Pwyllgor Digidol, Data ac Arloesi/ Digital, Data and Innovation Committee

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	20 October 2026
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Digital Strategic Plan, In-Year Delivery of Programmes and Planning Goal 5: People First, Digital Always
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Huw Thomas, Executive Director of Finance
SWYDDOG ADRODD: **REPORTING OFFICER:**	Anthony Tracey, Director of Digital, Data and Technology Carolyn Williams, Head of Digital Transformation & Programmes Anthony Smith, Chief Clinical Information Officer Anna Harries, Chief Nursing Information Officer

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

WADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report provides the Digital, Data and Innovation Committee (DDIC) with assurance on the developing Digital Strategic Plan and the in-year delivery of seven priority transformation programmes. The strategic direction is moving from broad ambition to a more disciplined, sequenced and measurable delivery model, aligned to the Health Board's objectives and Planning Goal 5: People First, Digital Always.

Cefndir / Background

The Digital Strategic Plan is being developed as the Health Board's strategic delivery response to the ambitions set out in A Healthier Mid and West Wales (AHMWW) Strategy for 2026–2031. It will establish a common direction for digital, data and technology, centred on Planning Goal 5: People First, Digital Always, and will connect long-term ambition with prioritisation, investment and delivery through the Integrated Medium Term Plan (IMTP) and Annual Plan. The approach recognises that digital transformation is not technology alone: it requires coordinated service and pathway redesign, trusted data, appropriate infrastructure, workforce capability, leadership and sustained organisational change.

The developing strategic plan is structured around three connected outcome themes—patient experience, staff experience and operational excellence—and a five-year roadmap covering integrated electronic records, patient-facing services, safer clinical workflows, operational insight, interoperability, resilient digital foundations and the capability to deliver change. The roadmap brings together work already under way, planned investment and longer-term ambition, including preparation for future care settings. Its priorities and timescales remain indicative and will be refined through engagement, business-case development and proportionate assessment of need, benefits, safety, equality, affordability, deliverability and whole-life impact.

In parallel, the in-year portfolio comprises seven priority programmes—UEC Module, Patient Flow, Electronic Observations, ePMA, MEDIO, OpenEyes and LIMS2—delivered through a combination of Health Board-led, national and supplier-led arrangements. These programmes are at different stages of maturity and are governed through programme structures, the Digital Transformation Programme Office and the Digital Programme Group. Delivery relies on coordinated clinical, operational, digital, informatics, application-support, infrastructure, partner and supplier input, with recurring dependencies across the portfolio including workforce capacity, WPAS data quality, training and adoption, business continuity, integration, recurrent funding, product ownership and sustainable business-as-usual support.

Asesiad / Assessment

Delivery is progressing across the portfolio, with Electronic Observations (eObs) and MEDIO rated Green; the Urgent and Emergency Care (UEC Module), Patient Flow (eFlow) and Electronic Prescribing and Medicines Administration (ePMA) rated Amber; and OpenEyes and Laboratory Information Management System (LIMS) 2 remaining Red and subject to enhanced oversight. The principal cross-portfolio dependencies are sustained clinical and operational capacity, improved Welsh Patient Administration System (WPAS) data quality and real-time compliance, training and adoption, business-continuity readiness, supplier and integration delivery, and timely funding and executive decisions.

As more digital services move into live operation, the adequacy and sustainability of business-as-usual (BAU) support is becoming a material portfolio risk. Clear product ownership, recurrent funding and sufficient clinical, operational, informatics, application-support and digital capacity are required to sustain safe services, adoption and benefits realisation. A further report on the future BAU support model will therefore be presented to a future meeting of the Committee.

This section of the report considers both the developing strategic direction for digital, data and technology and the current delivery position across the seven priority programmes. It outlines progress since the last Committee meeting, the emerging five-year roadmap, programme-level status and the principal dependencies affecting pace and assurance, including workforce capacity, data quality, training and adoption, supplier and integration delivery, business continuity, recurrent funding and sustainable BAU support. Taken together, this provides the Committee with a consolidated view of progress, areas requiring enhanced oversight and the actions needed to maintain safe and deliverable transformation.

Direction of Travel of the Digital Response

The emerging document is the Health Board's strategic delivery response to the digital ambitions within the AHMWW Strategy. It sets a common direction for the period 2026 to 2031 and explains how digital, data and technology will support the wider mission of healthier lives, well lived - particularly the goal of ‘people first, digital always’. In the document, the term ‘digital’ does not mean technology alone. It includes service and pathway redesign, the data needed to make decisions, the tools that enable new ways of working, and the skills, behaviours, and leadership required to sustain change. Digital transformation sits where clinical, operational, organisational and technology strategic plans meet.

The document will connect long-term strategy with delivery by guiding choices and coordinating action. Its priorities will inform the IMTP and Annual Plan, portfolio prioritisation and investment decisions. It does not, by itself, provide approval for every initiative in the roadmap. Before a commitment is made, each initiative will be subject to proportionate assessment of its need, benefits, safety, equality, affordability, deliverability and whole-life impact. Approved initiatives

will then progress through the appropriate governance including business case preparation, clinical safety, information governance, service change and delivery processes, followed by benefits monitoring and reporting.

