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WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Date **07/10/2025**
Time **09:30 - 12:30**
Location **Microsoft Teams Meeting; Ystwyth Board Room Avocor (Hywel Dda UHB - Generic Account)**

Digital, Data and Innovation Committee Meeting

HDD_Digital, Data and Innovation Committee

NHS Wales

Agenda - 7 October 2025

1 Governance and Risk

09:30, 15 min

1.1 Welcome and Apologies

Maynard Davies (Hywel Dda UHB - Independent Member)

1.2 Declarations of Interests

Maynard Davies (Hywel Dda UHB - Independent Member)

1.3 Minutes and Matters Arising from the meeting held on 22 July 2025

Maynard Davies (Hywel Dda UHB - Independent Member)

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

Maynard Davies (Hywel Dda UHB - Independent Member)

2 Data

1 hr

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

0 min

Huw Thomas (Hywel Dda UHB - Director of Finance)

2.2 Information Governance Assurance Report

0 min

Huw Thomas (Hywel Dda UHB - Director of Finance)

2.3 Data Quality Deep Dive

Gareth Beynon (Hywel Dda UHB - Head of Information Services)

2.4 Analytical and Modelling Work

3

Digital

1 hr

3.1 Digital Strategic Plan, Including Business Plans

Carolyn Williams (Hywel Dda UHB - Head of Digital Innovation & Transformation)

3.2 In Year Delivery of Programmes

Carolyn Williams (Hywel Dda UHB - Head of Digital Innovation & Transformation)

3.3 Digital Partner Update

Huw Thomas (Hywel Dda UHB - Director of Finance)

3.4 Digital leadership with Allied Health Professionals and Health Scientists

Anthony Smith (Hywel Dda UHB - Consultant Anaesthetist)

3.5 Digital Innovation & Transformation Benefits Realisation Report 2024/25

Carolyn Williams (Hywel Dda UHB - Head of Digital Innovation & Transformation)

4

Research and Innovation

15 min

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

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

5

For Assurance

20 min

5.1 Assurance on Governance Arrangements Report

Huw Thomas (Hywel Dda UHB - Director of Finance)

5.2 National and Regional Landscape

Huw Thomas (Hywel Dda UHB - Director of Finance)

6 For Approval

0 min

6.1 Policies for Approval

7 For Information

0 min

7.1 Artificial Intelligence and the Welsh Language Regulatory Policy Statement

7.2 DDIC Workplan 2025/26

0 min

8 Any Other Business

10 min

Maynard Davies (Hywel Dda UHB - Independent Member)

9 Date and Time of next meeting

0 min

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1 - Governance and Risk

1.1

09:45,

1.1 - Welcome and Apologies

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

1.2

1.2 - Declarations of Interests

Maynard Davies
(Hywel Dda UHB -
Independent
Member)

1.3

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

Maynard Davies
(Hywel Dda UHB -
Independent
Member)

| For approval

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[2025-07-22 - Digital, Data and Innovation Committee Meeting - Minutes.pdf](#)

MINUTES OF THE DIGITAL, DATA AND INNOVATION COMMITTEE MEETING

Date of Meeting: **Tuesday 22 July 2025**
 Venue: **Ystwyth Boardroom and Microsoft Teams Meeting**

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

In Attendance: Mr Huw Thomas, Executive Director of Finance
 Ms Sally Hore, Head of Research and Development (deputising for Dr Leighton Phillips, Director of Research, Innovation and Value)
 Mr Anthony Tracey, Director of Digital
 Mr Daniel Warm, Head of Planning (deputising for Mr Lee Davies, Executive Director of Strategy and Planning)
 Mrs Joanne Wilson, Director of Corporate Governance/Board Secretary
 Professor Chris Hopkins, Head of the TriTech Institute & Innovation
 Ms Lesley Hewer, Head of Nursing
 Ms Urvisha Perez, Audit Wales
 Ms Claire Evans, Committee Services Officer (minutes)

Minutes Ref.	Item	Action
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DDIC 25(26)	Welcome and Apologies	
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The Chair welcomed members to the meeting, and also welcomed new member Ms Sarah Harraway.

Apologies for absence were received from:

- Mr Mark Henwood, Executive Medical Director
- Mr Lee Davies, Executive Director of Strategy and Planning
- Dr Leighton Phillips, Director of Research, Innovation and Value
- Dr June Picton, AMD Professional Standards/Deputy Caldicott Guardian, Associate Medical Director for Professional Standards
- Dr Anthony (Tony) Smith, Consultant Anaesthetist

DDIC 25(27)	Declarations of Interests	
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No declarations of interest were made.

DDIC 25(28)	Minutes and Matters Arising from the meeting held on 22 April 2025	
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Decision:

The Minutes from the meeting held on 22 April 2025 were approved as an accurate record.

DDIC
25(29)

Table of Actions from the meeting held on 22 April 2025

It was observed that several actions did not include sufficient detail regarding what had been completed. Mr Huw Thomas informed Members that, although he had made initial discussions with Mrs Lisa Gostling and Mrs Sharon Danile (regarding Terms of Reference and Board Member Patient Safety walkabouts) no further progress had been made. **He confirmed he would resume discussions and provide an update as soon as possible.**

HT

All other actions from the DDIC meeting held on 22 April 2025 were complete.

DDIC
25(30)

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

Mrs Sally Hore presented an update following the RISC meeting on 9 June 2025.

Mrs Hore explained that the Research and Innovation (R&I) Department is currently experiencing a minor funding shortfall in relation to research delivery funding, which is received directly by Welsh Government (WG) and this has been identified as one of their current risks. The Research Delivery Funding (RDF) from Health and Care Research Wales (HCRW) has now been allocated, with an approximate cost pressure to Hywel Dda University Health Board (HDdUHB) of £300k. The report wishes to alert the Committee that the starting funding position from the beginning of the year has been revised downward. While the R&I team has developed a plan to meet the required objectives it will highlight to WG the current financial pressures being experienced. Monthly meetings will be held with Health Care Research Wales (HCRW) to discuss the shortfall, with a plan to break even at the end of the financial year.

Mrs Eleanor Marks, referencing the £159k variation and £300k shortfall stated in the report, sought clarification on the risks potential risks to research, both financial and otherwise. She also enquired whether any planned research activities which would be unable to continue as a result. In response, Mrs Hore explained that despite continually increasing shortfall, the Health Board remains underfunded. As a result, decisions must be made regarding the feasibility of opening certain studies within the Health Board, taking into consideration departmental capacity and capability. Mrs Hore added that the extra funding is required to cover core R&I staff costs.

Additional challenges arise from the Health Board operating delivery centres across three counties, while receiving a level of funding comparable to organisations with fewer centres.

In response to Mrs Marks' query, Mrs Hore explained that the Health Board operates four separate research delivery centres, which presents logistical challenges, particularly the inability to redeploy staff quickly between sites to support patient recruitment. While local access to research is prioritised, the lack of cross-site staffing flexibility remains the primary barrier to scaling and efficiency.

Mr Maynard Davies advised Mrs Hore that should the R&I be unable to participate in research activities due to funding constraints, this should be formally communicated to the Committee.

Mrs Hore, Dr Leighton Phillips will liaise with Mr Huw Thomas to explore how the Health Board can mitigate the risks associated with the current research funding shortfall.

SH/LP

Mr Winston Weir queried whether the 4 centres operated on the same model or if they differentiate. He explained that one of the ways in which to mitigate risk may be to differentiate between rural healthcare such as in Ceredigion and town centre based in Carmarthen. Mrs Hore agreed that the demographic around each of those centres requires consideration, and perhaps there was need to further explore what R&I are able support, according to the specialism and the need in that area.

The Committee agreed to **ADVISE** the Board that there is a £300k shortfall within Research and Development.

Decision:

The Committee:

- **RESPONDED** to the items that they are being alerted to
- **NOTED** the items the Committee is advising them of
- **RECEIVED ASSURANCE** on the items that the Committee is providing assurance on

DDIC
25(31)

Research & Development: Implementation of the New Strategic Plan

Professor Chris Hopkins informed the Committee that a soft launch of the Strategic Plan 2025-2030 took place on 19 June 2025, focussing on 3 main themes: improving access, creating an environment and culture, and developing and sustaining the ongoing partnerships. A research and innovation event at Pentre Awel is being organised in September/October 2025. A number of actions have also been set for implementation of the strategic plan.

Mrs Marks commended the strategic plan for clarity and structure. However, she noted that plan did not clearly convey the priorities related to the practical development of the TriTech Institute. Professor Hopkins explained that a key priority is to develop relationships with both local university partners and academic institutions across Wales. Another priority is working with MedTech companies in order to address some of the fundamental health challenges through those partnerships.

The Committee were provided with assurance that all three areas of action are currently in progress, with some more advanced than others. It was

noted that other workstreams taking place, therefore it is not a not a definitive list.

Mr Thomas reflected on four themes:

- Risk: being cognisant of the risk appetite as a Board, recognising that the risk is at a portfolio level and individual projects may fail or succeed because that is the nature of science and research.
- Scope: there is sense that Artificial Intelligence (AI) and the use of data and digital is an area of research that will move at a pace the Health Board will be unable to keep up with. This is a challenge which is not necessarily reflected in the strategic plan. This is, however, a risk for all NHS organisations. It is also noted that primary care and mental health care are not areas currently strong on research. It is important to ensure any research undertaken has impact that patients will see. In particular diabetes and cardiovascular are challenging areas.
- Depth: there is currently a clear supply chain of partners that the Health Board could leverage into and work with closely. Social care could also provide an opportunity for research, although this may be for consideration for the future strategy. Collaborating with Regional Innovation Fund and Regional Partnership Boards are also opportunities to consider research within a health and social care setting.
- Leverage: in terms of pulling together what good outcomes measures can provide, alongside good research, it is felt that although the individual components are in place, they have not yet been effectively integrated.

Professor Hopkins recognised that there are both opportunities and risks with AI. There is also a need to work rapidly given the fast pace of technology change. In terms of industry partnerships, R&I are currently working with Local Authorities, particularly regarding Pentre Awel there is a significant opportunity for the HDdUHB community and economy with Pentre Awel. R&I are also liaising with the Clinical Lead for Primary and Community Services Academy, Mr Will Macintosh, regarding supporting the digital and data aspect within primary care.

Mrs Hore added that R&I has good working relationships with primary care, which provide several benefits, for example respiratory metabolic and oncology all received additional funding.

Mr Davies commented that the strategic plan implementation actions includes an action under Value based Health Care to develop an independent and ongoing form of support for economic evaluation in support of research and innovation projects by December 2025, and enquired whether R&I had anyone in mind.

Professor Hopkins responded that there is no dedicated support currently, however discussions are ongoing with Swansea University.

Ms Lesley Hower suggested reviewing digital suppliers the Health Board currently works with, as potential sites for new research given the existing financial agreements. Members agreed this was a valuable and constructive suggestion.

Mrs Chantal Patel highlighted the importance of focusing on those areas where R&I can deliver rather than a more 'scattergun' approach. Particular emphasis should be placed on initiatives that demonstrate improved patient care or system level enhancements, which should be carefully considered when developing the timeline for the strategic plan.

Discussions are taking place with Workforce and Organisational Development (W/OD) to build in standardised statements on including quality improvement or research and innovation skills in job descriptions and including as part of the staff performance appraisal development review (PADR). There is also potential in working with advanced practitioners who have 4 pillars of practice, and discussions on how to engage those staff to ensure the Health Board is providing resilience for service by attracting the right individuals and retaining them.

Mr Thomas advised that consideration should be given on how research can help address the fragility of the Health Board's services, cautioning that without such alignment, there is a risk of creating isolated areas success within an otherwise fragility system. He noted, however that certain specialities, such as respiratory, remain particularly strong.

Professor Hopkins informed the Committee that the event at Pentre Awel in the autumn will include a celebration of successes, with the intention to hold an annual event.

Mr Davies proposed that the R&I team increase the research and innovation profile within the Health Board, and suggested that the Communications and Engagement Director could assist in this regard. He also requested that DDIC members to be invited to the event at Pentre Awel. CH
CH

Mrs Marks highlighted the importance of organisational culture within the Health Board and the shift towards a social model of healthcare, and sought guidance on how the Committee could best support this direction. In response, Mr Thomas acknowledged that whilst a social model is not yet fully integrated into current R&I activities, the Executive Director of Public Health is working on the social innovation hub with University of Wales Trinity Saint David (UWTSD), with the potential to link with R&I.

Professor Hopkins highlighted that action 2.9 refers to the health and research agenda. This action is currently in its early stages.

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

Decision:

The Committee **NOTED** and **RECEIVED ASSURANCE** in the strategic actions that will be implemented in 2025/26 arising from the recently published Research and Innovation Strategic Plan.

Professor Chris Hopkins provided a brief summary of the new TriTech business plan and peer review.

The current business plan ends at the end of this financial year, therefore the TriTech and Innovation Team are currently in the process of drafting a refreshed business plan to cover the period 2026 to 2031. This is being done in a consultative manner.

The report presented to the Committee outlined a number of key achievements over the previous 4-year period.

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

Decision:

The Committee:

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

DDIC
25(33)

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

Mr Anthony Tracey informed Members that the 2024/25 Planning Objective for DDIC (PO9: Digital Plan) has been completed. A plan on a page will be completed in due course.

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

Decision:

The Committee **RECEIVED ASSURANCE** on the current position regarding the progress of the Planning Objective aligned to it.

DDIC
25(34)

Digital Operational Plan

Mr Tracey informed Members a number of key projects were discussed at a recent Digital Team awayday. The MoSCoW prioritisation method has been adopted, which is a structured framework that categorises project requirements into four levels: Must Do, Should Do, Could Do, and Won't Do.

Phase 1 focusses on the immediate priorities. This includes integrating all Health Board systems together, decommissioning old systems, modernising telecoms (in line to British Telecoms (BT) shutting down landline connections), replacing Wireless Application Protocol, and replacement of LIMS (Laboratory Information Management System) amongst other projects.

Referencing the projects outlined in Appendix 1, it was clarified that projects 'paused' would go ahead in due course. Relevant services have been consulted and are aware of the status.

In response to Professor Hopkins query on where R&I aligns to the operational plan, Mr Tracey explained that it is not included. The plan

contains purely operational projects; however, discussions are taking place on how to take forward R&I in the Health Board. This will be included in a different plan.

The Committee were informed that various elements of funding are provided by WG, however the 'must dos' relate to capacity in teams which includes funding from the Digital Team's own resources. It was noted that each project includes a full business case and benefits realisation plan.

Ms Hewer remarked that learning had been made through implementing the Welsh Nursing Care Record (WNCR). The evaluation research for WNCR was published in a number of journals, with the benefits to patients and staff highlighted. With electronic prescribing (ePMA), a similar evaluation would be undertaken. The benefits realisation is linked to obtaining funding. The challenge is releasing clinical staff to undertake R&I, to the benefit the patients.

Mrs Marks commented that whilst Appendix 1 includes a significant number of projects, there are no timeframes for completion and also queried whether the Digital Team had sufficient capacity to manage this work. In response, **Mr Tracey agreed to provide the timescales for all projects on the digital plan.** He added that the Digital Team do have project management capability, and has been actively recruiting to the team. However, they are relying significantly on CGI for support with several major projects, and are acutely aware of the associated financial implications. To improve oversight, the Digital Team is working a high level Gantt chart to outline various projects. While some projects can progress independently, others are interdependent, for example enhancements to wi-fi output must be completed before certain projects can commence.

AT

Work will also commence on identifying resource gaps, and exploring strategies to address them. This analysis will inform further proposals to the Executive Team, including options to either discontinue certain projects or secure additional recourses, whether through GCI or internally means.

The Digital Team aim to go live with the patient Flow and Obs in October/November 2025.

Mr Davies raised a concern about whether any projects might fail to deliver the anticipated benefits, potentially impacting services. In response, Mr Tracey explained that it is currently too early to determine this, as the Digital Operation Plan was still in the discovery phase rather than the implementation. He noted that projects such as Flow and Obs are expected to demonstrate benefits relatively quickly.

The decision to defer some of the shadow IT (systems deployed by departments/individuals other than the central IT department) work is a challenge, as there is a potential opportunity in addressing shadow IT issues, although that is from a safety, security, and financial perspective.

The rapid pace of change and emerging opportunities presented by AI over the next 12 months should be proactively addressed. However, it is equally important to recognise and confront the existing digital deficit in the Health Board.

Mr Davies observed that a number of benefits fall outside of the remit of Digital Team and lie within responsibility of operational teams. When monitoring benefits, it is important to challenge operational teams, particularly in cases where the necessary tools available are not being utilised.

Professor Hopkins reminded the Committee that the Health Board cannot capitalise on AI until got the correct infrastructure is in place.

Mr Tracey commented that the Digital Team is currently reviewing which is most appropriate AI approach for the Health Board, with a business case to be presented to DDIC at the end of the year.

The Digital Team is currently delivering a digital inclusion programme to support colleagues in developing confidence in using technology.

Members discussed the challenges of user adoption, particularly the difficulties staff may face when asked to work in new ways. Mr Tracey commented that his team is actively including clinicians, wherever possible and is providing training staff who then act as champions to support wider adoption.

Ms Hewer commented that it's refreshing to have all systems in on place in the MoSCoW chart, noting that there is a real enthusiasm for this approach, and emphasised that older individuals are not necessarily lacking digitally awareness. Certain systems have been long awaited particularly by clinicians with experience in other organisations where these systems are already in use. However, Ms Hewer stressed that their implementation has to be undertaken safely.

The Digital Team is focussing strongly on clinical safety and are seeking to purchase more support and to train nurses on clinical safety.

Mr Davies expressed concern that patient safety and AI are not inherently aligned, underscoring the importance of prioritising patient safety. He also noted that approximately 10% of interactions with current AI result in hallucinations (the phenomenon where an AI model generates outputs that are incorrect, misleading, or nonsensical).

Mr Tracey responded that there are guidelines. If AI is allowed to run free then there is an increased chance of hallucinations, however you can control AI. He recommends creating an AI Group. Mr Tracey added that discussions with Microsoft today were very helpful.

Professor Hopkins highlighted that the majority of AI systems are medical devices. Smaller providers of devices are not as AI aware as companies such as Microsoft, agreeing that a system for AI governance should be in place. Professor Hopkins also commented on the importance of ongoing evaluation. This includes consideration into resources around constant evaluation.

Members noted that discussions have taken place regarding AI accountability, with **Mr Thomas and Mr Tracey agreeing to explore AI**

governance and establish appropriate arrangements and frameworks to support this.

Mr Thomas commented that there was more transparency in errors from AI than clinician errors. Perhaps this is a subject for the Quality Safety and Experience Committee (QSEC) to discuss.

HT/AT

Mrs Patel reminded the Committee of the need for reassurance on protection personal data.

Mrs Wilson highlighted that the digital plan is progressing effectively, both in collaboration with regional partners and across the Health Board.

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

Decision:

The Committee **NOTED** the Digital Operational Plan 2025/26.

DDIC
25(35)

Digital Partner Update

Two deep dive sessions into Radiology and Urgent and Emergency Care (UEC) have taken place, providing valuable insights into current workflows, system dependencies, and opportunities for digital enhancement. Further deep dives will take place later in the year.

The digital partner report provided an update on expenditure, new initiatives such as 360 view, patients services centre, e-forms and virtual wards. Enterprise Architecture and Shadow IT work packages are currently paused due to lack of capacity, with plans to continue next year.

Mr Thomas provided assurance that funding listed in the report are either new funding through business cases approved by the Board, or from within the Digital Team's current budget. The Health Board is in discussion with Swansea Bay University Health Board regarding opportunities through the regional plans to utilise the HDdUHB's current contract. Mr Thomas has also sought legal advice on whether this can progress.

The Committee received assurance that all key discussions with CGI would be presented to the Committee.

Mr Tracey explained that his team were working alongside CGI. There will be a 3 three-month handover to the newly appointed programme manager, when schemes are implemented. The digital partner report will keep track of spend and update the Committee as necessary. A programme manager has been recruited and commenced in post this week, who will liaise with the project manager. A draft job description has been submitted to Workforce and Organisational Development (W/OD), to recruit a member of W/OD to work alongside Digital Team.

Professor Hopkins commented that while the report focuses on expenditure, it does not clearly articulate the resulting benefits. In response, Mr Thomas assured this point would be clarified in the presentation to Board.

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

Decision:

The Committee **NOTED** the content of the Digital Partner Update report.

DDIC
25(36)

Digital Inclusion

The digital inclusion report highlighted the good work being achieved by a small Digital Inclusion Team.

The team are currently liaising with W/OD regarding embedding digital level questions in PADR. The aim is to reintroduce a European Computer Driving Licence (ECDL) style concept. To achieve this the team is commencing targeted training with staff, to date 12-13 staff groups have completed the training. The Digital Team is asking corporate teams if they are content with the digital transformation changes, and increasing the staff digital training offering to include You Tube tutorials and also provide accredited training packages.

In response to Mrs Marks' query on community organisations who undertake significant digital inclusion work, Mr Tracey commented that the Digital Team liaise with as many of those organisations as possible, and also attend digital drop-in sessions within community centres.

The Digital Team is also linking with Aberystwyth University regarding the work on digital inclusion being undertaken in Ceredigion. The team is also working with BT to improve digital access in rural areas in Ceredigion which struggle with bad connectivity.

Mr Weir highlighted that digital services can be confusing to the public and queried how well the Health Board is communicating with the communities. Mr Thomas responded that the Communications Team is reviewing ways to undertake continuous discussions with communities.

Referring to the eight identified pillars within the Digital Inclusion Programme, Mr Weir commented that it would be useful to include milestones for achievement. **Mr Tracey agreed to provide key milestone timescales on the pillars within the Digital Inclusion Programme.**

AT

Members noted that HDdUHB has partnered with UWTSD to produce a proposal to undertake research on the digital divide in Wales. Funding has now been approved for this work, which will begin in September/October 2025.

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

Decision:

The Committee:

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

DDIC
25(37)

Recommendations of Patient Flow and E-Obs

The eFlow and e-Obs project is currently on track and due to go live in September/early October 2025. As way of assurance, observations will continue to be undertaken manually until after Christmas.

Professor Hopkins expressed delight to see the project go live. He added that there are standardised blood pressure monitors which can link into the system and queried whether they were being considered for use. Mr Tracey responded that his team is currently testing those monitors.

Professor Hopkins also questioned how the project would link with the roll out of National Early Warning Score 2 (NEWS2). In response, Ms Hewer advised that whilst not having sight of the system, it was her understanding that the team will use NEWS2.

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

Decision:

The Committee:

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

DDIC
25(38)

RISP – Radiology Informatics System Programme

After discussions with the Radiology department HDdUHB will now go live in October rather than September 2025.

Following a query from Ms Harraway regarding staff engagement, Mr Tracey confirmed discussions have now taken place with the radiology teams, who are ready to go live.

Mr Tracey agreed to present feedback on RISP in work at a future meeting.

AT

The Committee **ADVISED** the Board of delays to other health boards going live with the system, with confirmation that HDdUHB intends to go live in October 2025.

Decision:

The Committee:

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

DDIC
25(39)

LIMS – Laboratory Information Management System

Following delays in replacing the LIMS system it has now been agreed to move from an organisation approach to a discipline by discipline approach

which will allow quicker deployment across NHS Wales. However, it should be recognised that there will be a financial cost of approximately £1.6M across NHS Wales, with HDdUHB's financial commitment being £176k. This has been endorsed by the Executive Team, with the risk register updated accordingly.

Mr Thomas confirmed that the expenditure of £176k was planned for next financial year, however if the commitment is required for this financial year, a report would be submitted to the Executive Team for discussion.

Mrs Wilson remind Members that the Committee is unable to approve expenditure.

The Committee **ALERTED** the Board to the change in plan to discipline by discipline approach, recognising the financial implication.

The Committee **ADVISED** the Board that WG have been approached requesting that this funding be prioritised for slippage allocation from the 2025/26 Digital Priorities Investment Fund (DPIF).

The Committee **ADVISED** the Board that if the funding request is unsuccessful, HDdUHB will be required to allocate £176,000 in 2025/26 to support the revised discipline-based deployment model.

Decision:

The Committee:

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

DDIC
25(40)

Proposal of Ambient AI within the Health Board

Health Education and Improvement Wales (HEIW) is undertaking research on the benefits of using AI Scribes. The report submitted to Committee discussed whether ambient scribes are a medical device, and also the importance of data privacy.

Mr Tracey informed Members that a mini proposal on the use of AI Scribes would be presented to a future meeting. **AT**

Mrs Wilson suggested that ambient AI would be a valuable topic for the Ethics Panel to discuss, and gather their perspective. **Mrs Patel agreed to include on a future Ethics Panel agenda for discussion.** **CP**

Mr Tracey added that there were several important issues to be discussed such as how to test (for example using in fake clinics with no patients to

test). He also highlighted the importance of ensuring clinicians do not purchase AI scribe products themselves, install on their phones for use.

Mrs Patel referenced an article from The Lancet medical journal regarding the use of ambient AI in a clinical environment, which raised issues regarding privacy and personal data concerns.

Mr Davies queried whether it might be beneficial to proactively address the potential risks by sharing the article with clinicians, and inviting their views on the technology.

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

Decision:

The Committee :

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

DDIC 25(41) **Information Governance Sub-Committee (IGSC) 3A's Update, and Annual Report**

The Committee noted that the IGSC annual report has been deferred to the October DDIC meeting.

The IGSC 3A's update report alerted the DDIC to the Mobile Working Policy for Committee approval and a number of All-Wales policies to be extended.

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

Decision:

The Committee:

- **APPROVED** the Mobile Working Policy (281)
- **RESPONDED** to the items that the Committee is alerting them to
- **RECEIVED ASSURANCE** from the actions that the Sub-Committee is providing assurance on.

DDIC 25(42) **Information Governance Assurance Report - DEFERRED**

The Information Governance Assurance Report has been deferred to the October DDIC meeting.

DDIC 25(43) **Data Quality Report**

A number of data quality roadshows have taken place across Health Board sites, focusing on a key challenge of duplicate data entries, a particular issue within the Emergency Department (ED). The data quality and health records teams undertook a number of training sessions with health records staff, secretaries, ward clerks and also the ED administration staff in order to enforce how patient data should be entered onto the system.

A number of Key Performance Indicator reports and dashboards have outlined a reduction in the number of staff attending training, therefore it is important to continue these across the Health Board to improve the quality of data entered into systems.

Mr Tracey agreed to present a deep dive on data quality at the October DDIC meeting.

AT

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

Decision:

The Committee:

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

DDIC
25(44)

Assurance On Governance Arrangements

Mr Thomas thanked Mrs Wilson and her team for producing the new style assurance report, merging all other reports into one. Highlights of the report included:

Corporate risks: There are currently two corporate risks aligned to DDIC, Risk 2079 – Risk of loss of Pathology services across the Health Board due to delayed implementation of LIMS, and Risk 1352 - Risk of business disruption and delays in patient care due to a cyber-attack. Risk 1352 was discussed in further detail during the In-Committee meeting.

Operational risks: There are currently 5 operational risks aligned to DDIC. The risk of loss of Radiology services across the Health Board from 31 March 2025 due to delayed implementation of RISP (Risk 1719) was discussed at agenda item 3.6. All other risks are actively being reviewed.

Audit inspection: One action remains outstanding, relating to approval for funding for a Contract Manager post for the IT infrastructure. Mr Thomas was conscious that this delay would prevent final sign-off of the audit report, which has already been delayed. The post is currently in the process of job matching.

Welsh Health Circulars (WHC): **Mr Tracey would contact Ms Jill Paterson to obtain an implementation date for WHC 03-22: Further extending the use of Blueteq in secondary care.**

AT

Mrs Wilson informed the Committee that although the deadlines had lapsed on a number of digital audits, she recently met with Mr Tracey to review, resulting in a number now being closed.

In response to a query from Mrs Patel regarding the budget for digital transformation, Mr Tracey explained that it was approximately £24m which includes up to £9m for maintenance.

Mr Davies believed that it is challenging to determine an overall figure because digital transformation as a whole, includes numerous areas of the Health Board.

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

Decision:

The Committee:

Risk Management

- **RECEIVED ASSURANCE** that identified controls are in place and working effectively;
- **RECEIVED ASSURANCE** that all planned actions are credible and deliverable, and in line with agreed plans, and will be implemented within stated timescales and will reduce risks further and/or mitigate the impact should risks materialise;
- **CHALLENGED** where assurances are inadequate Acts of Parliament, Acts of Senedd Cymru, Assembly Measures and Assembly Acts enable Welsh Ministers to develop more detailed legislation, known as secondary or subordinate legislation, usually by means of Statutory Instruments (SI).

Audits, Inspections and Regulatory Reports

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

Welsh Health Circulars

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

Ministerial Directions

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

A report on the national and regional digital landscape has been deferred to the October DDIC meeting.

DDIC
25(46) **Business Cases (as and when required)**

There were no business cases for discussion.

The Committee were advised that a number of draft business cases would be presented at the October Committee meeting. Whilst still to be confirmed, it is anticipated they will include single point of contact, patient service centre and Customer Relationship Management (CRM) and Patient Relationship Management (PRM). **Mr Tracey would discuss with the Chair whether DDIC or IC-DDIC is the most appropriate meeting to discuss the business cases.**

AT

AT

DDIC
25(47) **Policies for Approval**

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

DDIC
25(48) **DDIC Workplan 2025-26**

The DDIC workplan for 2025/26 was circulated for information.

DDIC
25(49) **Any Other Business**

No other business was discussed.

DDIC
25(50) **Date and Time of next meeting:** 9.30am-12.30pm Tuesday 07 October 2025

1.4

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

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

| For information

Attachments

[DDIC Table of Actions 22.07.25.pdf](#)

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

22 July 2025

TABLE OF ACTIONS/ TABL GWEITHREDOEDD

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress
DDIC(25)03	22.04.25	DDIC Terms of Reference	<p>To liaise with Lisa Gostling on the merits of adding a representative from Workforce/Organisational Development to the DDIC Membership.</p> <p>To identify a suitable Workforce/Organisational Development representative to join the DDIC Membership</p>	<p>HT</p> <p>LG</p>	<p>31 May 25 29 Aug 25</p> <p>17 Dec 25</p>	<p>Complete: Following discussion, it has been agreed that a workforce representative would be appropriate. The Director of Workforce and OD will identify a suitable representative.</p>
DDIC(25)07	22.04.25	Digital Strategic Plan	To liaise with Sharon Daniel regarding incorporating within Board Member Patient Safety walkabouts how digital systems are being adopted in clinical settings.	HT	<p>31 May 25 29 Aug 25 17 Dec 25</p>	<p>In Progress: Raised with Sharon Daniel on 13 May 2025.</p> <p>Update: Huw Thomas will contact Sharon Daniel to continue discussions and achieve a resolution.</p>
DDIC(25)30	22.07.25	Research and Innovation Sub-Committee (RISC) 3A's Update	To liaise with Huw Thomas to explore how the Health Board can mitigate the risks associated with the research funding shortfall.	SH/LP/ HT	29 Aug 25	<p>Complete: Confirmed approach with Huw Thomas on 23 July 2025. Risk will continue to be routinely monitored by the Research and Innovation Sub Committee and captured through the 3As report.</p>

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress
DDIC(25)31	22.07.25	Research & Development: Implementation of the New Strategic Plan	To liaise with the Communications and Engagement Director to increase the research and innovation profile within the Health Board.	CH	29 Aug 25	Complete: 25/26 work plan agreed, including presentation to the Stakeholder Reference Group, strategic plan launch press release and event, and universities MoU signing ceremonies. Future updates will be provided via the R&ISC report.
DDIC(25)31	22.07.25	Research & Development: Implementation of the New Strategic Plan	To invite DDIC members to the event at Pentre Awel	CH	29 Aug 25	In Progress: Will be included when the invites are sent out.
DDIC(25)34	22.07.25	Digital Operational Plan	To provide a timescale for projects on the digital plan.	AT	29 Aug 25	In Progress: Forward planned on the DDIC workplan
DDIC(25)34	22.07.25	Digital Operational Plan	To explore AI accountability and governance and to establish appropriate frameworks and arrangements.	HT/AT	29 Aug 25	In Progress: We are undertaking a comprehensive review of current AI accountability and governance practices. This will involve engaging with key stakeholders, assessing regulatory requirements, and identifying best practices. Our aim is to develop robust frameworks and arrangements that ensure responsible AI deployment, transparency, and effective oversight.
DDIC(25)36	22.07.25	Digital Inclusion	To provide key milestone timescales on the pillars within the Digital Inclusion Programme.	AT	29 Aug 25	In Progress: Will be circulated w/b 29 September

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress
DDIC(25)38	22.07.25	RISP – Radiology Information System Programme	To present feedback on RISP in work at a future meeting.	AT	29 Aug 25	Complete: On the agenda for the October DDIC meeting.
DDIC(25)40	22.07.25	Proposal of Ambient AI within the Health Board	To present a mini proposal on the use of AI Scribes to a future meeting	AT	29 Aug 25	Complete: On the agenda for the October DDIC meeting.
DDIC(25)40	22.07.25	Proposal of Ambient AI within the Health Board	To include a discussion on AI scribes at a future Ethics Panel agenda for discussion.	CP	29 Aug 25	Complete: This item will be included at the next Ethics Committee meeting on the 14.10.25.
DDIC(25)43	22.07.25	Data Quality Report	To present a deep dive on data quality at the October 2025 DDIC meeting.	AT	29 Aug 25	Complete: On the agenda for the October DDIC meeting.
DDIC(25)44	22.07.25	Assurance On Governance Arrangements	To contact Jill Paterson to obtain an implementation date for Welsh Health Circular 03-22: Further extending the use of Blueteq in secondary care	AT	29 Aug 25	In Progress: Currently working through the deployment and implementation plan
DDIC(25)46	22.07.25	Business Cases	To present draft business case (TBC - possibly single point of contact, patient service centre and CRM/PRM) at the October 2025 DDIC meeting.	AT	29 Aug 25	Complete: On the agenda for the October DDIC meeting.
			To discuss with the Chair whether DDIC or IC-DDIC is the most appropriate meeting for discussing business cases.	AT	29 Aug 25	In Progress: Each business case will be considered on an individual basis which offers the most suitable structure and audience for reviewing and progressing business cases.

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress
						This will ensure alignment with governance expectations and streamline decision-making processes.

Key: HT: Huw Thomas LP: Leighton Phillips SH: Sally Hore CH: Chris Hopkins AT: Anthony Tracey CP: Chantal Patel

2

60 Mins

2 - Data

2.1

0 Mins

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

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

| For assurance

Attachments

[2.1 - DDIC- IGSC Sub-Committee \(3As\)Oct 2025.pdf](#)

[2.1 DDIC SBAR - IGSC Annual Report IC - October 2025 v1.pdf](#)

[2.1 - Appendix 1 - IGSC Annual Review 25 v1.0.pdf](#)

INFORMATION GOVERNANCE SUB-COMMITTEE COMMITTEE UPDATE REPORT

Date of last meeting: 16 July 2025 & 24 September 2025

Quoracy: Met 16 July 2025, Unmet 24 September 2025

Report by: Anthony Tracey, Digital Director, Chair

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

Alert (may require discussion)

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

- The condition of the local record storage facility requires formal review, as initial findings suggest that the current operational, security, and environmental standards require attention. A full assessment will be undertaken to evaluate its suitability for future requirements and to inform any necessary upgrades or alternative solutions. This review will form part of the 2026/27 Digital Operational Plan.

Advise (to monitor)

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

Assure (to note)

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

- The year end clinical coding position was 98.3% against a target of 98%.
- The Health Board has completed the repatriation of all records previously stored with external providers, ensuring full internal control and compliance with data governance standards.
- Compliance with Information Governance training has risen from 77% to 85%, marking the first time the Health Board has successfully achieved the national benchmark.
- The Information Governance audits for the 2025/26 period have been completed, with a detailed analysis conducted to identify key themes and areas for improvement arising from the findings

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

¹ There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.

¹ There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.

Review of Risks

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

Sharing of learning

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

Recommendation

The Committee is asked to **NOTE** the report and **TAKE ASSURANCE** from the actions and oversight of the Sub-Committee.

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

¹ *There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.*

¹ *There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.*

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:	Information Governance Sub-Committee (IGSC) Annual Report 2024 - 2025
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Executive Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Anthony Tracey, Digital Director

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

In line with Standing Orders the Information Governance Sub-Committee must submit an Annual Report to the Board through the Chair within 6 weeks of the end of the reporting year setting out its activities during the year and including the review of its performance and that of any Sub-Committees it has established, setting out how the Committee has met its Terms of Reference during the financial year.

Cefndir / Background

The annual report on Information Governance compliance is crucial for the Health Board and Executive team, as it provides clear assurance that robust governance and security measures have been upheld throughout the year, supporting informed decision-making and ensuring alignment with both national and local regulatory requirements.

Asesiad / Assessment

This SBAR has been prepared to introduce the Information Governance Sub-Committee (IGSC) Annual Report for the Financial Year 2024–2025. Its purpose is to provide assurance to the Board that the IGSC’s activities throughout the year were conducted in accordance with its Terms of Reference. The report consolidates and summarises all reports previously presented to the Sustainable Resources Committee (SRC) renamed Finance and Performance Committee (FPC) and the Digital, Data and Innovation Committee (DDIC) over the past year, drawing attention to significant issues relevant to the Health Board, particularly in the areas of Information Governance and Cyber Security, and aligning with both national and local objectives.

The assurance report is contained in Appendix 1.

Argymhelliad / Recommendation

The Committee are requested to:

- **TAKE ASSURANCE from** the Annual Report included within Appendix 1 and acknowledge the work of the Information Governance Sub-Committee.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1.2 That the organisation is discharging its responsibilities with regard to the quality and integrity; safety, security and appropriate access and use of information and data, to support health improvement and the provision of high-quality healthcare.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	9 Digital plan
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termiau: Glossary of Terms:	IGSC - Information Governance Sub-Committee IG – Information Governance
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Digidol, Data ac Arloesi Parties / Committees consulted prior to Digital, Data and Innovation Committee:	IGSC

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	While the report does not directly quantify financial outcomes, its emphasis on improved governance practices, stakeholder engagement, and sustainability frameworks contributes to long-term financial resilience.

	<p>These efforts support more effective resource allocation, risk mitigation, and compliance, which are essential for maintaining financial stability in a challenging economic climate. The Health Board acknowledges the value of such governance-led approaches in enhancing operational efficiency and supporting its financial recovery objectives.</p>
<p>Ansawdd / Gofal Claf: Quality / Patient Care:</p>	<p>The IGSC Annual Report 2024/25 reinforces Hywel Dda University Health Board's commitment to delivering safe, effective, and person-centred care. Through strengthened governance, enhanced risk management, and continuous quality monitoring, the report evidence improvements in patient safety, clinical effectiveness, and service responsiveness. Key initiatives—such as stakeholder-led redesign of care pathways and the integration of lived patient experiences—have contributed to more equitable and compassionate care. These efforts support a culture of learning and transparency, ensuring that quality remains central to all aspects of service delivery.</p>
<p>Gweithlu: Workforce:</p>	<p>The IGSC Annual Report 2024/25 reflects Hywel Dda University Health Board's commitment to fostering a digitally confident, informed, and resilient workforce. Through targeted initiatives such as enhanced Information Governance (IG) training—raising compliance above 80%—and the promotion of cyber security awareness, the report demonstrates a proactive approach to workforce development. These efforts support staff in navigating complex data environments safely and effectively, contributing to improved confidence, reduced risk exposure, and a stronger culture of accountability. The integration of IG principles into daily practice empowers staff to deliver safer, more efficient care while supporting organisational sustainability.</p>
<p>Risg: Risk:</p>	<p>By embedding robust information governance frameworks—including updated protocols for data protection, incident management, and cyber security—the Health Board has reduced exposure to operational and reputational risks. The report highlights improved oversight mechanisms and increased staff training compliance (exceeding 80%), which collectively support a proactive risk culture and ensure alignment with statutory obligations and best practice</p>
<p>Cyfreithiol: Legal:</p>	<p>Through strengthened compliance with statutory obligations—including the UK GDPR, Data Protection Act 2018, and Freedom of Information Act—the Health Board has mitigated legal risk and reinforced its accountability. The report evidences the implementation of updated policies, procedures, and training that support lawful data handling, privacy protection, and transparency. These measures ensure the organisation remains aligned with national legislation and regulatory expectations, safeguarding both patient rights and organisational integrity</p>

Enw Da: Reputational:	<p>By demonstrating strong compliance with information governance legislation, proactive risk management, and a commitment to continuous improvement, the report enhances public trust and stakeholder confidence. The Health Board's visible leadership in data protection, cyber resilience, and ethical information use positions it positively within the NHS Wales landscape and supports its strategic ambition to deliver safe, equitable, and person-centred care</p>
Gyfrinachedd: Privacy:	<p>The IGSC Annual Report 2024/25 demonstrates Hywel Dda University Health Board's strengthened commitment to safeguarding patient privacy through robust information governance practices. Key developments include enhanced compliance with the UK GDPR and Data Protection Act, improved staff training (exceeding 80% compliance), and the implementation of updated data protection protocols. The Sub-Committee's oversight of confidentiality, subject access requests, and incident management ensures that personal data is handled lawfully, transparently, and securely reinforcing public trust and protecting individual right</p>
Cydraddoldeb: Equality:	<p>Not Applicable</p>

INFORMATION GOVERNANCE SUB-COMMITTEE (IGSC)

ANNUAL REVIEW REPORT

2024/2025

1. Introduction and Chair's summary

In line with Standing Orders the Information Governance Sub-Committee (IGSC) must submit an Annual Report to the Board through the Chair within 6 weeks of the end of the reporting year setting out its activities during the year and including the review of its performance and that of any Sub-Committees it has established, setting out how the Committee has met its Terms of Reference during the financial year.

