

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	07 October 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Digital Innovation and Transformation Benefits Realisation Report 2024/25
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 assessment of the extent to which projects within Digital Innovation & Transformation have delivered their anticipated benefits. For projects currently in progress, the report reviews benefit realisation activities over the past 12 months and outlines planned actions for 2025/26 that are expected to influence future outcomes. The report also identifies any challenges, direct or indirect, that may affect the management or achievement of benefits, and highlights opportunities to enhance benefit realisation or improve benefit management processes.

Cefndir / Background

Benefits Realisation provides a methodology to follow to ensure that we capture and track the effects, both positive and negative, of change. This helps us ensure that we are optimising the change we invest in. Successful realisation of benefits will demonstrate worthwhile investment of money, time, and resource, as well as potentially identifying savings.

A benefit is a measurable improvement of change, which is perceived as contributing to the organisation's objectives. A benefit is something which can be clearly articulated and evidenced, and which stakeholders perceive as a positive improvement following some form of change.

Everyone has a role to play to achieve the outcomes and strategic changes required, with benefits management and realisation critical in ensuring all involved understand the reasons for change and the outcomes these changes are trying to positively deliver.

Introducing benefits realisation at the concept or early design stages of projects should be considered crucial to ensure that positive change and transformation can be realised during project completion and as such should be considered an intrinsic part of the project lifecycle.

Asesiad / Assessment

This following sets out the key elements of the benefits realisation methodology adopted within Digital Services as part of broader project delivery. Effective benefits realisation is essential to demonstrate that investments of money, time, and resources are delivering tangible value. By

systematically tracking and evidencing the achievement of project benefits, this approach not only highlights improvements and efficiencies gained, but also identifies potential savings and opportunities for further enhancement.

Our Benefits Model

Step 1. Identify & Structure Benefits

- All stakeholders have a role to play to achieve the outcomes and strategic changes required, with benefits management and realisation critical in ensuring all involved understand the reasons for change and the outcomes these changes are trying to positively deliver.
- Introducing benefits realisation at the concept or early design stages of projects should be considered crucial to ensure that positive change and transformation can be realised during project completion and as such should be considered an intrinsic part of the project lifecycle. Close alignment of the project and benefits management lifecycles will provide the opportunity to ensure that measurable benefits realisation informs and influences project delivery.
- Benefits Workshops are a great opportunity to gather stakeholders together to explore and identify potential benefits. Workshop participants can be introduced to the different category types to aid in identifying benefits as well as taking the participants through the validation test below. Information from the workshop can be used to inform and develop further documents such as a benefits profile.

Step 2. Plan Benefits Realisation

- During the second phase of the process, benefit measurements will be finalised, and baseline data captured and recorded on the relevant documentation. Any project that identified a benefit should expect the management of the benefit to continue throughout its lifecycle. The change action that will produce the improvement will be determined and timescales for realisation of benefits will be included in the Benefits Plan.
- The Benefits Profile will also be completed and updated as appropriate. Baselines for benefits are key to ensuring that accurate monitoring and recording can be maintained throughout the benefit management process. A baseline will give the benefit an 'as is' measurement, against which progress can be tracked which would be impossible to measure without. It also gives the project evidence of change and improvement as delivered under the intended outcomes of the activity, as well as potentially help identify further benefits or dis-benefits as the project progresses. There is a vast amount of data produced within the organisation that can be utilised for this process. Additional tools, such as surveys, time and motion analysis and activity analysis can be utilised where data is not already available. There may be times where apparent benefits cannot be quantified. In these circumstances they cannot be claimed to be benefits but may be captured elsewhere as either case studies or feedback which will still inform the success or otherwise of the project.

Step 3. Execute Benefits Plan

- A benefits tracker will be developed and maintained by the Benefits Realisation Manager which will provide an overall view of the benefits/dis-benefits of a programme or project. The progress of the anticipated benefits will be monitored throughout the life of the project as outlined in the Benefits Plan. Open lines of communication between Project Leads and the Benefits Realisation Manager will be important to understanding the roles and responsibilities, providing updates, and ensuring the monitoring and delivery of the benefits.

Step 4. Review & Evaluate Results

- The next stage will include a formal assessment, in line with the Benefits Plan, on whether the investment objectives and benefits have been achieved. This may be some time after the change implementation when benefits have been realised.

Step 5. Establish Potential for Further Benefits

- The report will be submitted to the relevant governance board and will include the results of the benefits, lessons learnt and additional improvements and potential further benefits. At this point, wider communication of the realised benefits may be appropriate to promote pride in individuals and team achievement, promote a positive change culture and promote future ownership and accountability. By communicating the success or lessons learnt, this will go towards promoting a wider adoption of benefits realisation and change initiatives.

Categories

The benefits delivered through Digital Services projects can be grouped into several key categories, each reflecting a different aspect of value for the organisation. These categories provide a structured way to assess the impact of projects, ensuring that improvements are captured not only in terms of financial savings, but also in patient outcomes, operational efficiency, workforce development, and strategic alignment. By clearly defining and measuring benefits across these categories, the Health Board can demonstrate the full value of its digital investments and support continuous improvement across all areas of service delivery.

High Level Category	Benefit Category	Example
Financial	Cash Releasing	Cost Saving; Income Generation
	Non-Cash Releasing	Cost avoidance; productivity improvement; efficiencies; use of existing resources
Non-financial	Patient Experience	Quality of service; risk
	Clinical	Reduced risk of harm; improved outcomes
	Workforce	Wellbeing; resource; absences; confidence
	Process Improvement	Reduced delays; efficiencies; risk; time saving; increased capacity; reducing waste; (could be a cross-over with non-cashable benefits)
	Statutory or policy requirement	These are categories to cover observational benefits, e.g., a requirement to implement a change due to a legal requirement
	Strategic Goal	

These categories are considered broad enough to allow for flexibility and autonomy in the realisation of benefits in a digital delivery landscape, which itself is fast moving and ever changing. Not all of the categories and benefits will be applicable to all projects, and some may be realised quickly while others may take time before any real benefit can be confidently realised. Where necessary a benefits map will be created which will help identify and demonstrate the benefits, their dependencies and their relationships with enablers, capabilities and strategic objectives. Each benefit will be given a unique reference number to assist with tracking and monitoring.

Principles of our approach to benefits management

- Improvements that result from the outcome are the benefits – benefits are not the change itself

- A comprehensive and joined up approach to project management and benefits realisation will ensure that projects have the best possible chance of success and that outcomes are delivered against strategic and locally defined objectives
- All benefits will be measurable
- Non-tangible benefits will be processed to provide a means to quantify benefits, i.e., a survey
- Benefits will provide evidence of the link between outputs and strategic goals
- Baselines will always be sought to evidence the progress of each benefit
- Benefits management and realisation activities will be aligned and integrated in the project management cycle as much as possible
- Positive engagement with stakeholders will be vital to good benefits management and realisation
- Roles and responsibilities will be clearly documented for all benefits management activity

Dis-benefits and risk

As well as proving the worth of a project through positive benefits realisation, the benefits management process may also identify negative aspects of benefits realisation or dis-benefits. A dis-benefit is viewed as a decline in improvement towards achieving an outcome and may only be perceived by some stakeholders and not affect others. A dis-benefit is different to a risk in project terms, as it may only be afterwards that a dis-benefit is realised, whereas risks can be identified and managed under normal mitigation protocols. A dis-benefit is the same as a benefit in that if it cannot be quantified, it cannot be claimed. Dis-benefits that emerge should be monitored and reported as per positive benefit activity. This will provide information about the severity and impact of the dis-benefit and if necessary, trigger any remedial action as required within the scope of the project.

2024/25 Benefits Report:

This Benefits Report for 2024/25 provides a comprehensive overview of the outcomes achieved through Digital Services projects over the past year. It highlights the tangible improvements and value delivered across key benefit categories, including patient care, operational efficiency, financial savings, and workforce development. The report also sets out the approach taken to measure and evidence benefit realisation, ensuring transparency and accountability for investments made. By capturing both successes and areas for further improvement, this report supports ongoing learning and informs future digital transformation initiatives within Hywel Dda University Health Board.

Some of the key highlights of the report are as follows. The full report is available in Appendix 1.

Project-Specific Benefits

- **Hybrid Print & Post**
 - **Digital Shift:** 64% of appointment letters (where available) were delivered digitally, avoiding 12,255 printed letters and saving nearly £10,000 in cash costs.
 - **Reduced First-Class Mail:** 20% reduction in first-class mail usage, with a total cash avoidance of £91,567.
 - **Process Improvement:** 2.5 hours per day released in the Contact Centre for other tasks.
- **Digital Health Records**
 - **Digital Access:** 532 users accessed 42,231 records and viewed 48,653 documents digitally, saving time and improving information accessibility.
 - **Challenges:** Some system issues remain, but further benefits (cost savings, reduced litigation, increased digital maturity) are expected as the project matures.

- **Radiology Test Requesting**
 - **Efficiency Gains:** 25,286 electronic requests (10% of total), saving 290 hours of transcription time.
 - **Expansion:** Electronic requesting is being piloted in primary care, with further rollout planned.
- **Digital Health Apps Library**
 - **Patient Empowerment:** 1,350 apps recommended, 958 downloads, 176 GP appointments and 18 A&E attendances avoided, and £155,258 in non-cashable savings.
 - **Challenges:** Measuring impact and maintaining engagement remain areas for development.
- **Patient Knows Best (PKB)**
 - **Digital Communication:** 1,656 threads started, 13,836 messages sent, and 1,038 consultations completed.
 - **Integration:** Future benefits depend on integration with other systems and improved project management.