Key developments since the last DDIC meeting

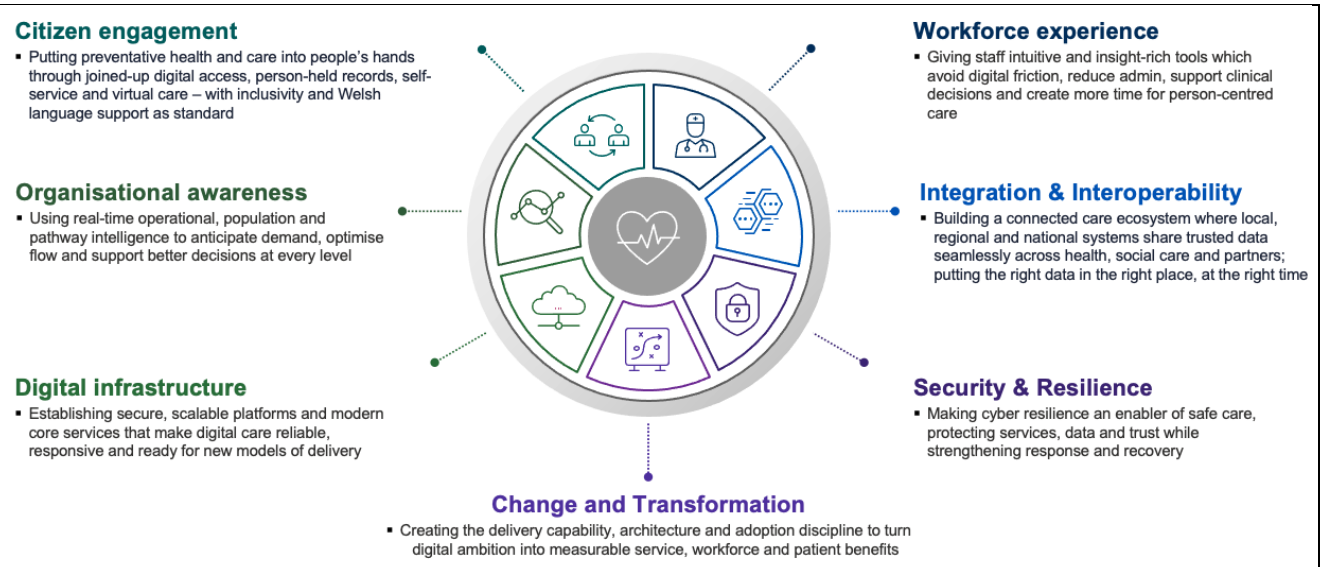
An initial draft of the Digital Strategic Plan has now been developed with support from CGI. This provides a foundation for further engagement, refinement and prioritisation, and is being structured around three connected themes:

- **Patient Experience**: using digital services to make care safer, more joined-up, accessible and responsive. The strategic plan will focus on improving how patients access and navigate services; strengthening communication and participation in their care; and ensuring that clinical teams have timely access to the information needed to support better decisions and outcomes. This theme will also recognise the need for inclusive, bilingual and non-digital routes so that transformation does not widen inequalities.
- **Staff Experience**: providing staff with reliable, intuitive and integrated tools that reduce duplication, simplify workflows and release more time for care and value-adding activity. The developing strategic plan will place greater emphasis on workforce capability, digital confidence, clinical and professional leadership, and sustained adoption, supported by clear product ownership and appropriate BAU arrangements when new services are implemented.
- **Operational Excellence**: strengthening the digital foundations, information and governance required to operate efficiently and sustainably. This will include resilient infrastructure and applications, trusted data, interoperability, cyber security, information governance, standardisation and automation, alongside clearer prioritisation, investment choices and benefits realisation. The intention is to align digital investment to organisational priorities and demonstrate measurable improvements in quality, productivity, financial sustainability and service performance.

Appendix A provides further detail on how the three connected themes of patient experience, staff experience and operational excellence will translate into practical priorities and outcomes across the Digital Strategic Plan. It illustrates the intended relationship between individuals' needs, service and pathway redesign, digital capabilities, workforce development, trusted data and resilient technology foundations. The content remains in development and will be refined through further clinical, operational, patient, partner and workforce engagement, together with prioritisation and assessment of affordability, deliverability, dependencies and measurable benefits. It should therefore be read as an emerging framework to support discussion and planning, rather than as approval of individual initiatives or a fixed delivery commitment.

Digital Road Map Overview

Within this Digital Response, we have set out a five-year roadmap including a definition of the various roadmap initiatives and key dependencies between these. Our five-year roadmap brings together work already under way, planned investments and longer-term ambitions.
To help group the roadmap initiatives in a logical way, it is divided into seven domains. These are shown below, along with a statement of intent for the level of maturity we aim to reach by 2031.