The Board uses this annual report to inform:

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

Chairs Reflections

As Chair of the Information Governance Sub-Committee, I am pleased to reflect on the breadth and depth of work undertaken by the sub-committee over the recent reporting periods. The reports presented over the last financial year demonstrate a sustained commitment to robust governance, continuous improvement, and a culture of transparency and accountability across Hywel Dda University Health Board (HDdUHB).

Governance and Assurance The sub-committee has continued to ensure that all key policies, procedures, annual reports, and terms of reference are regularly reviewed and presented to the main committee for decision. This process not only maintains compliance with statutory and regulatory requirements but also ensures that our governance framework remains current and fit for purpose. The regular review of our Terms of Reference and workplan has enabled us to remain agile and responsive to emerging challenges and priorities.

Records Management and Storage A recurring theme has been the ongoing work to reduce reliance on external storage providers and to improve the management of both corporate and medical records. The successful repatriation of thousands of boxes from off-site storage to internal facilities is a testament to the dedication of our records and information governance teams. This work not only mitigates risk but also supports more efficient and secure access to information.

Clinical Coding and Data Quality The sub-committee has closely monitored clinical coding performance, recognising the challenges posed by staff turnover and the training of new coders. While there have been periods where targets were not met, it is encouraging to see proactive plans in place, including the exploration of automation and artificial intelligence to support coding accuracy and completeness. The annual data quality “deep dives” and regular audits have provided valuable insights, highlighting areas for improvement and informing targeted training and support.

Information Governance Audits and Training Regular audits across our sites have identified both strengths and areas for development, with clear recommendations issued and incorporated into our training plans. Training compliance has shown incremental improvement, though some service areas continue to require focused attention. The introduction of new training resources and alternative delivery methods is a positive step towards increasing engagement and compliance.

Risk Management and Incident Reporting The sub-committee has maintained a strong focus on risk management, with regular reviews of the Information Governance risk register and themed risks. The reduction in risks associated with inappropriate storage facilities is particularly noteworthy. The sub-committee has also overseen the reporting and management of incidents, including notifications to the Information Commissioner's Office, ensuring that lessons are learned and shared across the organisation.

Looking Ahead Looking forward, the sub-committee will continue to focus on improving data quality, supporting the implementation of new technologies, and embedding a culture of information governance across all areas of the Health Board. The planned business for future reporting periods reflects our ongoing commitment to continuous improvement and assurance.

In summary, I would like to thank all members of the sub-committee, as well as the wider information governance, records, and digital teams, for their hard work and dedication. The progress made in key areas is clear, and I am confident that, together, we will continue to strengthen our information governance arrangements for the benefit of our patients, staff, and the wider community.

Anthony Tracey
Chair of Information Governance Sub-Committee
Digital Director

2. Terms of Reference and Workplan

The TOR for the Information Governance Sub-Committee is reviewed on an annual basis or following any significant changes. The TORs were last reviewed on 26 March 2025.

[\(hduhb.nhs.wales/about-us/governance-arrangements/board-committees/digital-data-and-innovation-committee-ddic/digital-data-and-innovation-committee-22-april-2025/3-2-information-governance-sub-committee-igsc-3as-update-workplan-and-terms-of-reference/\)](https://hduhb.nhs.wales/about-us/governance-arrangements/board-committees/digital-data-and-innovation-committee-ddic/digital-data-and-innovation-committee-22-april-2025/3-2-information-governance-sub-committee-igsc-3as-update-workplan-and-terms-of-reference/).

The IGSC has a work plan to enable forward planning for the forthcoming year. The workplan is produced to incorporate the duties outlined in the IGSC's Terms of Reference and any suggested areas of focus identified during the self-assessment process.

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

The work plan is regularly updated throughout the year to ensure it remains responsive to emerging issues and risks.

hduhb.nhs.wales/about-us/governance-arrangements/board-committees/digital-data-and-innovation-committee-ddic/digital-data-and-innovation-committee-22-april-2025/3-2-information-governance-sub-committee-igsc-3as-update-workplan-and-terms-of-reference/

3. IGSC Sub-Groups

- The **Information Asset Owners Group (IAOG)** reports into the IGSC with its own terms of reference and workplan for the year.

The IAOG's TOR were last reviewed on 26/03/2025.

In line with their Terms of Reference, the IAO Group is required to provide a report after each meeting.

- The **Caldicott Guardian Group (CGG)** reports into the IGSC with its own terms of reference and workplan for the year.

The CCG's TOR were last reviewed on 26/03/2025.

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

- The **Cyber Security Assurance Group (CSAG)** reports into the IGSC with its own terms of reference and workplan for the year.

The CSAG's TOR were last reviewed on 26/03/2025.

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

4. Table of attendance

Membership	17/04/2024	06/06/2024	24/07/2024	18/09/2024	12/12/2024	28/01/2025	26/03/2025
Digital Director (Deputy Siro) (Chair)	V	V	V	V	V	V	V
Medical Director (Caldicott Guardian)	X (Represented)	X (Represented)	X (Represented)	X (Represented)	X (Represented)	X (Represented)	X (Represented)
Associate Medical Director for Professional Standard (Deputy Caldicott Guardian) (Vice Chair)	V	V	V	Apologies	V	V	V
Independent Member	V	V	V	V	Apologies	V	V
Head of Information Governance	Apologies	V	V	V	V	V	V
Head of Information Services	Apologies	Apologies (representative attended)	V	V	Apologies	V	V
Health Records Manager	V	V	V	V	V	V	V
Information Governance Manager(SB)	V	V	V	V	V	V	V
Information Governance Manager(AE)	V	V	V	Apologies	V	V	V
Information Governance Manager(NE)	V	V	V	V	Apologies	V	V
Information Governance Manager(SE)	Apologies	V	V	V	V	V	V
Assistant Director of Workforce and OD	Apologies	V	V	V	V	Apologies	X
Head of Digital Operations	V	V	V	V	V	V	V
Cyber Security Manager	V	V	Apologies (representative attended)	X	V	V	V
Mental Health Representative	V	V	V	V	V	Apologies	V
Nursing Representative	X	V	X	X	X	X	X
Therapies & Health Sciences Representative	X	X	X	X	X	X	X
County/Community Representative	X	X	X	X	X	X	X
Primary Care Representative	X	X	X	X	X	X	X
Risk and Assurance Representative	V	V	V	V	V	V	V
Legal Services Representative	X	V	Apologies	X	X	V	Apologies
Freedom of Information Service Representative	V	V	V	V	V	V	V
Estates and Facilities Representative	X	X	X	X	X	X	X
Clinical Engineering Representative	X	X	X	X	X	X	X
Corporate Archivist	V	V	V	V	V	V	V
In Attendance							
Information Governance Officer(LI)	V	V	V	V	V	V	V
Information Governance Officer(SF)	V	V	Apologies	Apologies	V	V	Apologies
Information Asset Owners (Pharmacy and Medicine Management)	V	V	V	V	V	V	Apologies
Information Asset Owners (Workforce - Resourcing and Utilisation)	V			V	Apologies	V	
Information Asset Owners (Digital Innovation and transformation)		V					
Information Asset Owners (Infection Prevention)		V					
Information Asset Owners (Telecom Operations)		V			V		
Information Asset Owners (Pathology)							Apologies
Meeting quorate?	YES	YES	YES	YES	NO	YES	YES

5. Committee Activities – alert, advise and assure.

The IGSC is required to report to the Finance and Performance Committee (FPC)/Digital, Data and Innovation Committee (DDIC) after each meeting by presenting a report highlighting the key discussion items at the Sub-Committee.

(Include highlights of work undertaken as headings. Include any decisions made by the Committee. Any feedback from patients or staff)

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

Corporate and Medical Records Storage

- The Sub-Committee acknowledged progress in mitigating record storage risks, highlighting the successful return of over 400 boxes from a private off-site facility to the Llangennech records storage site.
- The ongoing strategic issue of storing records and boxes with external storage companies remained a key risk and matter of concern for the Sub-Committee.
- The Sub-Committee received an update on the storage of Swine Flu Vaccination Records and agreed that these files would be brought into Health Board storage and a retention period allocated.
- The Sub-Committee received an update on the storage of records within external facilities and noted progress in moving records back to internal facilities, reducing reliance on external suppliers.

Information Governance Toolkit Submission – Health Board and Managed Practices

- The committee has been informed that HDdUHB did not meet the minimum standards of the IG Toolkit, due to low compliance levels in Information Governance, Records Management, and Cyber Security E-Learning. To fulfil the requirements, HDdUHB must achieve an 85% compliance rate. At the end of the financial year, HDdUHB's overall compliance was recorded at 78%.

Information Commissioner's Office (ICO) Notifications

- Chair noted that there were 5 ICO notifications of Personal Breaches for the previous financial year (2023 – 2024).

Clinical Coding Performance Decline:

- There has been a decline in clinical coding performance due to a reduction in the number of trained coders (down by 3.65 Whole Time Equivalent (WTE) through retirement and career progression). Four new coders have been appointed and are currently in training, but the next 12 months will be challenging to meet the 95% target. The team is exploring artificial intelligence and robotic automation to support coding for high-volume, low-complexity cases.
- The Sub-Committee noted that the Health Board did not meet the clinical coding target for June 2024 (86%), ranking fourth out of eight Health Boards. Only Powys Teaching Health Board and Velindre University NHS Trust achieved the 95% target. However, HDdUHB was still well above the all-Wales average of 70%

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

Records Management Code of Practice: Amendments have been made to the all-Wales code of practice, including splitting retention guidance into separate categories (GP/Primary care, Local Authorities, Secondary care, Community, Mental Health, and Corporate). An additional appendix will be added to cover future inquiries. The GP section has been updated to emphasise that the 20-year long-term condition retention guidance will reside within the primary care record, as these records are retained for the life of the patient.

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

Data Quality Update

- The Sub-Committee received and acknowledged an update from the Information Quality Assurance programme on transgender patient record processing, noting the absence of national guidelines despite continued efforts, and expressed thanks for the team's report and recommendations.
- The Sub-Committee received the annual data quality report from the information services team. "Deep dives" covered Clinical Decisions Unit, A&E Activity, Referral to Treatment Times (RTT) Waiting Lists, Ward Discharges, Discharge Lounge Activity, Theatre Completeness, Transgender Patients, Daycare Activity, and Cancelled Admissions. General themes identified included inconsistencies across sites in recording actions. Training and greater monitoring/feedback are being put in place.

Information Governance Audits

- The Sub-Committee approved a schedule of audit visits for 2024/25 to multiple hospitals and care centres within the HDdUHB area.
- Final summary audit reports were issued for audits conducted between June 2023 and February 2024. Each audit received an overall standard of satisfaction and recommendations for improvement. Top themes for improvement (to be incorporated into IG training) include: staff knowledge of information rights, use of WhatsApp, use of personal devices for photographs, lack of IG posters in ward areas, and lack of CCTV posters notifying patients, visitors, and staff.

Cyber Security and NIS Directive: A separate report on cyber security and the Network and Information Systems (NIS) Directive was prepared for the In-Committee Sustainable Resources Committee, providing assurance that this area is being actively monitored and progressed.

Cyber Security Assurance Group: The Sub-Committee received and approved revised terms of reference for the sub-group, noting minor changes to its scope in line with the Network and Information Systems (NIS) directive.

Information Governance Training Compliance: Compliance has marginally increased, reaching 79% in March 2024 and a similar figure for Q1. New mandatory IG, Records Management, and Cyber Security training is now available on the IG

Intranet site. Estates and Ancillary compliance increased to 65%; Medical and Dental remains lowest but increased to 42%.

Items approved by the Committee during the year.

IGSC Annual Report 2023 – 2024 The Sub-Committee approved the report and requested the Sustainable Resource Committee's endorsement.

IGSC Terms of Reference: The Terms of Reference were reviewed and approved by the Sub-Committee, outlining the IGSC's purpose, principal duties, operational responsibilities, membership, quorum, and reporting lines. The IGSC provides assurance on compliance with information governance legislation, guidance, and best practice, and oversees a wide range of IG areas including cyber security, data protection, records management, and information sharing.

Policies and Procedures

- The IGSC requested that FPC extend the expiring **All Wales Policies** during their review. These extensions were approved.
 - 836 - All Wales Information Governance Policy (27 April 2024)
 - 837 - All Wales Information Security Policy (27 April 2024)
 - 495 - All Wales Internet Usage Policy (27 April 2024)
 - 494 - All Wales Email Use Policy
- **Mobile Working Policy:** The Sub-Committee approved changes to the Mobile Working Policy to improve cyber security resilience within the Health Board.
- **Freedom of Information and Environmental Information Policy:** The Sub-Committee approved revisions and requested the Sustainable Resource Committee's endorsement.
- **Third Party Supplier Security Policy:** The Sub-Committee approved revisions and requested the Sustainable Resource Committee's endorsement.
- **Misfiling or Mislaid Patient or Staff Records – Reporting and Escalation Procedure.** The Sub-Committee approved this new procedure and requested the Sustainable Resource Committee's endorsement
- **Unauthorised Access to Patient Records Procedure:** The Sub-Committee approved this procedure and requested the Sustainable Resource Committee's endorsement
- **Written Control Documentation Policy:** The Sub-Committee approved changes to this policy and requested the Sustainable Resource Committee's endorsement
- **Corporate Records Management Policy (Policy Number 347):**
The Sub-Committee approved updates to this policy, confirming it has been through the appropriate consultation and review process.

Information Governance Toolkit Submissions for 2024/25:

The Sub-Committee approved the submissions of the Information Governance Toolkits for the Health Board and Managed Practice

Workforce Privacy Notice: During the review of the Workforce Information Asset Register, it was agreed that the Privacy Notice should reference volunteers and students. The proposed changes were subsequently approved after additional text was added.

6. Conclusion

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

2.2

0 Mins

2.2 - Information Governance Assurance Report

Huw Thomas (Hywel Dda UHB - Director of Finance)

| For assurance

Attachments

[2.2 DDIC - IG Assurance Report Oct 25.pdf](#)

[2.2 - Appendix 1 - IG Assurance Report 2024 - 2025 V1.1.pdf](#)



**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:	Information Governance (IG) Assurance Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Executive Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Athony Tracey, Digital Director

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

According to Information Governance Sub Committee's (IGSC) terms of reference, the Information Governance Team must provide an annual report on its work. Specifically, section 3.1.12 requires the development of an annual work plan and report, approved by the Digital, Data and Innovation Committee, that addresses risks and priorities, complies with statutory and best practice standards, and aligns with the organisation's strategic objectives, including the IMTP if applicable.

Cefndir / Background

This report is submitted to the committee for assurance purposes, providing a comprehensive overview of the substantial work undertaken by the IG service during the 2024-2025 financial year is contained within Appendix 1.

Asesiad / Assessment

Main Points from the Information Governance (IG) Assurance Report 2024–2025

1. Introduction & Governance

- The report outlines the objectives, principles, and operational structures of the Information Governance Service at Hywel Dda University Health Board (HDdUHB).
- The IG Service is responsible for promoting a robust information governance and security framework, fostering a culture of compliance, and developing systems, policies, and procedures in areas such as cyber security, data protection, records management, information sharing, and risk management

2. IG Workplan Highlights

Key priorities included:

- Raising IG training compliance above 80%.
- Updating the IG intranet and promoting cyber security training.

- Supporting Managed Practices and reviewing procedures under All-Wales IG and Security Policies.
- Improving compliance with the Welsh IG Toolkit.
- Delivering the Corporate Records Management Strategy and Policy.
- Enhancing National Intelligent Integrated Auditing Solution (NIIAS) monitoring (audit of staff access to patient records).
- Reviewing privacy notices and promoting Wales Accord on the Sharing of Personal Information (WASPI) (Welsh Information Sharing Protocol).
- Providing live virtual IG training sessions, awareness videos, and guidance on sharing information with police.
- Supporting new solutions via Data Protection Impact Assessments (DPIAs)

3. Assurance Activities

- **Compliance:** Ensured adherence to Data Protection Act 2018, UK General Data Protection Regulation (GDPR), Caldicott Principles, and other statutory requirements.
- **Advice & Guidance:** Provided daily support to staff on information security, lawful processing, privacy notices, retention schedules, and general IG queries.
- **Information Sharing:** Facilitated lawful and limited sharing of information for care, research, audits, and workforce purposes, ensuring agreements are in place and compliant.
- **Caldicott Guardian:** Oversaw protocols for sharing patient data, reviewed 212 enquiries, and approved 65 data sharing agreements.
- **Personal Data Breaches:** Managed and reported incidents, with 4 breaches reported to the ICO (slightly fewer than last year). Most common breaches were electronic misfiling, disclosure in error, and paper misfiling. 950 incidents were assessed as having no IG concerns.
- **Document Review:** Reviewed contracts, Memorandum of Understanding (MOUs), Data Processing Agreements (DPAs), Service Level Agreement (SLAs), and internal policies to ensure responsibilities and liabilities are clear and compliant.
- **Meetings Representation:** IG Team attended internal and external meetings (Information Governance Management Advisory Group (IGMAG), Health Records Management Advisory Group (HRMAG), Operational Security Service Management Board (OSSMB)) and provided regular reports to IGSC.
- **DPIAs:** Processed and classified DPIAs to assess risks in new projects and data sharing, with significant collaboration across teams.
- **Individual Rights:** Managed 152 Subject Access Requests and supported 52 information requests from the Access to Health Records Team. Noted an increase in requests for rectification.
- **Information Asset Registers:** Compiled and reviewed registers for Managed Practices and service areas, ensuring all assets and data flows are documented and protected.
- **Third Party Requests:** Assessed requests for information from police, legal proceedings, and other agencies, ensuring releases are lawful and proportionate.
- **Information Security:** Reviewed 1,802 emails for Personally Identifiable Information (PII), using secure facilities for necessary transfers.
- **Training Compliance:** Training compliance averaged 78.03%, with targeted interventions for areas with lower rates. Developed paper-based workbooks and bite-sized videos for staff without PC access.
- **NIIAS Monitoring:** Fully implemented NIIAS for auditing staff access to patient records, with regular communications and disciplinary actions for inappropriate access.
- **IG Compliance Audits:** Conducted 27 audits across hospital sites, clinics, and care centres, identifying risks and providing recommendations.
- **NHS Wales IG Toolkit:** Achieved 100% compliance with Minimum Expectations in all areas except Training and Awareness. Supported Managed Practices in achieving compliance.

- **Records Storage:** Moved records from off-site providers to Health Board facilities, auditing storage areas for compliance with guidelines.
- **Policies and Procedures:** Annual review of IG-related documents, with extensions requested due to workload pressures. Assurance provided that documents remain fit for purpose.

4. Summary

- The IG Service delivered expert guidance, training, and incident management, supported audits and improvement initiatives, and fostered a culture of accountability and awareness. The team responded to complex queries, managed data breaches, and ensured compliance with legislation, maintaining trust and safeguarding sensitive information across the organisation

Argymhelliad / Recommendation

The Committee are requested to:

- **TAKE ASSURANCE** on the IG Assurance Report included within Appendix 1 and acknowledge the work of the Information Governance Sub-Committee.

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

Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termiau: Glossary of Terms:	<p>WASPI – Welsh Accord on the Sharing of Personal Information</p> <p>DPIA – Data Protection Impact Assessment</p> <p>UK GDPR – General Data Protection Regulation</p> <p>ICO – Information Commissioner’s Office</p> <p>MOU – Memorandum of Understanding</p> <p>DPA – Data Processing Agreements</p> <p>SLA – Service Level Agreement</p> <p>IGMAG – Information Governance Management Advisory Group</p> <p>HRMAG – Health Records Management Advisory Group</p> <p>OSSMB – Operational Security Service Management Board</p> <p>PII – Personally Identifiable Information</p>
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Digidol, Data ac Arloesi Parties / Committees consulted prior to Digital, Data and Innovation Committee:	IGSC

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	While the report does not directly quantify financial outcomes, its emphasis on improved governance practices, stakeholder engagement, and sustainability frameworks contributes to long-term financial resilience. These efforts support more effective resource allocation, risk mitigation, and compliance, which are essential for maintaining financial stability in a challenging economic climate. The Health Board acknowledges the value of such governance-led approaches in enhancing operational efficiency and supporting its financial recovery objectives.
Ansawdd / Gofal Claf: Quality / Patient Care:	The IGSC Annual Report 2024/25 reinforces Hywel Dda University Health Board’s commitment to delivering safe, effective, and person-centred care. Through strengthened governance, enhanced risk management, and continuous quality monitoring, the report evidence improvements in patient safety, clinical effectiveness, and service responsiveness. Key initiatives—such as stakeholder-led

	<p>redesign of care pathways and the integration of lived patient experiences—have contributed to more equitable and compassionate care. These efforts support a culture of learning and transparency, ensuring that quality remains central to all aspects of service delivery.</p>
<p>Gweithlu: Workforce:</p>	<p>The IGSC Annual Report 2024/25 reflects Hywel Dda University Health Board’s commitment to fostering a digitally confident, informed, and resilient workforce. Through targeted initiatives such as enhanced Information Governance (IG) training—raising compliance above 80%—and the promotion of cyber security awareness, the report demonstrates a proactive approach to workforce development. These efforts support staff in navigating complex data environments safely and effectively, contributing to improved confidence, reduced risk exposure, and a stronger culture of accountability. The integration of IG principles into daily practice empowers staff to deliver safer, more efficient care while supporting organisational sustainability.</p>
<p>Risg: Risk:</p>	<p>By embedding robust information governance frameworks—including updated protocols for data protection, incident management, and cyber security—the Health Board has reduced exposure to operational and reputational risks. The report highlights improved oversight mechanisms and increased staff training compliance (exceeding 80%), which collectively support a proactive risk culture and ensure alignment with statutory obligations and best practice</p>
<p>Cyfreithiol: Legal:</p>	<p>Through strengthened compliance with statutory obligations—including the UK GDPR, Data Protection Act 2018, and Freedom of Information Act—the Health Board has mitigated legal risk and reinforced its accountability. The report evidences the implementation of updated policies, procedures, and training that support lawful data handling, privacy protection, and transparency. These measures ensure the organisation remains aligned with national legislation and regulatory expectations, safeguarding both patient rights and organisational integrity</p>
<p>Enw Da: Reputational:</p>	<p>By demonstrating strong compliance with information governance legislation, proactive risk management, and a commitment to continuous improvement, the report enhances public trust and stakeholder confidence. The Health Board’s visible leadership in data protection, cyber resilience, and ethical information use positions it positively within the NHS Wales landscape and supports its strategic ambition to deliver safe, equitable, and person-centred care</p>

Gyfrinachedd: Privacy:	<p>The IGSC Annual Report 2024/25 demonstrates Hywel Dda University Health Board's strengthened commitment to safeguarding patient privacy through robust information governance practices. Key developments include enhanced compliance with the UK GDPR and Data Protection Act, improved staff training (exceeding 80% compliance), and the implementation of updated data protection protocols. The Sub-Committee's oversight of confidentiality, subject access requests, and incident management ensures that personal data is handled lawfully, transparently, and securely reinforcing public trust and protecting individual right</p>
Cydraddoldeb: Equality:	<p>Not Applicable</p>



INFORMATION GOVERNANCE

ASSURANCE REPORT 2024 - 2025



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

1. Introduction

The purpose of this document is to outline the key objectives, guiding principles, and operational structures underpinning the Information Governance Service. It aims to provide clarity on the Service's roles and responsibilities, ensuring all stakeholders are aligned in fostering best practices in information governance across the Health Board.

2. Governance

The Information Governance (IG) Service has been set up to:

- Promote and develop a robust information governance and security framework within the Health Board.
- Encourage a culture of information governance and information security across the Health Board.
- In conjunction with key Committees/sub-committees/groups develop appropriate systems, policies, procedures, work plans and action plans including (but not restricted to) the following areas:
 - Information and Cyber Security (including Senior Information Risk Owners (SIRO) related issues)
 - Information Sharing Protocols
 - Contracts, partnership and third party and supplier agreements
 - Confidentiality and Data Protection
 - Individuals' Rights
 - Records Management
 - Information Quality Assurance
 - Risk Management and Incident Management
 - Data Protection Impact Assessments
 - Patient records

2.1 Information Governance (IG) Workplan

The main emphasis for the workplan has been:

- The Provision of IG training to staff (Raising the compliance to over 80% for the Health Board)
- IG Intranet Update
- To promote the Cyber Security within the Health Board, ensuring that all staff are targeted to undertake the on-line cyber security programme
- Provide IG service to Managed Practices
- Review of Procedures under the All-Wales Information Governance Policy, and All Wales Information Security Policy.
- Improve compliance with Welsh IG Toolkit
- Delivering Corporate Records Management Strategy and Policy
- Continue the implementation of UK General Data Protection Regulation (GDPR) within the Health Board
- Improve the National Intelligent Integrated Audit Solution (NIIAS) monitoring
- Reviewing Privacy Notices available on the Hywel Dda University Health Board's (HDdUHB) internet site

- Promoting Wales Accord on the Sharing of Personal Information (WASPI) and Information Sharing across Health Board / Setting up Information Sharing Register
- Setting up Virtual Inverse Augmented Reality (IAR) with Annual Review and ongoing Risk Management (Through Teams Channels)
- The provision of specific IG Guidance as well as generic good practice:
 - Live Virtual IG Training Sessions
 - IG Training Videos
 - Short IG Awareness Movies re: specific issues, e.g., Sharing Information with Police
- Supporting the Health Board in implementing new solutions across organisation through the use of Data Protection Impact Assessments (DPIAs)

3. Assurance

- Ensure the Health Board is compliant with the Data Protection Legislation (the Data Protection Act 2018 and UK GDPR (General Data Protection Regulation) - together referred to as the Data Protection Legislation).
- Ensure quality and statutory compliance in relation to all information processed by the Health Board.
- Ensure that new projects, processes and the development of systems are compliant with statutory requirements in relation to information governance.
- Ensure that there is a process of Data Protection Impact Assessment in accordance with Information Commissioner's guidance.
- Ensure that information sharing and transfer with third party organisations are compliant with statutory requirements in relation to information governance.
- Ensure that the Health Board is following the Caldicott Principles when processing patient information.
- Welsh Information Governance (IG) toolkit.
- Internal and External Audit reviews.
- Information Commissioners Officer (ICO) standards, and code of practice.
- Any other relevant National or Welsh requirements/assessments.

The IG Activity Report is presented on a quarterly basis at meetings of the Information Governance Sub-Committee. Its primary purpose is to update the Committee on the ongoing operational activities undertaken by the IG Team. Furthermore, it offers a detailed overview of the IG Team's activities across the following domains:

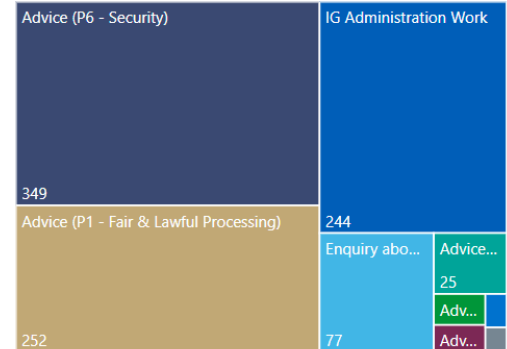
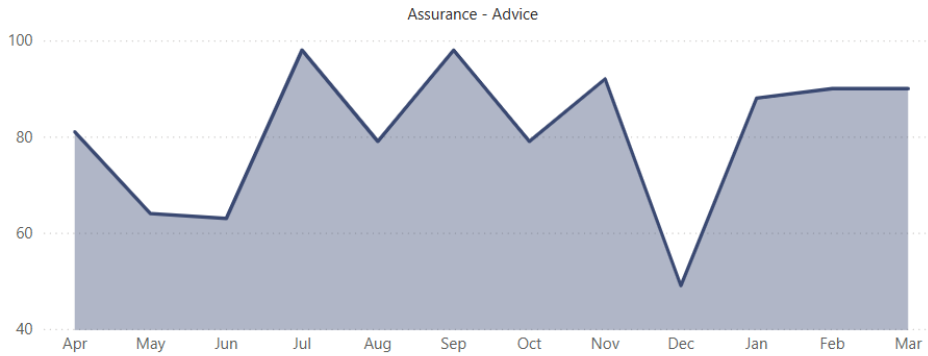
3.1 Assurance – Advice

Financial Quarter Advice	Q1				Q2				Q3				Q4				Total
	Apr	May	Jun	Total	Jul	Aug	Sep	Total	Oct	Nov	Dec	Total	Jan	Feb	Mar	Total	
Advice (P1 - Fair & Lawful Processing)	17	15	20	52	33	20	29	82	22	23	12	57	21	16	24	61	252
Advice (P2 - Specified & Legitimate Purpose)	1	1	0	2	1	0	0	1	0	0	0	0	0	0	0	1	4
Advice (P3 - Adequate, Relevant & Limited)	0	1	1	2	0	0	1	1	0	0	0	0	0	0	0	0	3
Advice (P4 - Accuracy)	0	0	0	0	2	2	2	6	1	0	0	1	0	0	1	1	8
Advice (P5 - Retention)	0	2	2	4	1	4	3	8	4	2	1	7	3	2	1	6	25
Advice (P6 - Security)	32	24	23	79	31	38	33	102	26	34	21	81	29	31	27	87	349
Advice (P7 - Accountability)	2	1	0	3	1	0	0	1	0	2	0	2	2	1	0	3	9
Enquiry about IG processes	1	3	4	8	8	3	8	19	8	8	5	21	10	11	8	29	77
IG Administration Work	28	17	13	58	21	12	22	55	18	23	10	51	23	29	28	80	244
Total	81	64	63	208	98	79	98	275	79	92	49	220	88	90	90	268	971

Fiscal Year
2024 - 2025

Enquiry Status
All

Lead Officer
All



The IG Team provides guidance on a variety of topics to the Health Board’s employees on a daily basis. Most enquiries are about the security of information and the lawfulness of processing personal data, e.g., sending information securely by email, providing Privacy Notices, retention schedules and general information security. The aim is to make sure that IG guidance is clear and consistent for everyone working in the Health Board.

3.2 Assurance – Information Sharing

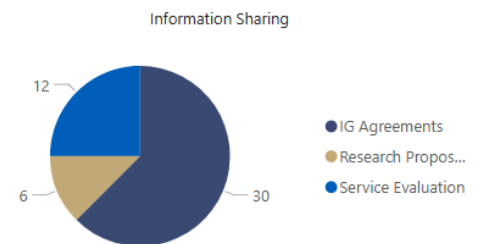
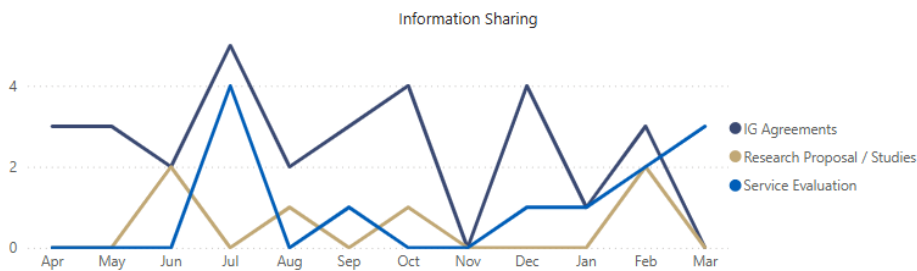
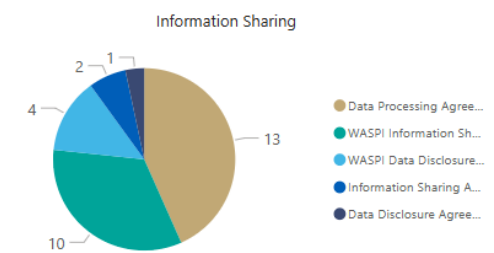
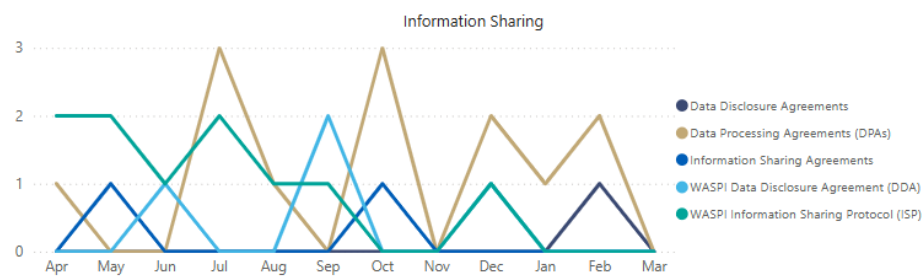
Financial Quarter	Q1				Q2				Q3				Q4				Total
	Apr	May	Jun	Total	Jul	Aug	Sep	Total	Oct	Nov	Dec	Total	Jan	Feb	Mar	Total	
IG Agreements	3	3	2	8	5	2	3	10	4	0	4	8	1	3	0	4	30
Research Proposal / Studies	0	0	2	2	0	1	0	1	1	0	0	1	0	2	0	2	6
Service Evaluation	0	0	0	0	4	0	1	5	0	0	1	1	1	2	3	6	12
Total	3	3	4	10	9	3	4	16	5	0	5	10	2	7	3	12	48

Fiscal Year
2024 - 2025

Enquiry Status
All

Lead Officer
All

Financial Quarter	Q1				Q2				Q3				Q4				Total
	Apr	May	Jun	Total	Jul	Aug	Sep	Total	Oct	Nov	Dec	Total	Jan	Feb	Mar	Total	
Data Disclosure Agreements	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Data Processing Agreements (DPAs)	1	0	0	1	3	1	0	4	3	0	2	5	1	2	0	3	13
Information Sharing Agreements	0	1	0	1	0	0	0	0	1	0	0	1	0	0	0	0	2
WASPI Data Disclosure Agreement (DDA)	0	0	1	1	0	0	2	2	0	0	1	1	0	0	0	0	4
WASPI Information Sharing Protocol (ISP)	2	2	1	5	2	1	1	4	0	0	1	1	0	0	0	0	10
Total	3	3	2	8	5	2	3	10	4	0	4	8	1	3	0	4	30



Good information sharing is essential for providing safe and effective care within the Health Board. There are other important uses of information which contribute to the overall delivery of health, social care or to serve wider public interests, for example, national registers and audits, research and service evaluation. Employee information may also be shared for Workforce related and other specified purposes.

The IG Team assist in facilitating information sharing by implementing the appropriate agreement having established that:

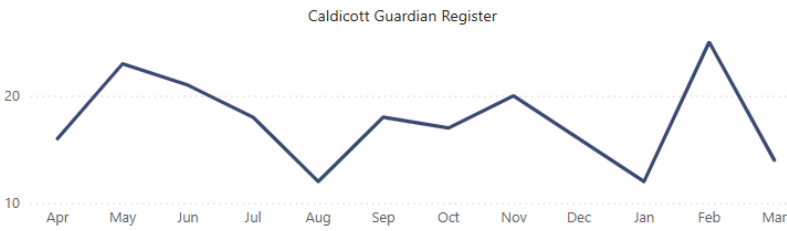
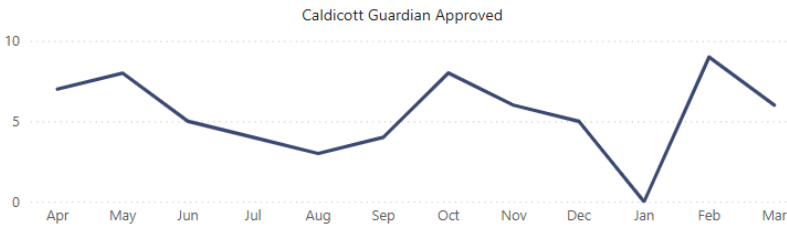
- sharing is necessary and there is a clear purpose with a lawful basis,
- the information to be shared is limited to only that required to meet the intended purpose, and
- those with whom the information is being shared understand their responsibilities and obligations,
- sharing is compliant with Data Protection legislation and any other legal requirements,
- data subject is informed of the intended use.

Financial Quarter	Q1				Q2				Q3				Q4				Total
	Apr	May	Jun	Total	Jul	Aug	Sep	Total	Oct	Nov	Dec	Total	Jan	Feb	Mar	Total	
Caldicott Guardian Approved	7	8	5	20	4	3	4	11	8	6	5	19	0	9	6	15	65
Caldicott Guardian Register	16	23	21	60	18	12	18	48	17	20	16	53	12	25	14	51	212

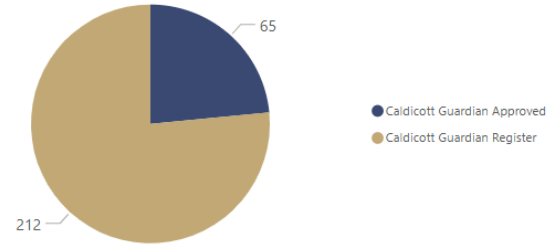
Fiscal Year
2024 - 2025

Enquiry Status
All

Lead Officer
All



Caldicott Guardian Register and Approvals



The Caldicott Guardian's role is to ensure that procedures are in place to govern access to and the use of patient (client) identifiable information and, where appropriate, the transfer of that information to other organisations for a given purpose that is outside of direct patient care. This is to ensure that information is used legally, ethically, and appropriately, and that confidentiality is maintained. With this in mind, the Caldicot Guardian reviews and approves protocols or agreements which address the sharing of patient data between organisations, for official registers, external research projects etc., to which the Health Board is party and reviews and approves staff post graduate projects. The IG Team maintains a Caldicott Guardian Register of the above areas which is reviewed at each bi-monthly Caldicott Guardian Group meeting.

From the 212 enquiries recorded on the Caldicott Guardian register for 2024 to 2025, 65 required Caldicott Guardian approval.

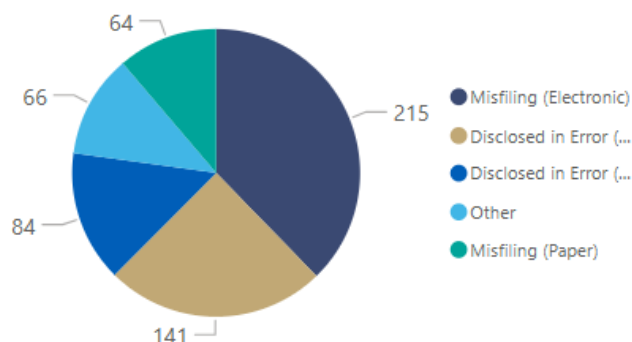
3.3 Assurance – Personal Data Breaches

The Health Board has adopted and implemented a robust procedure for managing IG incidents across the organisation that ensures incidents are reported in line with statutory requirements and lessons are learnt to improve future practice. Where they meet the threshold, the Health Board reports to the Information Commissioner’s Office (ICO) as detailed below.

Financial Quarter	Q1			Q2				Q3			Q4				Total		
Personal Data Breaches	Apr	May	Jun	Total	Jul	Aug	Sep	Total	Oct	Nov	Dec	Total	Jan	Feb	Mar	Total	
Personal Data Breach (Reported to ICO)	1	0	1	2	0	0	0	0	1	0	0	1	0	1	0	1	4
Personal Data Breach (Recorded Internally)	18	23	21	62	20	26	29	75	34	32	22	88	18	28	7	53	278
Personal Data Breach (Not Upheld)	0	0	1	1	1	0	0	1	0	0	1	1	1	2	2	5	8
Personal Data Breach (Not Owned by HDUHB)	0	3	5	8	4	1	3	8	3	8	6	17	3	4	2	9	42
Personal Data Breach (Near Miss)	1	6	5	12	4	2	0	6	0	1	0	1	2	1	2	5	24
Personal Data Breach (Minor)	39	14	17	70	30	26	27	83	26	20	27	73	49	30	46	125	351
Total	59	46	50	155	59	55	59	173	64	61	56	181	73	66	59	198	707

Financial Quarter	Q1				Q2				Q3				Q4				Total
Personal Data Breaches	Apr	May	Jun	Total	Jul	Aug	Sep	Total	Oct	Nov	Dec	Total	Jan	Feb	Mar	Total	
Corruption or inability to recover electronic data	0	0	0	0	1	0	0	1	1	0	0	1	0	0	0	0	2
Disclosed in Error (Electronic)	4	7	3	14	6	7	5	18	7	7	9	23	9	14	6	29	84
Disclosed in Error (Paper)	11	16	15	42	10	2	10	22	14	16	7	37	8	17	15	40	141
Disclosed in Error (Verbal)	1	1	1	3	1	2	3	6	0	0	1	1	0	1	4	5	15
Lost in Transit	0	1	0	1	0	3	0	3	0	1	1	2	1	0	2	3	9
Lost or stolen hardware	1	0	0	1	0	1	0	1	0	0	1	1	0	0	0	0	3
Lost or stolen paperwork	3	3	3	9	3	3	9	15	3	7	4	14	5	7	2	14	52
Misfiling (Electronic)	31	9	11	51	22	19	22	63	20	12	16	48	24	11	18	53	215
Misfiling (Paper)	1	1	2	4	5	5	4	14	7	6	7	20	17	7	2	26	64
Non-secure Disposal – paperwork	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1
Other	2	8	13	23	7	4	4	15	6	5	5	16	5	5	2	12	66
Technical security failing (including hacking)	1	0	0	1	0	2	0	2	1	1	0	2	0	0	1	1	6
Unauthorised access / disclosure	4	0	1	5	3	7	2	12	5	6	4	15	5	4	6	15	47
Uploaded to website in error	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	1
Total	59	46	49	154	58	55	59	172	64	61	56	181	74	66	59	199	706

Top 5 Breaches



Throughout the financial year 2024-2025, the Health Board communicated with the Information Commissioner's Office (ICO) regarding 4 occurrences. This figure is slightly below the previous year, 2023-2024, where 5 instances were reported to the ICO. All incidents logged through Datix and those reported directly to the Information Governance (IG) Team undergo a risk assessment

to decide if they qualify as reportable personal data breaches to the ICO. The criteria for these assessments align with ICO's own guidance, with the risk scores meticulously recorded for each incident. Recommendations made by the ICO are reported to Information Governance Sub-Committee In-Committee (Information Governance Incidents) to demonstrate the learning from incidents.