In conclusion, the Digital Innovation & Transformation programme continues to demonstrate clear and measurable benefits across a range of projects, supporting the Health Board's strategic objectives and delivering tangible improvements in patient care, operational efficiency, and financial stewardship. The systematic approach to benefits realisation, grounded in robust methodology, stakeholder engagement, and continuous monitoring, ensures that investments in digital transformation are both accountable and impactful.

While significant progress has been made, the report also recognises ongoing challenges, including the need for further integration, system optimisation, and sustained engagement across all levels of the organisation. Addressing these challenges will be essential to maximising the value of digital initiatives and ensuring that benefits are fully realised and sustained over time.

Looking ahead, the Health Board remains committed to refining its benefits realisation processes, learning from experience, and embracing opportunities for further innovation. By maintaining a strong focus on outcomes, transparency, and collaboration, the organisation is well positioned to build on its achievements and continue delivering meaningful digital transformation for the benefit of patients, staff, and the wider community.

Argymhelliad / Recommendation

The Committee are asked to:

- **TAKE ASSURANCE** on progress made within the programme to date, the risk mitigation actions in place, and the ongoing commitment to maximising the value and impact of digital investment.
- **TAKE ASSURANCE** on the Benefits Realisation Report for 2024/25.

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 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

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

Ariannol / Gwerth am Arian: Financial / Service:	Digital innovation projects have delivered measurable financial benefits, including cost savings, cost avoidance, and improved operational efficiency. Systematic benefits realisation ensures that resources are used effectively, services are optimised, and investments in digital transformation provide clear value for money to the Health Board.
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Ansawdd / Gofal Claf: Quality / Patient Care:	Digital innovation projects have delivered measurable improvements in patient care by enhancing access to information, streamlining clinical workflows, and supporting safer, more effective, and patient-centred services. Systematic benefits realisation ensures that these improvements are tracked, sustained, and aligned with the Health Board's commitment to high-quality outcomes and continuous improvement.
Gweithlu: Workforce:	Digital innovation and benefits realisation support workforce development by improving staff confidence, wellbeing, and engagement. Systematic tracking of outcomes helps identify training needs, streamline processes, and empower staff to contribute to and benefit from digital transformation, fostering a culture of continuous improvement.
Risg: Risk:	Systematic benefits realisation and ongoing monitoring help identify and mitigate risks associated with digital transformation projects. This proactive approach reduces the likelihood of project failure, ensures early detection of issues, and supports the Health Board in delivering safe, reliable, and sustainable improvements.
Cyfreithiol: Legal:	Effective benefits realisation and robust digital project management help ensure compliance with statutory, regulatory, and policy requirements. This reduces the risk of legal challenges and supports the Health Board in meeting its obligations around data protection, clinical governance, and accountability.
Enw Da: Reputational:	Demonstrating clear, measurable benefits from digital innovation and transformation enhances the Health Board's reputation for accountability, transparency, and effective use of resources. By systematically tracking and communicating positive outcomes, the organisation positions itself as a leader in digital health, fostering trust and confidence among patients, staff, partners, and the wider community.
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable



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Digital Innovation & Transformation Benefits Realisation Report 2024/25



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- LIMS
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The purpose of this report is to demonstrate the extent in which the projects within Digital Innovation & Transformation have realised the project benefits.

For live projects, this report looks at the previous 12 months activity in terms of realising benefits and looks ahead over 2025/26 to determine relevant activity that will impact on the future realisation of benefits. Any challenges identified that directly or indirectly impact the management or realisation of the benefits is included and any opportunities to enhance the benefits or improve how they are managed.

The information presented in this report has been supplied by respective Project Managers who have the overall responsibility to plan, manage and report their projects benefits and to work with the delivery team and stakeholders to monitor and measure benefits realisation.



2024/25

A large part of early 2024/25 was involved in the development of the eFlow & eObs FBC, gathering research and data to forecast the benefits of the project.

In August / September 2024 the Benefits Realisation area was subject to an audit where substantial assurance was achieved across the board.

A benefits training session was delivered to approximately 100 attendees of EQLIP Cohort 6 in October 2024 at the Queens Hall, Narberth. This was the third cohort that have received the training session over the years and is an opportunity to highlight the importance of benefits realisation principles to the wider workforce. Each cohort have been directed to the Benefits Realisation intranet site where they are able to access and use templates and guidance.

Information Services were also given a two hour benefits realisation input in February 2025 where opportunities for closer working was identified as projects move into BAU.

The Benefit Realisation Manager continues to be engaged in the All-Wales Benefits Group where all Welsh Health Boards and Trusts meet monthly to share learning.

In the next 12 months

An input for EQLIP Cohort 7 has been scheduled for September 2025 where approximately another 100 individuals from across the workforce will learn about the important of benefits realisation and gain the knowledge of the methodologies involved.

A recruitment process to hire a Business Change & Benefits Advisor will begin in July 2025 to support the business change and benefits realisation activities for ePMA, eObs & eFlow.

Challenges & Opportunities

The Benefits Realisation methodology has been used in Digital Services for three years as of June 2022. At this time there is an opportunity to evaluate these methodologies and identify areas for further improvement.

As projects move into BAU there are some confusions in terms of the ownership of benefits and the responsibility of tracking and reporting benefits. There is an opportunity to improve this area.

There's an opportunity to support wider Digital Projects that sit outside of Digital Innovation and Transformation, however, the resource can only be released once Project Managers are less dependent on the Benefits Realisation support.

A timeline of benefits activities is shown on the next page. These are the key activities that relate to the monitoring, reporting and realisation of benefits of projects within Digital Innovation and Transformation.

Benefits Management

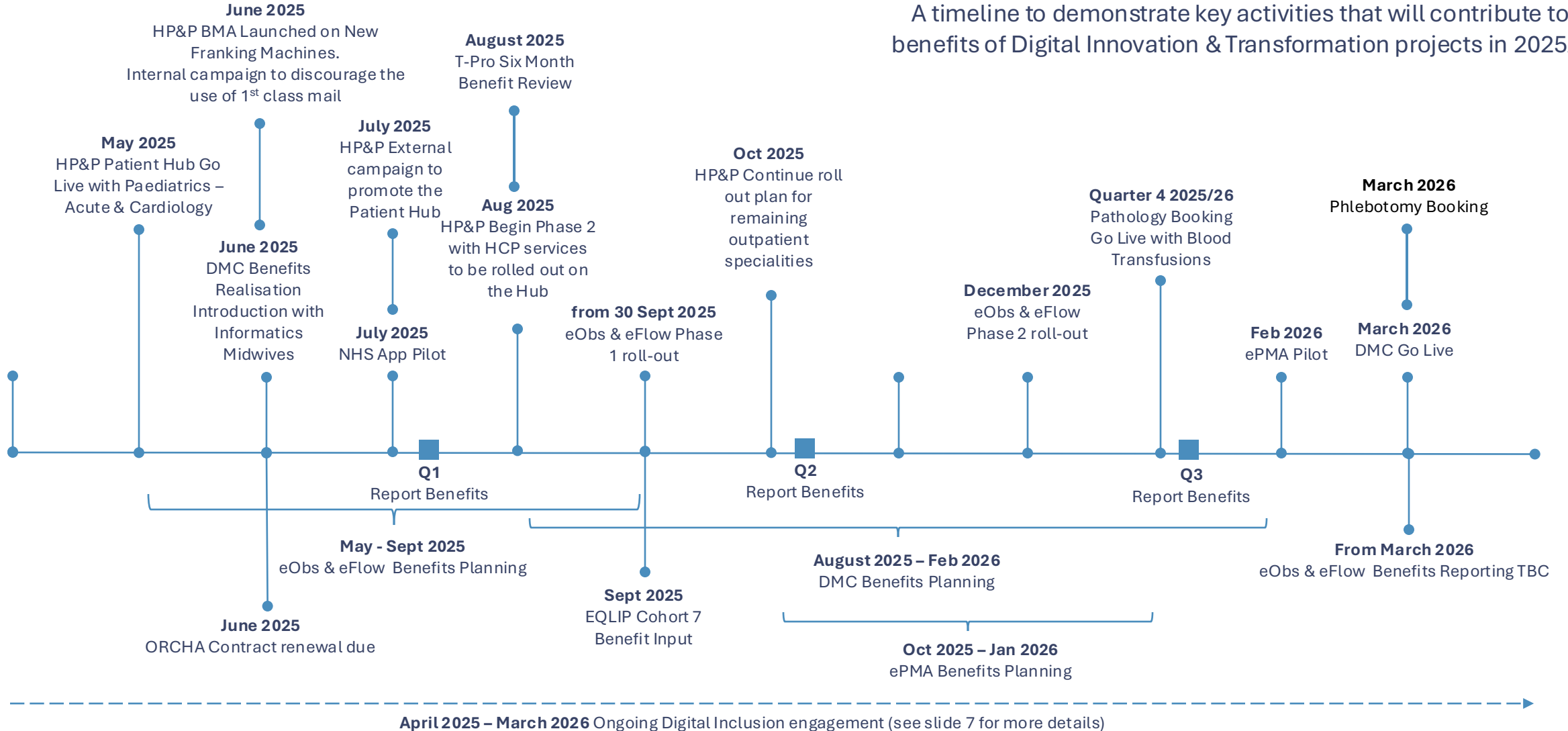
In the next 12 months



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A timeline to demonstrate key activities that will contribute to the benefits of Digital Innovation & Transformation projects in 2025/26.