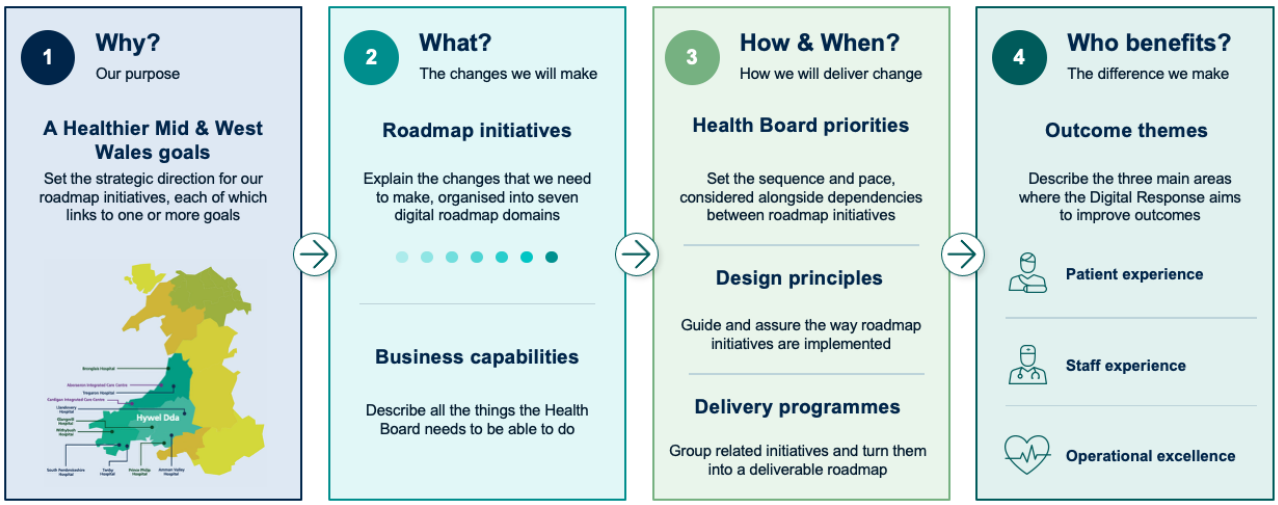
By 2031, Hywel Dda aims to be a fully digitally enabled and insight-led health board; using technology, data and local partnerships to make safe, preventative care accessible for communities across Mid and West Wales.

The main areas of delivery are:

- **An integrated Electronic Health Record and Patient-Held Record:** We will progressively connect clinical information, documentation and workflows through a modular approach that brings specialist systems together. Complementary patient-facing services will enable people to access information and participate in their care.
- **Improved access and more care closer to home**: Coordinated patient contact, supported self-management, remote monitoring and virtual care will extend access and support care outside traditional hospital settings. Assisted, bilingual and non-digital routes will remain available and should be considered in parallel with improvements to Digital routes.
- **Safer and more connected clinical workflows**: Core clinical and administrative systems will support prescribing, observations, diagnostics, referrals, appointments and care transitions. Shared capabilities for documentation, care planning and task management will help teams act on information.
- **Better flow, operational insight and planning:** Operational coordination, trusted data and predictive insight will help teams understand demand, capacity and risk. These capabilities will support earlier action, population health planning and assessment of future service models.
- **Connected information across organisational boundaries:** Common standards and reusable integration capabilities will connect information across hospital, primary, community and social care. Local, regional and national collaboration will support continuity across pathways.
- **Dependable foundations and the ability to deliver change:** Reliable infrastructure, cyber security, clinical safety and service continuity will underpin delivery. Business change, workforce development and continuous improvement will help teams adopt and sustain new ways of working.

The roadmap provides a strategic direction and sequencing framework rather than a fixed delivery commitment. Priorities, timescales and pace will be developed through detailed planning and proportionate business cases, informed by organisational readiness, affordability, workforce capacity and national and partner dependencies. Each initiative will require the appropriate approval and investment decisions before it can proceed.

A number of key concepts are used within the report to explain how the Health Board's strategic goals are translated into coordinated digital change and, ultimately, better care.



Taken together, these concepts create a line of sight from the Health Board's goals to the changes people will experience. The vision sets our direction; the three outcome themes describe the difference for patients, staff and services; the seven domains organise the roadmap; and the design principles guide decisions and delivery. Each initiative should connect the Health Board's goals and individuals' needs to accountable service change and measurable benefits, recognising dependencies across domains and contributions to more than one theme.

In-Year Delivery of Programmes

This report provides the Committee with a consolidated position on seven priority digital transformation programmes: the UEC Module, eFlow, eObs, ePMA, MEDIO, OpenEyes and LIMS2. The programmes collectively enable safer and more coordinated care through digitised UEC workflows, real-time patient flow, electronic observations and escalation, electronic prescribing and medicines administration, virtual consultations, a national ophthalmology record and replacement pathology laboratory systems.

The following provides a summarised update on current progress and the escalation status of each project, captured within the risk and issue log. Each project is monitored and support though the Digital Transformation Programme Office (TPO) and Digital Programme Group internal governance structure:

- **UEC Module - Amber:** The programme will digitise clinical documentation and workflows across Emergency Departments, Same Day Emergency Care (SDEC) and Minor Injury Units (MIUs). Discovery and clinical engagement have been completed, with strong clinical support informing the system design. Build activity is planned to commence in October 2026, ahead of a targeted go-live in February 2027. Delivery capacity remains constrained and additional support has been requested from CGI to protect the timetable.
- **eFlow - Amber:** The core real-time patient-flow capability is now deployed across acute inpatient and operational services, providing a foundation for improved visibility and coordination of care. The next phase will extend deployment to Mental Health, Paediatric, Neonatal and Midwifery services, currently planned for February 2027, followed by Medical Referrals and Electronic Handover (eHandover) functionality in August 2027. These later milestones remain at risk and are subject to close programme oversight. Successful delivery and sustainable benefits depend on improved real-time WPAS compliance, continued clinical and operational participation in design, testing and adoption, and agreement of adequately resourced BAU arrangements, including core operational and clinical ownership.