The Information Governance Team undertake an assessment of all data incidents reported. After evaluation and investigation some incidents are identified as not having information governance concerns. These incidents are logged by the Information Governance team to record the work undertaken to review and evaluate these incidents. For the financial year 2024-25 a total of 950 incidents were assessed as having no IG concerns.

3.4 Assurance – Documents Review

Financial Quarter	Q1				Q2				Q3				Q4				Total
Documents Review	Apr	May	Jun	Total	Jul	Aug	Sep	Total	Oct	Nov	Dec	Total	Jan	Feb	Mar	Total	Total
Review of Documents (IG Element)	2	5	5	12	2	5	7	14	3	2	6	11	2	4	7	13	50
Total	2	5	5	12	2	5	7	14	3	2	6	11	2	4	7	13	50

Fiscal Year

2024 - 2025

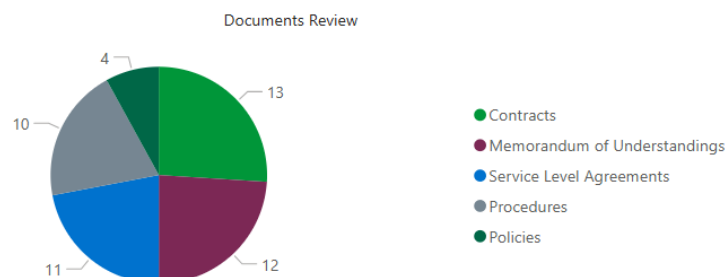
Enquiry Status

All

Lead Officer

All

Financial Quarter	Q1				Q2				Q3				Q4				Total
Documents Review	Apr	May	Jun	Total	Jul	Aug	Sep	Total	Oct	Nov	Dec	Total	Jan	Feb	Mar	Total	Total
Contracts	0	1	1	2	0	1	3	4	1	1	2	4	0	0	3	3	13
Memorandum of Understandings	1	1	2	4	0	1	2	3	0	0	1	1	2	1	1	4	12
Policies	0	0	0	0	1	0	0	1	0	0	1	1	0	1	1	2	4
Procedures	1	1	1	3	1	0	1	2	1	0	0	1	0	2	2	4	10
Service Level Agreements	0	2	1	3	0	3	1	4	1	1	2	4	0	0	0	0	11
Total	2	5	5	12	2	5	7	14	3	2	6	11	2	4	7	13	50



The Information Governance Service reviews Contracts, Terms and Conditions, Memoranda of Understandings (MOUs), Data Processing Agreements (DPAs) and Service Level Agreements (SLAs). These documents govern how the Health Board shares personal data with other organisations. It is important so that both parties understand their responsibilities and liabilities, and this is clear within the agreements. IG Service also reviews internal policies and procedures and provide relevant guidance in line with the current Data Protection Legislation.

4.5 Assurance – IG Meetings Representation

Financial Quarter	Q1				Q2				Q3				Q4				Total
	Apr	May	Jun	Total	Jul	Aug	Sep	Total	Oct	Nov	Dec	Total	Jan	Feb	Mar	Total	
IG Meetings Representation																	
Internal Meeting - IG Representation	10	15	8	33	15	8	11	34	13	10	2	25	16	6	11	33	125
External Meeting - IG Representation	7	7	6	20	4	3	7	14	3	5	4	12	4	5	9	18	64
Total	17	22	14	53	19	11	18	48	16	15	6	37	20	11	20	51	189

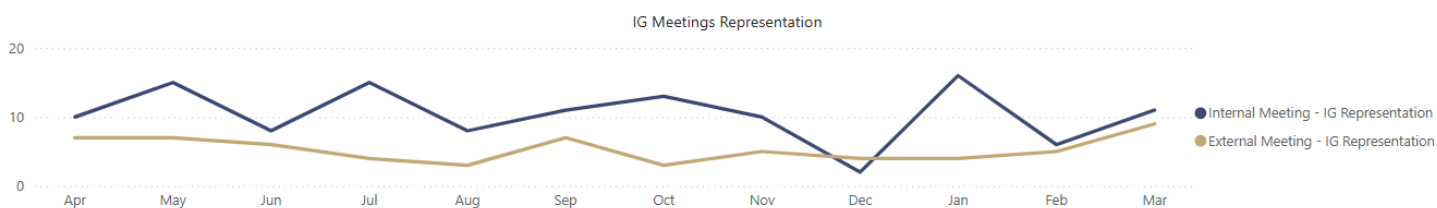
Fiscal Year
2024 - 2025

Enquiry Status
All

Lead Officer
All

																Total
																250
																250

Financial Quarter	Q1				Q2				Q3				Q4				Total
	Apr	May	Jun	Total	Jul	Aug	Sep	Total	Oct	Nov	Dec	Total	Jan	Feb	Mar	Total	
IG Team Meetings	8	5	2	15	5	5	11	21	14	12	5	31	13	18	22	53	120
Total	8	5	2	15	5	5	11	21	14	12	5	31	13	18	22	53	120



The IG Team represents HDUHB at internal and external meetings where they can be called upon for IG advice and guidance. For example, HDUHB’s Data Protection Officer regularly attends external Information Governance Management Advisory Group (IGMAG) meetings, where All Wales NHS Policies are developed, and national guidance is distributed. Detailed reports from the meetings were presented at every IGSC meeting in 2024-25.

Currently reports from the following external meetings are presented to IGSC:

- IGMAG – Information Governance Management Advisory Group
- HRMAG – Health Records Management Advisory Group
- OSSMB – Operational Security Service Management Board

The Information Governance Team have regular internal meetings to discuss information governance related matters. Meetings include the IG Team Weekly Catch-up and IG Weekly Incidents Meeting. The Information Governance Team meet fortnightly to discuss Data Protection Impact Assessments. A separate fortnightly meeting is offered which Digital Services staff can attend to discuss progress on specific Data Protection Impact Assessments being undertaken within Digital Services.

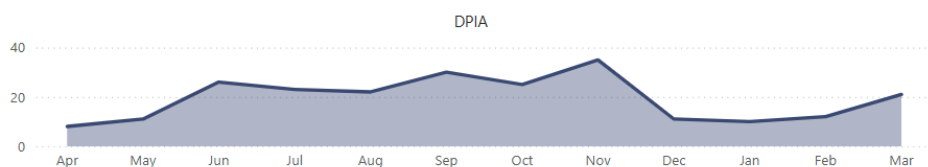
4.6 Assurance – Data Protection Impact Assessments

Financial Quarter DPIA	Q1				Q2				Q3				Q4				Total
	Apr	May	Jun	Total	Jul	Aug	Sep	Total	Oct	Nov	Dec	Total	Jan	Feb	Mar	Total	
Data Protection Impact Assessment (DPIA)	5	5	15	25	12	9	13	34	11	15	3	29	7	4	10	21	109
Data Protection Impact Assessment (DPIA) Level 1	0	1	3	4	2	1	7	10	6	4	2	12	0	1	0	1	27
Data Protection Impact Assessment (DPIA) Level 2	2	2	5	9	4	5	5	14	5	9	3	17	1	6	6	13	53
Data Protection Impact Assessment (DPIA) Level 3	1	3	3	7	5	7	5	17	3	7	3	13	2	1	5	8	45
Total	8	11	26	45	23	22	30	75	25	35	11	71	10	12	21	43	234

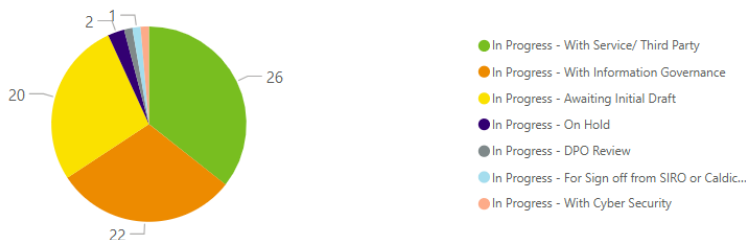
Fiscal Year
2024 - 2025

Enquiry Status
All

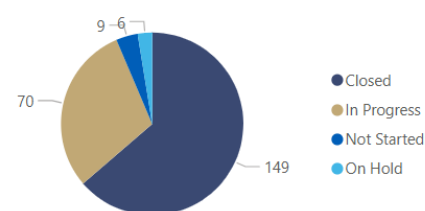
Lead Officer
All



Summary of Level 1,2 and 3 DPIA's received



Summary of Level 1,2 and 3 DPIA's received

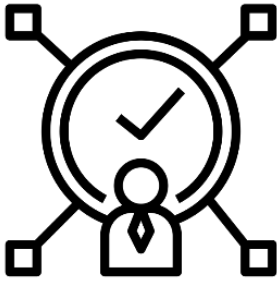


Data Protection Impact Assessments (DPIAs) are a tool to assess the risks when completing any work involving personal data. Since the pandemic, there has been a dramatic increase in the need for DPIAs due to the new ways of working and the innovative solutions that the clinical teams require to provide patient care. It has also led to an increase in sharing patient data with other organisations, all of which require careful consideration of the risks to personal data. Each DPIA involves working with the project lead in HDUHB, plus the Digital/Cyber team for the completion of Cloud Assessments and the external service/system providers where necessary. The DPIA process can be complex and includes significant dialogue between all partners.

The IG Team record and process DPIAs within 4 classifications with the current status provided:

- **DPIA:** Responding to enquiries and providing details of the IG requirements and process.
- **DPIA Level 1:** Review of DPIA Screening Questions or where adequate information has been provided for the IG Team to review and to make a decision as to whether a Level 2 or Level 3 DPIA is required; External DPIAs.
- **DPIA Level 2:** Minimal Personally Identifiable Information (PII); where a Level 3 – Mandatory / Full DPIA is not required.
- **DPIA Level 3:** Mandatory / Full DPIA

4.7 Assurance – Individual Rights



Corporate Individual Rights:

Under the Data Protection legislation, data subjects have rights with regards to their personal information. The Information Governance Team received 152 enquiries in relation to Subject Access Requests. The volume of requests continues to make the target timescales for release difficult to achieve. The IG team have also provided technical support to 52 Information Requests from the Access to Health Records Team over the last 12 months, this has impacted on team's Individual Rights figures and compliance rates. Information Governance has also seen an increase in the number of requests and enquiries under Data Subjects Right to Rectification.

Financial Quarter	Q1				Q2				Q3				Q4				Total
	Apr	May	Jun	Total	Jul	Aug	Sep	Total	Oct	Nov	Dec	Total	Jan	Feb	Mar	Total	
Information Rights																	
Data Subject Rights: Subject Access Request	4	7	7	18	6	7	4	17	5	5	6	16	4	2	4	10	61
Data Subject Rights: Rectification	0	0	1	1	0	3	0	3	2	1	0	3	0	0	3	3	10
Data Subject Rights: Restrict Processing	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	1
Data Subject Rights: Erasure	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	1
Total	4	7	8	19	6	10	4	20	7	6	7	20	5	2	7	14	73
Total not complied within statutory timescale	1	1	1	3	0	3	3	6	1	3	2	6	0	1	1	2	17
Compliance percentage	75%	86%	88%	83%	100%	70%	25%	65%	86%	50%	72%	69%	100%	50%	86%	86%	77%



The Information Asset Register is a list of personal and non-personal information assets held by service areas within the Health Board. It is important that HDdUHB know what information is held in order for the Health Board to protect it. It is aimed to capture all records and systems that contain personal and special category data, flows of data out of the UK, location of data, the retention periods for the records HDUHB hold and the legal basis for processing this data.

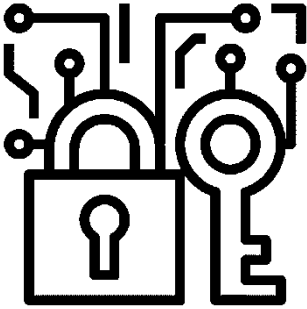
The past two years, the Information Governance (IG) Team has collaborated with Managed General Practices to compile Information Asset Registers. Additionally, they have addressed any associated tasks identified within these registers. For instance, if a new application is under development, it will require both a Data Protection Impact Assessment and a Data Sharing Agreement.

The Information Governance (IG) team has initiated a review process to ensure that there have been no modifications to the Information Asset Owner or Administrators for the assured Information Asset Registers. Additionally, the IG team has compiled a comprehensive Information Asset Register and is collaborating with services to examine their assured registers.

4.9 Assurance – Requests for Information (Third Party)

Financial Quarter	Q1				Q2				Q3				Q4				Total
	Apr	May	Jun	Total	Jul	Aug	Sep	Total	Oct	Nov	Dec	Total	Jan	Feb	Mar	Total	
Schedule 2(1)(2)(1) - Police Request	40	31	27	98	48	42	38	128	53	37	46	136	60	55	31	146	508
Schedule 2(1)(5)(2) - Required by Law	27	32	15	74	36	26	21	83	38	34	14	86	32	48	29	109	352
Schedule 2(1)(5)(3) - Legal Proceedings	9	15	9	33	10	12	19	41	6	12	12	30	12	12	12	36	140
Police Request - With Patient Consent	1	0	3	4	0	0	0	0	1	3	0	4	1	0	0	1	9
Access to Deceased Patient Records	0	3	1	4	1	3	1	5	2	0	1	3	2	0	2	4	16
Total	77	81	55	213	95	83	79	257	100	86	73	259	107	115	74	296	1025

Requests for information can be made by Third Party organisations (Police, CPS, Solicitors, Social Workers, Department of Work and Pensions (DWP), Local Authorities, the Probation Service etc). In some cases, these requests come with the patient consent however, there are instances where patient consent is not required and an exemption in the Data Protection legislation may allow for the release. The IG Team will check if the release is necessary, relevant and proportionate for the purpose of the request, and keep all documentation as evidence if a disclosure is ever challenged.



HDdUHB is committed to protecting the privacy and confidentiality of its patients and staff. Therefore, it uses a special software to scan and block any emails that contain a large amount of personally identifiable information (PII). These emails are then reviewed by the Information Governance team and released if they are appropriate and necessary. If the emails are not allowed, they need to be sent through a special secure facility called Secure Shared Folder, which encrypts the data and ensures its safe delivery.

There was a total of 1,802 emails that were reviewed by Information Governance Team.

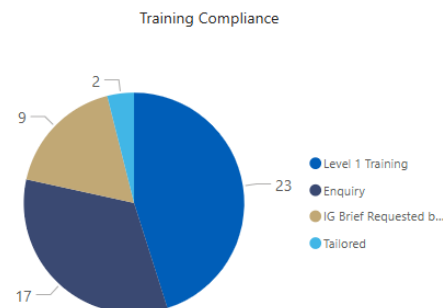
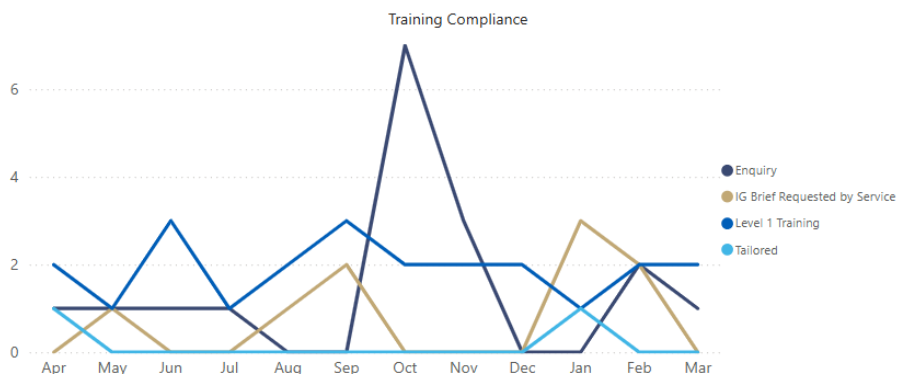
4.11 Training Compliance

Financial Quarter	Q1				Q2				Q3				Q4				Total	
	Apr	May	Jun	Total	Jul	Aug	Sep	Total	Oct	Nov	Dec	Total	Jan	Feb	Mar	Total		
Enquiry	1	1	1	3	1	0	0	1	7	3	0	10	0	2	1	3	17	
IG Brief Requested by Service	0	1	0	1	0	1	2	3	0	0	0	0	0	3	2	0	5	9
Level 1 Training	2	1	3	6	1	2	3	6	2	2	2	6	1	2	2	5	23	
Tailored	1	0	0	1	0	0	0	0	0	0	0	0	1	0	0	1	2	
Total	4	3	4	11	2	3	5	10	9	5	2	16	5	6	3	14	51	

Fiscal Year
2024 - 2025

Enquiry Status
All

Lead Officer
All



Information Governance training and guidance is designed to be clear, concise and engaging so we enable staff to understand and confidently discharge their data protection responsibilities. Data Protection Legislation requires individuals who process personal information to undertake regular data protection training. In NHS Wales refresher training data protection is included in the Information Governance (IG), Cyber Security and Records Management E-Learning Module and is mandated for ALL staff to complete every two years as a minimum.

Information governance compliance within HDdUHB has decreased from 78.85% in April 2024 to 77.27% in March 2025. The average percentage for training compliance for the period 2024 to 2025 is 78.03%. Areas identified with lower levels of training compliance have been targeted to complete their Information Governance training. The IG Team aims to improve this training compliance figure in 2025-26 by working with the services with the lowest compliance to encourage staff through the training programme.

A paper-based Information Governance Training workbook has been developed to target those staff without a pc or access to on-line learning to be able to undertake IG training. Bite-sized videos covering Information Governance, Records Management and Cyber Security, including a self-assessment, have also been developed and added to HDdUHB's intranet page.

An Information Governance Training Plan has also been developed to log IG training and awareness raising across the Health Board. This includes utilising global email messages, Medical Director's Newsletters, as well as bespoke IG training, awareness raising as part of IG audit visits and issuing IG posters.

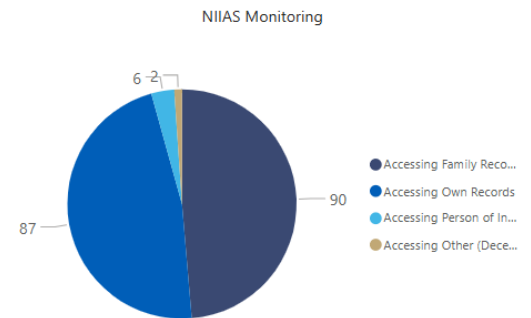
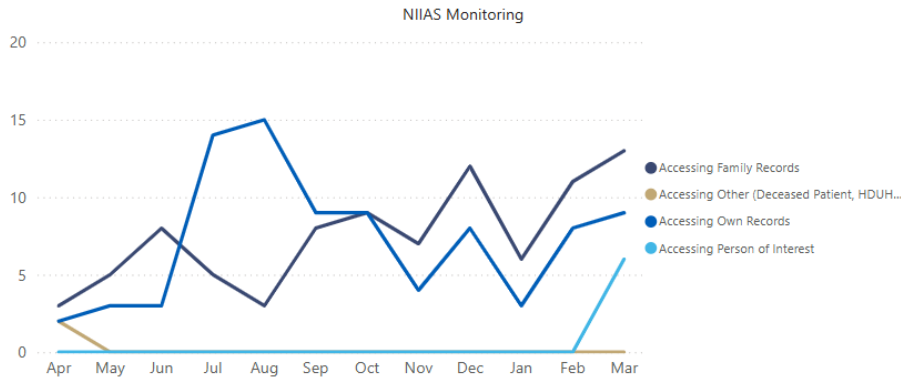
4.12 Assurance – NIIAS Monitoring

Financial Quarter Type of Enquiry (Level 2)	Q1				Q2				Q3				Q4				Total
	Apr	May	Jun	Total	Jul	Aug	Sep	Total	Oct	Nov	Dec	Total	Jan	Feb	Mar	Total	
Accessing Family Records	3	5	8	16	5	3	8	16	9	7	12	28	6	11	13	30	90
Accessing Other (Deceased Patient, HDUHB Employees)	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2
Accessing Own Records	2	3	3	8	14	15	9	38	9	4	8	21	3	8	9	20	87
Accessing Person of Interest	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6	6	6
Total	7	8	11	26	19	18	17	54	18	11	20	49	9	19	28	56	185

Fiscal Year
2024 - 2025

Enquiry Status
All

Lead Officer
All



The NIIAS audits staff access to patient records, it has now been fully implemented within the Health Board with procedures for managing any inappropriate access to records. There are regular staff communications, Newsletters, Information Governance Videos, Posters, leaflets, that have all been used to disseminate information to staff around the importance of confidentiality, appropriate access to patient records and ensuring information is shared in an appropriate way.

There was one NIIAS Management Board meeting held with Digital Health Care Wales (DHCW) and other Health Boards and Trusts during 2024/2025 with the meeting taking place on the 26/09/2024.

All confirmed personal data breaches caused by inappropriate access to patient records are reported to the Data Protection Officer, Deputy Caldicott Guardian and Deputy SIRO, and where necessary reported to the Information Commissioners Office. Workforce Department is also notified, and internal disciplinary investigations take place if required.

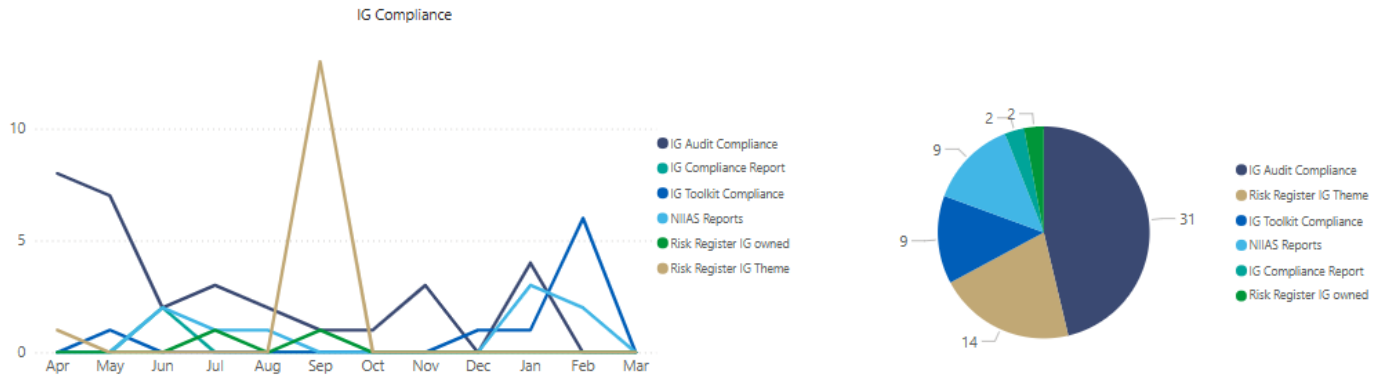
4.13 Assurance – IG Compliance

Financial Quarter	Q1				Q2				Q3				Q4				Total
IG Compliance	Apr	May	Jun	Total	Jul	Aug	Sep	Total	Oct	Nov	Dec	Total	Jan	Feb	Mar	Total	
IG Audit Compliance	8	7	2	17	3	2	1	6	1	3	0	4	4	0	0	4	31
IG Compliance Report	0	0	2	2	0	0	0	0	0	0	0	0	0	0	0	0	2
IG Toolkit Compliance	0	1	0	1	0	0	0	0	0	0	1	1	1	6	0	7	9
NIIAS Reports	0	0	2	2	1	1	0	2	0	0	0	0	3	2	0	5	9
Risk Register IG owned	0	0	0	0	1	0	1	2	0	0	0	0	0	0	0	0	2
Risk Register IG Theme	1	0	0	1	0	0	13	13	0	0	0	0	0	0	0	0	14
Total	9	8	6	23	5	3	15	23	1	3	1	5	8	8	0	16	67

Fiscal Year
2024 - 2025

Enquiry Status
All

Lead Officer
All



The IG Team completed 27 Information Governance audits over the period April 2024 to March 2025 across the four main hospital sites. The audits also included community hospitals, integrated care centres and clinics. The purpose of the audit is to identify any Information Governance and Information Security risks and seeks assurance that the relevant procedures and protocols in relation to Information Governance are adhered to. The IG audit covers 12 themes to ascertain the strength of controls in place, the risk level identified, and the resulting impact of any risks found.

Those audited are provided with an Audit Summary report which includes recommendations for follow up as well as supporting guidance, information, and tools to achieve the recommendations.

4.14 Compliance with the Data Protection Legislation

The General Data Protection Regulation (GDPR) came into force on 25th May 2018. It is now commonly referred to as the UK-GDPR, as a result of the UK leaving the EU. The UK GDPR and Data Protection Act 2018 both update and strengthen current data protection legislation with more emphasis on accountability and the individuals' information rights. In addition to the risk to the organisation of increased fines for non-compliance, because of the highly sensitive nature of the information Health Board hold about individuals, the organisation has an ethical and moral duty to protect the information it is responsible for. An invasion of a person's privacy whether by an accidental loss of their data, a security attack on our systems or by the dishonest actions of a staff member will all have a major impact upon our patients and the trust they put in the organisation to deliver safe and effective care.

The IG Team produces a report which is submitted to every bi-monthly IGSC meeting, this highlights the progress in meeting key areas of the UK GDPR requirements to improve systems and processes to better safeguard personal data within the Health Board. The team regularly reviewing our patient and workforce Privacy Notice's, Information Governance Policies & Procedures, and ensure the Information Rights request forms and third-party request for information forms are updated to conform to current national guidance or legislation.

The IG team have worked with Health Board's Digital Service to develop an IG Work Tracker, where work and queries that are received by the team are recorded, the tracker enables the IG team to log any ICO recommendations that may have been given to the Health Board, and our progress in achieving compliance.

4.15 NHS Wales IG Toolkit

NHS Wales IG Toolkit – Hywel Dda University Health Board

Common to other organisations in NHS Wales, the HB completes a self-assessment of Health Board's level of maturity and competency in management information risk and compliance with data protection and Caldicott principles in NHS Wales by completing the [NHS Wales IG Toolkit](#).

This self-assessment is reviewed by the Information Governance Team in DHCW, and scores are attributed against 11 core areas:

- Leadership and Oversight
- Policies and Procedures
- Training and Awareness
- Individual's Rights
- Records of Processing and Lawful Basis
- Contracts and Information Sharing
- Risks and Data Protection Impact Assessments
- Breach Response and Monitoring
- Freedom of Information (FOI) and Environmental Information (EIR)
- Information Security
- Business Continuity

The aim of this breakdown enables the UHB to identify areas for improvement, and to support the prioritisation of improvement efforts.

There are 2 levels of maturity assessed by the toolkit:

- Minimum Expectations
- Expectations Exceeded

The 2024 – 2025 submission was made by 31 March 2025. Hywel Dda University Health Board were able to demonstrate 100% compliance with the Minimum Expectations level in all core areas aside from Training and Awareness. Risks and Data Protection Impact Assessments and Training and Awareness did not achieve 100% compliance with the Exceeds Expectations level.

NHS Wales IG Toolkit Managed General Practices

The IG team supports the HDdUHB's Managed Practices in meeting their IG and Data Protections responsibilities. There are currently six Managed Practices under Health Board's control:

- Ash Grove Medical Centre
- Meddygfa'r Sarn
- Minafon Surgery (Meddygfa Minafon)
- Neyland and Johnston Health Centre
- Penrhyn Surgery (previously Solva Surgery with which St David's Surgery merged on 1st of November 2024)
- Tenby Surgery

The Managed Practices are required to complete the Welsh Information Governance Toolkit self-assessment tool to measure their level of compliance against national Information Governance standards and legislation. The IG Toolkit consists of simple to follow assessments across many themes, comprising of a range of rudimentary questions requiring tick box answers, one-line statements and the facility to upload or link to documents as evidence.

There are two levels of compliance which are Minimum Expectations and Exceeds Expectations. With assistance from the IG Team, all six Managed Practices were able to demonstrate 100% compliance with the Minimum Expectations level across the board. For the Exceeds Expectations level, only Training and Awareness 100% compliance was not met by two of the Managed Practices.

The IG Team presented the submissions to the IGSC and demonstrated continuous improvement from the 2022 to 2023 submissions across all the Managed Practices. The IG Toolkit responses were assured for submission to DHCW and were submitted by the deadline of 31 March 2025.

The Managed Practices Improvement and Action Plans for 2024 to 2025 were replaced with the actions required from the recommendations made following the programme of IG Audits. Improvement and Action Plans are being developed for the Managed Practices for 2025 to 2026.

The aim of the IG Toolkit and Improvement Plans is to demonstrate that the Managed Practices comply with the Data Protection Legislation and can be trusted to maintain the confidentiality and security of both personal and business information. This will provide assurance to staff and patients that their information is processed securely and appropriately, and assure other organisations where sharing is made that appropriate IG arrangements are in place.

4.16 Corporate and Medical Records Storage

Keeping well-organised medical and corporate records is important to delivering excellent healthcare services in the NHS. With a high volume of patients across our acute sites and multiple clinicians contributing to each patient's care, it's vital that all medical records and documents are stored and managed in the most efficient way possible.

The Health Board must comply with the Records Management Code of Practice for Health and Social Care, in relation to the practice of managing records. The Code provides a framework for consistent and effective records management based on established standards. It includes guidelines on topics such as legal, professional, organisational and individual responsibilities when managing records. It also advises on how to design and implement a records management system including advice on organising, storing, retaining and deleting records.

This financial year the Health Board has moved records from our contracted off-site storage providers, back into the Health Board storage facility, as we start to move towards a Digital Health Record.

Information Governance audit the record storage areas within the Health Board; this is to ensure that the area conforms to current guidelines and legislation.

4. Policies and Procedures

Annual Review of Information Governance related written control documentation

The IG Service is responsible for the following approved corporate written control documents. The overview below provides an outline of the relevant written control documentations. Due to increased work pressures faced, the IG Team were unable to review all policies to meet the deadlines indicated. Assurance was provided that the documents remained fit for purpose and an extension of 12 months to the review dates of all policies / procedures is being requested.

Policy or Procedure	Responsible Officer
<u>494 AW Email Use Policy</u>	Head of Information Governance
<u>495 AW Internet Use Policy</u>	Head of Information Governance
<u>836 AW Information Governance Policy</u>	Head of Information Governance
<u>837 AW Information Security Policy</u>	Head of Information Governance
<u>224 Information Classification Policy (ARCHIVED)</u>	Information Governance Manager
<u>275 Secure Transfer of Personal Information Policy</u>	Information Governance Manager
<u>172 Confidentiality Policy</u>	Information Governance Manager
<u>238 Information Governance Framework</u>	Information Governance Manager
<u>279 Third Party Supplier Policy</u>	Information Governance Manager
<u>773 Unauthorised access to patient records procedure</u>	Information Governance Manager
<u>1088 Information Rights Procedure</u>	Information Governance Manager
<u>1160 Data Protection Impact Assessment Procedure</u>	Information Governance Manager
<u>347 Corporate Records Management Policy</u>	Head of Information Governance

5. Summary

Throughout this financial year, the Information Governance (IG) service has contributed to a range of essential activities that support the organization's objectives. The IG team has provided expert guidance and training to staff on key aspects of data privacy, security, and best practices in handling sensitive information. They have responded to complex queries relating to patient and corporate data, facilitating swift and compliant decision-making. The service has also played a pivotal role in incident management, promptly addressing data breaches and unauthorised access events to minimize risk and maintain trust. Additionally, IG has supported audits, contributed to continuous improvement initiatives, and fostered a culture of accountability and awareness throughout the organisation, ensuring that information governance remains at the forefront of everyday operations.

2.3

2.3 - Data Quality Deep Dive

Gareth Beynon
(Hywel Dda UHB -
Head of Information
Services)

| For assurance

Attachments

[2.3 - DDIC - Data Quality Deep Dive - October 2025.pdf](#)

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:	Data Quality Deep Dive
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Executive Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Anthony Tracey, Digital Director

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

Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this paper is to provide the Digital, Data and Innovation Committee with an updated overview and assurance regarding the ongoing data quality deep dives. It outlines the methodologies, governance processes, and analytical frameworks employed to assess, monitor, and improve data quality across key digital systems. This paper also highlights the progress made to date, identifies areas of concern or improvement, and sets out the next steps to ensure continued rigour and transparency in data quality management.

Cefndir / Background

High-quality data is fundamental to the effective delivery of healthcare services. In a clinical and operational environment, data must be accurate, timely, and fit for purpose to support informed decision-making, which directly contributes to improved patient outcomes, enhanced safety, and overall wellbeing.

Robust data quality is also essential for the production of reliable management information, enabling the Health Board to operate efficiently and make best use of its resources. Whether supporting strategic planning, performance monitoring, or service improvement, data underpins every aspect of organisational intelligence and accountability.

Poor data quality can have far-reaching consequences. It can undermine clinical decision-making, distort performance reporting, and lead to inefficient use of resources. In some cases, particularly with national datasets, data quality directly affects how the Health Board's performance is represented against Welsh Government targets, with implications for public accountability and funding.

Maintaining high standards of data quality is therefore not just a technical or operational concern, it is a strategic imperative that supports the Health Board's mission to deliver safe, effective, and person-centred care.

Asesiad / Assessment

Ensuring the highest standards of data quality is a strategic priority for the Health Board, underpinning both clinical excellence and operational effectiveness. In recognition of the critical role that data plays in supporting patient care, resource allocation, and regulatory compliance, the Health Board has initiated a series of targeted data quality deep dives. These deep dives are designed to provide a comprehensive and systematic examination of data quality across key digital systems and processes.

The data quality deep dives adopt a structured approach, focusing on specific datasets and pathways that are integral to service delivery and performance reporting. By engaging multidisciplinary teams, including clinical, operational, and digital specialists. The deep dives aim to identify strengths, uncover areas for improvement, and ensure that data is accurate, complete, and fit for purpose. This collaborative methodology not only enhances the reliability of information used for decision-making but also fosters a culture of continuous improvement in data management practices.

Through these deep dives, the Health Board seeks to provide robust assurance to the Digital, Data and Innovation Committee and other stakeholders. The findings and recommendations generated from each review inform targeted action plans, drive process enhancements, and support compliance with national standards and reporting requirements. Ultimately, this work reinforces the Health Board's commitment to delivering safe, effective, and person-centred care, underpinned by high-quality data.

Data Quality Deep Dive Workplan

To strengthen the integrity and usability of data across the Health Board, a structured workplan has been developed to guide the implementation of data quality deep dives. This workplan sets out a phased and prioritised approach to reviewing critical datasets and digital pathways, ensuring that each deep dive is aligned with strategic objectives, operational needs, and national reporting requirements. By systematically examining data quality through defined dimensions, such as accuracy, completeness, and timeliness, the workplan provides a clear framework for identifying issues, implementing corrective actions, and embedding sustainable improvements. It also ensures that resources are targeted effectively, and that findings from each review contribute to a broader culture of data-driven decision-making and continuous improvement.

- Emergency Department (ED) – follow up after training sessions have been held with ED staff over last 6 months
- Consistency in zero Length of Stay (LoS) activity – clinical coding has highlighted potential inconsistencies in activity being recorded as admissions, regular day attenders, Ward attenders etc
- Referral to Treatment (RTT) – New review of current processes and validity of waiting times
- Pathway of care delays – aligned to the planned changes in reporting and data capture (flow system)
- Patient flow – following introduction of new system (Miya Flow)

- Mental Health Services – following recent implementation on to Welsh Patient Administrative System (WPAS)
- Theatre – follow up
- Cancer Services following recent implementation away from Cancer Network Information System Cymru (CANISC) on to WPAS & Welsh Clinical Portal (WCP)
- Electronic Staff Record (ESR)
- Maternity Services

Escalation process

Historically, engagement from end users on data quality issues has been inconsistent, with many users either unaware of the implications of poor data quality or too removed from its direct impact. This lack of engagement can hinder efforts to improve data quality and limit the effectiveness of data-driven decision-making across the organisation.

To address this challenge, and to ensure a more structured and accountable approach, a formal escalation process has been developed. This process is designed to be implemented in situations where end user engagement with data quality issues has not been positive or productive, providing a clear pathway for resolution and support.

The escalation process has been reviewed and approved by the Information Governance Sub-Committee, ensuring it aligns with organisational standards and governance requirements. It sets out defined steps for escalating concerns, engaging relevant stakeholders, and ensuring that data quality issues are addressed in a timely and effective manner.

In line with Policy Number 250 – Information Quality Assurance Policy

Team/Individual	Timeframe & Actions
Information Quality Assurance team	2/52 following initial contact if no reply then <u>send</u> 1 chaser... 1 week no reply <u>escalate</u> to next step
Head of Information Services	Send out follow up with immediate effect from escalation, if no response within 2 weeks... then raise with 'line manager/next level of directorate'
Digital Services Senior Team...?	<i>If deemed appropriate</i>
Information Governance Sub-Committee	Non-response to be formally reported to IGSC where SIRO & Caldicott Guardian are present
Sustainable Resource Committee	IGSC papers are reported and fed into SRC where 'Executive Director of Finance' & 'Chief Executive' are present

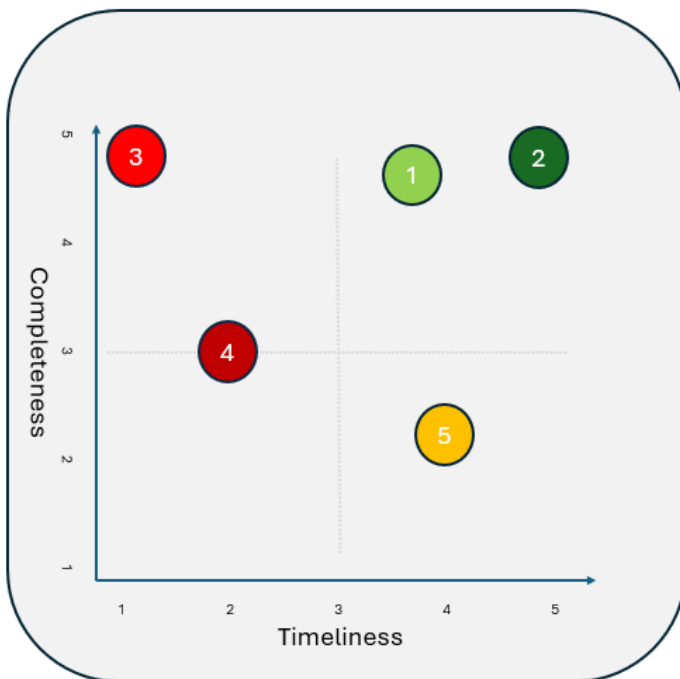
Team/Individual	Interval	Action
Information Quality Assurance	Day 0	Send out initial request/report
Information Quality Assurance	Day 14	Send a chaser
Head of Information Services	Day 21	Send out request for engagement to original recipient and Head of Service or Director
Head of Information Services	Day 28	Notify of escalation to IGSC & provide details of next meeting date and times and content
Head of Information Services	Day 28	Include in the very next IGSC DQ update...
Head of Information Services	Day 35	Another chaser to Head of Service or Director
Information Governance Sub-Committee		Action as requested by IGSC – SIRO and/or Caldicott Guardian to send e-mail/communication

Developing a Data Usability Matrix

As part of the wider data quality improvement programme, work is underway to develop a Data Usability Matrix, a more nuanced approach to assessing data quality beyond the traditional binary of “good,” “bad,” or “indifferent.” This matrix aims to support users in determining whether a dataset is suitable for their specific use case, recognising that data may be fit for one purpose but not another.

For example, a dataset may have poor timeliness in terms of live data entry, making it unsuitable for real-time operational decisions, such as monitoring ED demand. However, if the data is reliably completed within seven days of the transaction, it may still be highly valuable for retrospective analysis, such as machine learning or predictive modelling in data science. The matrix helps to surface these distinctions, enabling more informed and context-sensitive use of data.

The visual concept underpinning this matrix is illustrated in the graphic below. Each circle represents a different dataset or system, with its accuracy indicated by colour intensity. The X-axis reflects timeliness, while the Y-axis represents completeness. This multidimensional view allows stakeholders to quickly assess the usability of data across different domains and make decisions based on its fitness for purpose.



Score	Accuracy (%)	Completeness (%)	Timeliness	
			Live Data (mins)	Other Data
1	0 - 19	0 - 19	120 +	7 days +
2	20 - 49	20 - 49	60 - 120	3 to 6 days
3	50 - 79	50 - 79	30 - 59	48 - 72 hrs
4	80 - 94	80 - 94	5 - 30	24 - 48 hrs
5	95 +	95 +	Live - 5	Within 24 hrs

Prioritisation matrix

Given the extensive range and volume of systems and data collection activities across the Health Board, the Data Quality team’s resources are not sufficient to address every area as comprehensively as desired. To ensure that available resources are deployed as effectively as possible, a prioritisation matrix has been developed. This tool enables the team to focus their efforts on the areas where data quality improvements will have the greatest impact.

The matrix evaluates and scores potential data quality issues against four key criteria: impact on patient care, data volume, reporting requirements, and alignment with strategic objectives.

This structured approach ensures that the team’s work programme remains targeted, transparent, and aligned with organisational priorities.

Importantly, the prioritisation matrix works in tandem with the data usability matrix, ensuring that not only are the most impactful areas addressed, but that the quality and suitability of data for different use cases are also considered as part of the decision-making process.