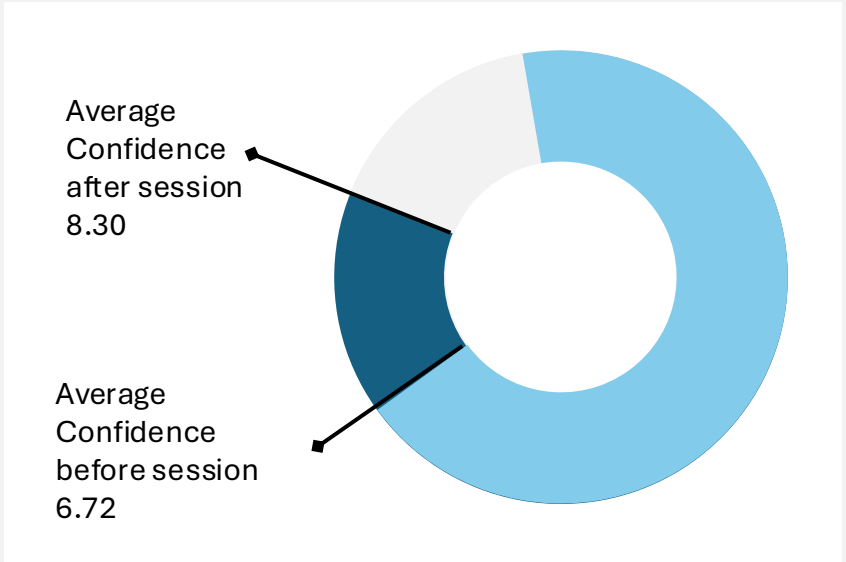
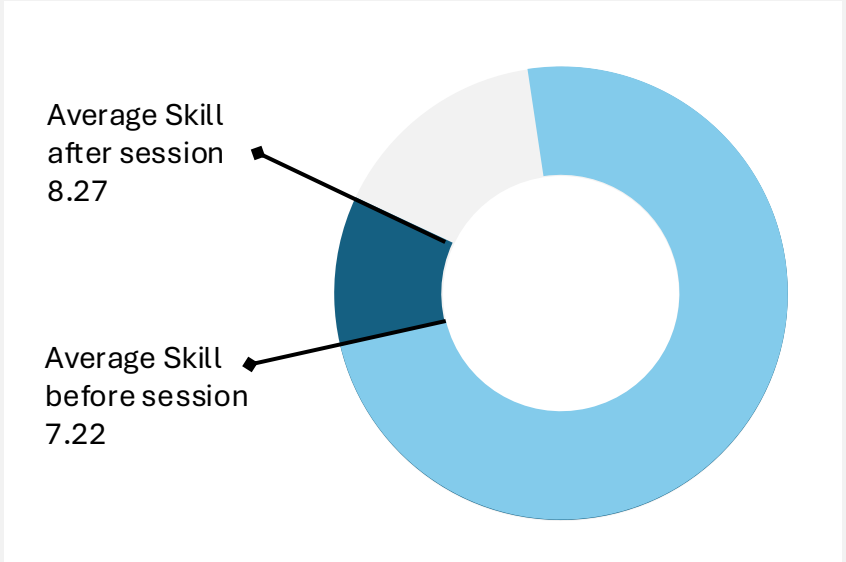




499
Session
Attendees

4.71 / 5
Average
Session Rating

87%
Support &
Resource
Awareness



ID	Category	Benefit
1	Workforce	Increase in the workforce accessing resources relating to developing awareness of digital inclusion
2	Workforce	Increase in staff digital staff
3	Workforce	Increase in staff digital confidence
4	Workforce	Increase in staff feeling inspired and motivated

The Digital Inclusion Team have continued to monitor and track their identified benefits, the team have also set up a PowerBI dashboard to be able to access and present the data gathered.

86% of the individuals involved stated that the Digital Inclusion involvement inspired and motivated them to use technology in a personal setting and 88% stated it inspired and motivated them to use technology in a professional setting. This is encouraging and demonstrated the impact of the team which will play an important role in the roll out of future digital projects.

“really helpful, quick to respond and made to feel supported”



2025/26 Activity

In 2025/26 the Digital Inclusion team will continue to monitor their impact and track the benefits identified. The team expects to see an upward trend in digital engagement metrics i.e. training completions, referrals received. The team will use demographic insights to assess which groups are benefits most or least and use geographic patterns to indicate areas of high or low uptake.

The Digital Inclusion team will continue to build on realising the benefits mentioned to ensure continuous digital skill and confidence development across the health board. This area of work will also support the realisation of benefits for the ePMA, eFlow and eObs projects.

Challenges

- Resistance to change from staff unfamiliar with digital tools and those less skilled or confident
- Time constraints for training and engaging with digital inclusion support during working hours
- Inconsistent digital infrastructure across departments or locations
- Measuring soft skills and long-term impact
- Manager engagement with the assessment tool may vary, affecting consistency of insights

Opportunities

- Partnerships: collaborate with internal stakeholders e.g., Learning & Development
- Peer support models: Request nomination of Digital Champions to promote peer to peer sustainable team support
- Gamification: Use incentives and recognition to boost engagement
- Feedback loops: Regularly gather and act on user feedback to improve services
- Microlearning modules for flexible, on-the-job training
- Digital champions to support peer learning
- Incentives and recognition for digital skill development
- Data-driven HR strategies to align digital skills with career pathways
- Embedding the assessment tool into performance review and development planning



July – Dec 2025

- Engage team leaders with Digital Inclusion support – pre project rollout (Digital Readiness)
- Finalize & rollout Data Gifting & Device Loaning Scheme
- Arrange & promote digital Drop in Events across all sites
- Finalize the Digital Skills Development Framework and promote to workforce as tool to continuous digital skills development
- Identify resource gaps & develop pre-recorded training sessions/ video guides to support and promote self learning
- Design & Plan approach to developing Digital Health Literacy development in partnership with Stakeholders

April – June 2025

- Plan & agree process to support Digital Project Rollout
- Write proposal for yearly schedule of Digital Drop In Events (collaboration approach with Digital & informatics)
- Develop draft Digital Skill Development Framework in collaboration with Digital Services, L&D, Informatics.
- Embed Digital into PADR & Induction Booklet (collaboration with Digital Services)
- Explore opportunities to access funding to grow team

Jan – March 2026

- Design & go live with Digital Inclusion Website Page for public access
- Pilot Digital Health Literacy support with community groups/ stakeholders

Hybrid Print & Post 2024/25



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History

The Hybrid Print & Post project started in September 2023 with an aim to provide a solution to provide a digital option for patients to receive their appointment letters. Prior to this project postage services were provided via a number of solutions all of which rely on a non-digital solution. As a result, all letters were printed, folder, franked and distributed by a postal provider which utilised human resources, consumables, incurred significant postal charges and left a significant carbon footprint.

When the project switched to offsite printing to distribute appointments letters this had a positive impact on the Contact Centre who were previously responsible for printing, folding, and franking the majority of appointment letters. This released approximately 2.5 hours of time per day to manage other tasks. Equates to approximately £9.5k since November 2023. Benefits 2a and 4 related to the impact on the Contact Centre and these benefits were realised and closed soon after implementation.

2024/25 Activity

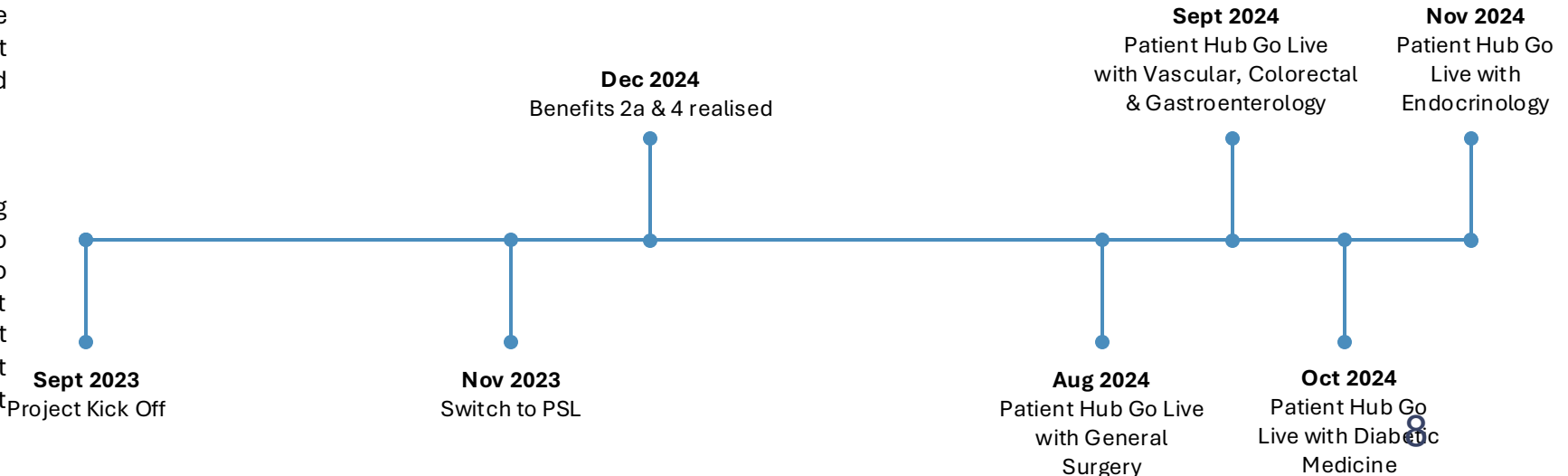
In 2024/25 the Patient Hub was implemented, meaning that some appointment letters were now available to patients in a digital format. Patients were invited to access their letters via a digital platform called Patient Hub with an email and/or SMS message but with set rules in place that posted a physical letter if contact details were not available or if the patient hadn't accessed the digital letter in a set period.