- **eObs - Green:** The programme continues to make strong progress in supporting the timely identification and management of patient deterioration through automated early-warning scores and escalation prompts. EObs and escalation are now live across all planned areas at Glangwili Hospital (GGH), and rollout at Withybush Hospital (WGH) commenced on 22 September 2026. Early benefits evidence indicates improved efficiency and more time available for direct patient care. The team is maintaining focus on training compliance, Baxter device integration, continuity of observations during operational disruption and ongoing readiness of business-continuity devices to support safe and sustainable adoption.
- **ePMA - Amber:** The programme has completed production installation, configuration and testing, and the Ward 9 early-adopter deployment successfully validated the implementation approach. We have deployed across adult inpatient wards at Prince Philip Hospital (PPH), and Bronglais Hospital (BGH), with WGH and GGH planned for November and December, with completion planned for December 2026. Planning is also under way for the Phase 2 upgrade and outpatient rollout from March 2027. Continued progress will be supported by stronger real-time WPAS compliance, confirmation of business-as-usual funding, and sustained capacity for training and adoption.
- **MEDIO - Green:** The transition of the virtual-consultation platform from Attend Anywhere to MEDIO is in its final implementation phase and continues to progress well. 10 services are onboarding, 296 staff have been trained or onboarded, 91 waiting rooms have been created and 22 are already active. The remaining activity is focused on completing migrations and activations, updating clinic materials and confirming patient-facing links. Fixed transition dates, completion of mandatory training and accurate links remain the key controls supporting a smooth and safe transition.
- **OpenEyes - Red:** Good progress has been made in configuring nine of the 11 ophthalmology subspecialties, which are now awaiting clinical sign-off. Phase 1 remains focused on the Rapid Access Clinic for Eyes (RACE) emergency eye clinic and is planned for November 2026, providing a clear route to initial deployment. Phase 2 and the Primary Care Pathways will be sequenced following completion of service workforce planning, enabling the delivery approach to be aligned with available clinical and operational capacity. Enhanced oversight remains in place to support timely decisions and secure the supplier capacity required beyond January 2027.
- **LIMS2 - Red:** The pathology LIMS replacement has successfully delivered Tranches 1 to 3, establishing a strong foundation for the remaining implementation. Tranche 4 for Blood Sciences is planned for November 2026 and Tranche 5 for Blood Transfusion for February 2027. Both milestones remain under enhanced oversight, with Executive support focused on resolving outstanding aliquot functionality, defects and legacy-data requirements, and on securing a timely funding decision for service continuity beyond March 2027. In view of the March 2027 TelePath end-of-life date, a separate report will provide the Committee with options and mitigating actions to support informed and timely decisions.

Lessons learned from current deployments, particularly eFlow and ePMA, demonstrate that accurate and timely data entry within WPAS is a fundamental enabler of successful adoption. Where patient, admission, transfer and discharge records are incomplete or not updated in real time, downstream systems cannot reliably support clinical workflows, patient tracking, reporting or integration. This reduces user confidence, creates additional workarounds and limits the operational and clinical benefits that the new systems are intended to deliver. Strengthening service-level ownership, operational compliance and accountability for WPAS data quality is therefore a key requirement for wider adoption and safe transition into BAU. The Senior Responsible Officer (SRO) for the eFlow, eObs and UEC Steering Group has requested a Task

and Finish group to agree a coordinated improvement plan; confirmation of its commencement is awaited and has been escalated because of the continuing impact on digital clinical systems.

Planning Goal 5: People First, Digital Always
Progress against Planning Goal 5: People First, Digital Always, remains on track. During the reporting period, the Health Board has continued to deploy and enhance key clinical systems including Miya Patient Flow, eObs and ePMA, while progressing procurement of a new Electronic Document and Records Management System and advancing the Data Strategy. Significant work has also been undertaken to strengthen digital governance, workforce capability and the foundations for AI adoption.

Looking ahead, priorities include implementing the AI and Innovation Framework, developing digital workforce skills, progressing the Miya Emergency Department Module, and further embedding the Data Strategic Plan. The principal challenge remains operational capacity and supporting the scale of organisational change required to maximise benefits from digital investment. Additional support arrangements are being considered to help sustain delivery and adoption across services

Conclusion
The Health Board is making tangible progress in translating its digital ambitions into a clear strategic direction and a sequenced programme of delivery. The emerging Digital Strategic Plan provides a framework for aligning future investment with patient experience, staff experience and operational excellence, while the seven priority programmes are already delivering important clinical and operational capabilities. Progress across eObs, ePMA, eFlow and MEDIO demonstrates the value of sustained clinical, operational and digital collaboration, with enhanced oversight supporting timely decisions for OpenEyes and LIMS2.

The next phase must maintain delivery momentum while addressing the conditions required for safe adoption and sustainable benefits. In particular, lessons from current deployments confirm that timely and accurate WPAS data entry, effective training and change support, sufficient clinical and operational capacity, clear product ownership and adequately funded BAU arrangements are essential. Continued Committee oversight of these dependencies, together with proportionate governance, business-case scrutiny and benefits monitoring, will help ensure that digital investment supports safer care, improved staff experience and more efficient, resilient services.

Argymhelliad / Recommendation

The Committee is requested to:

- **RECEIVE ASSURANCE** from the progress across the seven priority programmes and the governance in place through programme structures, the Digital Transformation Programme Office and the Digital Programme Group, noting the current Green, Amber and Red delivery positions.
- **RECEIVE ASSURANCE** that arrangements are being made to establish sustainable BAU support for live and forthcoming digital services, including clear product ownership, recurrent funding and sufficient clinical, operational, informatics, application-support and digital capacity.
- **NOTE** the progress made in developing the Digital Strategic Plan, including the emerging outcome themes and five-year roadmap, recognising that priorities and timescales remain subject to further engagement, prioritisation, business-case development and approval.