	0	3	7	10
Patient Care	No effect	Minimal effect on patient care - <i>e.g. problem with statutory return</i>	Affects groups of patients - <i>Unable to book appointment immediately</i>	Affects all patients - <i>Potential misdiagnosis, missed results/other crucial information</i>
Volume	Single user - <i>(e.g. one Physiotherapist only)</i>	Site specific - <i>affects one site (e.g. BGH only)</i>	Specialty specific - <i>affects isolated specialty/service only (e.g. All Physiotherapy)</i>	Health Board wide - <i>multiple sites/multiple specialties/services (e.g. Physio & Dietetics across BGH/WGH)</i>
Reporting	None	Local - <i>internal reports for local use only</i>	Financial - <i>internal reports and financial reconciliation</i>	National - <i>WG/NHS Wales and other statutory bodies (as well as local and financial)</i>
HB Risk/IMTP/Strategic alignment (profile in HB)	None - <i>no known profile</i>	Low - <i>indirectly contributes to known programs of work</i>	Medium - <i>directly contributes to known programs of work</i>	High - <i>significantly contributes to known programs of work</i>

As each potential issue is identified it is scored against the elements above and the total score determines the priority that piece of work is undertaken to against the other potential issues already identified.

Future-focused initiatives

Planned Roadshows

Building on the success of previous engagement sessions with Ward Clerks and Health Records staff, the Data Quality Team is planning a series of future roadshows aimed at raising awareness of data quality and the role of the Information Quality Assurance function. These sessions will be designed to reach a broader range of staff across the Health Board, promoting shared ownership of data quality and encouraging proactive engagement with data improvement initiatives. The roadshows will also serve as a platform to showcase tools such as the Data Usability Matrix and provide practical guidance on how staff can contribute to improving data standards in their areas.

Executive Self-Assessment and Emerging Workstreams

Following a recent self-assessment exercise led by the Performance Team, Executive Directors were asked to evaluate their confidence in the quality of key nationally reported datasets. The findings, which were reported through the Integrated Performance Assurance Report, have highlighted several non-traditional data areas that fall outside the current scope of the Data Quality team’s work programme. In response, the team will develop a targeted programme of work to explore and address data quality issues in these emerging areas, including Incidents, Infections, and Workforce data. This expansion reflects a growing recognition of the importance of data quality across all domains and will be informed by both the prioritisation matrix and the Data Usability Matrix to ensure alignment with strategic priorities and operational needs.

Argymhelliad / Recommendation

The Committee are requested to:

- **RECEIVE ASSURANCE** regarding the ongoing Data Quality Deep Dives.
- **NOTE** the continuation of the Data Quality Deep Dives, along with the structured methodology being applied to support their delivery. These deep dives remain a key component of the Health Board's approach to improving data integrity, and their consistent application ensures a robust and repeatable process for identifying and addressing data quality issues.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

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

Gwybodaeth Ychwanegol: Further Information:

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

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Incomplete or missing data can lead to significant errors in the calculation of financial cost returns, potentially resulting in inaccurate projections, flawed budgeting decisions, and misinformed strategic planning. This can undermine financial reporting integrity and affect overall business performance
Ansawdd / Gofal Claf: Quality / Patient Care:	Poor quality data can lead to the misidentification of patients, which poses serious risks to safety and care continuity. Additionally, service changes may be implemented based on incomplete or inaccurate information, preventing healthcare providers from gaining a full and accurate understanding of patient needs and system performance. This can compromise decision-making, resource allocation, and the overall effectiveness of healthcare delivery.
Gweithlu: Workforce:	Poor data quality can lead to inaccurate workforce planning, misallocation of staff, and ineffective deployment of resources. This can result in increased workload pressures, reduced staff morale, and compromised service delivery, ultimately affecting both employee well-being and organisational performance
Risg: Risk:	The accuracy of Welsh costing returns, which rely heavily on derived Healthcare Resource Groupings (HRGs), is critical for informed financial planning and service evaluation. Inaccurate or incomplete HRG data could undermine the effectiveness of clinical service reconfigurations, potentially preventing the University Health Board (UHB) from achieving its strategic objectives to enhance patient care.
Cyfreithiol: Legal:	Not applicable
Enw Da: Reputational:	Poor data quality can hinder the ability to meet key Delivery Targets set by the Welsh Government, leading to potential reputational damage for the organisation. Inaccurate or incomplete data undermines performance

	reporting, erodes stakeholder confidence, and may result in increased scrutiny or loss of public trust.
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable

2.4

2.4 - Analytical and Modelling Work

*For Information

Attachments

[2.4 - DDIC SBAR - Analytical and Modelling Work.pdf](#)



**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:	Analytical and Modelling Work
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Executive Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Anthony Tracey, Digital Director

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The Data Science team is part of Digital Services and has been undertaking several analytical and modelling projects within Hywel Dda University Health Board (HDdUHB). Data science is an interdisciplinary field that uses computer science, mathematics, and scientific processes to examine large amounts of data to uncover hidden patterns, generate insights, and help decision making. The mission of the Data Science Team is to support high quality decision-making for clinical, operational, and strategic services by using data science techniques. Underpinning this, the Data Science team operates using four core principles. Firstly, work must be evidence based, with transparent and reproducible methods. Secondly, any endeavours should be problem driven, otherwise any output will be useless if addressing the wrong question. Thirdly, collaboration is fundamental as data science will achieve little if the decision-making processes are not designed to embrace it. Finally, communication is essential; complex ideas need to be explained simply, and simple ideas mustn't be over complicated.

The purpose of this report is to provide a high-level information overview of some of the core projects the data science team have completed, along with current workstreams in progress.

Cefndir / Background

HDdUHB is experiencing numerous challenges across the organisation. Some of these may be mitigated through improved understanding and more effective use of available data. The data situation within HDdUHB is far from straightforward. While it can be observed that there appears to be an abundance of data, it is often the case data is poorly recorded, incomplete, incorrect and not always timely. Data often resides in different locations and controlled with varying standards. With the proliferation of digital tools there is a growing trend of services generating and storing their own data. These factors contribute to the difficulty in linking the data and extracting greater meaning. A key part of data science work is the foundational understanding of the data and how it can be appropriately linked. With appropriately combined data, advanced data science techniques such as forecasting, machine learning and

visualisation can be used to further explore whether previously hidden insight can be uncovered.

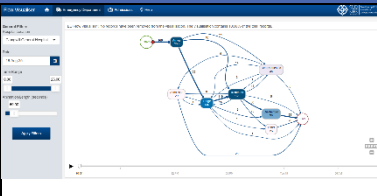
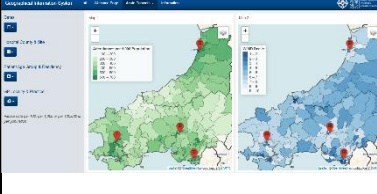
It is important to note the widespread use of the term Artificial Intelligence (AI). Its definition and meaning are often misused and commonly interchanged with existing technologies that are in fact not AI. There is not a universal definition of AI, but the Alan Turing Institute defines AI as any technology that imitates human intelligence or performs human tasks. The link to data science is that AI uses a subset of tools and technique from data science to build its technology.

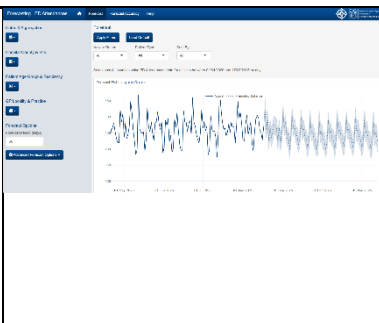
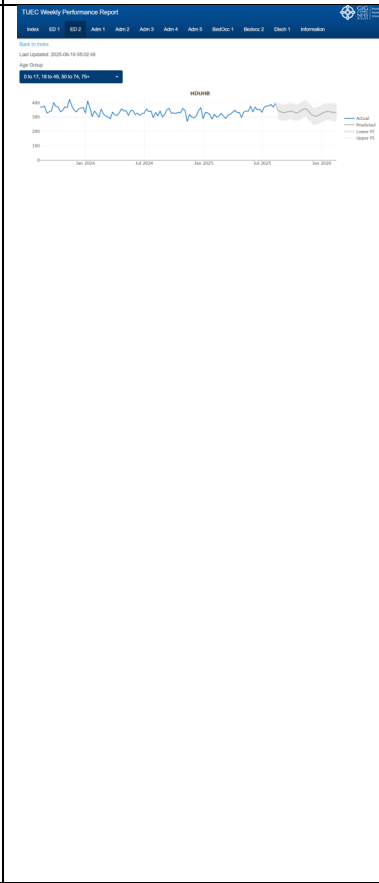
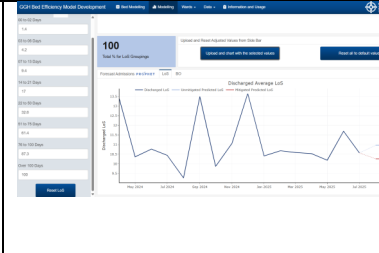
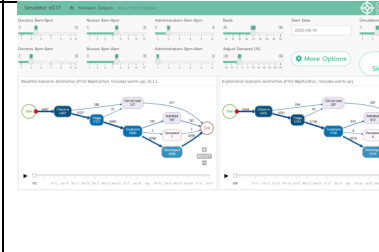

There are service areas within HDdUHB that could potentially benefit operationally or strategically from the use of data science. For example, any service that has uncertainty with demand and capacity can benefit from demand and capacity modelling for better service utilisation. Did Not Attend (DNA) for outpatient appointments remain challenging across the NHS, resulting in poor service utilisation and delayed care for other patients. It is also noted that HDdUHB must regularly submit annual plans to Welsh Government. Certain planning metrics are appropriate for data science forecasts, that can be used to influence change and monitor progress.

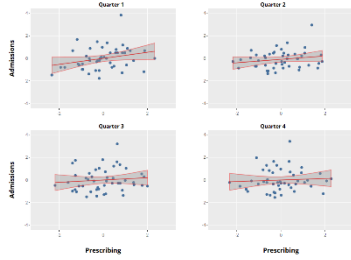

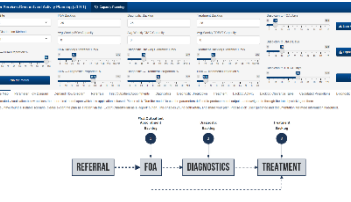
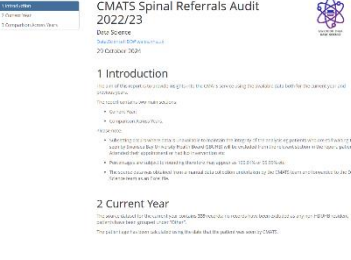
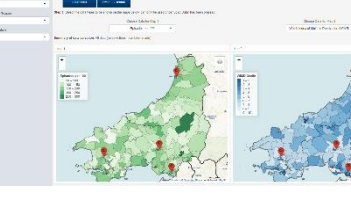
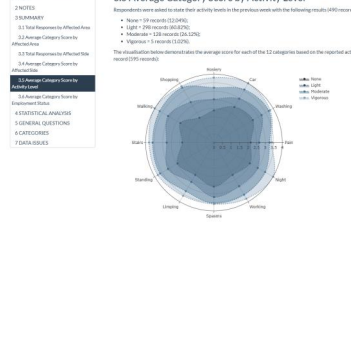
Data science is a rapidly evolving field offering potential significant advantages if deployed collaboratively internally. Developing and maintaining these relatively new skills in a workforce is challenging. HDdUHB has several academic partnerships with local universities. This facilitates the sharing of cutting-edge research from universities to HDdUHB, also fostering the possibility of talented university professionals working directly within HDdUHB. Furthermore, it highlights HDdUHB as a potential employer for students within these universities. The Data Science Team works closely with Aberystwyth and Swansea Universities. Currently there are two PhD's being undertaken, one from each of these universities. One is exploring the possibility of predicting of Emergency Department (ED) presentations and the other will research the development of a digital twin for prostate cancer. However, there is still a need to greater develop the core internal team, evolve the level of expertise and create a structure that can grow.

Asesiad / Assessment

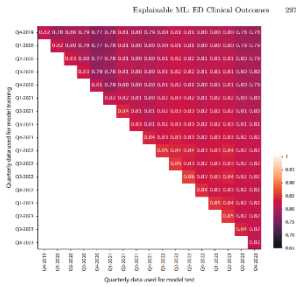
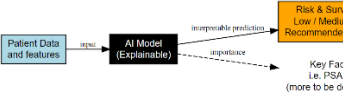
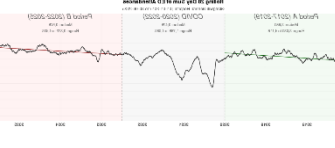
The following are some of the applications and outputs from the Data Science Team. Whilst not comprehensive, this list is an indication of currently available analytics and modelling.

Unscheduled Care		
<p>Flow Visualiser (</p>		<p>Using time stamped data from Welsh Patient Administrative System (WPAS), Flow Visualiser creates an animated representation of the data and how patients traverse through administrative nodes. Administrative data for ED and Admissions are present in this application.</p>
<p>Geographical Information System</p>		<p>ED attendance and Admissions from WPAS are represented geographically in this application. They can be compared alongside geographical deprivation indicators.</p>

<p>Forecasting</p>		<p>ED attendance and various aspects of Admissions from WPAS can be forecast with this application. Current datasets with forecast:</p> <ul style="list-style-type: none"> • ED Attendances • Admissions • Average Length of Stay • Bed Occupancy (Actual) • Bed Occupancy (Midnight Count) • Discharges
<p>TUEC Weekly Performance Report</p>		<p>The Transforming Urgent Emergency Care (TUEC) weekly performance report forecasts for the following measures:</p> <p>Emergency Department</p> <ul style="list-style-type: none"> • Emergency department new attendances; • Ambulance new arrivals at an emergency department. <p>Admissions</p> <ul style="list-style-type: none"> • Emergency admissions via an emergency department; • Emergency patients with a LoS of 0 or 1 day; • Emergency patients with a LoS > 21 days; • Emergency Same Day Emergency Care (SDEC) attendances; • Emergency patients with a LoS of > 50 days & > 100 days (Activity only) <p>Bed Occupancy</p> <ul style="list-style-type: none"> • Occupied bed days for emergency patients with a LoS > 21 days; • Occupied bed days for emergency patients with a LoS >21 days as a % of total occupied bed days. <p>Discharges</p> <ul style="list-style-type: none"> • Discharges within 72 hours (emergency patients only).
<p>Glangwili Hospital (GGH) Bed Efficiency Modelling</p>		<p>An application that can model the effect of changing the distribution of Length of Stay and Bed Occupancy.</p>
<p>Discrete Event Simulator - ED</p>		<p>A prototype simulator to test whether discrete event simulation can examine different planning scenarios within Emergency Department. This type of tool is better suited for planned care, or appointment based events.</p>
<p>Primary Care</p>		
<p>Admission Prediction Model</p>		<p>A monthly report predicting potential admission of patients. This report uses Machine Learning to examine historical WPAS administrative data of patient's past admissions and interaction with ED to predict whether it is likely they will be admitted in the next 28 days.</p>

<p>GP Antimicrobial Prescribing & Hospital Admissions</p>	<p>4.4 Variable Relationship</p> 	<p>Overprescribing antibiotics can lead to antibiotic resistance, which is a global health threat. When bacteria become resistant to antibiotics, it leaves healthcare providers with fewer options, or sometimes no options, for treating bacterial infections. This can make common infections harder to treat and can accelerate resistance. Despite the direction to reduce antibiotic prescribing, there is thought amongst some GPs that higher antimicrobial prescribing reduces infection related hospital admissions. The aim of this work was to test this assumption by checking if there was a correlation between prescribing and hospital admissions within HDdUHB.</p>
<p>Planned Care</p>		
<p>Ophthalmology Outpatient DNA Prediction</p>		<p>An application that shows predictions for potential future DNAs within ophthalmology. The application uses an AI/Machine Learning (ML) model to generate predictions.</p>
<p>Cancer Capacity Planning</p>		<p>An application built off a national initiative to replicate similar solutions already built and deployed, within Aneurin Bevan Health Board, to enable Cancer Demand and Capacity planning.</p>
<p>Clinical Musculoskeletal Assessment and Treatment Service (CMATS) Spinal Referral Audit</p>		<p>The aim of this analysis is to provide insights into the CMATS service using the available data both for the current year and previous years. The report contains two main sections:</p> <ul style="list-style-type: none"> • Current Year • Comparison Across Years
<p>Workforce</p>		
<p>Workforce GIS</p>		<p>An application that can examine Health Board workforce data geographically and compare with known indicators such as the Welsh Index of Multiple Deprivation (WIMD).</p>
<p>Value Based Health Care</p>		
<p>Deep Dive Explorative Analysis Reports Value Based Health Care (VBHC)</p>		<p>Deep dive explorative analysis reports on the following areas:</p> <ul style="list-style-type: none"> • Patient Reported Outcome Measures (PROMs) Lung Cancer • PROMs Lymphoedema • PROMs Heart Failure • PROMs Trauma and Orthopaedics (T&O) • PROMs Colorectal • PROMs Musculoskeletal (MSK) Physiotherapy • PROMs Diabetes • PROMs Spirometry

<p>LungCAST EQ-5D Analyses</p>	<p>EQ-5D-3L Dimension Distributions</p> <p>The below visualises EQ-5D-3L dimension distributions by smoking cessation status at diagnosis</p>	<p>Piece of analysis to determine if there are self-assessed differences in health-related quality of life, as measured by questionnaires, between and within current smokers who quit smoking (validated sustained cessation) versus those who continued to smoke during the initial 12-months following Non-Small Cell Lung Cancer diagnosis.</p>
<p>Weight Loss Drug Analyses</p>	<p>WEIGHT - NUMERIC</p>	<p>Analysis to understand whether Wegovy has been clinically impactful in supporting weight loss for patients.</p>
<p>Fracture Liaison Service Benefits</p>	<p>CURRENT PROGRESS</p>	<p>Analysis to understand the clinical and cost efficiency benefits of the Fracture Liaison Service (FLS), in-line with the principles of evidence-based FLSS presented in the 5IQ model (Society, 2019).</p>
<p>Heart Failure Pathway Redesign Impact</p>	<p>HF patients' age profile skews towards later life The vast majority of admitted HF patients are aged between 65 and 95</p> <p>Figure 2: An amended histogram of HF patients' age distributions, where patients with age of 0 have been removed from the figure.</p>	<p>VBHC have been providing annual funding to the Cardiology Service to sustain the redesigned Heart Failure (HF) diagnostic and clinic pathway. However, this funding source is due to expire and analyses of the value of the redesigned pathway, examined through HF PROMs and admission and readmission rates, is requested to inform Cardiology Service business case development.</p>
<p>Commissioning</p>		
<p>Intensive Therapy Unit (ITU) Bed Days Forecast Commissioning</p>	<p>Prescribed Forecast</p> <p>Prescribed Forecast Plot</p> <p>The visualization and data presented on ITU Bed Days Forecast for FY 2024/25 is in context of the underlying beds from SBUHB. The visualization presented reflects the current ITU commissioning plan.</p>	<p>The purpose of this analysis is to provide a robust forecast of ITU bed days commissioned by HDdUHB, for patients treated at Swansea Bay University Health Board (SBUHB). This insight is required to support the commissioning team in their strategic planning.</p>
<p>Future Developments</p>		
<p>Gynaecology Outpatient DNA Prediction</p>		<p>Similarly to the Ophthalmology DNA prediction application an AI/ML model will be built to predict Gynaecology outpatient DNAs</p>
<p>Paediatrics Outpatient DNA Prediction</p>		<p>Similarly to the Ophthalmology DNA prediction application an AI/ML model will be built to predict Paediatrics outpatient DNAs</p>
<p>Baseline Scenarios for Annual Plan</p>	<p>ED Breach % Forecast Comparison</p> <p>Actual vs Univariate, Binomial, and Multivariate Forecasts</p>	<p>The Annual Plan often require long range trends/forecasts. Trends can often lack details and long range forecasts can be difficult to generate the further into the future they go. This piece of work will evaluate the robustness of forecasting methods</p>

		for metrics in the annual plan, and provide assurance and a means to track them.
Adaptive and Explainable AI for Predicting Patient Presentations in NHS Emergency Departments (PhD in Progress)		A collaboration with Swansea University where is PhD student is looking to use AI to predict ED presentations.
Enhancing Personalised Management of Active Surveillance in Prostate Cancer (PhD Starting Oct 2025)		Developing and applying Artificial Intelligence tools to augment clinical decision-making for Prostate Cancer. This is a collaboration with Aberystwyth University where a member of the Data Science team is undertaking a part time PhD on a scholarship fund.
Urgent and Emergency Care (UEC) System Flow		Deep dive look into all the component of urgent and emergency care, both historically and present with the aim to develop a systems flow model.

In summary, the analytical and modelling work delivered by the Data Science Team continues to provide valuable insights that support evidence-based decision-making across HDdUHB. By applying robust methodologies and fostering collaborative partnerships, the team is helping to address complex challenges and drive improvements in patient care, operational efficiency, and strategic planning.

Looking ahead, the team will focus on several key areas of future development. These include expanding predictive modelling for outpatient DNA rates in specialties such as Gynaecology and Paediatrics, enhancing long-range forecasting methods to support annual planning, and advancing research collaborations with academic partners on projects such as adaptive and explainable AI for ED presentations and digital twin development for prostate cancer management. Additionally, the team will continue deep dive analyses into urgent and emergency care system flow and explore new opportunities to apply data science techniques to emerging operational and strategic priorities.

Ongoing investment in data science capability, alongside the development of innovative tools and models, will be essential to ensuring that the Health Board remains agile and responsive to evolving needs. The Committee is invited to note both the breadth of work delivered to date and the forward-looking programme that will further enhance the organisation’s analytical maturity and impact.

Argymhelliad / Recommendation

The Committee are requested to :

- **NOTE** the content of the report and the future developments of the Data Science Team

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:	N/A
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Digidol, Data ac Arloesi Parties / Committees consulted prior to Digital, Data and Innovation Committee:	Internal process

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

Ariannol / Gwerth am Arian: Financial / Service:	Data science outputs facilitate the potential for better service and financial utilisation.
Ansawdd / Gofal Claf: Quality / Patient Care:	Data science outputs facilitate the potential for better patient care.
Gweithlu: Workforce:	Data science outputs facilitate the potential for better workforce utilisation.
Risg: Risk:	Data science outputs facilitate the potential for risk mitigation.
Cyfreithiol: Legal:	N/A
Enw Da: Reputational:	Data science outputs facilitate the potential for improved reputation by using up to date evidence-based methodologies.
Gyfrinachedd: Privacy:	IG policies adhered to.
Cydraddoldeb: Equality:	N/A

3 - Digital

3.1

3.1 - Digital Strategic Plan, Including Business Plans

***Carolyn Williams
(Hywel Dda UHB -
Head of Digital
Innovation &
Transformation)***

- 3.1.1 Mini Proposal On The Use Of AI Scribes - DEFERRED

| For assurance

Attachments

[3.1 - DDIC - Digital Strategic Plan - October 2025.pdf](#)

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 Strategic Plan <ul style="list-style-type: none"> Business Proposal – Patient Service Centre and Patient CRM/PRM
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Executive Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Anthony Tracey, Digital Director

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

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

Cefndir / Background

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

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

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

Asesiad / Assessment

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

Patient Services Centre / Patient Relationship Management Tool

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

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

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

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

Key benefits identified include:

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

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

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

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

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

To summarise:

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

Next Steps:

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

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

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

Argymhelliad / Recommendation

The Committee are requested to:

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

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

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

Amcanion Cynllunio Planning Objectives	9 Digital plan All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:

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

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

Ariannol / Gwerth am Arian: Financial / Service:	The financial and service impacts of the digital plan are evident in the substantial investments made and the significant improvements in service delivery. These efforts reflect our commitment to creating a modernised, patient-centered system of care that aligns with national digital standards and local healthcare priorities. Each of the trenches, and projects will be subject to further business cases.
Ansawdd / Gofal Claf: Quality / Patient Care:	The digital plan will bring about substantial improvements in the quality of care and patient outcomes. By leveraging advanced digital technologies, we have created a more efficient, safe, and patient-centered healthcare system that aligns with our commitment to delivering high-quality care to our communities.
Gweithlu: Workforce:	The digital plan has significantly transformed our workforce by enhancing productivity, fostering skills development, and improving overall well-being and engagement. These efforts reflect our commitment to creating a modernised, efficient, and supportive work environment that aligns with our strategic goals and enhances the quality of care we provide
Risg: Risk:	The digital plan carries several risks, proactive risk management and mitigation strategies are in place to address these challenges. By continuously monitoring and

	managing these risks, the organisation aims to ensure the successful implementation of the digital plan and the achievement of its strategic objectives.
Cyfreithiol: Legal:	Not applicable
Enw Da: Reputational:	The successful execution of the digital plan can greatly enhance our organisations reputation as a leader in digital innovation within the healthcare sector. By integrating advanced digital tools and platforms, we demonstrate our commitment to improving patient care, operational efficiency, and data security. This proactive approach can attract positive media coverage, bolster public trust, and strengthen relationships with stakeholders, including patients, staff, and partners. The digital plan's emphasis on enhancing service delivery and patient outcomes aligns with our mission to provide high-quality, value-based healthcare, further solidifying our reputation as a forward-thinking and patient-centered organisation.
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	All business cases / projects will be subject to an equality assessment

Appendix 1

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

1. Executive Summary

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

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

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

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

2. Strategic Context

2.1. Vision and Drivers

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

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

2.2. Policy and Programme Alignment

This proposal is fully aligned with:

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

2.3. Programme Structure and Governance

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

3. Case for Change

3.1. Current State Analysis

Patient Experience

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

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

Staff Experience

Staff are burdened by:

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

Data Fragmentation

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

3.2. Key Challenges and Evidence

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

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

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

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

3.3. Stakeholder Insights

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

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

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

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

4. Investment Objectives

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

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

The following are the high-level investment objectives:

4.1. Improve Effectiveness

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

4.2. Increase Efficiency

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

4.3. Enhance Economy

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

4.4. Ensure Compliance

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

4.5. Support Future Improvement

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

5. Scope

5.1. In Scope

Patient Service Centre (PSC)

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

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

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

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

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

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

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

Patient CRM/PRM

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

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

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

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

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

5.2. Out of Scope

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

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

5.3. Users and Channels

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

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

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

6. Benefits

6.1. Quantitative Benefits

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

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

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

6.2. Qualitative Benefits

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

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

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

6.3. Calculation Methods and Benchmarks

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

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

7. Risks & Mitigations

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

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

7.1. Risk Register

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

8. Constraints & Dependencies

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

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

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

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

9. Critical Success Factors

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

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

10. Financial Case

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

3.2

3.2 - In Year Delivery of Programmes

Carolyn Williams
(Hywel Dda UHB -
Head of Digital
Innovation &
Transformation)

| For assurance

Attachments

[3.2 - DDIC - In Year Delivery - October 2025.pdf](#)

**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:	In Year Delivery - Digital Operational Plan
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Executive Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Anthony Tracey, Digital Director

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

Er Gwybodaeth/For Information

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The purpose of this 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:	
Radiology Deployment	Risk of Delivery Level: Medium 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.	
Laboratory Information Management System (LIMS) Deployment	Risk of Delivery Level: High 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.	
Electronic Prescribing and Medicines	Risk of Delivery Level: Low / Medium 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	

Administration (ePMA)	adoption, system configuration, and assurance of clinical safety, which require ongoing monitoring and support.	
Patient Flow / eObservations	Risk of Delivery Level: Low / Medium 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.	
Hybrid Print and Post	Risk of Delivery Level: Low / Medium 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.	
Maternity System (BadgerNet)	Risk of Delivery Level: Medium 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.	
Eye Care System (OpenEyes)	Risk of Delivery Level: Medium The risk is assessed as <i>medium</i> based on the timescales of implementation by 31 March 2026 . 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)).	
Switchboard Modernisation	Risk of Delivery Level: Medium 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.	
Paging Replacement	Risk of Delivery Level: Medium 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	
Telecomms Modernisation	Risk of Delivery Level: Low 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.

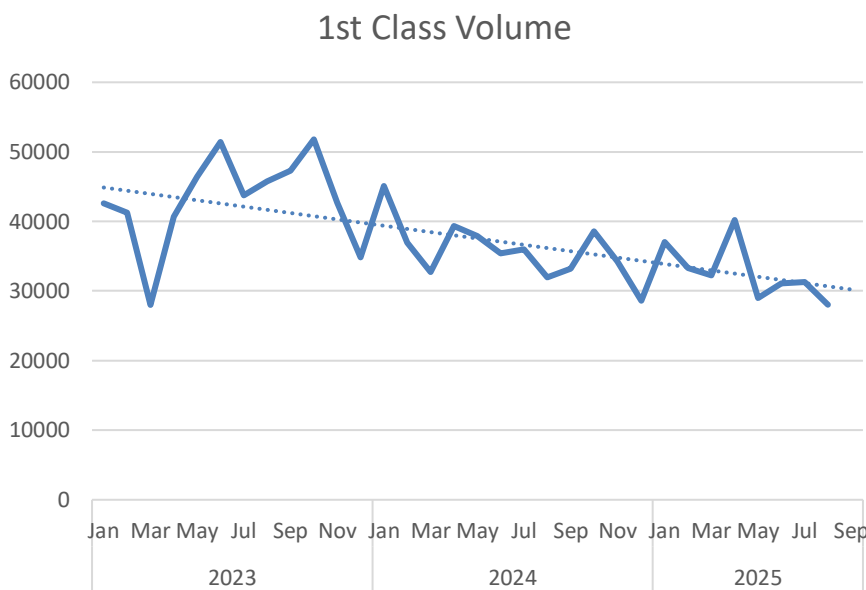
Further OPD services will be added to the Hybrid Mail solution over the coming months, see timetable below.

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 1st class mail and additional processing costs

High levels of 1st 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 2nd class mail was the standard option with 1st 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 1st 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 1st 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 1st 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 2nd 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

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

Gwybodaeth Ychwanegol:

Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not applicable
Rhestr Termau: Glossary of Terms:	Contained within the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Digidol, Data ac Arloesi Parties / Committees consulted prior to Digital, Data and Innovation Committee:	Not applicable
Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	<p>The financial and service impacts of the digital plan are evident in the substantial investments made and the significant improvements in service delivery. These efforts reflect our commitment to creating a modernised, patient-centered system of care that aligns with national digital standards and local healthcare priorities.</p> <p>Each of the trenches, and projects will be subject to further business cases.</p>
Ansawdd / Gofal Claf: Quality / Patient Care:	<p>The digital plan will bring about substantial improvements in the quality of care and patient outcomes. By leveraging advanced digital technologies, we have created a more efficient, safe, and patient-centered healthcare system that aligns with our commitment to delivering high-quality care to our communities.</p>
Gweithlu: Workforce:	<p>The digital plan has significantly transformed our workforce by enhancing productivity, fostering skills development, and improving overall well-being and engagement. These efforts reflect our commitment to creating a modernised, efficient, and supportive work environment that aligns with our strategic goals and enhances the quality of care we provide</p>
Risg: Risk:	<p>The digital plan carries several risks, proactive risk management and mitigation strategies are in place to address these challenges. By continuously monitoring and managing these risks, the organisation aims to ensure the successful implementation of the digital plan and the achievement of its strategic objectives.</p>
Cyfreithiol: Legal:	Not applicable
Enw Da: Reputational:	<p>The successful execution of the digital plan can greatly enhance our organisations reputation as a leader in digital innovation within the healthcare sector. By integrating advanced digital tools and platforms, we demonstrate our commitment to improving patient care, operational</p>

	<p>efficiency, and data security. This proactive approach can attract positive media coverage, bolster public trust, and strengthen relationships with stakeholders, including patients, staff, and partners. The digital plan's emphasis on enhancing service delivery and patient outcomes aligns with our mission to provide high-quality, value-based healthcare, further solidifying our reputation as a forward-thinking and patient-centered organisation.</p>
<p>Gyfrinachedd: Privacy:</p>	<p>Not applicable</p>
<p>Cydraddoldeb: Equality:</p>	<p>All business cases / projects will be subject to an equality assessment</p>

3.3

3.3 - Digital Partner Update

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

| For assurance

Attachments

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

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 Partner Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Executive Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Anthony Tracey, Digital Director

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

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

Cefndir / Background

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

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

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

Asesiad / Assessment

Partnership Overview & Impact to Date

Since the latest meeting, **no further expenditure** has been committed to CGI. However, we have initiated the process of requesting several proposals from CGI to be scoped in detail. These proposals are currently under review and will be considered as part of a forthcoming investment proposal. This approach ensures that any future financial commitment is fully

informed by a clear understanding of the scope, anticipated benefits, and alignment with our strategic objectives before any additional resources are allocated.

Proposals requested

To support ongoing digital transformation and ensure alignment with strategic objectives, a number of new proposals have been requested for detailed scoping. These proposals are designed to address emerging needs, optimise service delivery, and maximise the benefits of future investment. The following are those proposals that are under development:

- **A review of artificial intelligence (AI):** across the region will identify key opportunities for development and areas where adoption can be accelerated. This assessment will provide a strategic overview of current capabilities, highlight best practices, and recommend priority areas for investment and implementation to maximise the benefits of AI for regional healthcare services.
- **Workforce Proposal – Digital:** The workforce proposal aims to strengthen digital capability across the organisation by investing in targeted training, upskilling, and support for staff at all levels. By equipping the workforce with the necessary digital skills and confidence, the proposal will enable staff to fully engage with new technologies, drive innovation, and adapt to evolving service needs. This approach supports a culture of continuous improvement, enhances staff wellbeing and retention, and ensures the organisation is well positioned to maximise the benefits of digital transformation.
- **Business Change Support:** Effective business change support is essential to ensure the successful adoption and realisation of benefits from digital transformation initiatives. This proposal focuses on providing structured change management, stakeholder engagement, and communication strategies to help staff adapt to new ways of working. By supporting teams through the transition, addressing concerns, and building digital confidence, business change support will maximise the impact of digital investments, minimise disruption, and foster a culture of continuous improvement across the organisation.
- **Accelerating Digital Operations:** To support the organisation's digital transformation, we are prioritising the acceleration of key digital operations initiatives. This includes advancing our migration to Azure cloud services, enhancing system integration capabilities, and completing the deployment of Windows 10 across the estate. These actions will strengthen our digital infrastructure, improve security and interoperability, and ensure staff have access to modern, reliable technology to deliver high-quality care and services.
- **End User System Performance:** Ensuring high levels of end user system performance is critical to the success of digital transformation initiatives. Reliable, responsive, and well-optimised systems enable staff to work efficiently, reduce frustration, and minimise downtime. We will be asking CGI to critical assess our infrastructure to ensure that it is optimal and the ongoing monitoring and proactive management of system performance will help identify and address issues quickly, supporting a positive user experience and maintaining productivity across the organisation.

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

Argymhelliad / Recommendation

The Committee is requested to:

- **NOTE** the content of the Digital Partner Update report

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

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

Effaith: (rhaid cwblhau)

Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Value cases will be assessed for each individual business cases prior to utilising the supplier. A wider strategic benefit will be that the healthcare systems will be more efficient, processes are faster, and wasteful processes can be decreased or eliminated supporting longer-term sustainability for the health board.
Ansawdd / Gofal Claf: Quality / Patient Care:	<p>The implementation of the transformation and digital enablement plan, will provide the following positive impact on quality and patient care:</p> <ul style="list-style-type: none"> • Patient safety increased - Increased timeliness and availability of relevant clinical information decreased transcription errors and decreases risk to patients' safety • Positive patient outcomes increased - Easy access increases speed and of diagnosis, care, treatment plan and onward referral • Patient confidence increased - The availability and targeting of accurate and relevant information at the point of contact • Reducing delay, improving waiting times and access to treatment
Gweithlu: Workforce:	Having a modern digital system, will attract and retain the workforce within the Health Board. A key component of this work is the assessment of operational readiness for organisational and digital change, the digital roadmap required and recommended service redesign principles for a whole system approach, which will enable the change the workforce urgently need. As part of the transformation plan there will be a change management, service redesign and digital enablement programme designed to co-produce and design services for people through a professional integrated and upskilled workforce across health and care.
Risg: Risk:	Without the necessary investment in transformation and digital there is a risk that the current complex system will become even slower stifling innovation that the Health Board has progressed and urgently needs.
Cyfreithiol: Legal:	Not applicable
Enw Da: Reputational:	The ambitious transformation and digital enablement plan will progress the Health Board forward to becoming a fully integrated digital organisation, and propelling Hywel Dda to become the first system-wide digital exemplar within NHS Wales.
Gyfrinachedd: Privacy:	At the centre of the transformation and digital enablement plan is inclusivity, and the requirement to ensure that staff, patients, and the people of our region are included in the development of any service with strong information governance and cyber security.
Cydraddoldeb: Equality:	Not applicable

3.4

3.4 - Digital leadership with Allied Health Professionals and Health Scientists

*Anthony Smith
(Hywel Dda UHB -
Consultant
Anaesthetist)*

| For assurance

Attachments

[3.4 - DDIC - Digital Leadership with Allied HP.pdf](#)

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 leadership with Allied Health Professionals and Health Scientists
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Executive Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Anthony Tracey, Digital Director Tony Smith, Chief Clinical Information Officer (CCIO)

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to inform the Committee on the role and importance of digital leadership among Allied Health Professionals (AHPs) and Health Scientists, highlighting current engagement, opportunities for development, and recommendations to strengthen their contribution to the organisation's digital transformation.

Cefndir / Background

In many organisations, there has historically been a significant gap between clinicians and digital teams. Over recent years, this disconnect has diminished with the introduction of the Chief Clinical Information Officer (CCIO) role and informatics nurses, which has facilitated clinical discussions within digital initiatives. However, it has become evident that there is a lack of capacity to drive the entire digital transformation program.

Given that digital technology has become integral to routine clinical practice, there is a pressing need to invest in digital nurses, therapists, health scientists and allied health professionals (AHPs), who utilise technology and information daily. As these professionals keep the patient at the core of their processes, it is crucial that any technology used can be operated 'at the bedside,' and that nurses can effectively communicate this need.

It is essential to continue involving clinical informaticians and to further invest in them, not only because they understand the positive impact on patients but also because they excel in this role. Successful change and adoption of clinical systems are not about enforcing new practices but about inspiring clinicians to embrace them. Clinical Informaticians often lead innovation by observing daily practices and identifying more efficient methods

Asesiad / Assessment

In terms of our digital ambition, we are clear about where we need to focus our efforts to improve local health and wellbeing outcomes and address the challenging needs of our population. The areas of focus include prevention and self-care, integrated care delivery, high

quality information and improved outcomes. In order to achieve this ambition digital programmes, require clinical input and champions to drive the adoption of the systems, and or transformation change.

Engaging clinicians

Clinical engagement is an important area in building links in a local, regional and national programme. Engaging clinicians in digital programmes is crucial for the successful implementation and adoption of new technologies within healthcare settings. Clinicians, including nurses, medics, and allied health professionals, are at the forefront of patient care and have a deep understanding of the practical challenges and needs within clinical environments. Their involvement ensures that digital solutions are designed with the end-user in mind, leading to more effective and user-friendly systems.

When clinicians are actively engaged in digital programmes, they can provide valuable insights and feedback that help shape the development and configuration of digital tools. This collaboration fosters a sense of ownership and acceptance among clinical staff, making them more likely to embrace and champion the new technologies. Moreover, clinicians can identify potential issues early in the development process, allowing for timely adjustments and improvements.

Clinical Informatics

Clinical informaticians play a pivotal role in bridging the gap between clinical practice and digital innovation within healthcare systems. As medically trained professionals with expertise in information science, they ensure that digital tools and data systems are designed, implemented, and optimised to support safe, effective, and patient-centred care. Their unique position allows them to translate clinical needs into digital solutions, champion data-driven decision-making, and foster a culture of continuous improvement. In an era of rapid digital transformation, clinical informaticians are essential to aligning technology with frontline care delivery, ensuring that digital advancements truly enhance outcomes for patients and clinicians alike.

The formal establishment of roles such as the Chief Clinical Information Officer (CCIO) and Chief Nursing Information Officer (CNIO) reflects the growing recognition of clinical informatics as a strategic function within healthcare organisations. These leadership positions empower clinicians to shape digital strategy, champion user-centred design, and drive improvements in patient outcomes through data-driven innovation. As digital maturity advances, clinical informaticians will continue to play a key role in embedding technology that enhances care quality, safety, and efficiency.

While the roles of CCIOs and CNIOs have helped embed clinical informatics leadership within medicine and nursing, a significant gap remains in the representation of Allied Health Professionals (AHPs) and Healthcare Scientists. These groups play a critical role in patient care and service delivery, yet their voices are often underrepresented in digital transformation programmes. Without their input, digital solutions risk overlooking key aspects of multidisciplinary care, innovation in diagnostics, and rehabilitation pathways. Addressing this gap by developing dedicated informatics leadership roles for AHPs and Healthcare Scientists is essential to ensuring that digital health strategies are inclusive, comprehensive, and reflective of the full spectrum of clinical expertise within the NHS.

The Role of AHPs and Health Scientists in Digital Transformation

Allied Health Professionals (AHPs) and Health Scientists play a critical role in delivering patient care across a wide range of clinical pathways. Their unique position, working at the interface of diagnostics, rehabilitation, and therapeutic services, gives them a deep understanding of

patient needs and service workflows. This makes them ideally placed to identify opportunities where digital solutions can enhance care quality, streamline processes, and improve patient outcomes. By engaging in digital leadership, these professionals can influence the design and implementation of technologies that are clinically relevant and user-friendly.

Embedding digital leadership within these professions brings significant benefits. Firstly, it ensures that digital initiatives are clinically informed and aligned with real-world practice, reducing the risk of solutions that fail to meet frontline needs. Secondly, it empowers AHPs and Health Scientists to champion innovation within their services, fostering a culture of continuous improvement and adaptability. This leadership also supports workforce development, equipping teams with the skills and confidence to adopt new technologies effectively.