ID	Category	Benefit
1	Cash Releasing	Reducing the volume of physical mail being sent by moving to a digital option (Health Board Wide)
2a	Cash Releasing	Reducing the cost and volume in sending out 1 st Class appointments letters (Contact Centre Only)
2b	Cash Releasing	Reducing the cost and volume in sending out 1 st Class letters across the health board
3	Cash Releasing	Reduction in associated costs, i.e., paper and envelopes
4	Non-Cash Releasing	Staff operational time saved associated with the processes to prepare franked mail (Contact Centre Only) including organising, preparing and folding printed letters
5	Process Improvement	Increased engagement on Patient Hub

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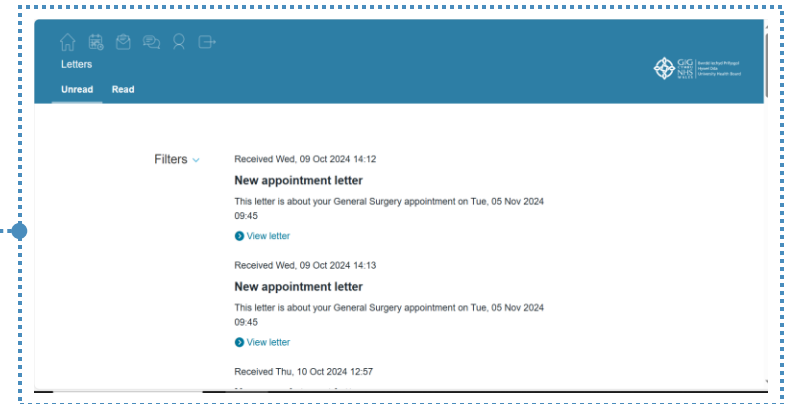
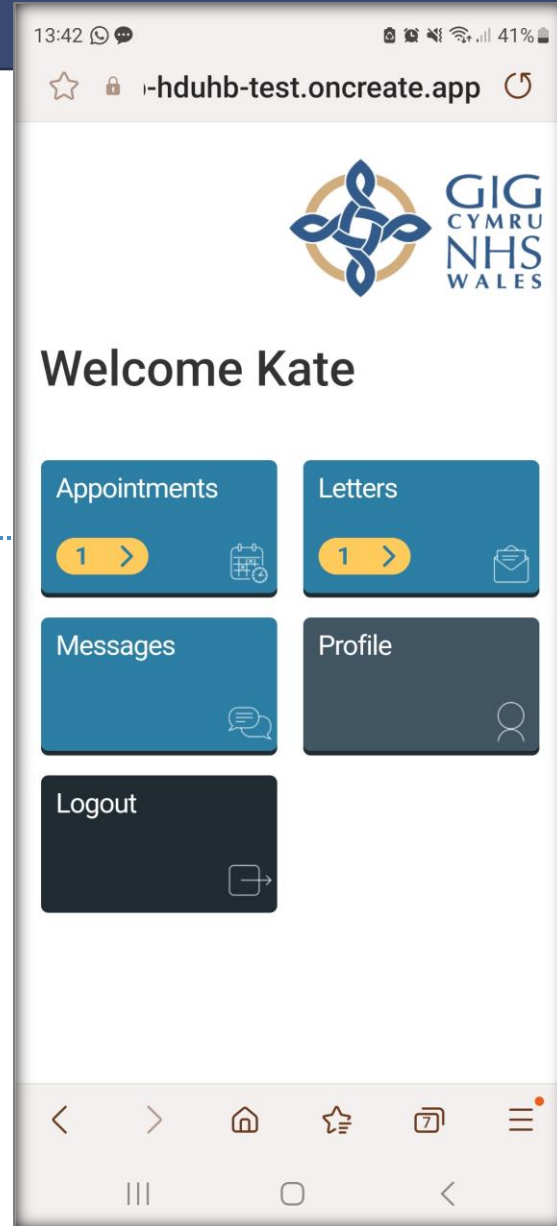
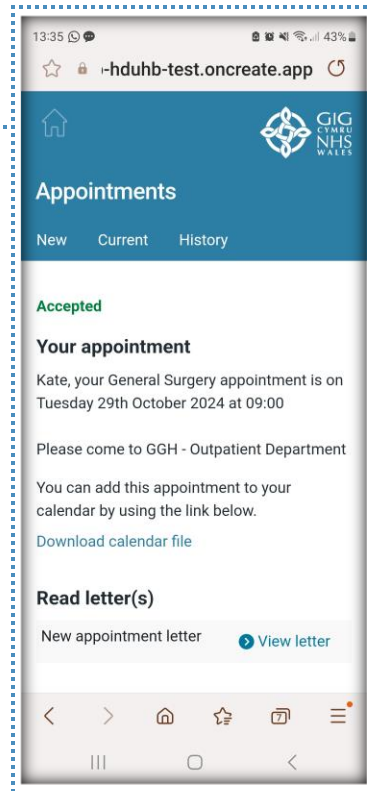
The purpose of this slide is to help demonstrate the different functionality available on the patient hub and this drives an action on whether a letter is printed or not.*

NOTE: Patients can do either one of these options, or both, within 48 hours of the notification or beyond.

Clicking “Appointments” results in an appointment being “Read”

This action, if done within 48 hours of the notification, prevents the appointment letter being printed

Once the “Appointments” tab is clicked the appointment is automatically accepted. Patients also have the option to rebook or cancel.




Selecting “View Letter” will open a PDF of the letter


This action, if done within 48 hours of the notification, prevents the appointment letter being printed


* Process from August 2025 onwards





 **6**
Services using the hub

- 1. General Surgery
- 2. Vascular
- 3. Colorectal
- 4. Gastroenterology
- 5. Diabetic Medicine
- 6. Endocrinology


 **16,908**
Appointment Initial Notifications





 **19,298**
PDF Letters




Includes initial appointment letter(s) and any subsequent cancellation letter(s)