- **NOTE** the principal delivery dependencies and risks, including clinical and operational capacity, training and adoption, supplier and integration delivery, business continuity, recurrent funding and the enhanced oversight in place for OpenEyes and LIMS2.
- **NOTE** the coordinated actions required to improve timely and accurate WPAS data entry, recognising this as a key enabler of safe adoption, effective clinical workflows and benefits realisation across eFlow, ePMA and other connected digital systems.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cylch Gorchwyl y Pwyllgor: Committee ToR Reference:	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. 2.1.1 That the direction, development and delivery of the Digital Strategic Plan is to drive continuous improvement and support digitally enabled health care through a digitally enabled workforce to achieve the objectives of the Health Board's Annual Plan/Integrated Medium-Term Plan (IMTP).
Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg Cyfredol: Datix Risk Register Reference and Score:	**2360** – Accelerating Digital Transformation and Innovation (Principal Risk, 12) **2079** – Loss of Pathology Services due to delayed LIMS implementation (25) **2337** – Loss of Health Visiting digital record system (12) **2387** – Glangwili Hospital (GGH) Data Centre Overheating (12)
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
Nodau Cynllunio 2026/27 Planning Goals 2026/27	All Planning Goals Apply

Hypergyswllt i Amcanion Llesiant HDdUHB 2026 Hyperlink to HDdUHB Well-being Objectives 2026	9. All HDdUHB Well-being Objectives apply
Model Cymdeithasol ar gyfer Iechyd a Llesiant: (wedi'i gwblhau ar gyfer newid strategol a/neu newidiadau sylweddol i wasanaethau) A Social Model for Health and Wellbeing: (*complete for strategic change and/or significant service changes)*	7. All Apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not applicable
Rhestr Termau: Glossary of Terms:	**BAU** – Business as Usual **BCP** – Business Continuity Plan **ED** – Emergency Department **eFlow** – Electronic patient flow system **eObs** – Electronic Observations **ePMA** – Electronic Prescribing and Medicines Administration **HDdUHB** – Hywel Dda University Health Board **LIMS2** – Laboratory Information Management System replacement programme **MEDIO** – Virtual consultation platform **MIU** – Minor Injury Unit **OpenEyes** – Electronic ophthalmology record system **RACE** – Rapid Access Clinical Evaluation **ROI** – Return on Investment **SBAR** – Situation, Background, Assessment, Recommendation **SDEC** – Same Day Emergency Care **Digital TPO** – Digital Transformation Programme Office **UEC** – Urgent and Emergency Care **WPAS** – Welsh Patient Administration System
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Digidol, Data ac Arloesi	Digital Programme Meeting

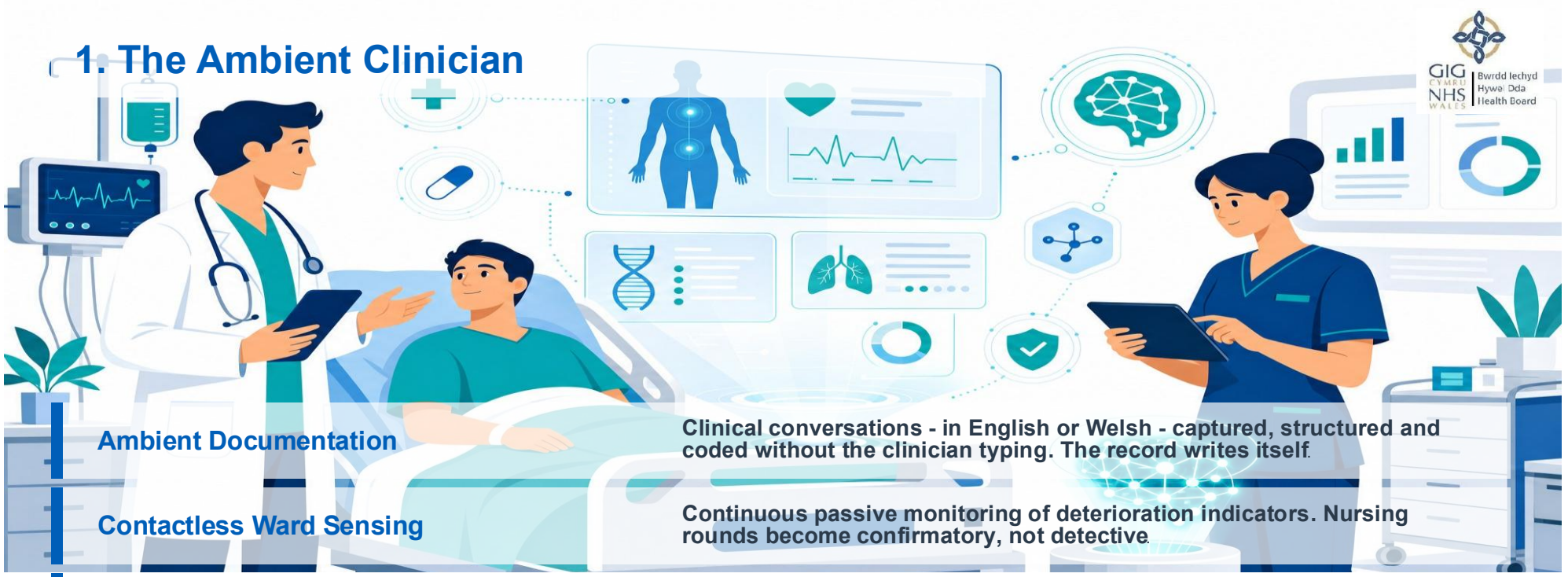
Parties / Committees consulted prior to Digital, Data and Innovation Committee:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	The Digital Strategic Plan and seven priority programmes require continued capital and revenue investment, alongside sufficient clinical, operational and digital capacity. Each initiative will be subject to proportionate business-case scrutiny covering affordability, whole-life costs, resource requirements, expected benefits and value for money. Recurrent funding and sustainable BAU support must be confirmed before transition into operational delivery.
Ansawdd / Gofal Claf: Quality / Patient Care:	The portfolio is intended to improve patient safety, quality and experience through more consistent clinical workflows, timely access to information, earlier recognition and escalation of deterioration, safer medicines management, improved diagnostics and better coordination of care. Clinical-safety, testing, training, readiness and benefits controls will be used to monitor outcomes and address unintended consequences.
Gweithlu: Workforce:	The portfolio will change roles, workflows and skills across clinical, operational and digital services. Delivery depends on sufficient capacity for design, testing, training and adoption, together with clear product ownership and adequately resourced BAU support. Lessons from current deployments also reinforce the need for service-level ownership and accountability for timely, accurate WPAS data entry so staff can use new systems safely and effectively.
Tegwch Iechyd: Health Equity:	The plan is intended to improve access, safety and continuity of care, including through virtual, remote and patient-facing services. Digital exclusion and unequal access remain material considerations and will be addressed through accessible and bilingual design, assisted and non-digital routes, user engagement, equality assessment and monitoring of uptake and outcomes across population groups.
Risg: Risk:	Key risks include constrained clinical and operational capacity, incomplete or delayed WPAS data entry, training and adoption, supplier and integration delivery, business continuity, recurrent funding and sustainable business-as-usual support. Inaccurate or untimely WPAS data is a key adoption barrier because it undermines downstream workflows, tracking, reporting and user confidence. Risks are managed through programme logs, Digital TPO and Digital Programme Group oversight, with OpenEyes and LIMS2 subject to enhanced oversight.