Digital leadership among AHPs and Health Scientists directly contributes to improved patient outcomes. For example, the use of digital tools for remote monitoring, virtual consultations, and data-driven decision-making can enhance access to care, reduce waiting times, and support personalised treatment plans. Additionally, digital solutions can optimise resource allocation, automate routine tasks, and enable better data sharing across multidisciplinary teams, leading to more efficient and integrated care pathways.

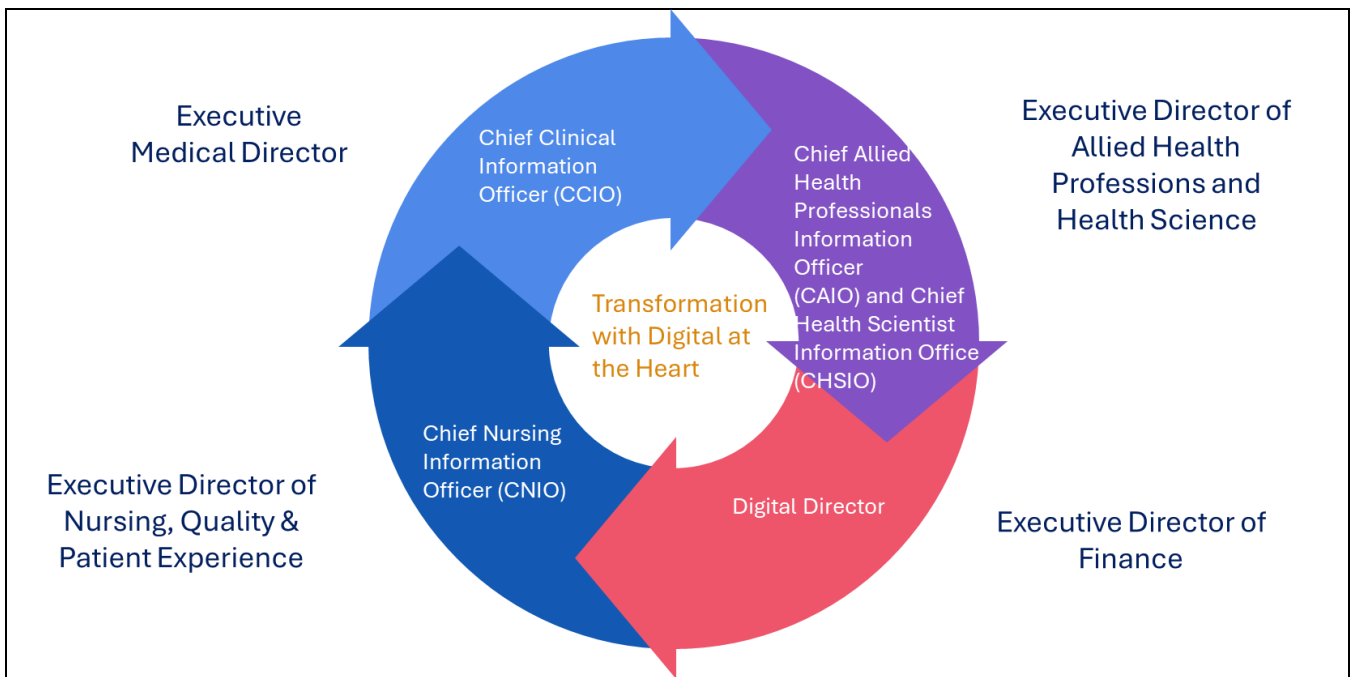
Strengthening digital leadership within these professional groups aligns with national and organisational strategies for digital health. It supports the ambition to create a digitally enabled workforce, capable of leveraging technology to deliver safe, effective, and sustainable healthcare. By investing in this area, the organisation ensures that AHPs and Health Scientists are embedded in the digital transformation.

Proposed Approach

Given the extent of the digital programmes, and also the pace of change required, evidence suggests that clinical informaticians work well within the new culture within digital, where we concentrate on People, Process rather than Technology. However, evidence shows that clinical informaticians working their sessions away from Digital highlights that communications and knowledge transfer can be lost. The future will see successful roles integrated with digital as well as clinical communities, working with mutual respect and communicating across boundaries.

The creation of a Clinical Digital Scrutiny and Assurance Group will fit into the wider governance of digital programmes and projects with a link to the ongoing Digital Programmes Group. This group will provide advice and assurance to the Health Board that from a Clinical perspective that the projects and programmes are consignment of clinical requirements. They will also provide input into the programme design and implementation, always ensuring that the clinical / patient requirement is at the heart of the strategic digital plan.

The diagram below provides an illustration on how the clinical informaticians would look to work together:



Proposed Funding

To support the expansion of clinical informatics within the Health Board, it is essential to allocate appropriate funding to ensure the successful implementation and sustainability of the proposed roles and initiatives. The funding will be directed towards the following key areas, as all other posts outlined above are already funded within the Health Board clinical and digital structures.

- Chief Allied Health Professional Information Officer (CAIO) and a Chief Health Scientist Information Officer (CHSIO)**, Funding will be provided via the Digital Directorate for 2 posts at 0.4 WTE for a Chief Allied Health Professional Information Officer (CAIO) and a Chief Health Scientist Information Officer (CHSIO). These roles will involve developing and implementing a digital strategy for therapy services and AHPs, ensuring alignment with the Health Board's overall digital transformation goals. Initial research indicates that these positions are typically classified as Band 8d or similar on a national level.

Conclusion

In conclusion, the development of clinical informatics within the Health Board represents a significant opportunity to enhance patient care and improve clinical workflows through the integration of digital technologies. By investing in these roles and establishing a Clinical Digital Scrutiny and Assurance Group, the Health Board aims to ensure that digital solutions are effectively integrated into clinical practice, fostering a collaborative environment where technology enhances patient outcomes and operational efficiency.

The proposed funding allocation will support the establishment and sustainability of these roles, ensuring that clinical informaticians are equipped to lead the adoption of digital solutions within their respective fields. Engaging clinicians in digital programmes is crucial for the successful implementation and adoption of new technologies, as their insights and feedback help shape user-friendly and effective systems.

Ultimately, the Health Board's commitment to expanding clinical informatics and involving clinical informaticians in digital initiatives will drive positive change, improve health outcomes, and address the challenging needs of the population. By fostering a culture of innovation and

collaboration, the Health Board can achieve its digital ambitions and enhance the quality of care provided to patients.

Argymhelliad / Recommendation

The Committee are asked to:

- **SUPPORT** the principle of the expansion of the clinical digital leadership to include Allied Health Professionals and health scientists. All being within existing budgets.
- **SUPPORT** the establishment of a Clinical Digital Scrutiny and Assurance Group.

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)	2. Timely 3. Effective 4. Efficient
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol:

Further Information:

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

Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Digidol, Data ac Arloesi Parties / Committees consulted prior to Digital, Data and Innovation Committee:	Not applicable
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	The creation of 0.4 WTE CAIO and CHSIO roles will require targeted funding from the Digital Directorate. This investment will strengthen digital leadership among AHPs and Health Scientists, supporting more effective adoption of digital solutions, improved patient care, and greater operational efficiency across services.
Ansawdd / Gofal Claf: Quality / Patient Care:	Strengthening digital leadership among AHPs and Health Scientists will ensure that digital solutions are clinically relevant, user-friendly, and aligned with frontline practice. This will lead to safer, more effective, and integrated patient care, improved outcomes, and a better experience for both patients and staff.
Gweithlu: Workforce:	Introducing dedicated digital leadership roles for AHPs and Health Scientists will empower these professionals, support workforce development, and foster a culture of innovation. This will enhance digital skills, improve staff engagement, and ensure the workforce is better equipped to adopt and optimise new technologies in clinical practice.
Risg: Risk:	Expanding clinical informatics leadership to include AHPs and Health Scientists will reduce the risk of digital solutions failing to meet the needs of all clinical groups. It will also help mitigate risks related to poor adoption, ineffective workflows, and missed opportunities for innovation, supporting safer and more resilient service delivery.
Cyfreithiol: Legal:	Expanding clinical informatics leadership to include AHPs and Health Scientists will help ensure that digital solutions comply with relevant clinical, data protection, and governance standards. This reduces the risk of legal or regulatory breaches and supports the organisation in meeting statutory and professional obligations.
Enw Da: Reputational:	Expanding digital leadership to include AHPs and Health Scientists will demonstrate the Health Board's commitment to inclusive, multidisciplinary digital transformation. This proactive approach will enhance the organisation's reputation for innovation, collaboration, and delivering high-quality, patient-centred care.
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable

3.5

3.5 - Digital Innovation & Transformation Benefits Realisation Report 2024/25

Carolyn Williams
(Hywel Dda UHB -
Head of Digital
Innovation &
Transformation)

| For assurance

Attachments

[3.5 - DDIC Benefits Realisation - October 2025.pdf](#)

[3.5 Appendix 1 - Benefits Realisation Report - 2024 25 End of Year.pdf](#)

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 Termau: Glossary of Terms:	Contained within the Report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Digidol, Data ac Arloesi Parties / Committees consulted prior to Digital, Data and Innovation Committee:	Not Applicable

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

Ariannol / Gwerth am Arian: Financial / Service:	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



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board



Digital Innovation & Transformation Benefits Realisation Report 2024/25



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- Digital Health Apps Library
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- T-Pro

New Projects

- eObs & eFlow
- ePMA
- Digital Maternity
- LIMS
- Pathology Booking
- NHS Wales App

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

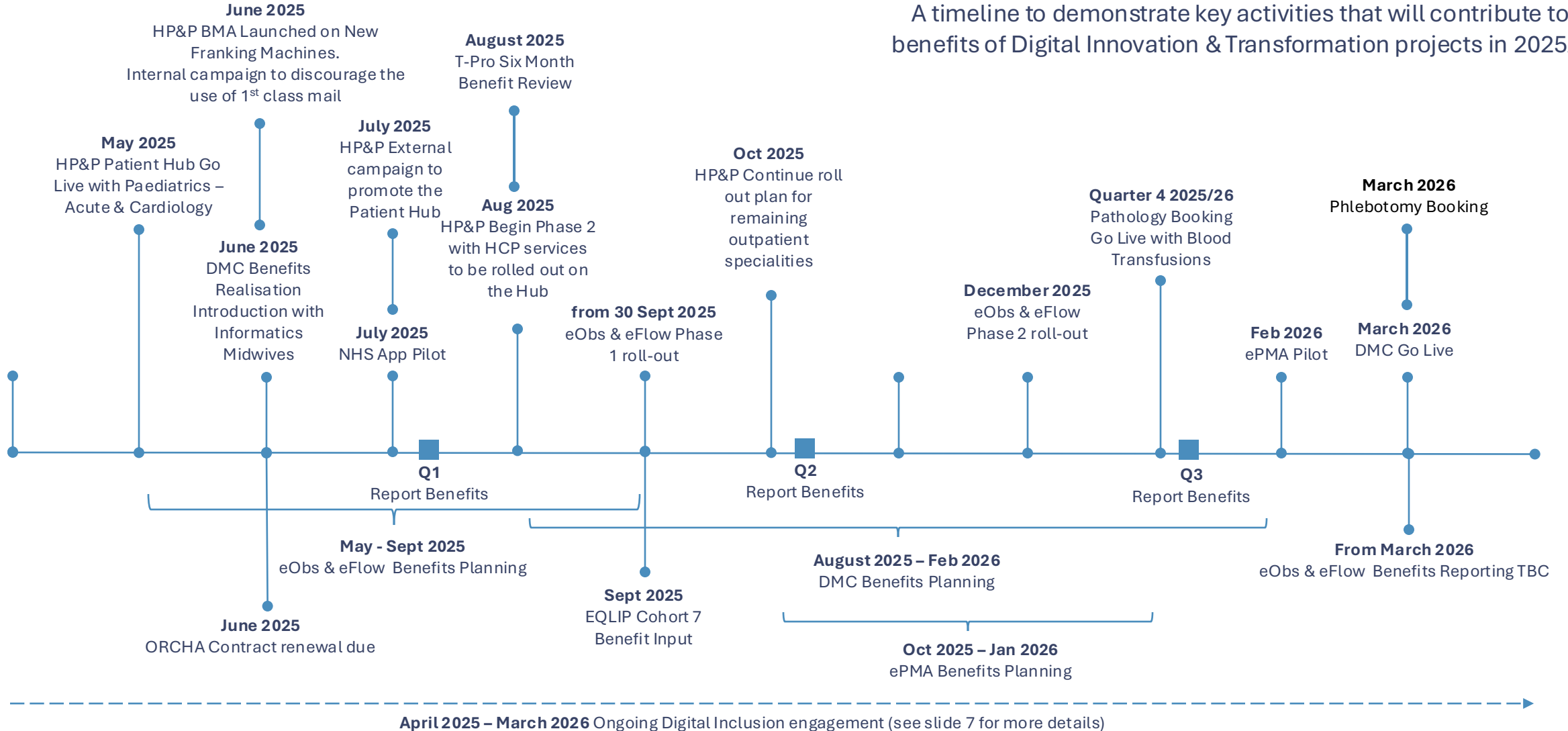
In the next 12 months



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

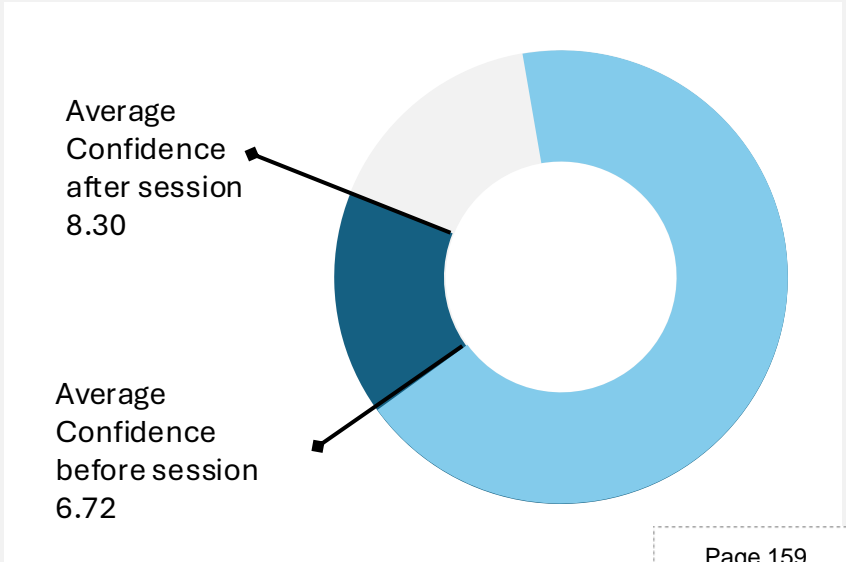
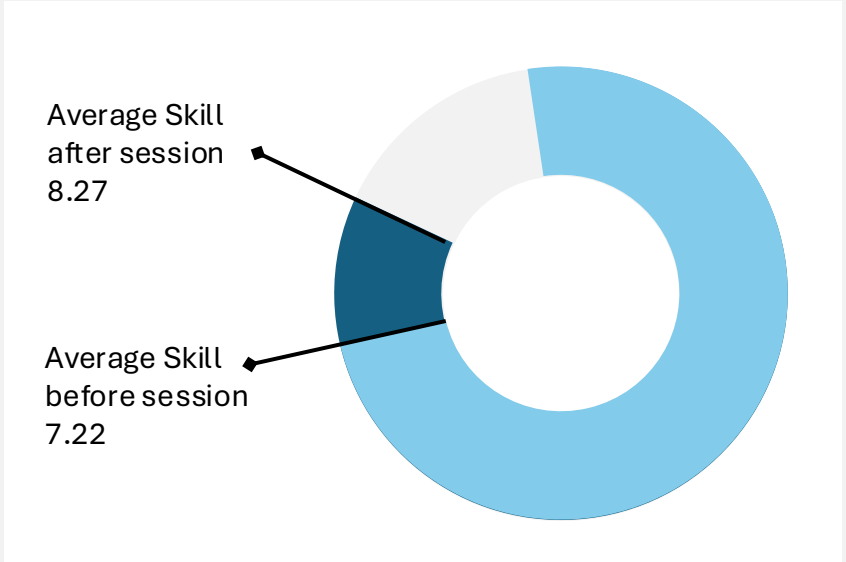




499
Session
Attendees

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



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

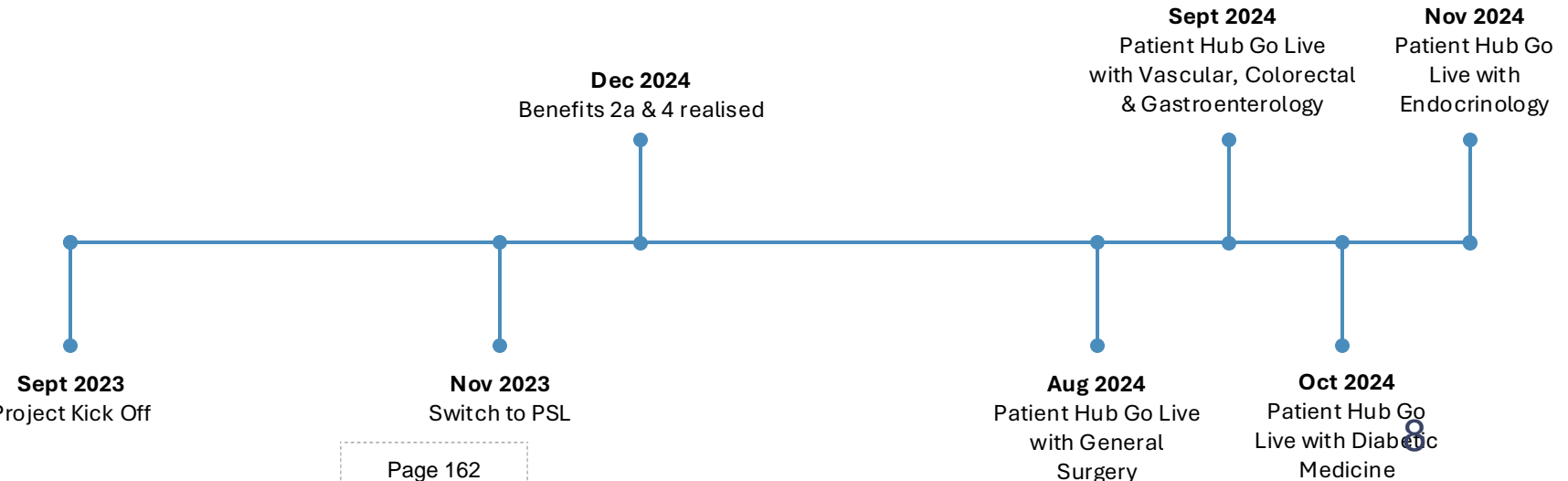
In 2024/25 the Patient Hub was implemented, meaning that some appointment letters were now available to patients in a digital format. Patients were invited to access their letters via a digital platform called Patient Hub with an email and/or SMS message but with set rules in place that posted a physical 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

REALISED

REALISED

NEW





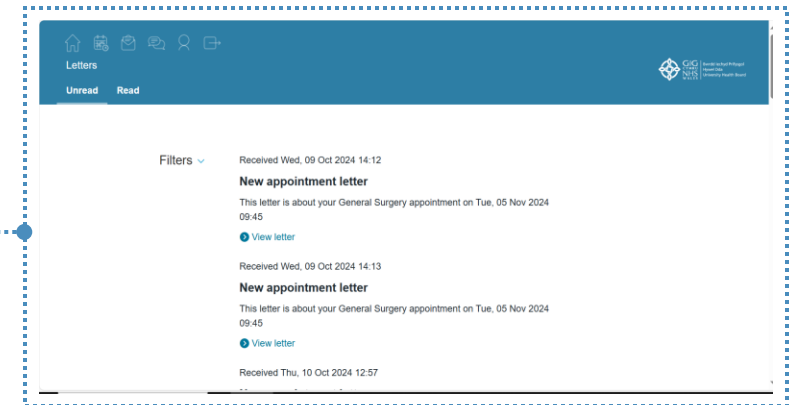
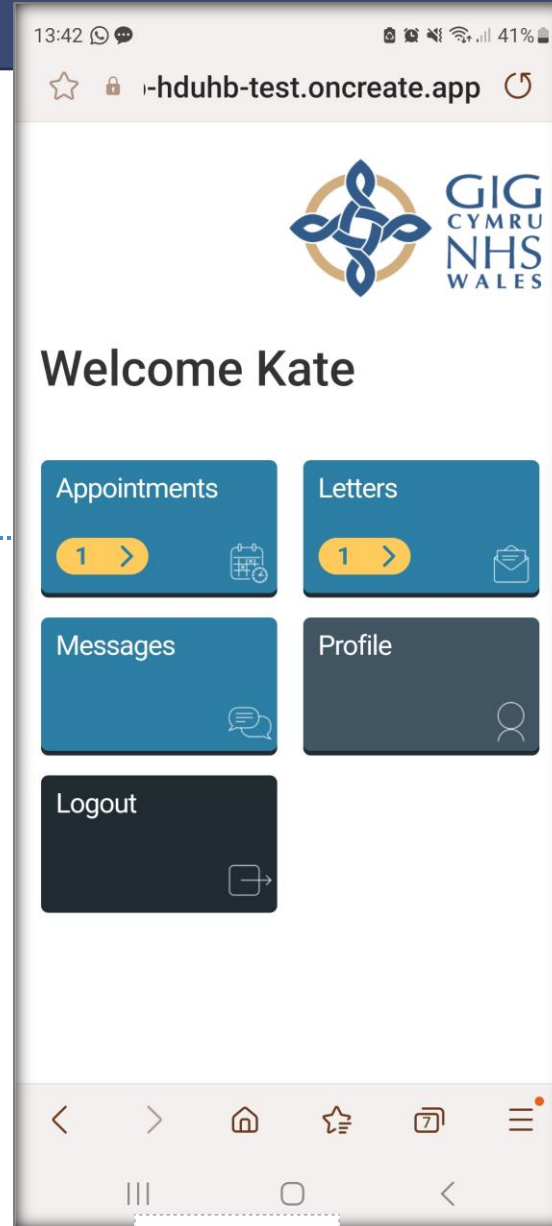
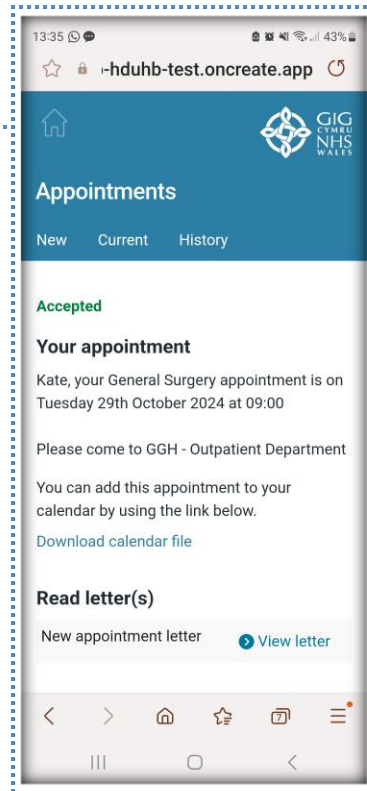
The purpose of this slide is to help demonstrate the different functionality available on the patient hub and this drives an action on whether a letter is printed or not.*

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 cancelation letter(s)

 **64%**
Response Rate



 **12,255**
Printed letters Avoided



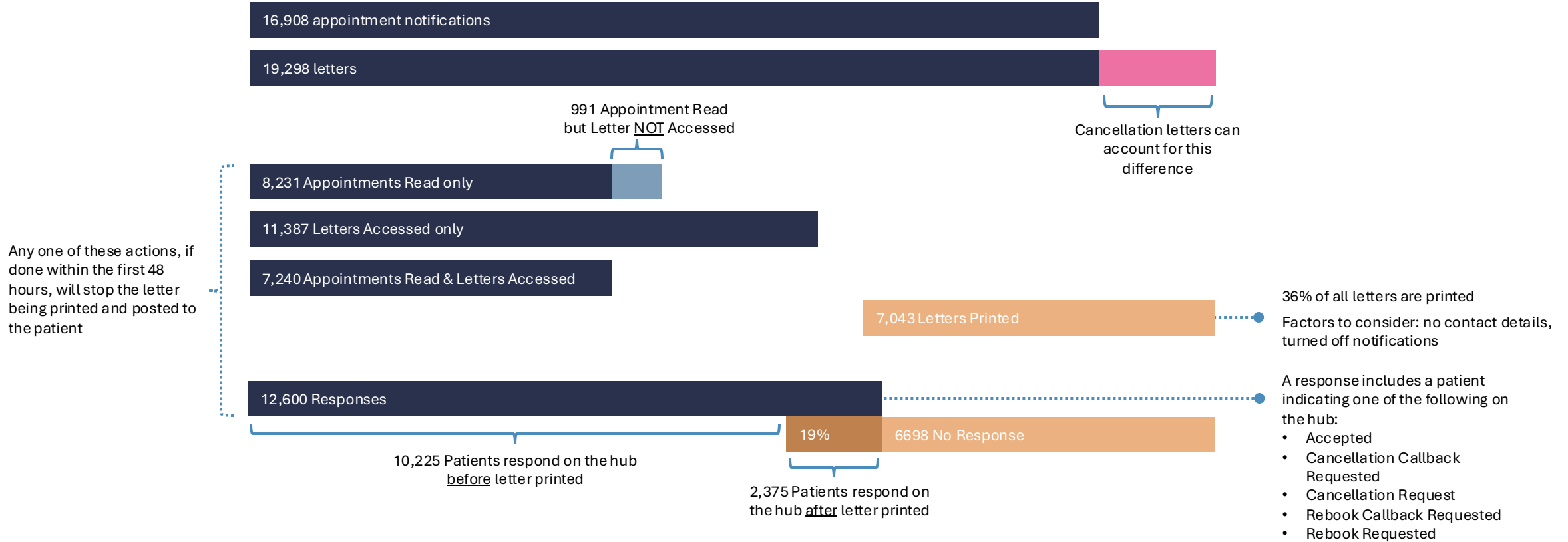
£9,804 cash avoidance

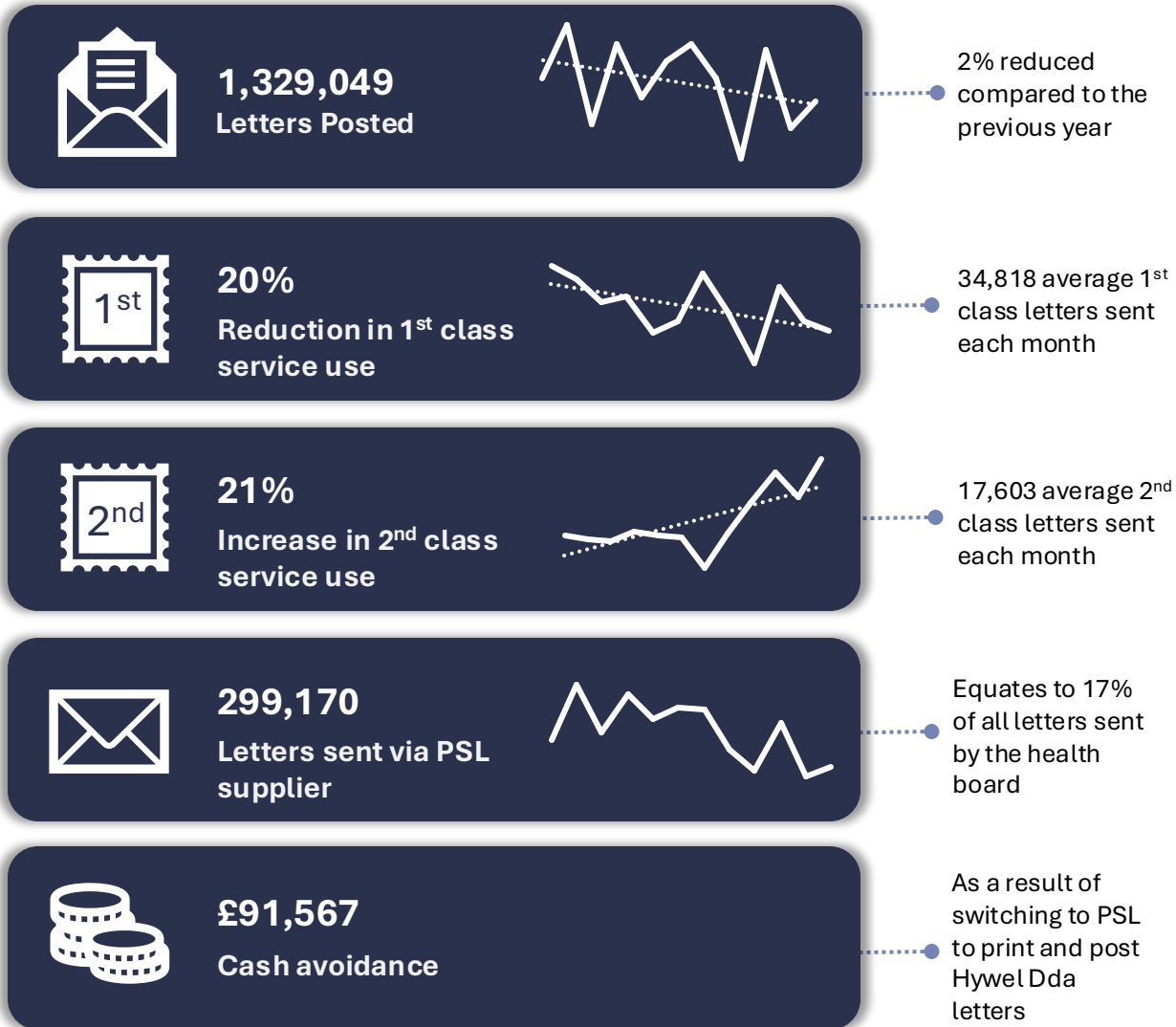
Reducing the volume of physical mail being sent by moving to a digital option

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 cancelation 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.



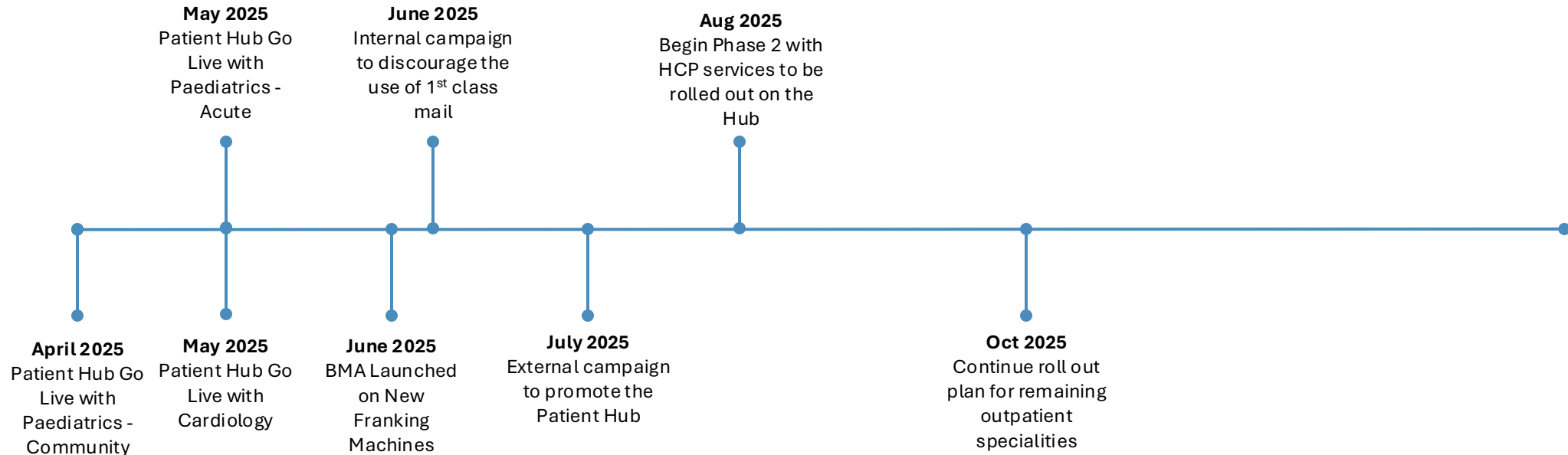
The project aims to reduce the volume of physical mail being sent from sites and an increase in digital letters being distributed through the Patient Hub. There is currently a focus on attempting to reduce the amount of 1st class mail being sent due to the increasing associated costs. A communications 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





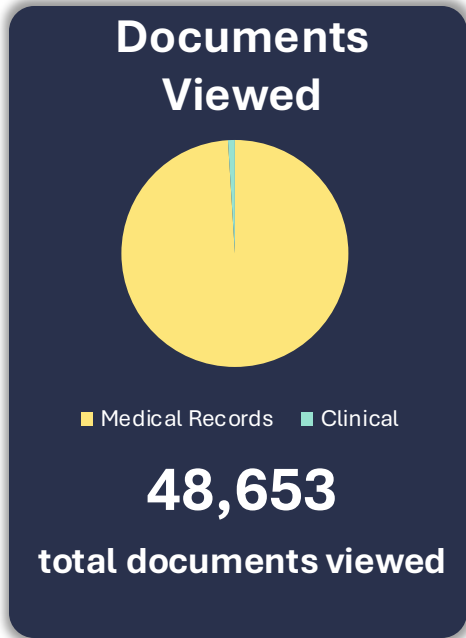
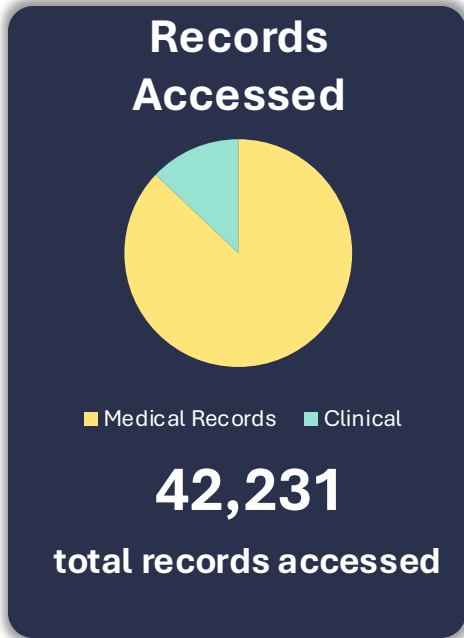
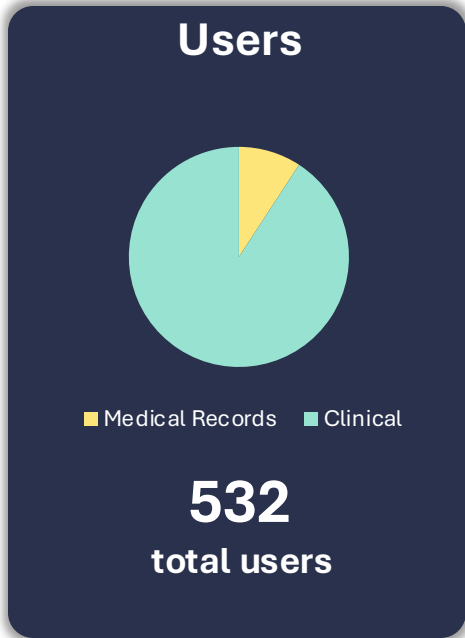
ID	Category	Benefit
1a	Process Improvement	Time saving for medical records staff retrieving, locating and transporting records
1b	Process Improvement	Time saving for HDUHB staff retrieving, locating and transporting records
2	Cash Releasing	Cost saving transporting records across HDUHB
3	Cash Releasing	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

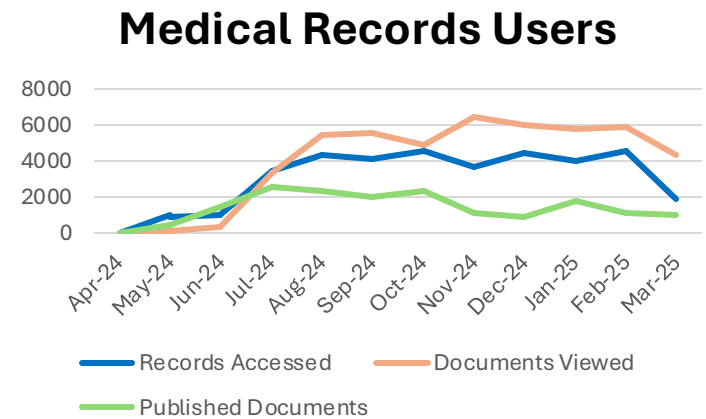
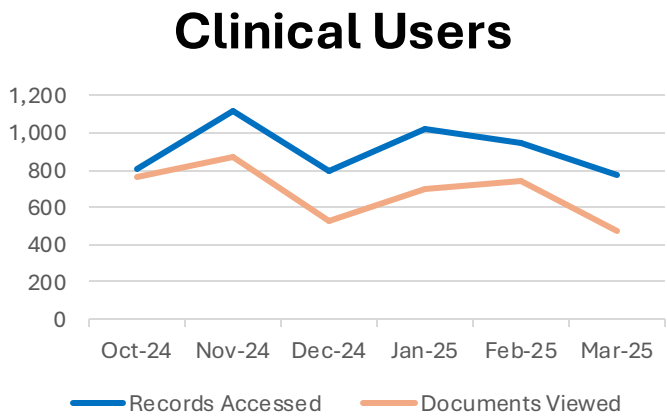
Only one benefits has been reported by Digital Services in relation to this project. Details of which are on the next slide. The majority of the benefits identified are owned by Medical Records.

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

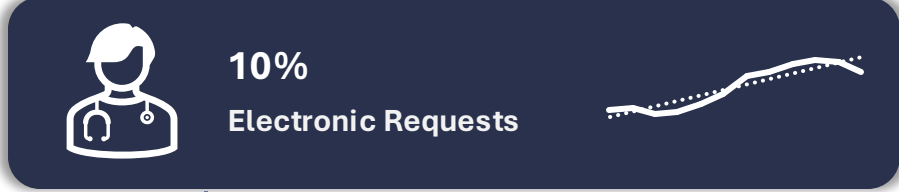
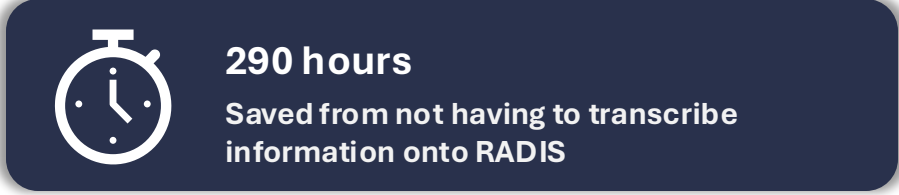
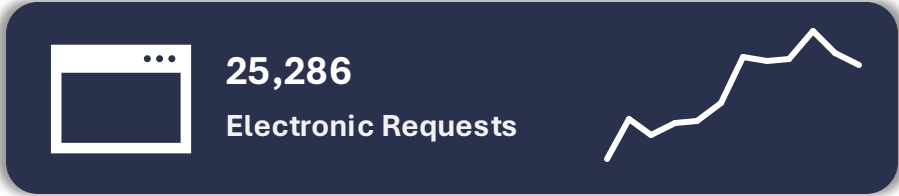
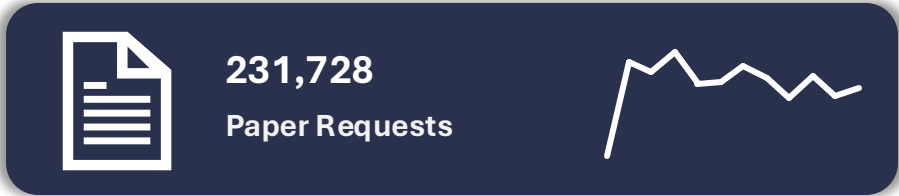
Outstanding system issues – specifically multi-patient records, misfiled patient documents

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



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

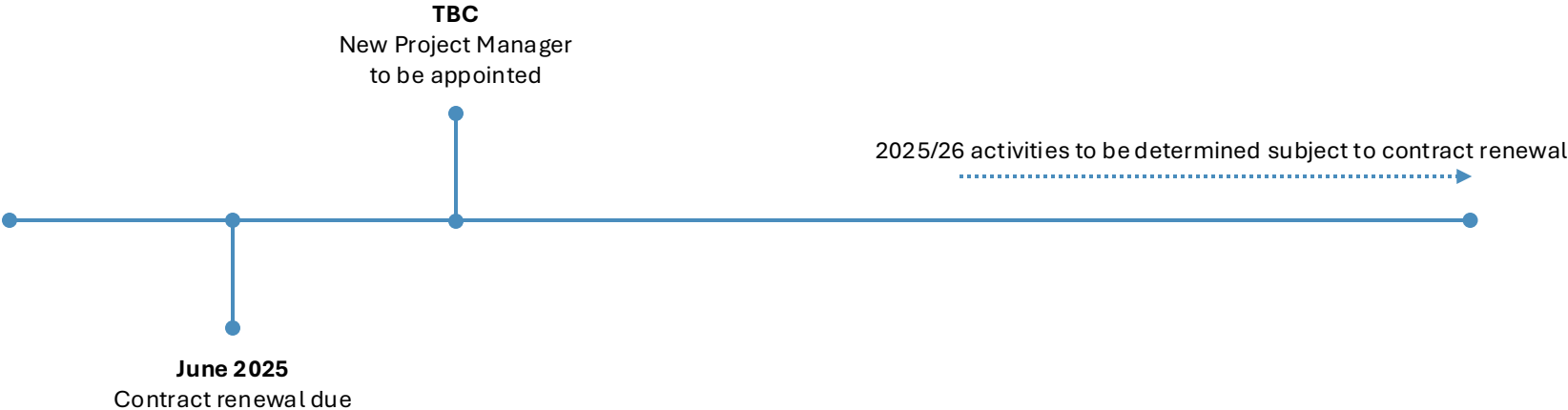
The ORCHA contract has been renewed for a further 12 months. At the end of the 12 months a benefits review will take place to understand the impact of the project.