 **64%**
Response Rate



 **12,255**
Printed letters Avoided



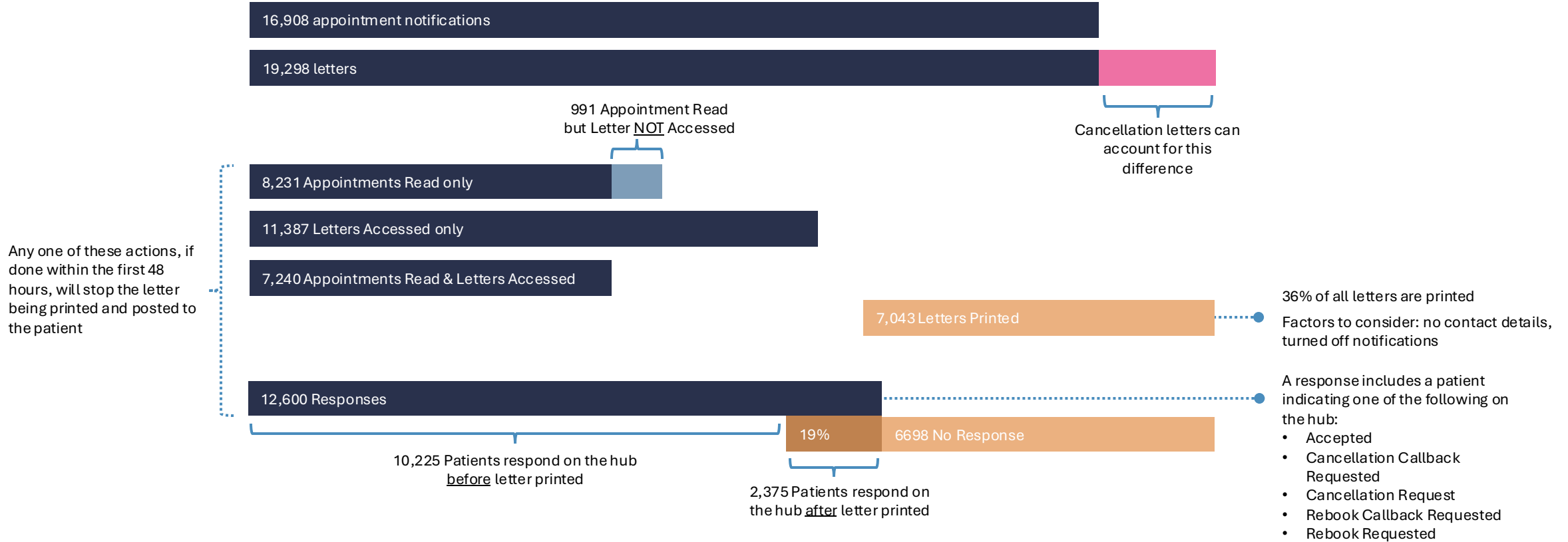
£9,804 cash avoidance

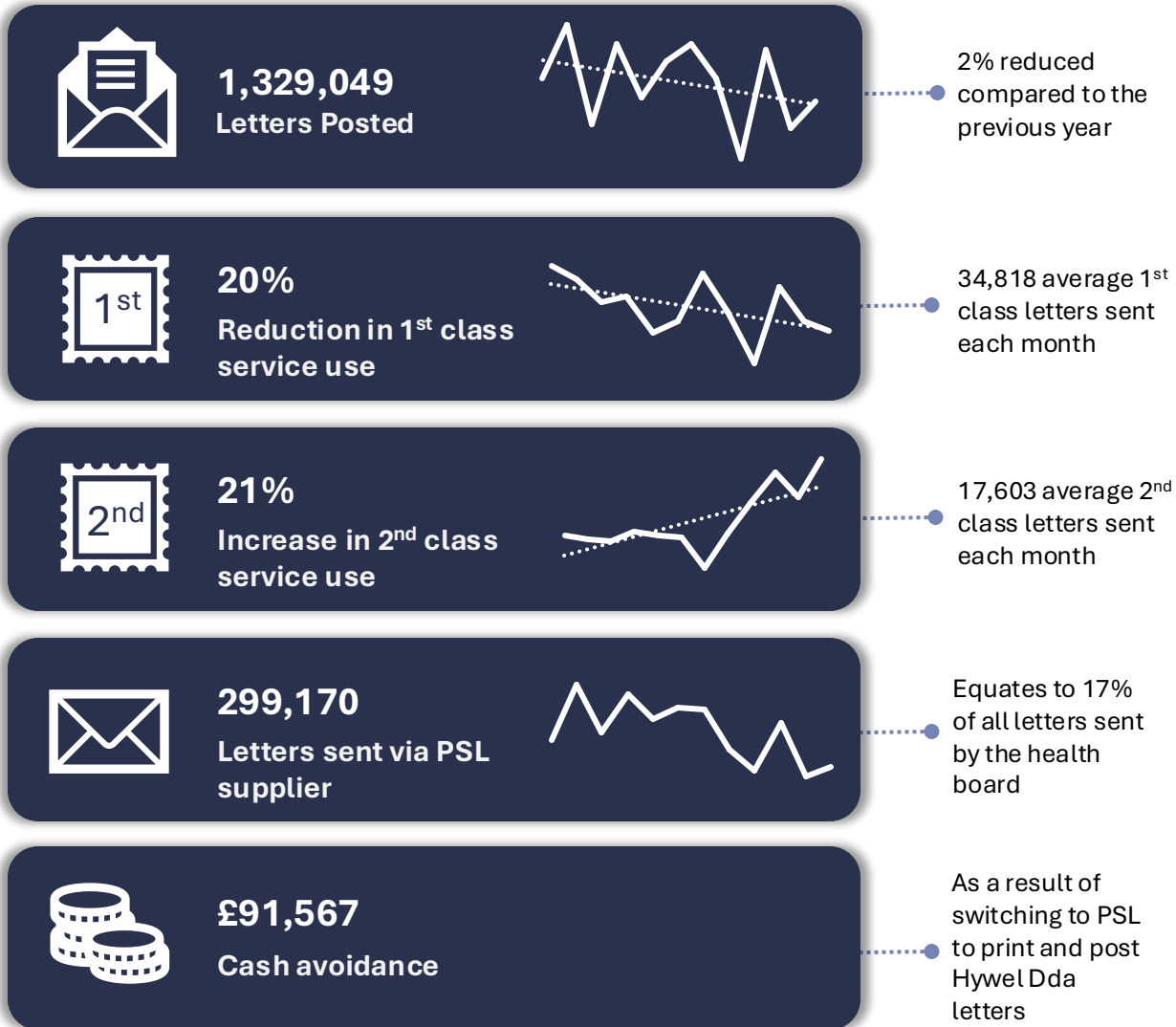
Reducing the volume of physical mail being sent by moving to a digital option

In the eight and a half months since the Patient Hub went live there have been 16,908 appointment notifications sent to patients either through SMS or e-mail or both. Associated with those appointments are PDF copies of the patient's appointment letters and cancellation letters. There are 19,298 PDF letters in total. As noted in the previous slide and in the above diagram, the patient can do a combination of actions and if one or more of these actions are done within the 48 hours following the notification, this prevents the appointment letter being printed and posted. 12,255 (64%) of the letters associated with the Hywel Dda Post hub were not printed and posted to patients because the patient interacted either by "reading" the appointment or "accessing" the letter.

Patients can accept, rebook or cancel their appointments, these actions also prevent a letter being printed and posted if done within the first 48 hours. Out of the 12,600 responses received, 19% were done after the first 48 hours and therefore triggered a print. This equates to 36% of letters printed.

There's an opportunity to further enhance this benefit if the team can identify a method to encourage patients to respond quicker.





Reducing the cost and volume in sending out 1st class letters across the health board

Compared to 2023/24 there has been a 2% reduction in the total volume of physical mail sent to from the Health Board.

The average number of letters being sent using the 1st class service has reduced by 20% compared to 2023/24. However, it should be noted that due to inflation the cost associated with the service has dramatically increased. Therefore, while the volume has reduced the cost has increased. Calculations demonstrate that had the health board not moved to using PSL to distribute its mail and implemented the patient hub, the cost annual cost of mail would have been an additional £91,567. However, as this graph demonstrates, these savings are now becoming negligible as the costs of postage increase.



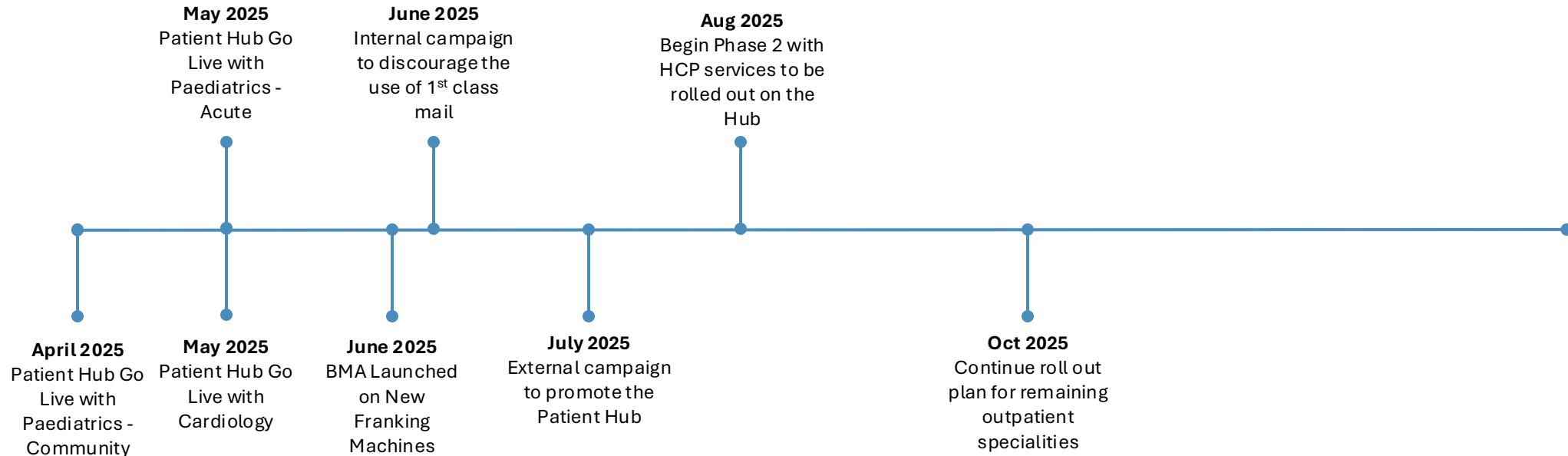
The project aims to reduce the volume of physical mail being sent from sites and an increase in digital letters being distributed through the Patient Hub. There is currently a focus on attempting to reduce the amount of 1st class mail being sent due to the increasing associated costs. A communications campaign has started that includes posters and screensavers, the purpose of the campaign is to discourage the use of the 1st class mail service. During the next 12 months there is a plan to include more outpatients' clinics on the hub which will provide patients with the option to receive either physical letters or digital letters.

Challenges to realising benefits

- Budget concerns relating to inflation and increased postage services costs
- Resource capacity to complete key milestones
- Changes that may impact the projects timeline i.e., changes to systems or processes
- Project delays due to DHCW priorities and service request impact our ability to digitise various patient letter feeds and associated timelines

Opportunities to enhance benefits

- Integration with other systems, such as, T-Pro
- Benefits will be enhanced if more services use the Hub