Cyfreithiol: **Legal:**	Each initiative must comply with applicable procurement, contract, data protection, information governance, clinical-safety, accessibility and equality requirements. Legal and commercial advice will be obtained where required, particularly for supplier commitments, contract changes, data-sharing arrangements, system end-of-life decisions and transition into business as usual.
Enw Da: **Reputational:**	Successful delivery will strengthen confidence in the Health Board's ability to modernise services safely and responsibly. Delays, poor user experience, weak WPAS data quality, service disruption, unrealised benefits or inadequate management of data and cyber risks could reduce trust among patients, staff, partners and regulators. Transparent reporting, effective engagement and timely escalation are therefore essential.
Gyfrinachedd: **Privacy:**	The portfolio involves the processing and sharing of personal and special-category information across connected clinical and operational systems. Privacy impacts will be assessed through data protection impact assessments, information-governance review, role-based access controls, data minimisation, retention arrangements, supplier assurance and clear accountability for lawful and secure information use.
Cydraddoldeb: **Equality:**	Each programme will complete proportionate equality and quality impact assessments and consider Welsh-language, accessibility and digital-inclusion requirements. Mitigating actions will be incorporated into design, implementation and business-as-usual arrangements, with impacts reviewed as services are deployed and benefits evaluated.

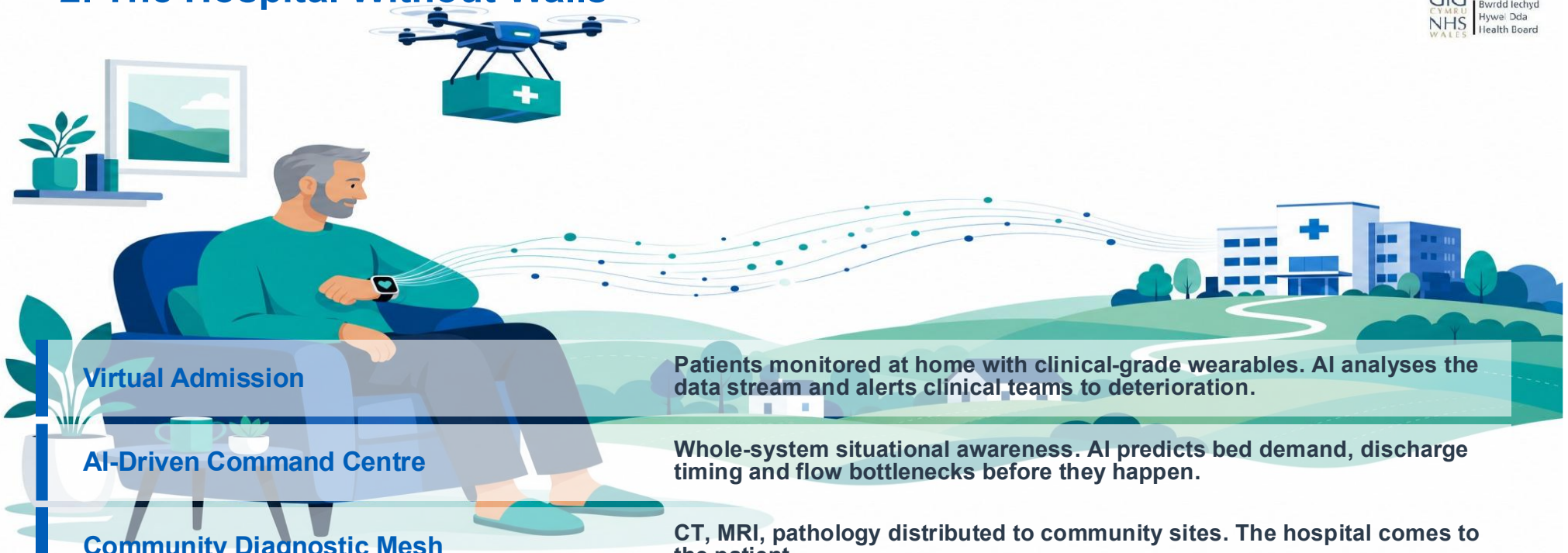
Appendix A

1. The Ambient Clinician



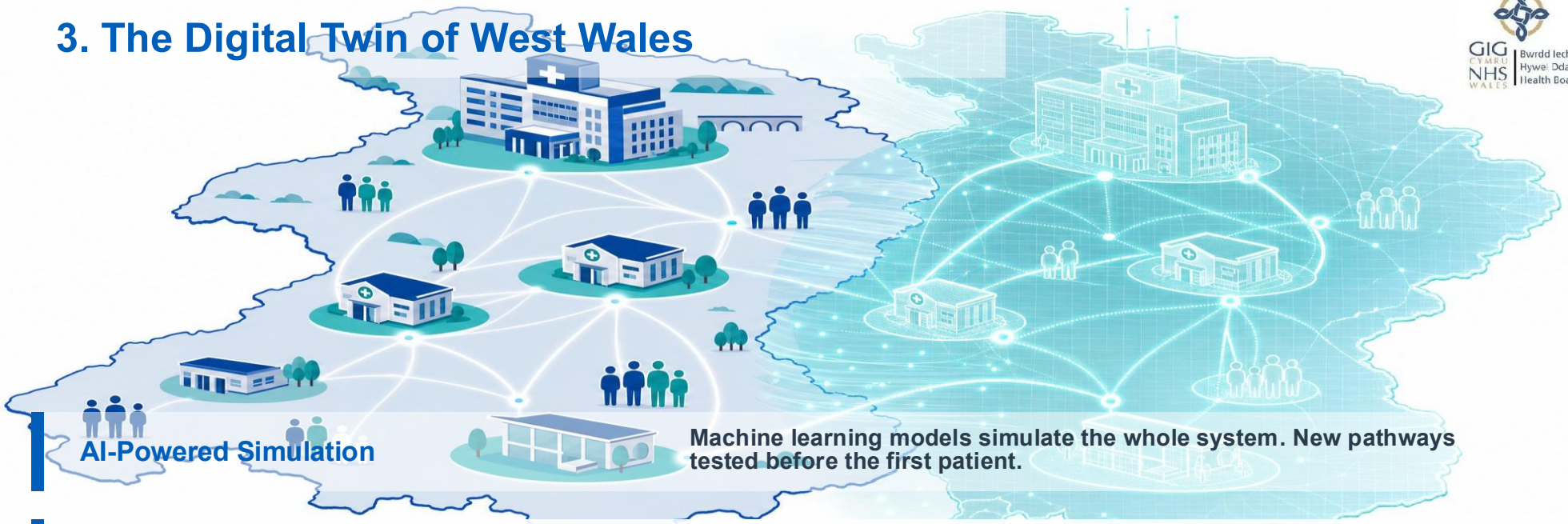