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.

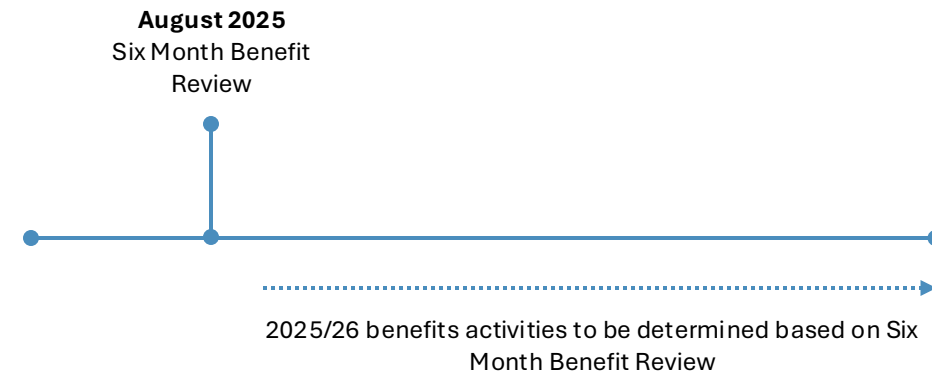
Challenges

- 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.

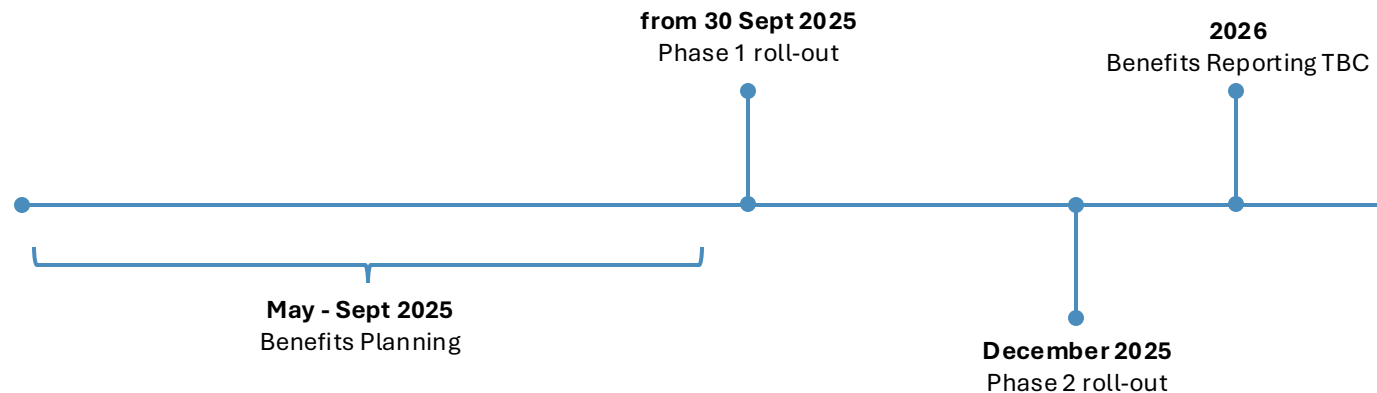
Prior to roll out in September 2025, a full benefits plan will be created setting out the management plan to monitor and report each benefit. CGI are supporting the project by creating an in-depth benefits tracker.

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 bet



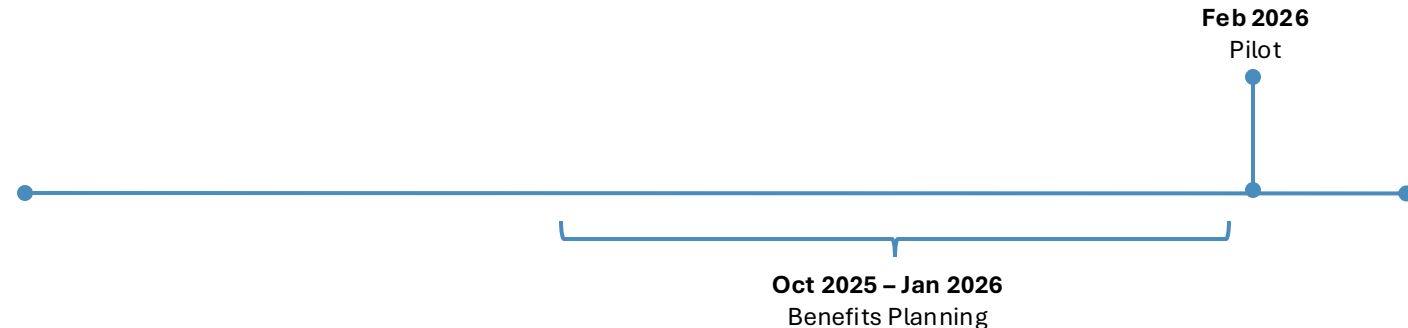
2025/26 Activity

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)





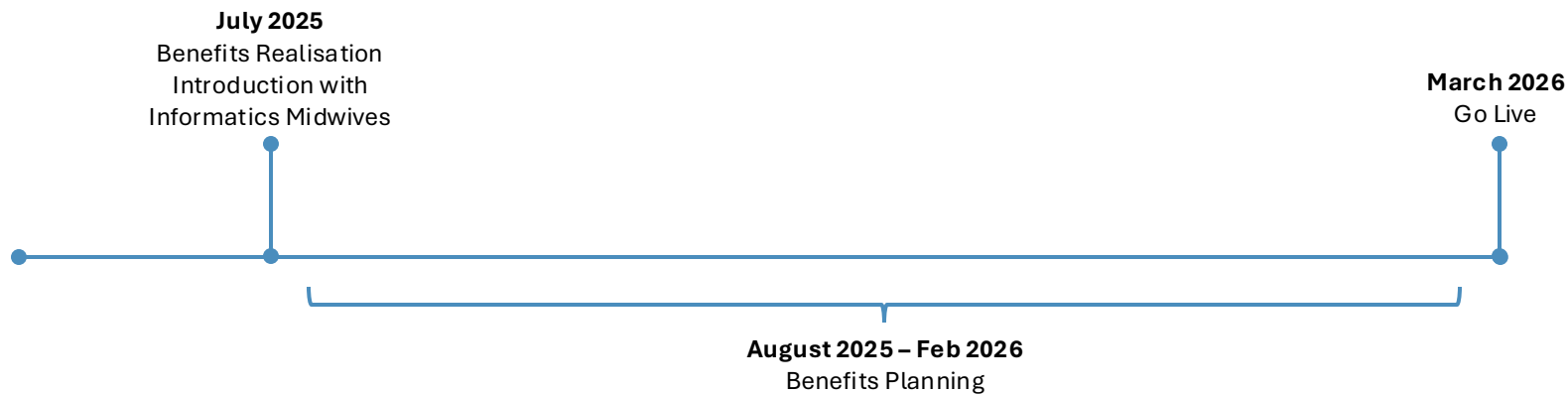
ID	Category	Benefit
1	Clinical	Reducing clinical risk through accessible computer records
2	Cash Releasing	Reduced litigation
3	Process Improvement	Reduced clinical administrative time
4	Process Improvement	Reduced duplication of information
5	Workforce	Better decision making
6	Process Improvement	Reduced 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

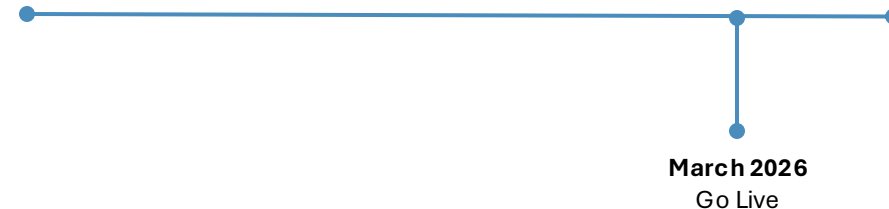
2025/26 Activity

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:

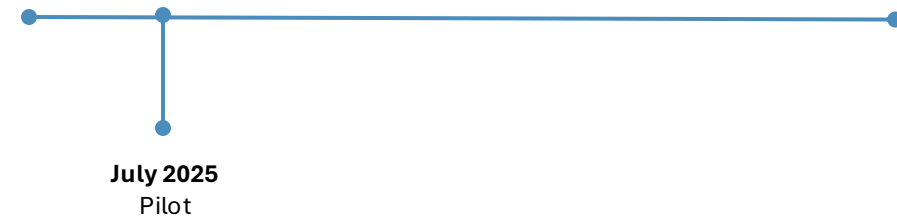
- A message to the NHS Wales App to inform them their **referral has been accepted** by the service – they will not receive any notification if their referrals is declined, or they are referred to another service.
- A message to the NHS Wales App with their **clinic appointment details** when this has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





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



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

4

15 Mins

4 - Research and Innovation

4.1

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

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

Including updates on commercial research delivery and embedding R&I in the Health Board

| For assurance

Attachments

[4.1 R ISC 3As Update Report DDIC Oct 2025.pdf](#)

[4.1 Appendix 1 - Commercial Research update \(VPAG\) R ISC.pdf](#)

[4.1 Appendix 2 - Digital and Data RI - SBAR - RI Sub Committee.pdf](#)

COMMITTEE UPDATE REPORT/ ADRODDIAD DIWEDDARU'R STRATEGY AND PLANNING COMMITTEE / PWYLLGOR CYLLID A PHERFFORMIAD

Date of last meeting/ Dyddiad y cyfarfod diwethaf: 15 September 2025
(Research & Innovation Sub-Committee (R&ISC))

Quoracy/ Cworwm: Met

Report by/ Adroddiad gan: Mark Henwood, Chair

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

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

The Research and Innovation Sub-Committee (R&ISC) have no matters they wish to **alert** to members of the Digital, Data and Innovation Committee.

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

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

- The Research and Development (R&D) Risk Register was discussed and members considered if the remaining risk (1492 – Risk to research delivery funding) should be closed in view of the current risk score being at target. Sub-Committee members were not assured the risk score was reflective of the issues set out within the separate finance paper. Sub-Committee members asked for the risk to stay open and for the R&D Division re-consider the current score, or further justify its appropriateness within the update section, particularly in view of the outstanding management actions.

Assure³ (to note)/ **Sicrhau** (i nodi)

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

- Noted and were assured by the financial position for R&D. Although a deficit in funding from Health and Care Research Wales (HCRW) was noted, the shortfall is being covered by other funding sources within R&D, resulting in no 25/26 cost pressure to the wider organisation. Sub-committee members noted the ongoing work through an OCP process to ensure that the staffing

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

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

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

establishment is commensurate with the level of funding from Health Care Research Wales (HCRW).

- Noted and were assured by the R&D site activity performance, recognising a positive recruitment figure to date for 2025/26.
- Noted and were assured by the activities of the Research Quality and Sponsorship Group (RQSG). Sub-committee members discussed and noted the work that would be undertaken to understand and improve the research grant success rate.
- Noted the position on commercial research, including details on the 3 successful applications for respiratory, metabolic and oncology funding, through the Voluntary Scheme for Branded Medicines, Pricing and Growth (VPAG) scheme. Further details on the current commercial research position are provided within Appendix 1, for consideration by the Digital, Data, and Innovation Committee.
- Received a verbal update on the Organisational Change Process (OCP), with phase 1 complete and phase 2 expected to conclude by March 2026.
- Received a verbal update on the Regional Cancer project, as funded by VPAG and noted the complexities associated with developing a regional model. The final report detailing proposed models will be complete by mid-November 2025.
- Noted the university partner updates on activity and that Memorandums of Understanding (MoU) have now all been signed with the 3 university partners, and high-level commitments discussed for each. Progress will be presented at the next R&ISC in December 2025.
- Noted and were assured by the TriTech and Innovation (T&I) financial position.
- Noted and were assured by the T&I activity report.
- Noted and were assured by the T&I progress against the business plan and were advised that KPI 9 (Intellectual Property (IP)) was not met, due to recent contracted projects not including new IP. This KPI will be reviewed in line with the new business plan, which is due for renewal in March 2026, and work is underway in developing the revised plan.
- Received a verbal update on national developments for both Research and Development, and TriTech and Innovation.
- Noted the progress on development of the Centre for Social Innovation (CfSI) at University of Wales Trinity Saint David (UWTSD), with the collaboration agreement now signed. Sub-committee members also noted the actions that would be taken over the next three months as part of the CfSI's set up processes.
- Noted the update on the Research and Innovation (R&I) Strategic Plan 2025-30, and the accompanying objectives being worked through with the teams involved.
- Received a verbal update that the Pentre Awel project is progressing and expected occupancy for Research and Innovation is likely quarter 4 of 2025/26.
- Noted and discussed progress and opportunities for digital and data research and innovation within Hywel Dda University Health Board, as set out in Appendix 2, for consideration by the Digital, Data and Innovation Committee.

Review of Risks/ Adolygiad o Risgiau

The Research and Development (R&D) Risk Register was discussed and members considered if the remaining risk (1492 – Risk to research delivery funding) should be closed in view of the current risk score being at target. Sub-Committee members were not assured the risk score was reflective of the issues set out within the separate finance paper. Sub-committee members asked for the risk to stay open and for the R&D Division re-consider the current score, or further justify its appropriateness within the update section, particularly in view of the outstanding management actions.

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

No new or emerging risks were identified.

Recommendation/ Argymhelliad

The Committee is asked to:

- Note the items the Committee is advising them of
- Be assured on the items that the Committee is providing assurance on

Date of next meeting/ Dyddiad y cyfarfod nesaf: 08 December 2025

Agenda, papers and minutes are available on request.

IS-BWYLLGOR YMCHWIL A DATBLYGU RESEARCH AND INNOVATION SUB-COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	15 September 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Commercial research update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mr Mark Henwood, Medical Director
SWYDDOG ADRODD: REPORTING OFFICER:	Sally Hore Head of Research and Development

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

Er Sicrwydd/For Assurance

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

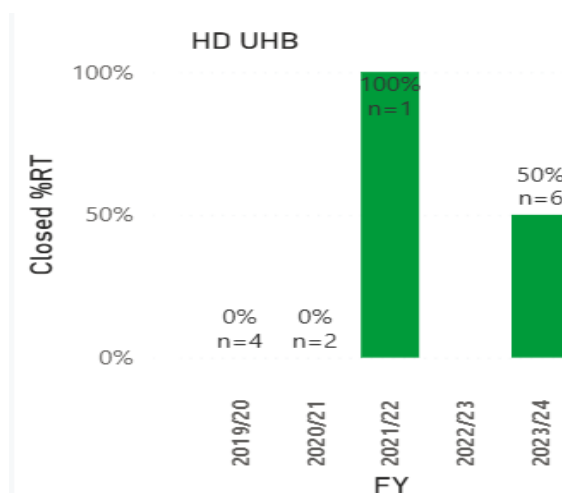
To provide R&ISC with an overview of the Research & Development (R&D) Division's plans to increase commercial research activity. The paper and plans are provided for assurance.

Cefndir / Background

The R&D Division supports two types of research studies. The first are publicly funded, mainly supported by grants awarded directly to the R&D Division or university partners. These studies are on the National Institute for Health and Care Research Portfolio, as they have been assessed as meeting certain standards. Most of the research studies supported by the R&D Division are publicly funded.

The second type are known as commercial research studies. Commercial research studies are fully funded and sponsored by private sector organisations, such as pharmaceutical companies, biotech firms, or medical device manufacturers. These studies are typically designed to test new drugs, treatments, or technologies and are often conducted in NHS or non-NHS settings. The R&D Division supports fewer of these studies.

Commercial Number (n) of Studies for Hywel Dda since 2019/2020 and recruitment to target



Supporting fewer commercial studies means that the R&D Division is missing out on the benefits it brings. Commercial research can generate income, enhance clinical care, and foster innovation. It provides patients with early access to cutting-edge treatments and improves outcomes through evidence-based practice. Staff benefit from advanced training and increased job satisfaction, while organisations gain prestige and attract top talent. These partnerships with industry also support infrastructure development and enable NHS bodies to influence national research priorities, making commercial research a powerful driver of progress across the health system.

The reasons for fewer commercial studies being undertaken within Hywel Dda UHB are multi-faceted. They include limited staff capacity, inadequate infrastructure, and competing clinical priorities. Regulatory and contractual processes can be complex and time-consuming, while financial challenges—such as ensuring full cost recovery and managing risk—add further strain. Cultural factors, like a lack of research leadership or strategic focus, can also hinder engagement.

With the benefits and barriers in mind, Hywel Dda UHB's latest strategic plan for Research and Innovation (2025-2030) commits to increasing the commercial research portfolio and the impact that it has. This paper sets out current activities and plans for assurance.

Asesiad / Assessment

In parallel to the finalisation of the Research and Innovation Strategic Plan (2025-2030), the R&D Division has commenced significant work to increase its commercial trials activities. This work has been guided by:

- Where there is clear clinical interest and commitment;
- The potential to make a difference to health outcomes;
- A graduated approach to developing the commercial portfolio, which acknowledges that it will take time to develop the capacity to support studies, while ensuring a safe and reliable approach;
- Financial opportunities to improve the capacity to support.

An opportunity to accelerate plans presented in January through the Voluntary Scheme for Branded Medicines Pricing, Access and Growth (VPAG) commercial research funding initiative. This is a public-private partnership between the UK Government and the pharmaceutical industry to boost the UK's capacity for commercial clinical trials and accelerate patient access to innovative treatments. As part of this, Health and Care Research Wales (HCRW) issued a funding call in late January for Health Board and Trusts to apply for investment to support them overcome the barriers to commercial research. The initial funding was of two types: established centres growth funding (stream 1); developmental funding (stream 2).

Hywel Dda UHB's R&D Division has been very successful through this scheme and has secured investment totalling £637,341 to improve the commercial research it supports in three areas: respiratory, metabolic, and oncology. Most of this funding was through stream 2. In addition, it has been awarded investment through a dedicated equipment call, this will contribute to commercial research in other disease areas being supported. The following is provided as an account of the work underway in each of the area.

Respiratory Commercial (four years)

The Respiratory commercial clinical trial proposal aims to utilise an increase in capability and capacity to develop established collaborations further, maximise future opportunities for commercial research, and use shared expertise to improve and enhance NHS Wales' involvement and performance in the commercial research landscape.

Levels of commercial respiratory research activity across NHS Wales have been increasing post-COVID. HDUHB hosted 2 of 9 studies open in Wales in 2022/23 and opened 1 in the 2023/24 period, but our performance has not returned to pre-COVID levels. Our objective is to use this funding opportunity to steadily but rapidly return commercial respiratory research activities within HDUHB to the levels demonstrated previously and with additional resource, double our performance within a five-year period, significantly increasing commercial research activity in the medium term.

The requested funding will deliver the following capacity:

1. Dedicated and ringfenced commercial research personnel, including nursing and pharmacy support, working as part of our department to advance commercial respiratory research. These personnel will work from our established Clinical Research Centres, with the potential to become part of the Commercial Research Delivery Centre, as our portfolio re-establishes. Crucially this support will work in partnership with the wider respiratory care delivery team, to offer advice, support, time and confidence to assist with trial delivery. Often, we find by acknowledging and supporting the care delivery team to assist with the trial, it is possible to more reliably and quickly achieve recruitment targets, as the same team will have pre-existing relationships and knowledge of patients.
2. Dedicated consultant leadership and time for other clinical staff, enabling learning from existing expertise and the potential to expand to other respiratory areas of interest and need as commercial activity increases going forward. This comes at a time when the health board is benefitting from the return of the lead respiratory investigator (Professor Lewis) from a national role, with time to devote and renewed research focus, alongside greater stability within the respiratory service model post-COVID. Clinical staff will benefit from this extensive experience within the team and dedicated time within the respiratory teams will enable us to grow our numbers of new investigators and widen access to eligible patient populations. Securing dedicated time for clinical staff to focus on research activities will facilitate the development of key relationships with commercial sponsors, enabling more opportunities for regular interaction so that upcoming commercial research opportunities can be sought out, learning, development and training opportunities can be undertaken and there can be more rapid and detailed review and response to studies on offer, in order to support efficient study setup for selected studies, both within our own health board and importantly, with other health boards across NHS Wales.
3. A health board wide approach, designed to ensure that commercial research activity and skills development spreads across all three counties within HDUHB. Working with the clinical lead, the regional commercial research team senior nurse lead role will focus on shaping and delivering the strategic vision for the commercial respiratory research portfolio and ensuring appropriate staff education and skills development to support this. The inclusion of less than whole time posts supports resilience and capacity building across our region. Over time, this will lead to a greater patient population (and range of respiratory conditions) available for commercial trials, which will address the focus on achieving recruitment targets, as set out in Commercial Research Delivery Wales (CRDW).

The proposal for funding has been designed to increase respiratory commercial trial activity by developing and improving performance in three separate areas 'Site identification and Service Data', 'Set-Up' and 'Delivery'.

A detailed work plan can be provided on request. However, R&ISC are advised that dedicated time for medical leaders has commenced, and the commercial respiratory lead nurse and research officer have been appointed.

Metabolic Commercial (2025/2026)

In February 2025 a request for funds to develop and grow a regional (Hywel Dda University Health Board and Swansea Bay University Health Board) metabolic commercial research portfolio was submitted to Health and Care Research Wales (HCRW) as part of a national VPAG Stream 2 funding call to support the delivery of commercial pharmaceutical interventional research. The purpose of the funding was to pump prime clinical trial capability, by increasing workforce capacity and infrastructure as well providing agility relevant to the set up and delivery of commercial clinical research. The investment had to accelerate the delivery of commercial pharmaceutical interventional research for the measurable benefit of health and wealth in Wales.

The initial plan was to work with colleagues within the established Clinical Research Facility at Swansea Bay University Health Board (SBUHB) which has a track record in attracting and delivering commercial pharmaceutical interventional research in the field of diabetes. Over the last 2 years there has been a reconfiguration of the delivery of clinical endocrinology services with a more regional approach. For the first time, a clinician with research experience works across health board boundaries. This means that there is the potential to access a larger patient pool for intervention studies and adds to the current potential principal investigator pool to be able to take on more metabolic-specific research work in both health boards.

Fewer metabolic studies are undertaken at the Clinical Research Unit at Prince Philip Hospital in Llanelli, within Hywel Dda University Health Board (H DUHB). These have typically been different to the studies undertaken in SBUHB but have not been accessible to patients from across the health board boundary. Hywel Dda have recently been approached to consider two commercial studies, one in Graves' disease and the other in hyperaldosteronism.

The Stream 2 VPAG bid was unsuccessful on this occasion, and decision was made by LG on 18 June 2025 to use H DUHB R&D research study income (1412) to invest in the proposal. Subsequently, an application to HCRW for short term VPAG capacity funding has been successfully awarded for 2025/2026.

While equity of access to patient centred research remains a strategic aim for H DUHB, local investment in metabolic research could be considered a first step and relatively modest step in increasing capacity, capability and confidence which will help shape future provision. By supporting metabolic medicine research, it is hoped that benefits including the following can be secured:

- Improving the understanding metabolic disorders by helping diagnose and treat conditions like diabetes, obesity, and metabolic syndrome. This aligns with the Value Based Health and Care programme.
- Advancing personalized medicine with research offering the opportunity to uncover how metabolism varies between individuals, leading to tailored treatments that match a person's unique biology.

- Enhancing disease prevention by investigating metabolic pathways, to develop strategies that prevent chronic illnesses before they arise.
- Optimising nutrition and lifestyle interventions, including guiding dietary and exercise recommendations for better health and energy management.
- Attracting and retaining high quality staff.
- Exploring longevity and aging by contributing insights on how to slow aging and increase life expectancy.

To bring about benefits like these, adequate resourcing needs to be put in place.

Dedicated consultant leadership and time is essential to successfully influence and empower other research inspired staff. Defined time for a Principal Investigator, with a strategic aim to increase the regional metabolic research portfolio and focus on scoping and enhancing commercial partnerships, finding appropriate studies and recruiting patients across both health boards. This will be complemented with dedicated research nurse resource with expertise in both research and metabolic medicine to coordinate activities, find studies and support recruitment.

Dedicated time for staff is due to commence September/October 2025

Regional Cancer Commercial and Non-Commercial (2025/26)

Swansea Bay University Health Board (SBUHB) and Hywel Dda University Health Board (HDUHB) have worked collaboratively to develop proposals for both stream 1 and 2 of the voluntary scheme for branded medicines pricing, access, and growth (VPAG). Stream 1 was intended to consolidate the current trial delivery capacity in SBUHB through increasing pharmacy support for clinical trials and some medical leadership and research nurse time. The stream 2 bid aims to act as the catalyst to allow clinical trial activity to (re)commence at the HDUHB site, increasing both access and availability of patients for recruitment to trials.

While the focus is primarily on cancer, the appointments will ensure ongoing – and increasing – commercial activity across all disease sites.

SBUHB has committed to increasing access to oncology clinical trials for people across SW Wales and is included in the 10-year strategy for the SWWCC Strategic Programme Case 2023/2024 – 2032/2033. To support this, some Health and Care Research Wales (HCRW) funding has already been allocated to SBUHB and HDdUHB for a 6-9 month task and finish group, which will map out the way forward.

The SW Wales Cancer Centre (SWWCC based at Singleton Hospital, Swansea) provides non-surgical oncology treatment to the populations of SBUHB (390,000 people) and HDUHB (385,000 people). There is a track record of delivering high quality research with commercial companies (e.g., BMS, Pfizer, MSD and Astra Zeneca) leading to successful, practice-changing trials, in particular in renal and melanoma. The most significant was the Checkmate 067 trial (see question four).

In line with the ambitions of the SWWCC to increase oncology clinical trial activity, we have seen a steady increase in oncology trials, reflecting the increased number of consultants who are able and willing to support trials across a range of tumour sites, essential to a future pipeline of principal investigators.

At present there are very few/no oncology interventional clinical trials open in HDUHB (see table 1). HDdUHB patients who have common cancers (e.g. breast, upper GI, colorectal)

receive all their care in HDdUHB, with SWWCC employed oncologists travelling to clinics in HDdUHB, with systemic anti-cancer therapy delivered at one of the 4 chemotherapy day units within HDdUHB. These patients, unlike SBUHB patients with the same tumour site, are unable to access clinical trials in SBUHB. The reasons for this are due to capacity within SBUHB to meet the needs of its own population, especially with chemotherapy delivery capacity (SBUHB has a single chemotherapy delivery unit, based on the Singleton site) and capacity for medical and nursing workforce to absorb the additional trial-related work.

Only certain groups of HDdUHB patients can participate in trials open on the SBUHB site. They are:

- Those receiving radiotherapy (RT) at SBUHB who meet eligibility criteria for a study open in SBUHB that includes a RT component;
- Those with 'less common cancers' (e.g. melanoma, renal), not covered by the current service level agreement (SLA) between SBUHB and HDUHB where their oncologist and clinics are all based in SBUHB. This activity is covered by a long-term agreement between the 2 health boards.

Within HDdUHB, there is currently no dedicated oncology research delivery personnel or ringfenced space for oncology studies. The reasons for this are mostly historical and include less research funding and lack of medical support. Reasons for the latter are multi-factorial, including funding for posts and recruitment/retention due to the geography, resulting in limited capacity for medical time to support the additional work associated with trial activity. Recent appointments in SBUHB (with honorary contracts in HDdUHB) have created a critical mass of interested clinicians who are wanting to open clinical trials in HDdUHB.

This work is progressing well, with a regional working group led by Sarah Gwynne, which has met on 5 occasions with a draft report due for circulation by October 2025.

Equipment Call

Equipment Funding of £8766.71 was secured for the purchase of 2 phlebotomy chairs (PPH&BGH) and additional patient monitor and ECG machine for the clinic room in Bronglais Hospital.

Measuring Success

Ultimately, success will be measured through the number of studies open and patients recruited to the same. The following baseline is therefore offered, against which future updates will be offered. The R&ISC members will also receive updates as part of their regular site activity report.

Commercial portfolio: data cut 27/08/2025-Baseline data

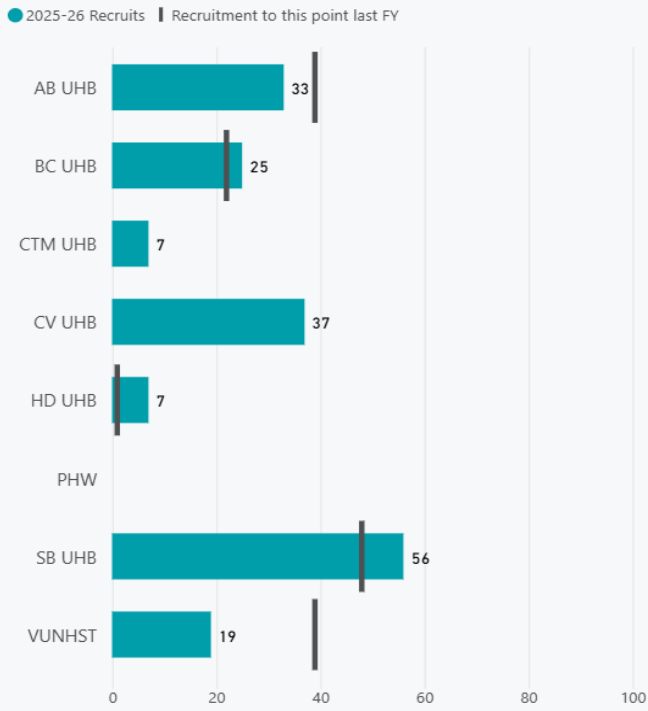
Wales (HDUHB) - Total open studies=141(3)

Wales (HDUHB) - Number of studies recruited into 2025/2026=54(2)

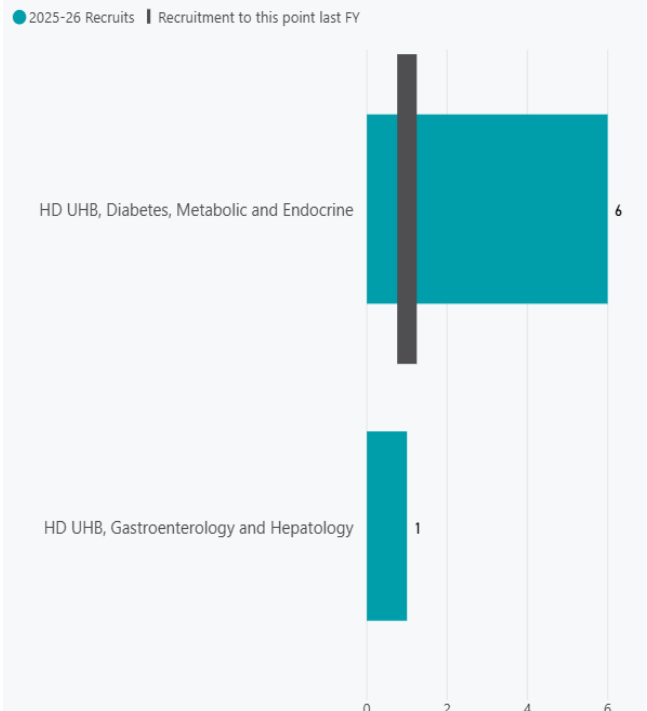
Wales (HDUHB) – Total commercial recruits 2025/2026=184(7)

Wales (HDUHB) – Number of commercial studies in follow up=214(3)

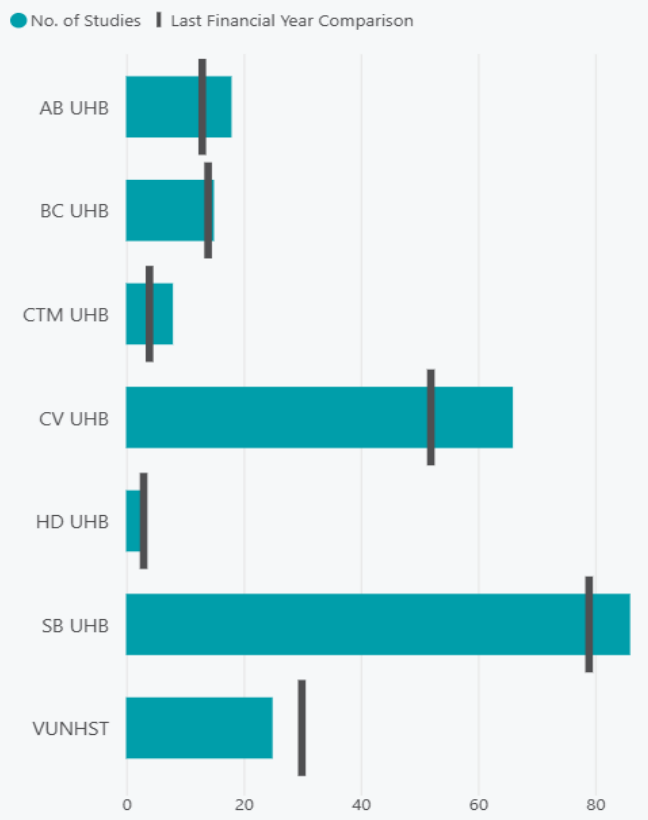
Current FY Recruitment per NHS Organisation



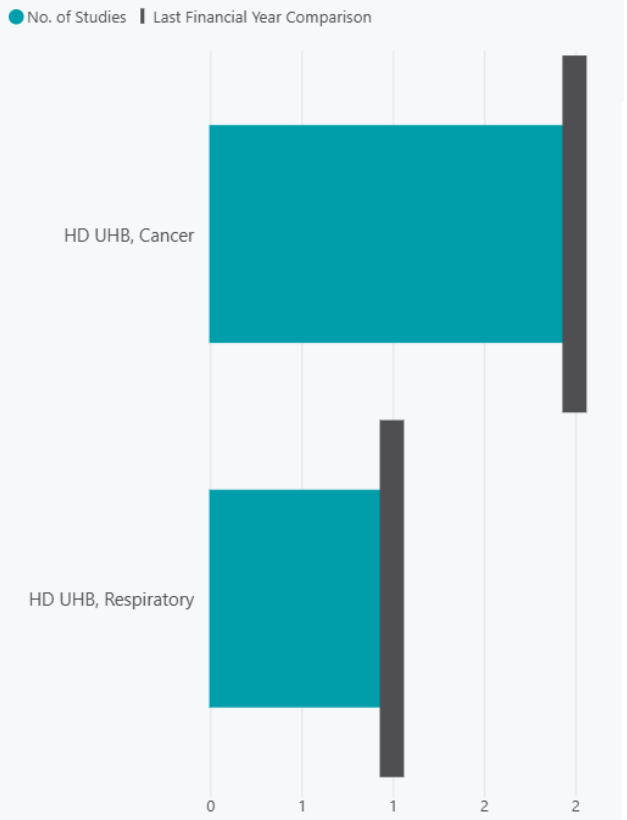
Current FY Recruitment per NHS Organisation



Studies in Follow-Up



Studies in Follow-Up



Argymhelliad / Recommendation

Members of the Research & Innovation Committee are asked to note and take assurance from the progress detailed.

Ansawdd / Gofal Claf: Quality / Patient Care:	e.g. adverse quality and/or patient care outcomes/impacts: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906 N/A
Gweithlu: Workforce:	e.g. adverse existing or future staffing impacts: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906 Nothing noted at present
Risg: Risk:	e.g. risks identified and plans to mitigate risks: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906 Nothing noted at present
Cyfreithiol: Legal:	e.g. legal impacts or likelihood of legal challenge: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906 N/A
Enw Da: Reputational:	e.g. potential for political or media interest or public opposition: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906 N/A
Gyfrinachedd: Privacy:	e.g. potential impact on individual's privacy rights or confidentiality and/or the potential for an information security risk due to the way in which information is being used/shared, etc: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906 N/A
Cydraddoldeb: Equality:	e.g. potential negative/positive impacts identified in the Equality Impact Assessment (EqIA) documentation – follow link below <ul style="list-style-type: none"> • Has EqIA screening been undertaken? Yes/No (if yes, please supply copy, if no please state reason) • Has a full EqIA been undertaken? Yes/No (if yes please supply copy, if no please state reason) http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906 N/A



**IS-BWYLLGOR YMCHWIL A DATBLYGU
RESEARCH AND INNOVATION SUB-COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	15 September 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Enabling Digital and Data Research and Innovation
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Executive Medical Director
SWYDDOG ADRODD: REPORTING OFFICER:	Digital Director Director of Research, Innovation and Value

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

This paper outlines key progress and opportunities for digital and data research and innovation (R&I) within Hywel Dda UHB, aligned to national organisational policy and strategy. The R&ISC are asked to note and discuss the paper and discuss the merits of taking action to harness additional opportunities.

Cefndir / Background

Digital and data R&I is central to improving healthcare services and supporting improved Health and Wellbeing across Southwest Wales. It is now widely appreciated that harnessing large-scale data, advanced analytics, and digital innovation can make care more predictive, personalised, efficient, and equitable. The benefits are understood to include:

- Supporting more accurate diagnosis, including utilising Artificial Intelligence and imaging tools to detect disease before symptoms appear.
- Enabling precision medicine through, for example, utilising integrated data (genomics, lifestyle, clinical) to tailor treatments to individuals.
- Enhancing prevention and monitoring, with technologies including wearables and remote sensors enabling individuals to take control of their own health circumstances.
- Improving business and management processes, including predictive analytics to optimise hospital flow, resources and decision making.
- Contributing to public health, with real time data helping to track and manage disease outbreaks.

The impact of these benefits is profound. Just last month, artificial intelligence invented two new potential antibiotics that could kill drug-resistant gonorrhoea and MRSA. The drugs were designed atom-by-atom by the AI and killed the superbugs in laboratory and animal tests. The team behind the discovery at the Massachusetts Institute of Technology (MIT) say AI could start a "second golden age" in antibiotic discovery.

Developments such as these are leading to a rapidly evolving international digital and data R&I context. One of the most comprehensive analyses of the opportunities and challenges associated with the same is set out within a report by the World Health Organization's (WHO) Global Strategy on Digital Health. The WHO states that technologies like virtual care, remote monitoring, AI, smart wearables, and data sharing can improve health outcomes by enhancing diagnoses, guiding treatment decisions, supporting digital therapeutics, clinical trials, self-care, and person-centred care. These innovations also help professionals build evidence-based knowledge and skills in healthcare.

The World Health Organization provides a comprehensive framework for the proper implementation of digital health and data innovations. This framework outlines key dimensions for decision-making related to digital innovation, including contributions to health promotion and disease prevention, considerations for patient safety and ethics, interoperability, intellectual property issues, data security—encompassing confidentiality, integrity, and availability—privacy protection, cost-effectiveness, patient engagement, and affordability.

The national context is also evolving at pace. The UK Government's 10-Year Health Plan (*Fit for the Future*) puts digital innovation at the heart of NHS reform, aiming to create a fully connected, AI-enabled health system by 2035. Key priorities include a Single Patient Record for every citizen, a redesigned NHS App as the digital front door to services, and a national Health Store of approved apps and digital therapies. The plan invests heavily in AI and automation (e.g. AI scribes, ambient voice tech) to reduce administration time, while expanding use of wearables, virtual wards, and remote monitoring to shift care closer to home. It also commits to building an innovation ecosystem with genomics, robotics, and research hubs, and to equipping the workforce with the digital skills needed to thrive in this new model. Overall, digital transformation is framed as essential to easing pressure on staff, empowering patients, and making the NHS one of the world's most technologically advanced health systems.

In Wales, the refresh of the strategy *A Healthier Wales* in 2024, committed the Welsh Government and the Welsh NHS to supporting innovation in digital health as one of the most important enablers to health and social care system transformation. The refreshed action plan re-affirms several commitments made within the Welsh Government Digital and Data Strategy for Health and Social Care (2023), including user-centred service design, strengthening digital infrastructure and connectivity, establishing standards-based data platforms and harnessing rapidly advancing technologies including artificial intelligence. In the draft Welsh Government budget for 2025-26 includes £57.759m for a Digital Priorities Investment Fund to support strategic digital transformation opportunities in NHS Wales.

Digital Health and Care Wales (DHCW) published its Strategy in 2024, which describes the centrality of Digital and Data to enabling the health and care system to innovate, to develop new ways to deliver services that empower patients, the public and all health and care professionals, which in turn will improve outcomes by providing safe, responsive and prudent health and care services. The fourth mission within the Strategy is to drive better value and outcomes through innovation. The specific research and innovation commitments to support NHS organisations across Wales to deliver more value from data include:

- Developing a National Data Resource (NDR) Secure Data Environment, which provides access for research while protecting privacy.
- Establishing a national information and data insights service, which demonstrates net benefit and value.
- Deploying AI and automation, safely and ethically, to deliver year-on-year productivity improvements across NHS Wales.

As set out by DHCW, the pace of digital innovation and change keeps accelerating, with new opportunities emerging all the time. The challenge for health care systems is to remain agile and responsive, but always with focus and intent, which is clearly aligned to purpose.

Several recent developments within Hywel Dda UHB have positioned the organisation to nurture and take advantage of this rapidly evolving Digital R&I context. The assessment section sets out these developments and offers the R&ISC some ideas for discussion, which could form the basis of a framework to strengthen digital and data R&I within the organisation.

Asesiad / Assessment

In July 2025, Hywel Dda UHB published a five-year Strategic Plan for Research and Innovation. The plan sets out a vision for high-quality and impactful research and innovation, which improves services and health outcomes for communities, patients, and staff. Specifically, the plan commits to:

- Improving access to high-quality research and innovation that improves services, health and wellbeing.
- Creating an environment and culture that develops and enables competent and empowered researchers and innovators to flourish.
- Developing and sustaining partnerships that maximise and accelerate research and innovation, access and impact.

