health Board.

Delivery is well under way: GGH/Hafan Derwen migrated on 12 November 2024 (including six-digit '40' extensions), and Bronglais Hospital sequencing was adjusted in early 2025 to prioritise the GGH switchboard move to Prince Phillip Hospital (PPH). All sites have now been

migrated; the programme remains aligned to the Paging Replacement and Digital Operations roadmap for end-to-end emergency rehearsal.

**Risk of Delivery Level: Low**

The risk is assessed as *Low* as all sites have been migrated onto the new telephony system. Work is continuing on rolling out the softphone approach

**Argymhelliad / Recommendation**

The Committee are requested to :

- **NOTE** the In Year Delivery - Digital Operational Plan 2025/2026 Update

<b>Amcanion: (rhaid cwblhau) Objectives: (must be completed)</b>	
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:**

<b>Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Not applicable
Rhestr Termiau: Glossary of Terms:	Contained within the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Digidol, Data ac Arloesi Parties / Committees consulted prior to Digital, Data and Innovation Committee:	Not applicable
<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	<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>
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	<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>
<b>Gweithlu: Workforce:</b>	<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>
<b>Risg: Risk:</b>	<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>
<b>Cyfreithiol: Legal:</b>	Not applicable
<b>Enw Da: Reputational:</b>	<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><b>Gyfrinachedd: Privacy:</b></p>	<p>Not applicable</p>
<p><b>Cydraddoldeb: Equality:</b></p>	<p>All business cases / projects will be subject to an equality assessment</p>