Ambient Documentation	Clinical conversations - in English or Welsh - captured, structured and coded without the clinician typing. The record writes itself.
Contactless Ward Sensing	Continuous passive monitoring of deterioration indicators. Nursing rounds become confirmatory, not detective.
Ambient Coding	ICD-10 and OPCS coding generated from clinical narrative. Finance follows care without clinician effort.
Zero-Friction Access	Proximity authentication, smart badges, context-aware sessions. Clinicians interact with the system without interrupting the clinical encounter.
Real-Time Decision Support	Clinical intelligence surfaced in workflow - alerts, risk scores, evidence - at the point of decision, not after it.

2. The Hospital Without Walls



Virtual Admission	Patients monitored at home with clinical-grade wearables. AI analyses the data stream and alerts clinical teams to deterioration.
AI-Driven Command Centre	Whole-system situational awareness. AI predicts bed demand, discharge timing and flow bottlenecks before they happen.
Community Diagnostic Mesh	CT, MRI, pathology distributed to community sites. The hospital comes to the patient.
Intelligent Remote Monitoring	AI algorithms triage wearable data at scale - surfacing the patients who need intervention, filtering the noise.
Drone Logistics	Pathology samples, medications and equipment moved across the estate by drone. West Wales geography becomes an asset for pilot programmes.

3. The Digital Twin of West Wales



AI-Powered Simulation

Machine learning models simulate the whole system. New pathways tested before the first patient.

Predictive Demand Forecasting

AI forecasts winter pressure, capacity surges and workforce gaps - days and weeks ahead, not hours.