The actions contained within the plan to improve access included developing research and innovation capability and capacity in other corporate departments (e.g. digital services, leadership and management practice), primary care and public health.

One of the early priorities of the plan, now supported by the establishment of the new Digital, Data and Innovation Committee, is to assess how the R&I and Digital Departments could work together to support research and innovation into new digital and data technologies.

There is a positive context within Hywel Dda UHB for digital and data R&I, including:

- The draft Clinical Services Plan signalling a digital first approach spanning from operational infrastructure to patient pathways. Complementing this, a digital transformation plan has been set out as a major step forward in modernising patient care, strengthening operational efficiency and meeting evolving health service demand. The plan seeks to integrate foundational technologies, adopt a patient engagement platform, and responsibly embrace innovations including AI. To support the latter, an AI review is underway, with findings anticipated early in the new year.
- A relationship with CGI to help Hywel Dda UHB achieve its strategic goal of becoming a fully digitally enabled health board. This relationship aims to elevate patient care, streamline operations, and support community-driven health and social care. Through this collaboration, CGI will help Hywel Dda improve patient outcomes and operational efficiencies by driving the strategic modernisation of health and social care, with digital transformation as a key enabler. This includes upgrading systems and facilities for healthcare professionals, exploring innovative solutions such as AI integration, and fostering closer collaboration between health and social care teams. The programme will also focus on supporting digital inclusion, with initiatives aimed at bridging the digital

gap between older and younger generations, including community workshops and technology training for improved digital health access.

- The establishment of a data science unit, with dedicated 'in house' analytical team and strong partnerships with universities, including support for digital learning and teach and research initiatives. The latter has Included PhD sponsorship at Swansea University, looking at predicting A&E, and the funding of a senior lecturer in Aberystwyth University looking at Digital Twinning and the impact this could have on prostate cancer.
- As part of the R&I portfolio, the Research and Tritech and Innovation Divisions have supported an increasing number of research projects and evaluations relating to digital and data innovation, including AI assisted diagnosis, robotic enabled surgery, monitoring and sensor technologies, and big data analytics to better predict and prevent cardiometabolic disease. The recent clinical science trainees are also focused on Clinical Scientific Computing.

Digital and data are no longer simple enablers for the R&I endeavours of other specialists. Digital and data R&I is becoming a specialist area in its own right, with unique skill and capacity requirements, equivalent to other condition and population specific specialisms across Hywel Dda UHB. As such, digital and data R&I warrants a specific focus and a plan to ensure it is nurtured, supported and developed.

Hywel Dda UHB's R&I Strategic Plan offers a comprehensive framework and clear criteria to assess what more could be done to support digital and data R&I. The remainder of this paper will pose some questions set out against the two main sections of the Strategic Plan, to guide this assessment and a consideration of the merits of developing a plan.

How do we create an Environment and Culture that develops competent and empowered digital researchers and innovators?

The environment and culture section of the R&I Strategic Plan seeks to ensure Hywel Dda UHB has the right infrastructure, staffing and financial resources in place to enable digital researchers and innovators to flourish. To determine what more we could do to provide the right environment and culture for digital and data R&I, we will assess:

1. Whether we are effectively communicating the opportunities for individuals and teams across Hywel Dda UHB to participate in digital research and innovation? What more could we do?
2. The feasibility of a Centre of Excellence for Data Analytics? A centre could potentially further strengthen Hywel Dda UHB's position in digital and data research and innovation by serving as a focal point for advanced analytical capability, supporting both operational intelligence and research-led innovation. It could bring together internal expertise from the newly formed data science unit, alongside academic and industry partners, to develop and apply cutting-edge methodologies including machine learning, predictive modelling, and real-time analytics. In parallel, a structured data partnering approach could be developed to enable secure, ethical, and impactful collaboration with external stakeholders. This could include formalised agreements with universities, technology providers, and public sector organisations, underpinned by shared governance, interoperability standards, and a commitment to value-based outcomes.

3. Whether we are providing developmental support to both existing and potential digital researchers and innovators? For example, this could include assisting with grant applications to the Health and Care Research Wales Faculty or project-based grants through the TriTech Institute.
4. Whether there is greater opportunity to use our digital research and innovation capabilities to generate resources to support improvements to services and care outcomes? What are the commercialization opportunities for digital and data research and innovation? What are the grant funding opportunities?
5. Whether we are fully leveraging digital research and innovation to attract and retain top digital professionals at Hywel Dda UHB? Should we consider pathways for 'digital academics' in a similar manner to clinical academics? What would be the merits of carving out time for staff to pursue digital research and innovation projects?
6. Whether there are specific opportunities linked to Clinical Scientific Computing, which could be further explored and developed as a partnership between digital and research and TriTech? This will include how we position to take advantage of the opportunity to accelerate safe, value based, and evidence led development, validation, and deployment of data intensive clinical innovations?
7. What could be done to better enable digital and data research and innovation projects, without compromising core digital service delivery? What enhancements could be made to the work of the Research and Innovation and Digital Departments? How could a data partnering approach work?

How do we nurture partnerships that maximise, accelerate, and sustain digital and data research and innovation?

Hywel Dda UHB cannot operate in a bubble when it comes to enabling high quality and impactful research and innovation. The partnerships section of the R&I Strategic Plan seeks to encourage meaningful relationships with public services, communities, universities and industry. Partnerships bring resources, momentum, understanding, and know-how to the process of digital R&I. To determine what more we could do to nurture partnerships that accelerate our digital research and innovation ambitions, we will assess:

1. In the context of our formative plans with university partners, whether there are further opportunities to collaborate with the academic centres of digital excellence at UWTSD, Swansea, and Aberystwyth Universities. There could be multiple forms of collaboration, including joint and honorary appointments, degree sponsorship, collaborative projects, and joint discovery and commercialisation. We will also assess whether there are other universities that could bring additional benefits to our digital transformation ambition.
2. Whether there is an opportunity to strengthen our links with industry, through partnering with regional economic development plans and associated city growth deals. As part of our work through the TriTech Institute, assess whether there are industry partnerships

and fellowships that could accelerate our digital transformation plans, including the collaboration with CGI.

3. The opportunities to pool research and innovation resources to address common goals and objectives of regional public partners and determine the opportunities associated with collaborating with DHCW around their Research and Innovation plan and associated mission.

The R&I Sub Committee is asked to consider any further questions for the assessment to consider, in advance of this paper being considered by the Digital, Data, and Innovation Committee in October. The R&ISC will receive a report on the next steps based on the answers to the above questions at the December Committee meeting.

Argymhelliad / Recommendation

To note and discuss the content of this report.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	Version 14.0
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply Choose an item. Choose an item. Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable Choose an item. Choose an item. Choose an item.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	9. All HDdUHB Well-being Objectives apply Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	World Health Organisation Global Strategy on Digital Health (2020) 10 Year Health Plan for England: fit for the future. Digital Health and Care Wales Strategy (2024-2030) Digital, Data, and Innovation Committee Papers (April 2025) Welsh Government Digital and Data Strategy Refresh (2023)

Rhestr Termau: Glossary of Terms:	N/A
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw yr Is-Bwyllgor Ymchwil A Datblygu: Parties / Committees consulted prior to R&I Sub-Committee	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	e.g. financial impact or capital requirements: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906 N/A
Ansawdd / Gofal Claf: Quality / Patient Care:	e.g. adverse quality and/or patient care outcomes/impacts: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906 N/A
Gweithlu: Workforce:	e.g. adverse existing or future staffing impacts: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906 N/A
Risg: Risk:	e.g. risks identified and plans to mitigate risks: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906 N/A
Cyfreithiol: Legal:	e.g. legal impacts or likelihood of legal challenge: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906 N/A
Enw Da: Reputational:	e.g. potential for political or media interest or public opposition: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906 N/A

<p>Gyfrinachedd: Privacy:</p>	<p>e.g. potential impact on individual's privacy rights or confidentiality and/or the potential for an information security risk due to the way in which information is being used/shared, etc: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906</p> <p>N/A</p>
<p>Cydraddoldeb: Equality:</p>	<p>e.g. potential negative/positive impacts identified in the Equality Impact Assessment (EqIA) documentation – follow link below</p> <ul style="list-style-type: none"> • Has EqIA screening been undertaken? Yes/No (if yes, please supply copy, if no please state reason) • Has a full EqIA been undertaken? Yes/No (if yes please supply copy, if no please state reason) <p>http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906</p> <p>N/A</p>

5

20 Mins

5 - For Assurance

5.1

5.1 - Assurance on Governance Arrangements Report

Huw Thomas (Hywel Dda UHB - Director of Finance)

| For assurance

Attachments

[5.1 DDIC PublicGovernance Arrangements Sept 2025 FINAL v2.pdf](#)

[5.1 Appendix 1 - Corporate Risk 2079 - September 2025 PUBLIC v2.pdf](#)

[5.1 Appendix 2 -DDIC Operational Risk Register.pdf](#)

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



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Assurance and Risk Report

Digital, Data and Innovation Committee – 7 October 2025

Situation



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



Risk Management - Overview



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

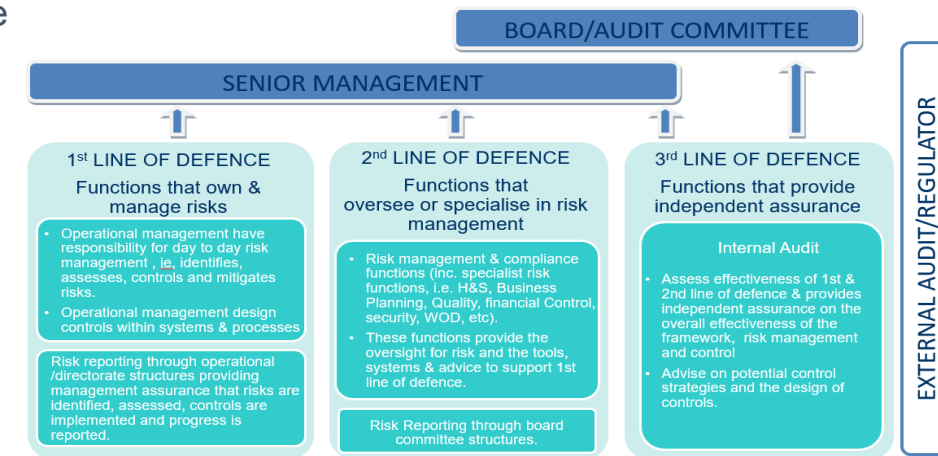
The Health Board’s risk management process is recorded via the Datix Risk Register module, and enables risks to be recorded at either Principal, Corporate or Operational level. An escalation process is in place to ensure that risks which require escalation or de-escalation are done via appropriate approval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

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

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

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

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



Corporate Risks Assigned to DDIC



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

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

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

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

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

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

Hywel Dda Risk Heat Map					
	LIKELIHOOD →				
Impact ↓	Rare 1	Unlikely 2	Possible 3	Likely 4	Almost Certain 5
Catastrophic 5	Yellow	Orange	Red	2079 (→)	Red
Major 4	Yellow	Orange	Orange	1352 (→)	Red
Moderate 3	Green	Yellow	Orange	Orange	Red
Minor 2	Green	Yellow	Yellow	Orange	Orange
Negligible 1	Green	Yellow	Yellow	Orange	Orange

Corporate Risks assigned to DDIC



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Risk Reference & Title	Lead Director	Current Risk Score	Target Risk Score (TRS)	Expected Date to Achieve TRS
2079 – Risk of loss of Pathology services across the Health Board due to delayed implementation of LIMS	Chief Operating Officer	20 →	5 ↓	31/12/2025 01/04/2026
1352 - Risk of business disruption and delays in patient care due to a cyber attack	Director of Finance	16 →	12 →	31/12/2027

Rationale for Current Risk Score of Risk 2079	Rationale for Target Risk Score of Risk 2079
<p>The impact of loss of service would be considerable. Pathology is crucial for diagnosis and treatment of patient conditions and ultimately the loss of service could lead to catastrophic patient outcomes.</p> <p>User Acceptance Testing (UAT) began on a system which was not built and integrated, leading to inefficient and repetitive testing, there is a lack of Health Board resource to support the volume of testing and validation subsequently required. The project plan milestones have consistently not been met by DHCW and there is significant build, configuration and testing work to be completed to provide a safe, functional and reliable minimal viable product by the end of the year. The delay affects the pace and scale of pathology service transformation as set out in the Hywel Dda University Health Board (HDdUHB) Annual Plan 25/26.</p> <p>The September LIMS 2.0 Programme Board recognised that timescales to deliver in October 2025 were unrealistic and agreed to re-set the plan to include adequate time for defect resolution, testing and sign off processes. DHCW will work with the ISC and Health Boards to produce a new plan by Oct Programme Board. This is likely to mean delivery in Commencing in November and completing in March with little contingency should further delays occur.</p> <p>The current national system (TCL2016) is provided by InterSystems on Digital Health and Care Wales (DHCW) hardware, the project involves development on the InterSystems Cloud as the software and hardware becomes end of life in Aug 2026</p>	<p>The reduction of the current risk score to the target risk score is reliant on DHCW and the wider system finding a robust mitigation plan and financial support to manage the risks of compressing the timescales or staying on end of life hardware and software until the system can be implemented.</p> <p>On risk review in September 2025, the expected date to achieve the TRS was amended from January 2026 to April 2026.</p>

Operational Risks assigned to DDIC

Nine operational risks on Datix have been aligned to DDIC which are all within review date. Reporting of these risks is currently under review by the risk lead.

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

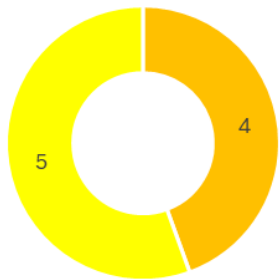
- DDIC has been selected by the risk lead as the 'Assuring Committee' on Datix;
- Risks have been identified at operational level (previously Service and Directorate level) on Datix risk module;
- The current risk score is 'extreme' or 'high'; and
- The current risk score is either equal to or exceeds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

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

Total Number of Open Risks meeting criteria for reporting	4
New Risks since last reported to DDIC	0
Closed Risks since last reported to DDIC	0
Increase in Risk Score since last reported to DDIC ↑	0
Decrease in Risk Score since last reported to DDIC ↓	1 *
No Change in Risk Score since last reported to DDIC →	4
EXTREME (RED) Risks (based on 'Current Risk Score')	0
HIGH (AMBER) Risks (based on 'Current Risk Score')	4

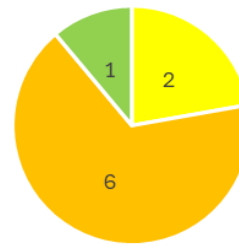
* Risk 1679 Risk to the delivery of digital transformation projects which are reliant on DHCW as planned due to conflicting priorities, was reported to DDIC in July 2025 but due to the decrease in the current risk score to 6 the risk no longer meets the criteria for reporting.

Current Level of Risks assigned to DDIC



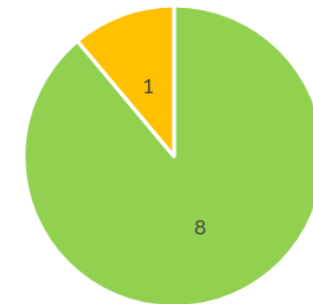
- HIGH (AMBER) Risks (based on 'Current Risk Score')
- MODERATE (YELLOW) Risks (based on 'Current Risk Score')

Risks split out by Clinical Care Group/Executive Function



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

Target Risk Score



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

Operational Risks Reportable to DDIC



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Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Current Risk Score*	Target Risk Score	Expected Date to Achieve Target Risk Score	Date of last risk review
1535 - Risk of unresponsiveness and limitations in Digital Transformation projects due to limited funding	Finance	Director of Finance	12 →	9	31/03/2026	19/07/2025
1719 - Risk of loss of Radiology services across the Health Board from 31 March 2025 due to delayed implementation of RISP	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	10 →	10	31/03/2026	07/08/2025
2029 - Risk of harm to patients and inadequate clinical governance in digital systems	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	8 →	4	31/03/2027	02/07/2025
1676 - Risk of lack of communications in or out of the Health Board due to UK PSTN telephone network switch off in 2025	Finance	Director of Finance	8 →	1	01/10/2025	08/08/2025

*any movement in the current risk score since the risk was previously reported to DDIC is denoted by the arrow under the current risk score.

Operational Risks assigned to DDIC sub committees



The Research & Innovation Sub Committee (RISC) and Information Governance Sub Committee (IGSC) report to DDIC, with current risk reports provided as below:

Research & Innovation Sub Committee (RISC)

A risk report for Research & Innovation risks, and a separate risk report for Tri Tech risks, are provided quarterly to RISC. All 3 operational risks, with a moderate current risk score, are reported.

Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score	Date of last risk review
1492 - Risk to research delivery funding due to Health and Care Research Wales funding fluctuations.	Medical	Medical Director	6	6	03/08/2026	05/08/2025
1508 - Risk of a lack of wider organisational support for TriTech and Innovation projects (Digital, IG and Clinical)	Medical	Medical Director	6	3	22/12/2025	05/06/2025
1511 - Risk that the regulatory climate may impact on opportunities to innovate	Medical	Medical Director	6	2	02/02/2026	12/05/2025

IGSC currently have 13 reportable risks, summarised on the next two slides.

The following risk themes are aligned to IGSC to receive assurance in relation to the process of management oversight, with subject matter experts receiving the themed risk registers on a bi-monthly basis:

- Information & Data Capture
- Information Governance
- Cyber Security

Operational Risks Reportable to IGSC (1 of 2)



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Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score	Date of last risk review
1993 - Risk of failure of Sidexis due to software being End of Life	Primary Care, Community, Strategy & Long Term Care	Director of Primary Care, Community and Long Term Care	16	6	31/03/2026	01/09/2025
1939 - Risk of data breach and non-compliance with information governance standards due to patient information being stored on MS Teams	Operational Allied Health Professions Health Sciences	Chief Operating Officer	15	8	31/07/2030	09/09/2025
1369 - Risk of non-compliance with data protection legislation for Corporate & Medical Records due to unclear locations and conditions	Finance	Director of Finance	15	6	29/08/2025	11/08/2025
2061 - Risk of loss of client data access due to potential change of Tier 2 service provider	Public Health	Director of Public Health	12	4	31/03/2026	27/06/2025
1988 - Risk of prolonged outage following cyber-attack caused by insufficient measures to recover	Finance	Director of Finance	12	4	30/12/2026	14/08/2025
1987 - Risk of cyber-attack caused by insufficient technical measures to protect against cyber-attack.	Finance	Director of Finance	12	8	30/12/2028	14/08/2025
1986 - Risk of cyber-attack caused by insufficient processes to manage security risk	Finance	Director of Finance	12	8	30/12/2028	14/08/2025

Operational Risks Reportable to IGSC (2 of 2)



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Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score	Date of last risk review
1898 - Risk to management of patient information due to lack of single electronic patient files	Community & Integrated Medicine	Chief Operating Officer	12	4	TBC	16/06/2025
1480 - Risk of losing touch with National Work programmes and not meeting statutory reporting obligations due to capacity	Finance	Director of Finance	9	3	31/10/2025	23/07/2025
1319 - Risk of patient harm due to inability to access and manage digital health documentation systems	Allied Health Professions Health Sciences	Director of Allied Health Professions & Health Sciences	9	6	TBC	20/06/2025
2058 - Risk of Welsh Radiology Information System (WRIS) Vulnerabilities due to insufficient patching and legacy operating system	Finance	Director of Finance	8	1	01/12/2025	08/08/2025
1562 - Risks to Information Systems Caused by Physical Security	Finance	Director of Finance	8	8	30/12/2025	08/08/2025
1474 - Risk of missing clinical information and increasing user workloads due to lack of appropriate system integration	Finance	Director of Finance	8	3	31/03/2026	23/07/2025

Risk themes



Risk owners can allocate themes to their risks, which allows the Health Board to share risk information on specific areas with relevant experts as part of the second line of defence. Risk themes provide assurance that a holistic approach to risk management is undertaken and enables the Health Board to better identify the risk appetite, risk capacity and total risk exposure in relation to each risk, group of similar risks, or generic type of risk.

The following risk themes are currently aligned to DDIC:

Themed Risk Register	Recipients	Date of last report
Capital-Digital	Head of Capital Planning, Digital Director, Head of Digital Operations, Capital Programme Manager Planning, Head of Digital Business & Engagement	05/09/2025
Digital Transformation	Digital Director, Head of Digital Operations, Head of Digital Innovation & Transformation, Head of Digital Business & Engagement	14/08/2025
ICT (Information and Communications Technology)	Digital Director, Head of Digital Operations, Head of Digital Business & Engagement, Cyber Security Manager	29/07/2025

These ‘themes’ are included on Datix and shared with the appropriate team leaders on a bi-monthly basis to improve the ‘oversight’ of risks by specialist areas and functions within the Health Board, to provide guidance to those responsible for managing risk and develop/improve organisational controls, i.e., policies, procedures, systems, processes, to reduce the risk to the Health Board.

Service leads receive a notification when risks with a ‘theme’ are entered on the Datix Risk Module. On review of the risk registers, theme leads identify any risks which may require further support, and the relevant risk owner and/or service is then contacted for further discussion when required.

The Sub-Committee’s role in respect of these themed risks is to receive assurance in terms of the management oversight of these, i.e., that advice has been provided to the management lead where appropriate on the management of the risk, as well assuring that any themes/trends have been picked up and addressed e.g., form part of work plans, training, etc.

Audits and Inspections - Overview



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

- Evidence that all recommendations from the Royal Colleges / Health Inspectorate Wales (HIW) and other reviews specific to Hywel Dda UHB are discharged and either verified or delivered or scheduled for delivery within the Health Board's longer-term improvement plan; and
- Demonstrate a prompt response to any HIW inspections, concerns, incidents, never-events, coroners requests and regulation 28s; *and*
- The Board acts on, and addresses appropriately, concerns raised through NHS regulators such as HIW.

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

AMaT enables services to directly update progress against all recommendations via one central system, promoting a consistent approach with regards to processes and reporting, improvement in transparency and accountability, supporting services with their governance arrangements, and improvement in information flow.

Progress is monitored via the utilisation of a traffic light system based on performance against original completion dates.

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

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

Audits and Inspection Reports assigned to DDIC



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

3.1.8 Seek assurance of the Health Board's compliance against relevant statutory requirements, internal and external standards and assessment criteria, via the Information Governance Toolkit, Cyber Assessment Framework (CAF) any other relevant requirements or assessments, and audits, inspections and reviews, including the implementation of Audit Wales, Health Inspectorate Wales and Internal Audit recommendations.

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

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

Since the last report to DDIC, the *Internal Audit Digital Strategic Partner Final Internal Audit Report 2024/25* has been closed.

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

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



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

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

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

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

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

3.1.20 Seek assurance on the delivery of the requirements arising from the Health Board's regulators, Welsh Government and professional bodies.

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

Welsh Health Circulars assigned to DDIC (1 of 2)



WHC	Issued On	Lead CCG / EF	Lead Director	Implementation Date	RAG Status	Associated risk (if applicable)	Barriers to implementation
032-22: Further extending the use of Blueteq in secondary care	21/03/23	Primary Care, Community Strategy & Long Term Care	Director of Primary Care, Community Strategy and Long Term Care	April 2024 N/K	External	N/A	<i>See progress update below</i>

Progress update

Progress continues on the national rollout of Blueteq. The All-Wales Blueteq Steering Group, supported by the All-Wales Therapeutics and Toxicology Centre (AWTTC), is finalising several drug-specific forms, with Rheumatology and Weight Management forms nearing completion (noting delays due to technical issues) and multiple additional forms for other therapeutic areas currently in development. The Health Board continues to support and contribute towards the development of these forms.

Once forms are available, implementation within our Health Board will consider operational workflows, clinical engagement and data capture requirements. While Blueteq supports governance and appropriate use of high-cost medicines, it is not primarily a pharmacy system, and its integration should reflect broader clinical and service-level workflows. Given the scale and complexity of implementation, additional resource may be required to proactively plan and coordinate the rollout across services.

While no formal timeline has been confirmed, Q4 of 2025/26 has been suggested as a feasible starting point, subject to national progress and local capacity.

Welsh Health Circulars assigned to DDIC (2 of 2)



Since the previous report to DDIC, the following WHCS have been implemented (**Green**):

WHC Ref	Name of WHC	Date Issued	Lead Director	Update
042-24	Introduction of the dictionary of medicines and devices (REISSUED)	22/01/2025	Director of Finance	<p>Approval for closure of this WHC was received from the Director of Finance on 13/08/2025.</p> <p>This WHC is considered during Digital procurement of systems using dictionary of medicines and devices (dm+d).</p>
026-25	The safe and responsible adoption of ambient voice technologies ('AI Scribes') in clinical and practice settings	04/08/2025	Director of Finance	<p>Approval for closure of this WHC was received from the Director of Finance on 13/08/2025.</p> <p>The UHB does not currently have any AI transient scribes for patient or clinical settings. The WHC has been attached to the UHB handover checklist for new projects, to ensure adherence to the WHC should any AI scribes be introduced.</p>



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

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

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

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

The following RAG status is applied to MDs:

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

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

3.1.20 Seek assurance on the delivery of the requirements arising from the Health Board's regulators, Welsh Government and professional bodies.

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

Ministerial Directions assigned to DDIC



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University Health Board

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

Progress update

Implementation of this MD is aligned to Welsh Health Circular 032-22 - “Further extending the use of Blueteq in secondary care” (see slide 15) which is also aligned to DDIC. The All-Wales Blueteq Steering Group, supported by the All-Wales Therapeutics and Toxicology Centre (AWTTC), is finalising several drug-specific forms and our Health Board continues to support and contribute towards the development of these forms.

The Health Board continues to engage with AWTTC to ensure readiness for implementation and is actively contributing to the development of drug-specific forms. A start date to begin implementation of Q4 2025/26 has been suggested but not formally confirmed (subject to national progress and local capacity).

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

Risk Management

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

Audits, Inspections and Regulatory Reports

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

Welsh Health Circulars

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

Ministerial Directions

- **RECEIVE ASSURANCE** that the Health Board is compliant with the NSIs (MDs) issued by Welsh Government; and
- **CHALLENGE** where assurances are inadequate Acts of Parliament, Acts of Senedd Cymru, Assembly Measures and Assembly Acts enable Welsh Ministers to develop more detailed legislation, known as secondary or subordinate legislation, usually by means of Statutory Instruments (SI).



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



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Hywel Dda
University Health Board

CORPORATE RISK REGISTER SUMMARY SEPTEMBER 2025

Risk Ref	Risk (for more detail see individual risk entries)	Executive Director	Domain	Previous Risk Score	Risk Score Sep-25	Trend	Target Risk Score (tolerable score)	Expected Date of achieving Target Risk Score	Risk on page no...
2079	Risk of loss of Pathology services across the Health Board due to delayed implementation of LIMS	Carruthers, Andrew	Service/Business interruption/disruption	4×5=20	4×5=20	→	1×5=5	30/01/2026 01/04/2026	6

RISK SCORING MATRIX

Likelihood x Impact = Risk Score					
Likelihood	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost Certain
Frequency - How often might it/does it happen? <small>(how many times will the adverse consequence being assessed actually be realised?)</small>	This will probably never happen/recur (except in very exceptional circumstances).	Do not expect it to happen/recur but it is possible that it may do so.	It might happen or recur occasionally.	It might happen or recur occasionally.	It will undoubtedly happen/recur, possibly frequently.
	Not expected to occur for years.*	Expected to occur at least annually.*	Expected to occur at least monthly.*	Expected to occur at least weekly.*	Expected to occur at least daily.*
* time-framed descriptors of frequency					
Probability - Will it happen or not? <small>(what is the chance the adverse consequence will occur in a given reference period?)</small>	(0-5%*)	(5-25%*)	(25-75%*)	(75-95%*)	(>95%*)
*used to assign a probability score for risks related to time-limited or one off projects or business objectives.					
Risk Impact Domains	Negligible - 1	Minor - 2	Moderate - 3	Major - 4	Catastrophic - 5
Safety of Patients, Staff or Public	Minimal injury requiring no/minimal intervention or treatment.	Minor injury or illness, requiring minor intervention.	Moderate injury requiring professional intervention.	Major injury leading to long-term incapacity/disability.	Incident leading to death.
	No time off work.	Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days.	Requiring time off work for 4-14 days. Increase in length of hospital stay by 4-15 days. Agency reportable incident. An event which impacts on a small number of patients.	Requiring time off work for >14 days. Increase in length of hospital stay by >15 days. Mismanagement of patient care with long-term effects.	Multiple permanent injuries or irreversible health effects. An event which impacts on a large number of patients.
Quality, Complaints or Audit	Peripheral element of treatment or service suboptimal.	Overall treatment or service suboptimal.	Treatment or service has significantly reduced effectiveness.	Non-compliance with national standards with significant risk to patients if unresolved.	Totally unacceptable level or quality of treatment/service.
	Informal complaint/inquiry.	Formal complaint.	Formal complaint -	Multiple complaints/ independent review.	Gross failure of patient safety if findings not acted on.
		Local resolution.	Escalation.	Low achievement of performance/delivery requirements.	Inquest/ombudsman inquiry.
		Single failure to meet internal standards.	Repeated failure to meet internal standards.	Critical report.	Gross failure to meet national standards/performance requirements.
		Minor implications for patient safety if unresolved.	Major patient safety implications if findings are not acted on.		
Reduced performance if unresolved.					

Workforce & OD	Short-term low staffing level that temporarily reduces service quality (< 1 day).	Low staffing level that reduces the service quality.	Late delivery of key objective/ service due to lack of staff.	Uncertain delivery of key objective/service due to lack of staff.	Non-delivery of key objective/service due to lack of staff.
			Unsafe staffing level or competence (>1 day).	Unsafe staffing level or competence (>5 days).	Ongoing unsafe staffing levels or competence.
			Low staff morale.	Loss of key staff.	Loss of several key staff.
			Poor staff attendance for mandatory/key training.	Very low staff morale. No staff attending mandatory/ key training.	No staff attending mandatory training /key training on an ongoing basis.
Statutory Duty or Inspections	No or minimal impact or breach of guidance/ statutory duty.	Breach of statutory legislation. Reduced performance levels if unresolved.	Single breach in statutory duty.	Enforcement action	Multiple breaches in statutory duty.
			Challenging external recommendations/ improvement notice.	Multiple breaches in statutory duty.	Prosecution.
			Improvement notices.	Improvement notices.	Complete systems change required.
			Low achievement of performance/delivery requirements.	Low achievement of performance/delivery requirements.	Low achievement of performance/delivery requirements.
Adverse Publicity or Reputation	Rumours.	Local media coverage – short-term reduction in public confidence. Elements of public expectation not being met.	Local media coverage – long-term reduction in public confidence.	National media coverage with <3 days service well below reasonable public expectation.	National media coverage with >3 days service well below reasonable public expectation. AMs concerned (questions in the Assembly).
	Potential for public concern.				Total loss of public confidence.
Business Objectives or Projects	Insignificant cost increase/ schedule slippage.	<5 per cent over project budget. Schedule slippage.	5–10 per cent over project budget. Schedule slippage.	Non-compliance with national 10–25 per cent over project budget. Schedule slippage. Key objectives not met.	Incident leading >25 per cent over project budget. Schedule slippage. Key objectives not met.
Finance including Claims	Small loss.	Loss of 0.1–0.25 per cent of budget.	Loss of 0.25–0.5 per cent of budget.	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget.	Non-delivery of key objective/ Loss of >1 per cent of budget.
	Risk of claim remote.	Claim less than £10,000.	Claim(s) between £10,000 and £100,000.	Claim(s) between £100,000 and £1 million.	Failure to meet specification/ slippage Claim(s) >£1 million.
Service or Business interruption or disruption	Loss/interruption of >1 hour. Minor disruption.	Loss/interruption of >8 hours.	Loss/interruption of >1 day.	Loss/interruption of >1 week.	Permanent loss of service or facility.
		Some disruption manageable by altered operational routine.	Disruption to a number of operational areas within a location and possible flow onto other locations.	All operational areas of a location compromised. Other locations may be affected.	Total shutdown of operations.
Environmental	Minimal or no impact on the environment.	Minor impact on environment.	Moderate impact on environment.	Major impact on environment.	Catastrophic/critical impact on environment.
Health Equity	Minimal or no impact on our attempts to improve health equity	Minor impact on our attempts to improve health equity or low level of certainty on the impact we are having on health equity	Moderate impact on our attempts to improve health equity or a lack of sufficient information that would demonstrate this. Indications that we are not having a positive impact on health improvement or health equity	Major impact on our attempts to improve health equity. Validated data suggesting that we are not improving the health of the most disadvantaged in our population whilst clearly supporting the least disadvantaged. Validated data suggesting we are having no impact on health improvement or health equity.	Validated data clearly demonstrating a disproportionate widening of health inequalities or a negative impact on health improvement and/or health equity.

RISK MATRIX




IMPACT ↓	LIKELIHOOD →				
	RARE	UNLIKELY	POSSIBLE	LIKELY	ALMOST CERTAIN
	1	2	3	4	5
CATASTROPHIC 5	5	10	15	20	25
MAJOR 4	4	8	12	16	20
MODERATE 3	3	6	9	12	15
MINOR 2	2	4	6	8	10
NEGLIGIBLE 1	1	2	3	4	5

RISK ASSESSMENT - FREQUENCY OF REVIEW

RISK SCORED	DEFINITION	ACTION REQUIRED (GUIDE ONLY)	MINIMUM REVIEW FREQUENCY
15-25	Extreme	Unacceptable. Immediate action must be taken to manage the risk. Control measures should be put into place which will have an effect of reducing the impact of an event or the likelihood of an event occurring. A number of control measures may be required.	This type of risk is considered extreme and should be reviewed and progress on actions updated, at least monthly.
8-12	High	Very unlikely to be acceptable. Significant resources may have to be allocated to reduce the risk. Urgent action should be taken. A number of control measures may be required.	This type of risk is considered high and should be reviewed and progress on actions updated at least bi-monthly.
4-6	Moderate	Not normally acceptable. Efforts should be made to reduce risk, providing this is not disproportionate. Establish more precisely the likelihood & harm as a basis for determining the need for improved measures.	This type of risk is considered moderate and should be reviewed and progress on actions updated at least every six months.
1-3	Low	Risks at this level may be acceptable. If not acceptable, existing controls should be monitored & reviewed. No further action or additional controls are required.	This type of risk is considered low risk and should be reviewed and progress on actions updated at least annually.

Assurance Key:

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

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

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

Date Risk Identified:	Nov-24
Strategic Objective:	

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

Risk ID:	2079	Corporate Risk Description:	<p>There is a risk of loss of Pathology services across the Health Board from 31st March 2026 affecting a wide range of services across primary, community and secondary care including urgent and emergency care.</p> <p>This is caused by the potential inability of Digital Health Care Wales (DHCW) and the contracted supplier to provide a functional, reliable and safe system to enable Health Board approval and mobilisation before funding ceases to support the LIMS Programme at the end of March 2026 and the hardware becomes end of life in August 2026. The System Build milestone is 12 months behind schedule and a significant volume of work is outstanding to provide a safe minimal viable product.</p> <p>This could lead to an impact/affect on a total loss of service resulting in potential serious harm to patients. The financial implications would be significant, this would include £53k for Telepath and £2-9m for hardware upgrade, these costs are indicative and yet to be confirmed by DHCW via a contingency plan. It would also detrimentally impact on the Health Board's ability to meet Ministerial priorities and targets including a significant proportion of diagnostic turn around and referral to treatment times. It would have an adverse impact on the reputation of the Health Board, and render it liable to increased complaints, litigation and scrutiny from external regulators, Welsh and UK governments. Outsourcing would be a difficult and costly approach and would need to be outside of Wales as this is a national concern. A year of contingency would be</p>
Does this risk link to any Directorate (operational) risks?		1526, 1352	

Risk Rating:(Likelihood x Impact)	
Domain:	Service/Business interruption/disruption
Inherent Risk Score (L x I):	5x5=25
Current Risk Score (L x I):	4x5=20
Target Risk Score (L x I):	1x5=5
Expected Date To Achieve TRS:	01/04/2026

Trend:	
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Rationale for CURRENT Risk Score:

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

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

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

The current national system (TCL2016) is provided by InterSystems on Digital Health and Care Wales (DHCW) hardware, the project involves development on the InterSystems Cloud as the software and hardware becomes end of life in Aug 2026.