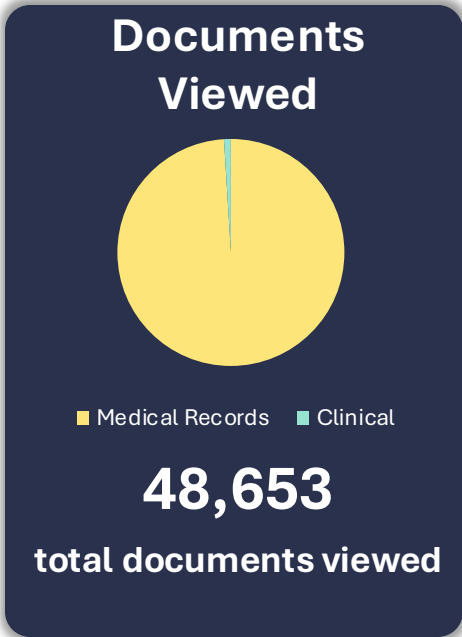
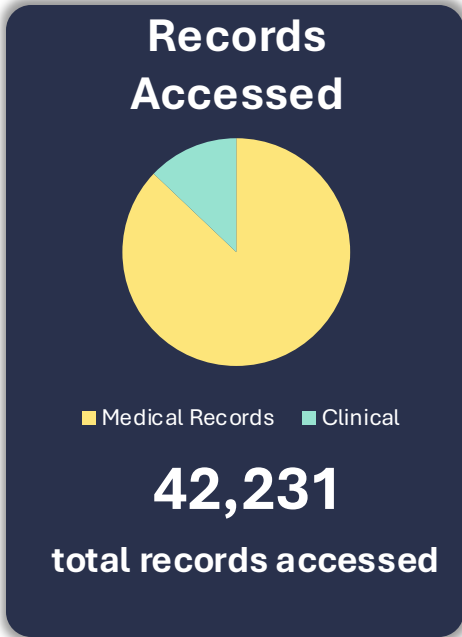
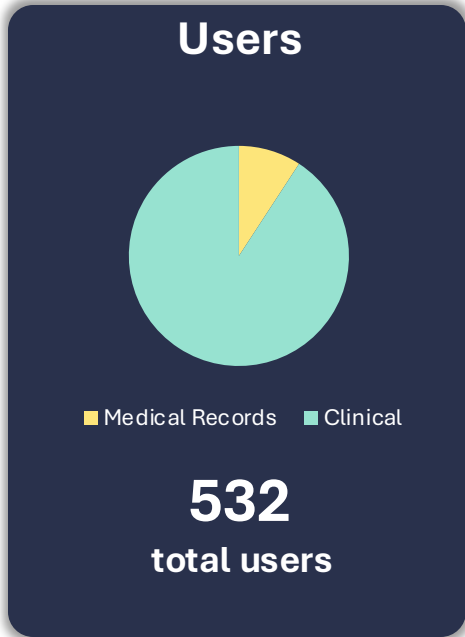
ID	Category	Benefit
1a	Process Improvement	Time saving for medical records staff retrieving, locating and transporting records
1b	Process Improvement	Time saving for HDUHB staff retrieving, locating and transporting records
2	Cash Releasing	Cost saving transporting records across HDUHB
3	Cash Releasing	Reduced costs storing records
4a	Cash Releasing	Reduced paper and associated costs (Digital)
4b	Cash Releasing	Reduced paper production and associated costs (Medical Records)
5	Strategic Goal	Increased digital maturity
6	Clinical	Increased accessibility of information to support clinical decisions and patient care
7	Cash Releasing	Reduced occurrence of litigation due to misplacement of records

CLOSED

2024/25 Benefits Progress

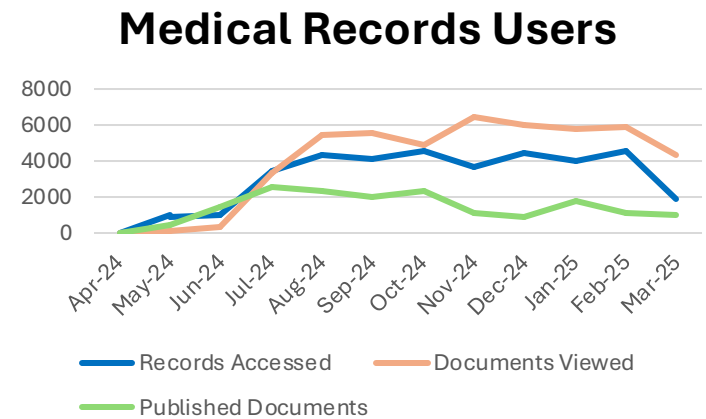
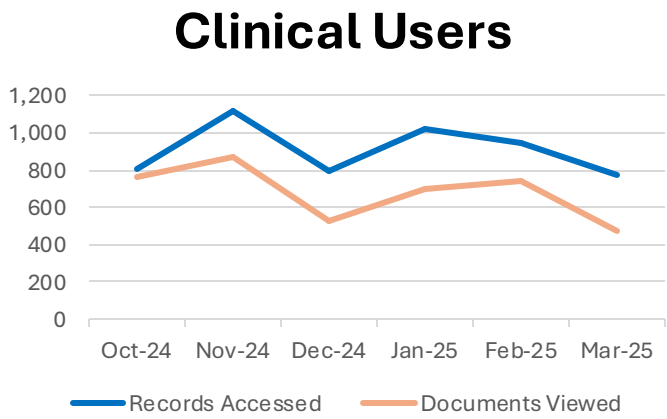
Only one benefits has been reported by Digital Services in relation to this project. Details of which are on the next slide. The majority of the benefits identified are owned by Medical Records.

Benefit 4a has been closed without any progress due to the decision not to continue with Cito’s form building and workflow module. This is following the conclusion that Cito’s form builder is not fit-for-purpose. Other solutions are being explored; however, these will be progressed outside this programme of work.



1a - Time saving for medical records staff retrieving, locating and transporting records

This benefit relates to the number of records accessed digitally. It's been established in previous benefits reports that there are time savings associated with accessing digital files in comparison to retrieving physical files. During 2024/25 the project has been monitoring how many records are accessed via Cito and WCP. In this period, there have been 532 individuals accessing patient records digitally. The majority of users have been clinical, proportionally there are more clinicians compared to Medical Records staff however it is promising to see a large number of clinicians are utilising the solution. Clinicians have accessed 5,455 records in total during 2024/25.





Over 2025/26 the project will begin tracking and reporting on the other benefits initially identified including:

- Cost saving transporting records across HDUHB
- Reduced costs storing records
- Reduced paper production and associated costs (Medical Records)
- Increased accessibility of information to support clinical decisions and patient care

It's unlikely that these benefits will be fully realised during the next 12 months however it is still important to report the progress or lack of against each benefit.

Work is ongoing to resolve outstanding system issues. Following the resolution of these issues the project can actively promote Cito to drive increase usage.

Challenges

Outstanding system issues – specifically multi-patient records, misfiled patient documents

Unresolved ingestion issues – therefore required patient documents are not available in Cito

Opportunities

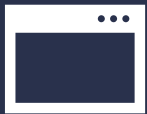
Set up of the internal scanning bureau

System upgrade may provide additional functionality with additional benefits



231,728

Paper Requests



25,286

Electronic Requests



290 hours

Saved from not having to transcribe
information onto RADIS



10%

Electronic Requests



Increasing since the beginning of 2024/25
from 6% to 15% by March 2025

ID	Category	Benefit
1	Process Improvement	Reduction in time spent transcribing referral on to RadIS system
2	Process Improvement	Reduced time cross referencing and checking patient details on WPAS while maintaining data accuracy
3	Process Improvement	Reduced delay between a clinician completing a request form and the request input onto RadIS
4	Process Improvement	Increased reception staff capacity that will be able to support walk-ins, telephone calls and other referrals
5	Patient Experience	Increased volume of patients able to be seen within 10 days due to an increase in admin capacity

A key activity in 2024/25 was to roll out electronic test requesting in Radiology for inpatient requests. This has been rolled out for all acute sites except for Bronglais.



2025/26 Activity

Work is underway to pilot the electronic test requesting WCP in Primary care. Demonstrations have been carried out in the following sites and work packages have been created in RADIS to accept test requests. The pilot will be over three months before rolling out to wider practices within Primary care.

Pilot in Primary Care Practices:

- Llanilar Health Centre
- Tregaron Surgery
- Meddygfa Minafon
- The Llwynhendy Health Centre

ETR for inpatient requesting in Bronglais subject to printer installation.

Challenges

- Lack of dedicated time to support the ongoing progress to project due to other project priorities

Opportunities

- New Project Manager recruitment to manage the project moving forward and to monitor the benefits




1,350
Apps
Recommended

958
Apps
Downloaded


6918
Sessions


27,643
Pageviews


702
Professional
Logins

 **176**
GP Appointments Avoided

 **18**
A&E Attendances Avoided

 **4**
Unplanned Admissions Avoided

 **135**
Bed Days Save

 **591**
Mental Health Sessions Saved

 **£155,258**
Non-cashable savings

ID	Category	Benefit
1	Clinical	Increased awareness of validated self-management apps among clinicians
2	Clinical	Increasing the number of patients downloading validated apps to self-manage their condition
3	Patient Experience	Safer patient access to quality assured apps

The contract for the Digital Health Apps Library supplier Orcha is due for renewal at the end of June 2025. This project has demonstrated challenges in terms of understanding an accurate impact of the digital solution. Orcha have provided the health board with studies and documentation to demonstrate the benefits which are seen to the left of this page.

“Promotes self-management inbetween sessions or while waiting for an appointment” – Clinical user

2025/26 Activity

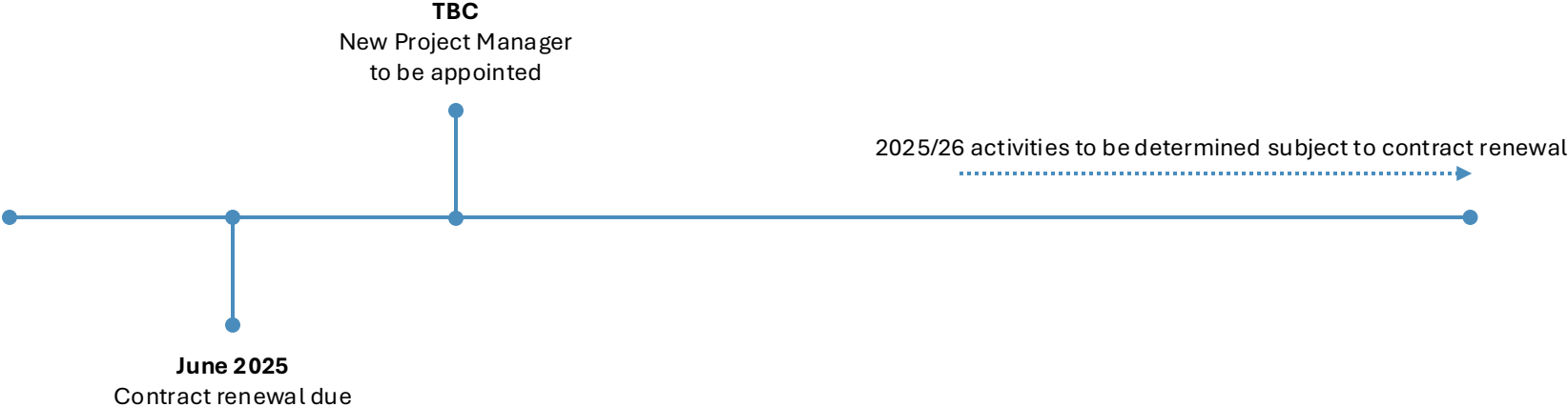
The ORCHA contract has been renewed for a further 12 months. At the end of the 12 months a benefits review will take place to understand the impact of the project.