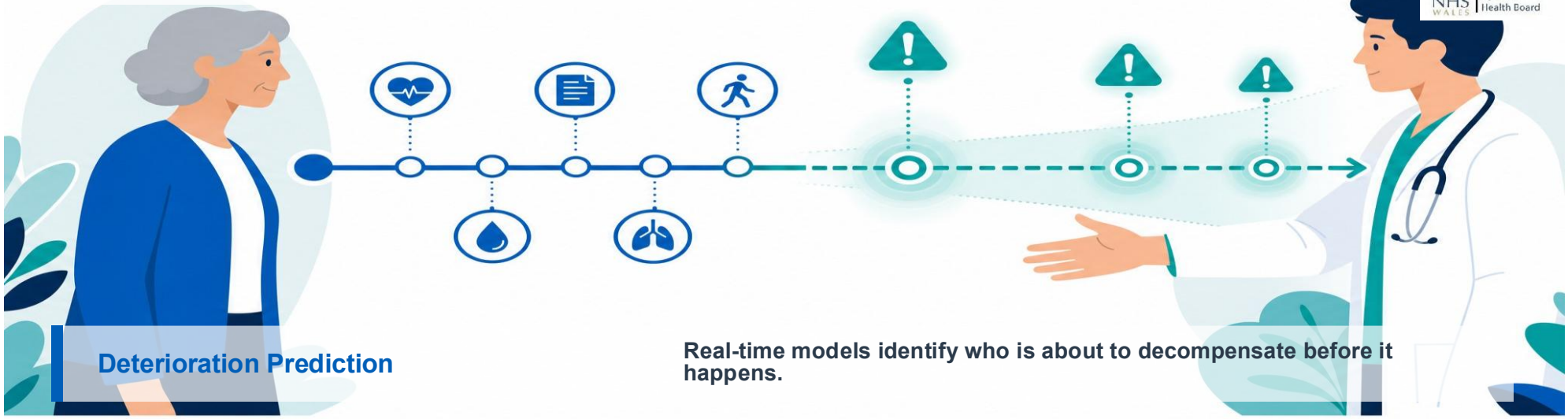
Population Health Intelligence

AI identifies at-risk populations at neighbourhood level. Proactive outreach targeted where it will have most impact.

Real-Time Operational Intelligence

Live dashboards driven by AI pattern recognition. Anomaly detection flags problems before they escalate.

4. The Anticipatory Record



Deterioration Prediction

Real-time models identify who is about to decompensate before it happens.

Frailty Trajectories

Longitudinal frailty tracking. Interventions at the inflection point - before the fall.

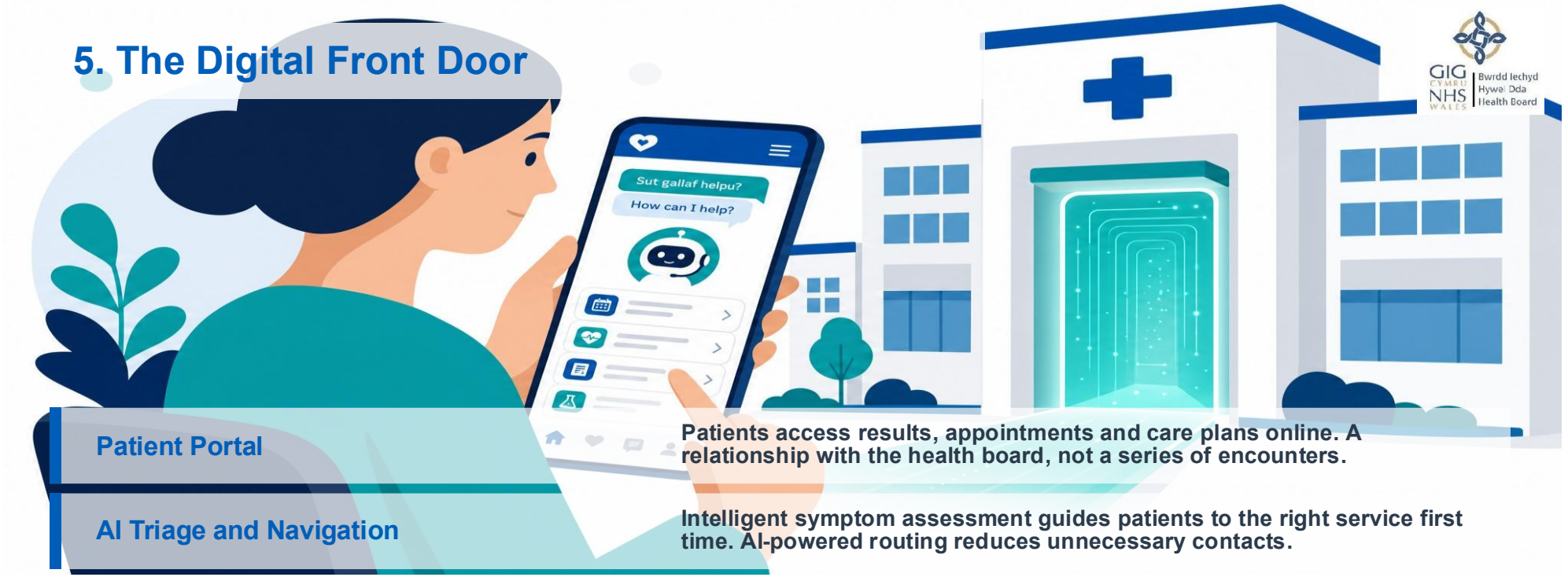
Genomics Readiness

Polygenic risk embedded in the lifelong record as the science matures.

Proactive Primary Care

The GP calls because the system flagged a change - not because the patient called in distress.

5. The Digital Front Door



Patient Portal	Patients access results, appointments and care plans online. A relationship with the health board, not a series of encounters.
AI Triage and Navigation	Intelligent symptom assessment guides patients to the right service first time. AI-powered routing reduces unnecessary contacts.
Bilingual by Design	Welsh and English as equal languages throughout the patient experience. Not a translation layer - native support from the ground up.
Conversational Access	AI-powered appointment booking, navigation and self-referral. Patients interact with the health board in natural language.
Supported Self-Management	AI-personalised care plans, monitoring and alerts - patients managing their own conditions, connected to their clinical team.