Rationale for TARGET Risk Score:

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

On risk review in September 2025, the expected date to achieve the TRS was amended from January 2026 to April 2026.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
<p>Project plans in place both locally and nationally, they are monitored monthly. Local concerns are escalated to programme board. The Health Board have also raised concerns directly to the SRO.</p> <p>Project teams in place both locally and nationally, both meet weekly.</p> <p>Weekly meetings scheduled: HDU/SBU Leads, Technical Delivery and Testing Progress</p> <p>Regional Risks, Assumption, Issues and Decisions (RAID) Log is updated weekly and discussed monthly in the regional programme board including representatives from DHCW and InterSystems.</p> <p>Governance process are in place, Hywel Dda have raised and escalated the risk to LIMS 2.0 Programme board and direct to the national SRO on multiple occasions including in Feb 2025 with a proposal of an alternative plan. A joint all Wales Health Board letter to the SRO on 7th April 2025 led to agreement that the project plan needs to be re-set.</p> <p>Local contingency plans are in place for short term LIMS downtime.</p>	<p>No national contingency plan in place after 31st March 2026</p> <p>A local contingency plan is in place but will only enable continuity for up to 5 days. More long term contingencies would involve reliance on supplier middleware solutions and outsourcing for histology.</p> <p>Lack of resource to complete the build and configuration by DHCW and InterSystems; lack of resource to complete the volume of testing and validation currently required to meet current timescales.</p> <p>Ineffective and incomplete user acceptance testing as the system is not functional and reliable.</p> <p>Blood transfusion (BT) legacy data unavailable due to inaccuracies on</p>	<p>All Health Boards to work alongside DHCW and ISC to approve a national contingency plan, including extension of hardware and software provision for current system with costs and mechanisms to enact.</p>	<p>Jones*, Dylan</p>	<p>Completed</p>	<p>DHCW presented the current position to Health Board CEOs on 8th April and they have requested a detailed, costed, contingency plan is developed by DHCW and ISC for review by Health Boards.</p> <p>28/05/2025 - No contingency plan agreed at last LIMS Programme Board. Revised plan and costings to be provided by next programme board.</p> <p>26/06/2025 - Mitigation plan agreed in June Programme Board, changing from HB deployment to discipline deployment with Microbiology commencing in July and the final discipline (Blood transfusion) going live in Jan 2026. National contingency plan inc costings has been submitted to Health Board CEOs via DHCW.</p>

<p>unavailable due to inaccuracies on upload, therefore BT testing cannot be completed and the service will not meet regulatory compliance via the Medicines and Healthcare products Regulatory Authority (MHRA).</p> <p>26/06/2025 - Draft national contingency plan circulated to Health Board CEOs but not yet agreed. Additional funding will be required to support contingency plan, extending implementation into early 2026.</p> <p>17/07/2025 - LIMS Programme Board wrote to CEOs requesting approval for the new service by service mitigation plan. The proposal will take the programme into 2026 and consequently will have financial impact. DoD has circulated summary paper of proposal to execs, waiting CEO decision.</p>	<p>Review local contingency action plan and duration.</p>	<p>Jones*, Dylan</p>	<p>Completed</p>	<p>Short term contingency includes use of middle-ware and paper based processes which is not viable for more than 5 days.</p> <p>28/05/2025 - Local Business Continuity Plan already established and captured in Pathology BCP SOP (found on QPulse)</p> <p>Long term would be to prioritise urgent samples to be done manually and outsource all others to English laboratories. This would be logistically difficult and involve manual transcribing of results into WCP requiring significant staff resource, training and testing. This is practically not a viable option.</p>
<p>26/09/2025 - All Health Boards have agreed with extension of mitigation plan to March 2026. Currently we have timelines for tranche 1,2 (Cell Path go live -Nov 25) and 3 (Micro Go Live - Jan 26) but yet to determine timelines for tranche 4,5 (Blood Science and Transfusion)</p>	<p>To review staff resourcing to support testing requirements</p>	<p>Jones*, Dylan</p>	<p>Completed</p>	<p>There has been no agreed funding from the programme to support overtime in 2025/26.</p> <p>Review has highlighted increased staff resource requirements are 4 Biomedical Scientists (Only Agency BMS likely to be available) for 6 months. £39k x 4 - £156,000</p> <p>DHCW has explored the possibility of hiring an external resource company and will work with Health Boards on the approach in May/June.</p> <p>28/05/2025 - On going. DHCW continue to explore resource opt 28/08/2025 - Blood Transfusion BMS appointed on a fixed term/ part time basis to support legacy data and UAT testing.</p>

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed	By Who	By When	Progress
All Wales Project Timelines	Pathology Strategy Group	1st			CCG Q&S Committee 16-07-2025 - Pathology Mitigation Paper submitted by DoD.					
	Quality And Safety	2nd								
	LIMS 2.0 National Programme Board	3rd								
	Regular Communication with DHCW	2nd								

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Detailed Risk Decision	Review date
1535	Director of Finance	Digital	Digital	Thomas, Huw -	Tracey, Anthony	Williams, Carolyn	Williams, Carolyn	07-Nov-22	<p>There is a risk of that digital transformation programmes that could potentially enable improved patient care, patient outcomes and staff experience will be limited in pace and scope of delivery or may not progress at all.</p> <p>This is caused by there being limited funding for digital transformation which often requires investment. Conflicting priorities in the HDUHB and at Welsh Government level will make the next few years very challenging.</p> <p>This will lead to an impact/affect on our ability to deliver at pace and as planned, resulting in our ability to respond to the demands of our patients and services and an ability to meet targets such as RTT, 6 Goals, Cancer Pathway targets etc</p> <p>Risk location, Health Board wide.</p>	<p>Digital Transformation Roadmap to illustrate the planned project delivery in place and reviewed annually.</p> <p>Exec and board members are familiar with our digital transformation ambition and priorities.</p> <p>Proposed projects are costed and illustrate a ROI with a benefits realisation plan.</p> <p>Projects are submitted via the Digital Delivery Framework to ensure they are aligned with our strategic and planning objectives.</p> <p>New project approach being rolled out to ensure that business requests are prioritised and assessed appropriately to make the most of our limited resources.</p>	Business objectives/projects	3	4	12	<p>The current risk score reflects the importance of planning and prioritising however, due to funding cuts in the public sector and the fact that HDUHB remains in targeted intervention, it is still likely that some projects will not be supported due to limited funding.</p>	Publish an update to the Digital Response	Tracey, Anthony	Completed	<p>The Digital Enablement Plan (which went to Board in November 2023 and going back to Board in March 2024 for contract approval) which will bring in resources to help address this issue.</p> <p>Work continues to improve how we highlight to colleagues across the UHB the limited resources of Digital services which has enabled prioritisation of projects.</p> <p>Governance routes to support Business cases has been agreed however an update to the digital strategy is required to reflect the procurement of the strategic partner.</p> <p>Now that the strategic partner has been appointed, this can inform the ambition and direction of travel which will be encompassed into the future digital strategy.</p>	Digital, Data and Innovation Committee	3	3	9	The work with the strategic partner has provided support for the implementation of the current projects	Treat	19-Jul-25

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Detailed Risk Decision	Review date
															<p>Publish and share the DI&T delivery roadmap.</p>	Williams, Carolyn	Completed	<p>Timescales and project delivery are dependent on the outcome of the Board's approval of the Digital Enablement Plan and 2 Business Cases (going to Board in March and May 2024 respectively).</p> <p>The roadmap has been updated for Feb 25 and is being shared with directorates during strategic meetings as well as the Digital Programme Group on a monthly basis.</p> <p>Strategic partner procurement is now completed -awaiting sign off from Board Nov 2024. This will feed into the digital strategy , which the DI&T roadmap is a component. Roadmap - plan on a page provided and conversations around the structure and content being discussed.</p>								
															<p>Publish a refreshed Digital Response</p>	Tracey, Anthony	30/06/2025-31/12/2025	<p>Update at next review</p>								

DDIC Operational Risk Register

Date: September 2025

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Detailed Risk Decision	Review date
1719	Operational Allied Health Professions & Health Sciences	AHP&HS: Radiology	AHP&HS: Radiology	Carruthers, Andrew	Quarrie, Sara	Roberts-Davies, Gail	Roberts-Davies, Gail	19-Jun-23	<p>There is a risk of loss of Radiology services across the Health Board from 31 August 2026.</p> <p>This is caused by the delayed implementation of the All Wales Radiology Information Systems Procurement (RISP) programme, with the existing contract with Fuji ceasing prior to the implementation of the All Wales solution. This could be exacerbated by delays in the roll-out of the All Wales solution across other Health Boards in Wales.</p> <p>This will lead to an impact/affect on a total loss of services being delivered by the Radiology directorate across the Health Board and the loss of all radiology data held for patients, resulting in potential harm to patients, the inability to undertake diagnostic assessments, a detriment to the Health Board's ability to achieve ministerial priorities and targets. This will also have an adverse impact on the reputation of the Health Board, and render it liable to increased complaints, litigation and scrutiny from external regulators. There are also financial implications, with the current contract due to expire 31 August 2026.</p> <p>Risk location, Health Board wide.</p>	<p>Hywel Dda have initiated a new project board, with members attending from both Radiology and Digital Services and TORs in place</p> <p>Health Board attendance by colleagues from Radiology and Digital Services at monthly All Wales RISP programme meetings, hosted by Digital Health and Care Wales (DHCW) ensuring the Health Board stays informed of the All Wales position which may have an impact on Hywel Dda's contract and timelines</p> <p>Regular communication with senior colleagues in Finance</p> <p>All Wales Deployment order agreed</p>	Service/Business interruption/disruption	2	5	10	<p>The Radiology Information Systems Procurement (RISP) project is a Wales wide project and therefore Hywel Dda UHB timelines will be affected by any time delays accrued within the other Health Boards with implementation dates before Hywel Dda UHB. A contract extension has been obtained with Fuji to cover the period until 31st August 2026. It is anticipated that the new RISP system will be functional by September 2025 (this date has slipped from the original date of 30th June 2025)- as such, contingencies are in place to mitigate the risk to ensure continued service delivery. Due to revised dates, this now allows for the dual running of both systems. The likelihood rating of this risk has been reduced from 4 to 2 given the developments with contract negotiations providing additional contingency.</p> <p>04/07/2025 - Radiology Leadership fragility reducing capacity for Radiology team to update risks and are focused on keeping patients and staff safe with remaining leadership workforce. Therefore due date updated. SQ</p>	<p>To prepare and present a paper for August SRC In-Committee, highlighting revised options since the matter was presented at July 2023 Board</p> <p>Complete preparatory work (informatics and implementation plan) for our Health Board, with continued attendance at RISP meetings to monitor progress of other Health Boards and learn from delays encountered to avoid repeating errors before stable operations achieved.</p> <p>Appoint to a fixed term pathways project manager to manage the pathways and centralised booking work</p> <p>Confirmation received that the go live date for RISP has been delayed until 24/10/25</p>	<p>Roberts-Davies, Gail</p> <p>Roberts-Davies, Gail</p> <p>Procter, Sarah</p> <p>Procter, Sarah</p>	<p>Completed</p> <p>31/12/2025</p> <p>Completed</p> <p>11/01/2025</p>	<p>Paper has been prepared and presented, and outcomes of discussions at SRC In-Committee inform future actions for this risk and further update to Board in September 2023.</p> <p>Meetings progressing well with Philips. New HDd project manager is settling in well. PACS team are undertaking preparatory work. Keen engagement to be kept up with Philips.</p> <p>Local meetings are also taking place with Radiology PACS Manager, Head of Radiology, HB Digital Director and the Hywel Dda RISP project Manager. A local RISP board is due to be set up imminently which includes wider stakeholder engagement.</p> <p>This action has now changed in light of the intended work with the Digital team and potentially CGI. Additional RISP budget would be used to fund WTE via the Digital Team</p> <p>New action - need to ascertain if further slippage of date will increase risk.</p>	Digital, Data and Innovation Committee	2	5	10	<p>Once contracts have been agreed and renegotiated, this will reduce the likelihood of this risk occurring, with sufficient contingencies in place to manage any delays encountered by the project whilst being implemented.</p>	Treat	07-Aug-25

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1676	Director of Finance	Digital	Digital: Information and Communication Technology	Thomas, Huw	Tracey, Anthony	Jones, Gavin	Jones, Gavin	01-Dec-20	<p>There is a risk of to telephone communications into and out of the Health Board.</p> <p>This is caused by British Telecommunications (BT) progressing towards switching off their legacy Public Switched Telephone Network (PSTN), originally planned for 2025, in 2027. They ceased sale of some PSTN services in September 2023. This also covers the legacy Integrated Services Digital Network (ISDN).</p> <p>This will lead to an impact/affect on the effective delivery of services by the Health Board and introduce clinical risk when clinicians would be unable to phone or receive phone calls from patients. There would also be loss of contact with GPs and WAST, in particular the red phone. This would also impact on the monitoring of Drugs Fridge Alarms, Lift phones, Fire Alarms, intruder alarms, Estates Building management systems and any other equipment connected to the PSTN network.</p> <p>Risk location, Health Board wide.</p>	We have completed a full audit of our PSTN estate and this information is supporting the Telecomms modernisation programme in a move to modern telephone communication.	Service/Business interruption/disruption	2	4	8	<p>We have a programme in place to move away from the legacy PSTN environment and into modern communication technologies.</p> <p>As we move closer to the switch-off date, which was initially set as 2025 but now pushed back to 2027, the likelihood score may be increased depending on how the programme progresses. Work commenced in January 2024. In some areas of the UK, the switch-off has occurred earlier than planned which adds some unpredictability to the risk.</p>	<p>Complete audit of PSTN infrastructure</p> <p>Move legacy ISDN services to modern SIP services</p> <p>Move legacy PSTN services to modern SIP services</p>	Solloway, Paul	Completed	Audit completed by 3rd Party company and report provided to the Health Board	Digital, Data and Innovation Committee	1	1	1	All phones systems will be replaced with a VOIP solution so will not be impacted by the PSTN Switch off.	Treat	08-Aug-25

DDIC Operational Risk Register

Date: September 2025

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Detailed Risk Decision	Review date
2029	Operational Allied Health Professions & Health Sciences	Allied Health Professions and Health Sciences	AHP&HS: Physiotherapy	Carruthers, Andrew	Quarrie, Sara	Davies, John	Evans, Nick	21-Feb-25	<p>There is a risk of digital clinical records going missing or being altered with no mechanism to recover them or track changes. There is a risk that this leads to medico legal qualifying liability where records are not available to support investigations of incidents.</p> <p>There is the risk that the service is unable to investigate robustly investigate clinical concerns if records tracking is not available. There is a risk that the unavailability of records adversely impacts quality of care where clinical information of historical care is not available to inform current management plans for patients.</p> <p>This is caused by Physio services are currently utilising WPAS digital systems such as edocs. This is the best of the limited systems currently available to support digital records. the system does not track all changes to the records, does not save, archive and lock off previous entries, does not support document upload and does not have printing functionality.</p> <p>This will lead to an impact/affect on This could lead to an impact on the ability of the service to robustly respond to complaints and litigation issues. this could lead to impact on the services ability to robustly support clinical capability processes where there are fitness to practice concerns.</p> <p>Risk location, Health Board wide.</p>	Draft guidance document relating to the use of edocs system. Supplementary information (Eg referrals) scanned and held in shared drive	Safety - Patient, Staff or Public	4	2	8	There have not been high levels of lost digital records to date. The service is unable to monitor if records have been retrospectively altered due to limited audit functionality. It is not possible to fully mitigate the risk of lost records or inappropriate editing of records. The current system functionality does not meet national guidelines. Missing clinical records can adversely impact patient care and put the Health Board in a litigiously vulnerable position if complaints and concerns can not be investigated.	<p>Review of existing guideline document for the clinical use of the e docs system on WPAS. This will then need to be submitted to physio quality and safety forum and then directorate scrutiny via document control group.</p> <p>escalate clinical governance issues to informatics service with request to raise at national forum. Request time line on solutions to current issues or definitive confirmation is system will not be modified in the next 12 months.</p>	Evans, Nick	30/04/2025 31/07/2025	<p>Awaiting comments from physio service leads 24/03/25 - SOP completed barring Paediatric Physiotherapy, who are anticipating this to be completed within 2 weeks. Then to be presented and escalated to CCG. 22/05/25 - Paeds comments back. Ready for presentation and escalation to CCG.</p> <p>Pending feedback from informatics. Email request for update sent 28/02/2025. 22/05/25 - Further emails sent, no response.</p>	Digital, Data and Innovation Committee	2	2	4	Service to add rationale and expected date for TRS (date below added during administrative update by Assurance and Risk Team)	Treat	02-Jul-25

Report Title	Recommendation Reference	Recommendation	Management Response	Person Responsible	Original Completion Date	Current Due Date	Status (Red-behind schedule, Amber- on schedule, Green-complete)
Medicines Management in Acute Hospitals	AW_295A2015_002	R4a: Set out a clear timescale and funding plan for implementing inpatient electronic prescribing, electronic discharge and rolling out access to the Individual Health Record (IHR).	The Medicines Management Group will lead on the discussion and the inter-professional work needed so that a plan of action can be implemented. This recommendation will need an All Wales approach as it will be a huge project. All staff involved with medicines will have to be part of the project and there will need to buy in from director level down.	Owain Williams	Jun-16	N/A Mar-25 Mar-26 Apr-26	Red
IT Infrastructure	HDUHB-2223-24_003	R3. Suppliers should be monitored regularly, at annual review points, to ensure all contractual obligations, including claimed standards and accreditations for themselves and their staff are being maintained.	This recommendation is being picked up as part of the supply chain security workstream of our cyber programme where assurances will be sought at contract award and annual renewal of their standards and accreditations.	Daniel Owen	Jul-23	Jul-23 Oct-23 Apr-26	Red
Data Quality Final Internal Audit Report 2024/25	HDU-2425-28_004	R4. Information / Intelligence Strategy The health board does not currently have a formal information / intelligence strategy that outlines not only what the organisation aims to achieve with data but also how it intends to collect, manage, analyse and apply that data effectively to ensure a coordinated and systematic approach to utilising intelligence across teams and services. This absence impacts the ability to align efforts, prioritise key areas and effectively use data for decision-making.	The Digital Response requires refreshing, and “data” will be a key element to be document. As part of the data management and analytics plan, we will look to expand how the organisation will use this information to make informed decisions and create machine learning (ML) or generative artificial intelligence (AI)	Anthony Tracey	Aug-25	Oct-25	Red

5.2

5.2 - National and Regional Landscape

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

| For assurance

Attachments

[5.2 - DDIC - National - Regional Landscape - October 2025.pdf](#)

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:	National and Regional Landscape
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Executive Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Anthony Tracey, Digital Director

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

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to provide the committee with a clear and collaborative process for developing a regional digital transformation approach that reflects the unique needs, opportunities, and challenges of both Health Boards and also reflects the current national approach. Digital transformation is not simply about technology it is about reimagining how care is delivered, accessed, and experienced. This requires a shared vision, strong leadership, and meaningful engagement across all levels of the organisation and its partners.

Cefndir / Background

Digital transformation in healthcare is no longer a future ambition it is a present necessity. As a regional we need to seek to evolve our services to meet the needs of a digitally enabled population, this paper outlines a preparatory framework for developing a comprehensive regional digital transformation approach. Rather than jumping directly into solution design or technology procurement, this approach emphasises the importance of strategic alignment, stakeholder engagement, and readiness assessment.

The proposed “plan to make a plan” is a structured, phased process that ensures the final strategy is co-produced, clinically led, and citizen centred. It recognises the diversity of digital maturity across the region and the need to harmonise efforts across health, care, and community services. By focusing first on governance, discovery, and co-design, the Health Boards can build a strong foundation for sustainable transformation.

This paper also acknowledges the importance of aligning with national frameworks such as “What Good Looks Like,” “A Healthier Wales,” and the Digital Services for Patients and the Public programme. It seeks to position the Health Boards as a proactive leader in digital innovation, capable of leveraging national investment and partnerships to deliver local impact.

Ultimately, this document is not the strategy itself, but a blueprint for how to create one. It sets out the rationale, objectives, phases, governance, risks, and next steps required to ensure that the eventual digital transformation strategy is robust, inclusive, and future proof.

Asesiad / Assessment

To develop a robust and deliverable plan that fulfils the ambition of the Health Boards, the proposed planning process is designed to achieve several strategic objectives that will underpin the success of the eventual digital transformation strategy. First and foremost is stakeholder engagement. Transformation cannot be imposed from the top down it must be co-created with those who deliver and receive care. This includes clinicians, operational staff, digital teams, patients, carers, and community representatives.

Secondly, the process must assess the current state of digital maturity across the region. This involves understanding existing capabilities, infrastructure, systems, and workforce readiness. Tools such as the “What Good Looks Like” framework can provide a structured way to benchmark progress and identify gaps. This baseline will inform priorities and help tailor the strategy to local needs.

Third, the planning process must define shared outcomes. What does success look like for the region? Is it improved access to services, better use of data, reduced health inequalities, or enhanced staff experience? By agreeing on these outcomes early, the Health Board can ensure that the strategy remains focused and measurable.

Finally, the process must establish robust governance. This includes setting up a steering group, defining roles and responsibilities, and creating mechanisms for accountability and decision-making. Governance is not just about oversight it is about enabling progress, resolving conflicts, and ensuring that the strategy remains aligned with organisational and regional goals.

Proposed Phases

The planning process is structured into four key phases: Mobilisation, Discovery, Co-Design, and Strategy Planning. Each phase builds on the previous one, creating a logical and inclusive pathway toward strategy development.

- **Phase 1: Mobilisation** involves establishing a Regional Digital Steering Group. The mobilisation phase also includes securing initial resources, defining the scope of the strategy, and setting up programme management structures (see later section for progress)
- **Phase 2: Discovery** focuses on understanding the current landscape. This includes conducting a digital maturity assessment, mapping existing initiatives, and identifying gaps. The discovery phase should also explore national frameworks and best practices to inform local thinking. The partnership with CGI will be utilised to facilitate and accelerate this work.
- **Phase 3: Co-Design** is where the vision and priorities begin to take shape. Regional workshops should be held to define guiding principles, shared outcomes, and transformation themes. This phase should also identify key enablers such as data, workforce, infrastructure, and governance. Co-design ensures that the strategy reflects the voices of those who will implement and benefit from it.
- **Phase 4: Strategy Planning** involves developing a detailed project plan for the strategy itself. This includes defining deliverables, timelines, engagement milestones, and evaluation methods. Communications and change management plan will also be prepared to support implementation. By the end of this phase, the Health Boards will be

ready to begin drafting the full digital transformation strategy ready for adoption and implementation.

Risks and Mitigations

There is a risk of misalignment with national priorities, which could result in missed funding opportunities or duplication of effort. To mitigate this, the planning process should include regular liaison with Digital Health and Care Wales (DHCW), Welsh Government, and other national bodies. This will ensure that the strategy complements and contributes to broader digital health ambitions.

Resource constraints are also a potential challenge, particularly in terms of time, funding, and capacity. The Health Boards will seek to leverage existing programmes, partnerships, and funding streams to support the planning process. This includes exploring opportunities for joint investment with local authorities, universities, and third sector organisations.

Finally, scope creep can undermine focus and delay progress. To mitigate this, the planning process must have a clearly defined scope, with phased delivery and regular checkpoints.

Progress to Date (Mobilisation Phase)

Digital teams from across the Health Boards convened to explore opportunities for deeper collaboration and alignment in support of regional transformation. The meeting brought together colleagues from operational digital services, innovation, infrastructure, and data, creating a space for open dialogue and shared learning. The session was designed to foster a collective understanding of current priorities, challenges, and opportunities for joint working.

A key focus of the discussion was identifying areas where teams could work more closely together. Participants highlighted several domains ripe for collaboration, including shared data platforms, digital inclusion initiatives, workforce development, and citizen-facing services. There was strong consensus that siloed working must be replaced by integrated planning and delivery, particularly as regional programmes increasingly span organisational boundaries.

The meeting also surfaced the strengths within the digital teams. Attendees recognised the depth of technical expertise, the commitment to service improvement, and the growing culture of innovation across the region. Examples were shared of successful cross-team projects, such as the rollout of remote monitoring tools and the integration of digital triage systems. These successes demonstrate the potential for scaling collaborative efforts and embedding digital transformation into everyday practice.

Local and regional programmes were discussed in detail, with attention given to both opportunities and issues. While national initiatives such as the NHS Wales App and LIMS 2.0 offer valuable infrastructure, participants noted the need for local flexibility and responsiveness. Concerns were raised about programme overlaps, resource constraints, and the pace of change. There was agreement that clearer governance and communication channels are needed to ensure alignment and avoid duplication.

The meeting concluded with a set of proposed task and finish groups to guide future collaboration (**Appendix 1**) each with a realistic timeline. These included the development of a shared digital roadmap, the establishment of thematic working groups (e.g. data, inclusion, infrastructure), and the creation of a regional digital forum for ongoing engagement. Teams

also committed to co-developing a digital maturity baseline and exploring joint funding opportunities.

1. Develop a Shared Digital Roadmap

A working group will be established by end of August 2025 to begin drafting a regional digital roadmap. This will align local and national priorities and identify key transformation themes. A first draft is targeted for October 2025, with final sign-off by December 2025.

2. Establish Thematic Working Groups

Thematic groups (e.g. Data & Intelligence, Infrastructure, Digital Inclusion, Clinical Systems) will be launched by August 2025. Each group will have a clear remit and reporting structure, with initial outputs expected by December 2025.

3. Create a Regional Digital Forum

A quarterly digital forum will be launched in November 2025 to support ongoing engagement, knowledge sharing, and innovation. The forum will include representatives from all digital teams, clinical leads, and external partners.

4. Co-develop a Digital Maturity Baseline

A digital maturity self-assessment will be conducted using the “What Good Looks Like” framework, starting in September 2025. Results will be analysed and shared by November 2025, informing the roadmap and investment planning.

5. Explore Joint Funding Opportunities

A task-and-finish group will be formed by October 2025 to identify and pursue regional funding bids, including opportunities through Welsh Government.

These timelines are intended to balance ambition with deliverability, ensuring that momentum is maintained while allowing for meaningful engagement and quality outputs. Progress will be reviewed monthly by a digital leadership group, with updates shared through the regional digital forum.

Progress to Date (Discovery Phase)

The Health Boards are not starting from scratch, they are building on a solid base of digital initiatives, many of which are already delivering value. The approach reflects a clear understanding of the challenges and opportunities, and a commitment to inclusive, patient-centred, and data-driven care.

By positioning ourselves as a ‘fast follower,’ we can leverage proven models to accelerate safe adoption and scale innovation effectively. Our strong focus on governance, ethics, and collaboration reinforces our role as a trusted digital leader within NHS Wales.

National Versus Regional Approach: Working Together for Digital Transformation

NHS Wales’ digital transformation is underpinned by a strong national vision, with frameworks and programmes such as the Digital Health and Care Strategy, Welsh Clinical Portal, National Data Resource, and the NHS Wales App providing a consistent foundation for all health boards. The national approach ensures alignment on standards, interoperability, and investment, enabling the scaling of successful innovations and the delivery of equitable, high-quality care across Wales.

At the same time, regional collaboration is essential to ensure that national ambitions are translated into meaningful local impact. Health boards within the region are working closely together to align priorities, share expertise, and coordinate the implementation of digital initiatives. This includes the establishment of regional steering groups, thematic working groups, and digital forums that bring together operational, clinical, and technical leaders to co-design solutions and address shared challenges.

By maintaining regular liaison with Digital Health and Care Wales (DHCW), Welsh Government, and other national bodies, the region ensures that its digital strategy both complements and contributes to national objectives. Regional working enables the tailoring of national programmes to local needs, such as digital inclusion, workforce development, and service redesign, while avoiding duplication and maximising the value of collective investment. This integrated approach, where national direction is balanced with regional delivery and innovation, strengthens the ability of NHS Wales to deliver sustainable digital transformation. It ensures that patients, staff, and communities benefit from both the scale of national programmes and the responsiveness of local action, positioning the region as a proactive partner and leader within the wider NHS Wales digital landscape.

Digital Infrastructure and Platforms

A key element of the national strategy is the development and deployment of shared digital infrastructure and platforms. Notable national programmes include:

- **Welsh Clinical Portal (WCP):** A unified digital platform providing clinicians with access to patient records, test results, and clinical documentation across Wales.
- **National Data Resource (NDR):** A centralised data platform designed to enable secure sharing and analysis of health and care data, supporting population health management and research.

Workforce and Digital Skills

The national approach also recognises the importance of developing digital skills and leadership across the workforce. Programmes such as the **Digital Capability Framework** and the establishment of clinical informatics roles (e.g., Chief Clinical Information Officers) are being rolled out to ensure that all professionals can confidently use new technologies. This focus on workforce development is critical to maximising the benefits of digital transformation and ensuring that change is embraced at every level.

Patient-Centred Innovation

Central to the national digital strategy is a commitment to patient-centred care. Digital tools are being used to empower patients, improve access to services, and support self-management.

Examples include:

- **Patient Knows Best (PKB):** A digital platform enabling patients to access their health records, communicate with care teams, and manage their own health.
- **NHS Wales App:** The NHS Wales App provides secure, bilingual access to key NHS services, including appointment booking, repeat prescriptions, and parts of the health record. It empowers patients to manage their healthcare digitally, supports self-care, and reduces administrative workload for staff, making it a central part of NHS Wales' digital transformation.

Next Steps

The immediate priority is to complete mobilisation activities, including finalising governance structures, establishing the Regional Digital Steering Group, and launching thematic working groups focused on data, infrastructure, inclusion, and clinical systems. Work will continue on developing a shared digital roadmap, informed by a regional digital maturity assessment, to ensure alignment with both national and local priorities. In parallel, the region will advance its AI strategy, forming an AI Oversight Committee and prioritising pilot projects that deliver measurable benefits. Ongoing engagement with national bodies and partners will be maintained to ensure our regional approach complements and contributes to the wider NHS Wales digital transformation agenda.

Conclusion

By working collaboratively at both national and regional levels, we are building a robust foundation for sustainable digital transformation. Our approach balances the consistency and scale of national programmes with the flexibility and responsiveness of regional delivery. Through strong governance, stakeholder engagement, and a commitment to continuous improvement, we are well positioned to deliver meaningful digital change that benefits patients, staff, and communities across Wales. The next phase will focus on turning strategic plans into action, ensuring that our digital ambitions are realised and that the region remains a proactive leader within NHS Wales.

Argymhelliad / Recommendation

The Committee are requested to:

- **SUPPORT** the phased approach to developing a regional digital transformation approach, ensuring alignment with national priorities and local needs.
- **SUPPORT** governance structures, including the Regional Digital Steering Group and thematic working groups, to drive collaboration and accountability.
- **SUPPORT** the advancement of AI as a strategic enabler by establishing an AI Oversight Sub-Committee, defining governance standards, and prioritising pilot use cases.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

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

Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	9 Digital plan All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

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

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	The coordinated national and regional approach to digital transformation enables more effective use of resources by reducing duplication, leveraging collective investment, and maximising economies of scale. Joint planning and delivery of digital initiatives support cost efficiencies and ensure that services are optimised to meet both national standards and local needs. This approach not only delivers better value for money but also enhances service quality, resilience, and accessibility for patients and staff across the region.
Ansawdd / Gofal Claf: Quality / Patient Care:	The integrated national and regional digital approach enhances the quality and safety of patient care by enabling better access to information, supporting more coordinated and efficient clinical workflows, and empowering patients through digital tools. This leads to improved patient outcomes, greater consistency in care delivery, and a more responsive, patient-centred health service across the region.
Gweithlu: Workforce:	The coordinated national and regional digital strategy supports workforce development by promoting shared

	<p>training, upskilling, and collaboration across health boards. This approach empowers staff to adopt new technologies confidently, enhances digital capability, and fosters a culture of innovation and continuous improvement throughout the organisation.</p>
<p>Risg: Risk:</p>	<p>A coordinated national and regional digital strategy helps to identify, manage, and mitigate risks associated with digital transformation. By aligning governance, sharing best practices, and maintaining clear communication channels, this approach reduces the likelihood of duplication, system incompatibility, and project failure—ultimately supporting safer, more resilient, and sustainable digital services.</p>
<p>Cyfreithiol: Legal:</p>	<p>A coordinated national and regional digital strategy supports compliance with statutory, regulatory, and data protection requirements. By aligning with national frameworks and standards, and ensuring robust governance, this approach reduces the risk of legal or regulatory breaches and helps the organisation meet its legal obligations in delivering digital health services.</p>
<p>Enw Da: Reputational:</p>	<p>A coordinated national and regional digital strategy demonstrates the organisation’s commitment to innovation, collaboration, and high standards of care. By delivering visible improvements and aligning with national priorities, this approach enhances the organisation’s reputation as a leader in digital health, building trust and confidence among patients, staff, partners, and the wider community.</p>
<p>Gyfrinachedd: Privacy:</p>	<p>Not applicable</p>
<p>Cydraddoldeb: Equality:</p>	<p>Not applicable</p>

Appendix 1:

Strategic Outputs – Leads (Anthony / Matt)

Regional Digital Operating Model

- Define a clear model that balances local innovation, regional collaboration, and national infrastructure.
- Ensure interoperability, subsidiarity, and shared accountability across all levels.

Governance Framework

- Establish a regional governance structure to align priorities, manage shared resources, and oversee joint initiatives.
- Include representation from clinical, digital, and operational leadership across health boards.

Operational Outputs (Digital Ops Teams)

Shared Digital Infrastructure Plan

- Develop a roadmap for shared platforms, data centres, and support models.
- Hosting strategy
- Include timelines for implementing systems like Digital Pathology, Radiology Transformation and BadgerNet.

Joint Cybersecurity and IG Strategy

- Create virtual centres for cybersecurity training and governance.
- Pool resources to enhance resilience and compliance.

Regional Support Model

- Design a scalable support model supports cross-board operations and remote support.

Transformation & Innovation (Transformation Teams)

Shared Transformation plan

- Include timelines for implementing systems like Digital Pathology, Radiology Transformation, BadgerNet, and DECP.
- Develop a business case pipeline as a region to move us towards and EHR.

Digital First Principle

- Design services that are digital by default, but not digital only.
- Ensure all new service developments are assessed for digital delivery potential before considering traditional models.
- Promote self-service, remote monitoring, and virtual care where clinically appropriate.
- Removal of “Paper”

Analytical & Innovation Outputs (Data Teams)

Data Science & AI Collaboration Framework

- Define shared goals for AI development, dashboarding, and data analytics.
- Identify opportunities for joint investment and innovation.

Engagement & Enablement Outputs (Business Leads)

- Map digital expertise across health boards.
- Create a model for smart resourcing and knowledge exchange.
- Engage clinicians, patients, and digital teams in co-designing regional solutions.
- Ensure consistent communication and change management support.
- Business Case Writing / Procurement

6

0 Mins

6 - For Approval

6.1

6.1 - Policies for Approval

There are no policies for approval.

7

0 Mins

7 - For Information

7.1

7.1 - Artificial Intelligence and the Welsh Language Regulatory Policy Statement

| For information

Attachments

[7.1 Deallusrwydd Artiffisial a'r Gymraeg- Datganiad Polisi Rheoleiddiol.pdf](#)



At sylw:
Prif Weithredwyr

Trwy e-bost

07/08/2025

Annwyl Brif Weithredwr,

Deallusrwydd Artiffisial a'r Gymraeg: Datganiad Polisi Rheoleiddiol

Rwy'n falch o allu rhannu gyda chi ein datganiad polisi rheoleiddiol newydd ar ddeallusrwydd artiffisial (DA) a'r Gymraeg, sy'n cael ei gyhoeddi heddiw ar faes yr Eisteddfod Genedlaethol yn Wrecsam. Mae'r datganiad polisi ar gael ar ein gwefan yma – [Deallusrwydd Artiffisial a'r Gymraeg: Datganiad Polisi Rheoleiddiol](#)

Mae'r datganiad yn cynnig arweiniad a chymorth ymarferol i sefydliadau wrth iddynt ddechrau neu barhau i ddefnyddio technolegau DA wrth gynllunio a darparu gwasanaethau. Wrth i DA ddod yn rhan gynyddol o'r ffordd rydym yn gweithio, mae'n hanfodol sicrhau bod hawliau ieithyddol siaradwyr Cymraeg yn cael eu parchu, a bod dyletswyddau statudol yn parhau i gael eu cyflawni'n llawn.

Rydym yn pwysleisio'r angen i fabwysiadu dull rhagofalus wrth reoleiddio defnydd o DA – gan sicrhau bod unrhyw risgiau posibl i'r Gymraeg yn cael eu hystyried yn gynnar, ac nad yw technoleg yn tanseilio hygredded gweithrediad safonau'r Gymraeg, nac ymddiriedaeth y cyhoedd yn y gwasanaethau a ddarperir yn eu sgil. Mae'r egwyddor ragofalus hon yn ganolog i'n dull gweithredu.

Mae'r datganiad yn amlinellu egwyddorion allweddol ar gyfer defnyddio DA mewn ffordd sy'n cynnal ac yn hyrwyddo'r Gymraeg, ac yn nodi disgwyliadau clir o ran cydymffurfiaeth â Safonau'r Gymraeg. Rydym hefyd yn cynnig enghreifftiau ac adnoddau i gefnogi sefydliadau i weithredu'n gyfrifol ac yn rhagweithiol yn y maes hwn.

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Correspondence welcomed in Welsh and English

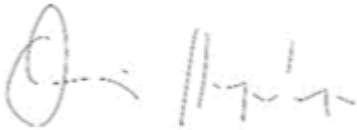
welshlanguagecommissioner.wales

Bydd cyfle i drafod y datganiad polisi ymhellach gyda ni fel rhan o'n [digwyddiad rhithiol](#) ar 16 Medi, lle byddwn yn archwilio'r goblygiadau ymarferol i sefydliadau ac yn ateb cwestiynau.

Os oes gennych unrhyw gwestiynau neu os hoffech drafod y datganiad yn y cyfamser, peidiwch ag oedi rhag cysylltu â'n tîm.

Gyda diolch am eich cydweithrediad parhaus.

Yn gywir



Osian Llywelyn

Dirprwy Gomisiynydd y Gymraeg a Chyfarwyddwr Rheoleiddio



For the attention of:
Chief Executives

By e-mail

07/08/2025

Dear Chief Executive,

Artificial Intelligence and the Welsh Language: Regulatory Policy Statement

I am pleased to share with you our new regulatory policy statement on artificial intelligence (AI) and the Welsh language, published today at the National Eisteddfod in Wrexham. The policy statement is available on our website here – [Artificial Intelligence and the Welsh Language: Regulatory Policy Statement](#)

The statement provides practical guidance and support for organisations as they begin or continue to use AI technologies in the planning and delivery of services. As AI becomes an increasingly integral part of how we work, it is essential that the linguistic rights of Welsh speakers are respected, and that statutory duties continue to be fully met.

We emphasise the need to adopt a precautionary approach when regulating the use of AI – ensuring that any potential risks to the Welsh language are considered at an early stage, and that technology does not undermine the integrity of the Welsh language standards or public trust in the services delivered as a result. This precautionary principle is central to our regulatory approach.

The statement sets out key principles for using AI in ways that support and promote the Welsh language and outlines clear expectations in relation to compliance with the Welsh language standards. We also provide examples and resources to help organisations act responsibly and proactively in this evolving area.

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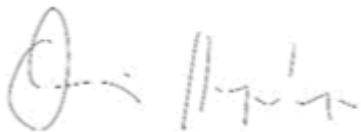
welshlanguagecommissioner.wales

There will be an opportunity to discuss the policy statement further with us as part of our [virtual event](#) on 16 September, where we will explore the practical implications for organisations and respond to questions.

If you have any questions or would like to discuss the statement in the meantime, please don't hesitate to contact our team.

Thank you for your continued cooperation.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Osian Llywelyn', written in a cursive style.

Osian Llywelyn

Deputy Welsh Language Commissioner and Director of Regulation

7.2

0 Mins

7.2 - DDIC Workplan 2025/26

| For information

Attachments

[DDIC Work Programme 2025-26 v2.pdf](#)

DIGITAL, DATA AND INNOVATION COMMITTEE WORK PLAN APRIL 2025 – MARCH 2026

Currently, Digital, Data and Innovation Committee (DDIC) meets quarterly. Based on this, the following table represents a proposal to incorporate the duties as outlined in the Committee's Terms of Reference into a basic work plan April 2025 – March 2026.

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	22 Apr 2025	22 Jul 2025	7 Oct 2025	15 Jan 2026	Apr 2026
Governance and Risk							
Welcome and Apologies	Chair	All	✓	✓	✓	✓	
Declarations of Interests	Chair	CSO	✓	✓	✓	✓	
Minutes from previous meeting	Chair	CSO		✓	✓	✓	
Matters Arising (not on agenda)	Chair	All		✓	✓	✓	
Table of Actions (ToAs)	Chair	CSO		✓	✓	✓	
DDIC Terms of Reference (TORs) Review (12.1)	Chair	JW	✓				✓
DDIC Annual Report (10.4.1)	Chair	CSO					✓
Self-Assessment of Committee Effectiveness: Outcome Report (10.5)	Chair	JW					✓
Assurance on Governance Arrangements Report: combined report including: <ul style="list-style-type: none"> Corporate Risks Assigned to DDIC (3.1.20) Operational Risks Assigned to DDIC (3.1.20) Internal and External Audit Reports (3.1.8) Monitoring of Ministerial Directions Monitoring of Welsh Health Circulars (WHCs) 	HT	RW	✓ V	✓	✓	✓	✓
National and Regional Landscape	HT	HT		D	✓		
Digital							
Digital Context Report	HT	AT	✓				
Digital Strategic Plan (2.1.1 & 3.1.1) (PO9)	HT	AT	✓	✓	✓	✓	
Digital Annual Plan (PO9)	HT	AT	✓				
Summary of Progress against Board Approved Business Cases	HT	AT	✓				
Digital Partner Update	HT	AT	✓	✓	✓	✓	

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	22 Apr 2025	22 Jul 2025	7 Oct 2025	15 Jan 2026	Apr 2026
Recommendations of Patient Flow and E-Obs	HT	AT		✓			
RISP – Radiology Informatics System Programme <ul style="list-style-type: none"> RISP – Feedback on how the system is working 	HT	AT		✓	✓		
LIMS – Laboratory Information Management System	HT	AT		✓			
Cyber Security Updates incl CAF compliance (3.1.8 & 10) – In-Committee	HT	AT	✓	✓	✓	✓	
Digital Inclusion (from SRC workplan)	HT	AT		✓		✓	
Planning Objective (PO) Update Report (3.1.18)	HT	DW		✓			
Proposal of Ambient AI within the Health Board <ul style="list-style-type: none"> Mini proposal on the use of AI Scribes 	HT	DW		✓	D	✓	
Digital leadership with Allied Health Professionals and Health Scientists (action from DDIC 22/4/25)	HT	AT			✓		
Digital Innovation & Transformation Benefits Realisation Report 2024/25	HT	AT			✓		
In Year Delivery of Programmes	HT	AT			✓		
Data							
Data Context Report	HT	AT	✓				
Current use of AI	HT	AT	✓				
Information Governance Sub-Committee (IGSC) 3A's update (10.3)	AT		✓	✓	✓	✓	
IGSC Workplan (3.1.24)	AT		✓				✓
IGSC Annual Report (10.4.1)	AT		D	D	✓		✓
Annual Review IGSC TORs (10.3)	AT		✓				✓
Data Quality Report (3.1.9) <ul style="list-style-type: none"> Data Quality Deep Dive 	AT			✓	✓		
Data Protection Impact Assessment Assurance Report (3.1.11)	HT	AT				✓	
Information Governance Assurance Report (2.1.3, 3.1.6,7 & 8)	HT	AT		D	✓		
Analytical and Modelling Work	HT	AT			✓	✓	
Research and Innovation							
Research and Innovation Context Report	LP	CH/SH	✓				

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	22 Apr 2025	22 Jul 2025	7 Oct 2025	15 Jan 2026	Apr 2026
Research and Innovation Sub-Committee (RISC) 3A's update (10.3)	LP	CH/SH	✓	✓	✓	✓	
<ul style="list-style-type: none"> Update on commercial research delivery 	LP	SH			✓		
<ul style="list-style-type: none"> Update on support embedding R&I in the health board 	LP	SH				✓	
<ul style="list-style-type: none"> Update on oncology research trials 	LP	SH				✓	
Annual Review RISC TORs (10.3)	LP	CH	✓				✓
RISC Workplan (3.1.24)	LP	CH	✓				✓
Research & Development Implementation of the NHS Framework and Strategic Plan (10.4.1)	LP	CH	✓	✓			✓
Research and Development Framework Annual Update	MH	CH/SH				✓	
Commercialisation of Research, Innovation (TriTech Business Plan and KPI Monitoring for TriTech Institute) (3.1.17)	LP	CH/SH				✓	
TriTech Peer Review Report	LP	CH		✓			
TriTech Business Plan	LP	CH				✓ & IC	
Research & Innovation Annual Report (3.1.15)	LP	CH/SH	✓				
University Partnership Arrangements Update (3.1.16)	LP	CH/SH	✓			✓	
For Approval							
Policies (as required) (3.1.24)	HT	HT	✓	✓	✓	✓	
Business Cases (as and when required for scrutiny before onward ratification at Board) (3.1.5) <ul style="list-style-type: none"> Draft Business Case on single point of contact, patient service centre and possibly CRMPRM consultation 	HT	AT		✓	✓	✓	
Administration							
Agenda setting meeting with Chair & Exec Lead (at least 6 weeks before the meeting)	CSO	N/A	✓	✓	✓	✓	
Draft agenda to go to Executive Team	CSO	N/A	✓	✓	✓	✓	
Call for papers (at least 6 weeks before the meeting to receive papers at least 14 days	CSO	N/A	✓	✓	✓	✓	

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	22 Apr 2025	22 Jul 2025	7 Oct 2025	15 Jan 2026	Apr 2026
before the meeting							
Disseminate agenda/papers 7 days prior to meeting	CSO	N/A	✓	✓	✓	✓	
Issue a draft TOA within two days of the meeting	CSO	N/A	✓	✓	✓	✓	
Circulate minutes and TOA to the Lead Director within 7 days of meeting	CSO	N/A	✓	✓	✓	✓	
Issue minutes and TOA to Members (including the Committee Chair) following Lead Director review	CSO	N/A	✓	✓	✓	✓	

Chair: Maynard Davies **Vice Chair:** Chantal Patel **Lead Executive:** Huw Thomas

HT Huw Thomas
RW Rachel Williams
CH Chris Hopkins

JW Joanne Wilson
DW Daniel Warm
SH Sally Hore

MH Mark Henwood
SA Shaun Ayres
CSO Committee Services Officer

AT Anthony Tracey
LG Leighton Phillips
D Deferred

V Verbal

8

10 Mins

8 - Any Other Business

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

9 - Date and Time of next meeting

9.30am-12.30pm Thursday 15 January 2026