Challenges

- Difficulties in consistent ongoing encouragement to services to continue recommending and signposting patients to health apps
- Difficulties in accurately measuring the impact of the project

Opportunities subject to contract renewal

- Promotion through posters and QR codes to market the service for increased patient use
- New Project Manager to be recruited to progress the project and maximise the benefits identified





50% started by patient
50% started by professional (clinician)

72% sent by patient
28% sent by professional (clinician)

ID	Category	Benefit
1	Cash Releasing	Reduction in printed letters
2	Non-Cash Releasing	Reduced appointments
3	Process Improvement	Reduced telephone calls
4	Cash Releasing	Reduced surgery/appointments cancelled
5	Clinical	Increased number of patients signposted to appropriate resources
6	Process Improvement	Reduced appointment time / Increased quality time with patient

This project has presented challenges in the volumes of services using PKB and a lack of capacity to manage the benefits. In the past, efforts have included encouraging services to capture data prior and after the implementation of PKB but these have not always been successful. Some services have been using PKB for a number of years and it is fully embedded into their processes.



2025/26 Activity

- Integration is now confirmed with DHCW, however delivery timeline to be confirmed
- Integration with WPAS, WCP (Pathology & Radiology test results) confirmed with DHCW – incentivised by Welsh Government

Challenges

- Benefits cannot be enhanced without integration
- NHS Wales app developments are not communicated
- Teams/services are limited to feature due to manual administrative resources required to manage the system

Opportunities

- New Project Manager will be recruited and take over the project to drive future engagement and integration work



The T-Pro WPAS demographic field went live on 27 January 2025 for General Surgery. In accordance with the Benefits Plan, a six month settling in period was determined and the benefits are due to be reviewed in August 2025 and the results will form part of the Quarter 2 2025/26 Benefits Report. The intention was to roll out to the remaining areas however this has not be completed.

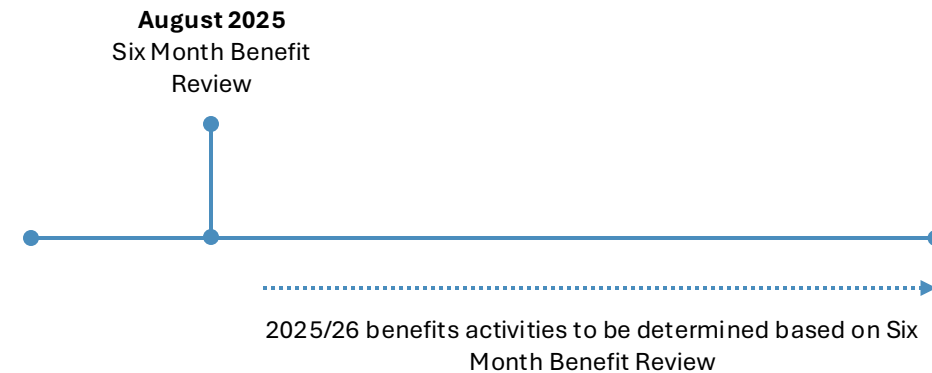
Challenges

- Understanding if this project is in BAU and who is responsible for further roll out
- Delays in the next phase of the T-Pro integration
- Ownership of the project
- Delay with housekeeping of current T-Pro templates used by the Health Board

Opportunities

- Phase 2 includes automatic population of the letters to remove the need to copy and paste. It's unclear when this work is scheduled to be rolled out however will assist in reducing the time taken to create letters in T-Pro.

ID	Category	Benefit
1	Process Improvement	Increased quality of patient data in correspondence
2	Workforce	Increased confidence in the system
3	Non-Cash Releasing	Reduced time creating letters in T-Pro





2025/26 Activity

Phase 1 of the project is planned to be rolled out from the end of September 2025. Phase 1 will include some elements of eFlow and introduce the option for recording manual observations for adult only wards. Following the initial implementation of manual observations, the option will be made available to each site, allowing teams to adopt the approach based on their readiness and interest.

Benefits have been identified for both eObs and eFlow separately (see next page). However, many of the benefits are dependent on elements from both aspects of the project in order to be fully realised and further maximised.

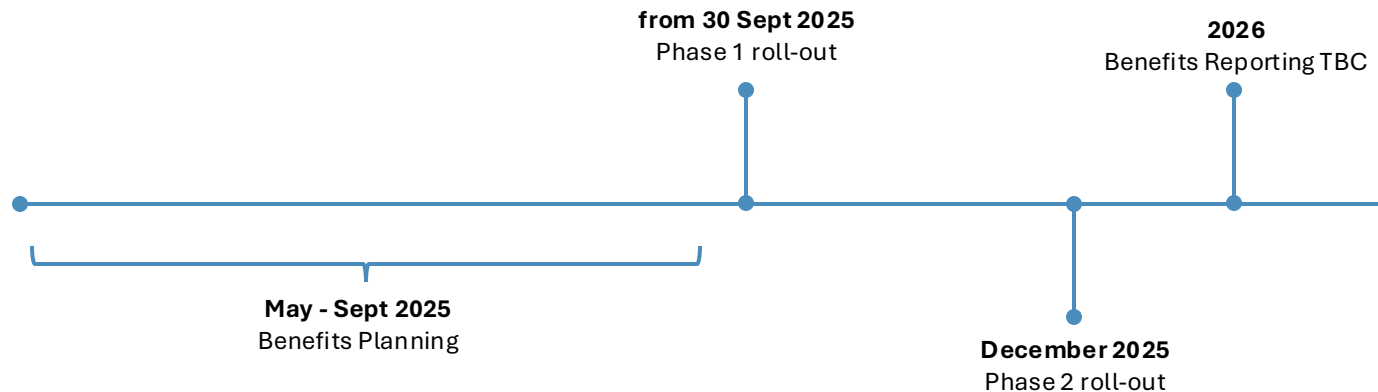
Prior to roll out in September 2025, a full benefits plan will be created setting out the management plan to monitor and report each benefit. CGI are supporting the project by creating an in-depth benefits tracker.

Challenges

- User engagement
- Successful adoption across workforce to realise benefits
- Volume and quality of data captured
- Confidence across workforce using system to its full potential

Opportunities

- CGI Benefits Manager/Business Change team creating detailed tracker to support capturing of benefits
- CGI Business Change team supporting on business change and comms strategy to engage with staff





eObs Benefits

ID	Category	Benefit
1a	Clinical	Reduced risk of harm due to a reduction in hospital based cardiac arrests
1b	Clinical	Reduced risk of harm due to a reduction in hospital acquired infections
2	Clinical	Reduced risk of errors (e.g. due to more regular, accurate observations)
3	Clinical	Reduced unplanned admissions to critical care units from eOBS-equipped wards
4	Clinical	Increased number of observations completed on time
5	Workforce	Increased confidence resulting in improved decision making
6	Process Improvement	Reduced manual admin work and removal of duplication of effort
7	Patient Experience	Reduced complaints and improved brand image due to better patient care
8	Non-cash releasing	Reduced litigation

eFlow Benefits

ID	Category	Benefit
1	Patient Experience	Increased time to care for patients
2	Workforce	Reduced stress levels
3	Workforce	Improved communication between staff members and across departments
4	Process Improvement	Improved handovers and quicker discharges / Reduced handover time
5	Process Improvement	Reduced average time until seen by doctor in A&E
6	Process Improvement	Reduced time an ambulance waits outside of the hospital
7	Process Improvement	Quicker response times for ambulances
8	Process Improvement	Reduction in staff time wasted due to not being able to access real time patient information or bed state information
9	Patient Experience	Reduced average length of hospital stay per patient
10	Process Improvement	Reduced cancelled surgeries due to better bed management



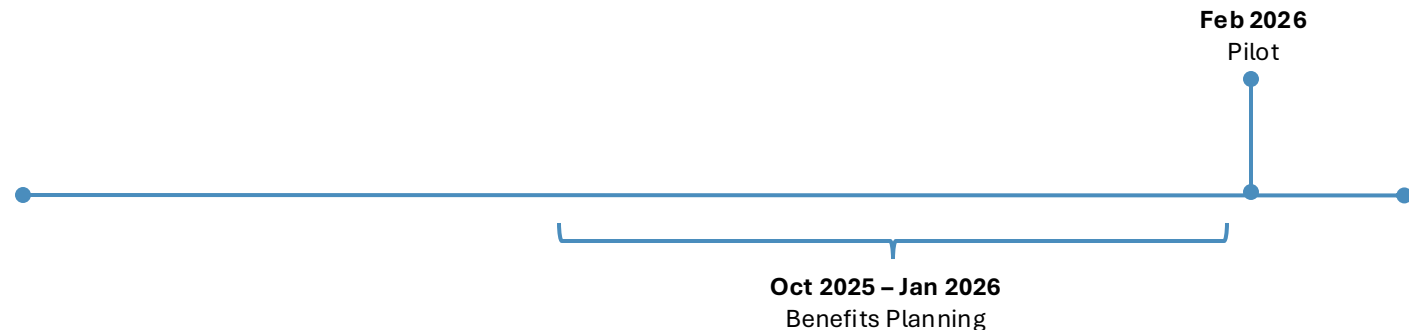
2025/26 Activity

The ePMA project is set to begin in February 2026. A number of benefits have been identified nationally which the Health Board have adopted as well as local benefits.

From October 2025 work will begin on re-establishing any baseline data gathered and to create a benefits plan that identifies any specific timelines for measuring, reporting and realising the benefits. This is also subject to the recruitment of Pharmacy resources that will be involved in baseline gathering.

The realisation of the identified benefits will also be dependent on post-implementation and appropriately staffing for continued optimisation.

ID	Category	Benefit
1	Clinical	Improved antimicrobial stewardship and reduction in C.diff rates
2	Clinical	Improved mandatory thromboprophylaxis screening and treatment
3	Clinical	Eliminate blank administration record
4	Clinical	Reduction in prescribing errors
5	Clinical	Improved allergy recording and status documentation
6	Process Improvement	Time saved Accessing Secondary Care Prescription Charts
7	Cash Releasing	Reduced need to purchase and file prescription charts
8	Process Improvement	Reduced time spent on paper audits
9	Clinical	Increase in percentage of discharge advice letters that are sent electronically to GP surgeries
10	Non-cash Releasing	Improved adherence to drug formulary (could keep in locally) (or just drug spend)
11	Clinical	Reduction in administration errors (could keep locally)





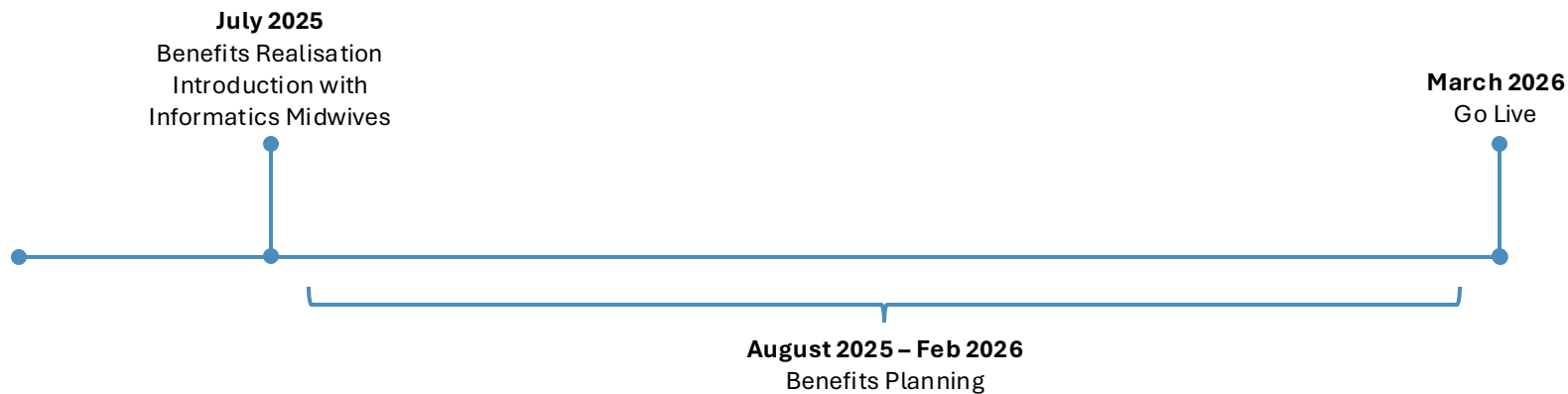
ID	Category	Benefit
1	Clinical	Reducing clinical risk through accessible computer records
2	Cash Releasing	Reduced litigation
3	Process Improvement	Reduced clinical administrative time
4	Process Improvement	Reduced duplication of information
5	Workforce	Better decision making
6	Process Improvement	Reduced transcription errors from manual data entry
7	Cash Releasing	Reduced unnecessary mileage
8	Cash Releasing	Reduced cost of stationary

2025/26 Activity

These benefits identified within the business case. Benefits will be further reviewed from July 2025 onwards. Activities that are required to take place will be to create a Benefits Tracker, a Benefits Plan, and to ensure that each benefit contains sufficient description to understand the impact of the project.

Challenges

- Potential deployment delays
- Ensuring staff are engaged prior to go live
- Ensuring a change management strategy is in place





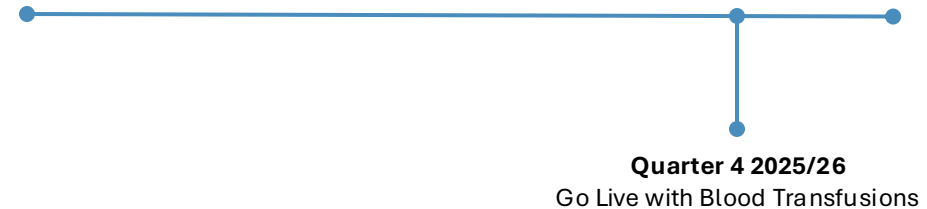
ID	Category	Benefit	Description
1	Process Improvement	Improved Patient Safety	Increase in patient care quality and safety via standardised test names, test ranges and comparability of tests and results across Wales
2	Process Improvement	Reduced repeat requests	Moving from 3 instances of Telepath to 1 instance of TCLE means shared transfusion history across sites – won't need 2 samples for a patient if they have had one at another site
3	Cash Releasing	Cost Reduction	1 TCLe System v.3 Telepath Systems
4	Workforce	Flexible working across sites – sample	Easier to send work to other sites for contingency
5	Workforce	Flexible working across sites - staff	Easier to deploy staff at other sites during contingency scenarios

2025/26 Activity

A key aspect of the LIMS project for Hywel Dda will be the single instance of blood transfusion enabling efficient staff and processing of samples across the health board. This will also result in the elimination of duplicate tests in Hywel Dda.

Challenges

- Significant risk within the project of being able to achieve the project milestones and therefore the identified benefits





ID	Category	Benefit
1	Patient Experience	Improved call answer rate for patients
2	Process Improvement	Reduction in call volumes
3	Process Improvement	Reduction in empty slots
4	Process Improvement	Reduction in Do Not Attends
5	Patients Experience	Increased patient satisfaction
6	Workforce	Reduction in verbal abuse towards staff
7	Workforce	Increased staff satisfaction

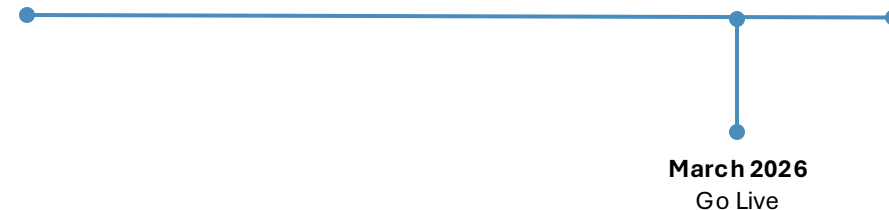
2025/26 Activity

Prior to any roll out a benefits tracker and a benefits plan will be put in place to ensure that baseline data is gathered, that each benefit is tracked and reported on in future reports.

It will be crucial for this service to be promoted to patients and referrers to maximise the benefits identified. A Digital Inclusion skills audit will also be required for staff to ensure they have the appropriate skill and confidence to switch to a digital solution. Again, this will help ensure that benefits are maximised.

Opportunities

Although not a direct benefit, should this project proceed, it will improve the access of data of the service and support service decision. The availability of data will enable managers to identify opportunities to enhance efficiencies and process improvements and expand this initiative.



The NHS Wales App pilot is expected to go-live early July, it will specifically target patients referred from GP to General Surgery. The pilot go-live date is dependent on DHCW completing the required technical work.

All current processes and patient communications will remain the same. However, patients included in the pilot will receive two additional notifications:

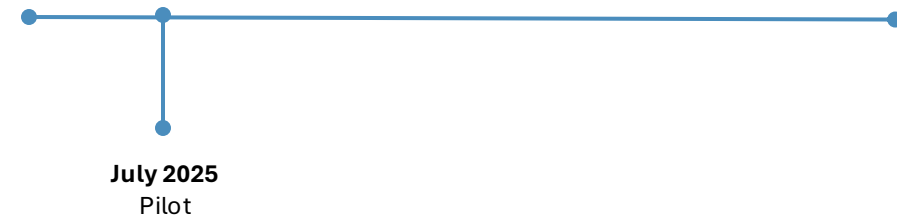
- A message to the NHS Wales App to inform them their **referral has been accepted** by the service – they will not receive any notification if their referrals is declined, or they are referred to another service.
- A message to the NHS Wales App with their **clinic appointment details** when this has been scheduled.

DHCW will provide stats to show the number of patients that have accessed the NHS Wales app to view the messages. This information will be used to gauge usage, and to create a distribution list for the patient feedback survey.

Additional benefits will be identified following the future release of new functionality within the app.

Additional patient specific benefits are to be explored with the Patient Experience Team. The Patient Experience Team will send out a survey to patients to gain their feedback and experiences of using the NHS Wales App.

ID	Category	Benefit
1	Process Improvement	Time saving for GP administrative staff, who often spend time contacting the waiting list office (following enquiries from patients), to check referrals have been received and to find out what is happening with them.
2	Process Improvement	Time saving for both the service and contact centre who are contacted by patients enquiring about their referral.





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SAFE | SUSTAINABLE | ACCESSIBLE | KIND



GIG
CYMRU
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WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
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