GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg
Cwm Taf Morgannwg University Health Board

CTM Digital and Data Plan 2026–2029

[Draft for discussion]

October 2026



Table of Content

I	Introduction to CTM's Digital and Data Plan	04
II	How the Digital & Data Plan Supports CTM's Future Model of Care	09
III	Methodology & Engagement Approach	15
IV	Current-State Assessment Findings	18
V	Three-Year Digital & Data Plan-on-a-Page	23
VI	Prioritised Initiatives Portfolio at a Glance	28
VII	Future Digital & Data Delivery Approach	33
VIII	Governance Model	37
IX	Recommendations & Immediate Next Steps	43
X	Appendix • A.01: CTM leadership contributing to plan • A.02: Clinical leaders contributing to the plan • A.03: List of documents informing the plan • A.04: Systems Technologies used to enable CTM 2030 • A.05: Opportunities identified from current state • A.06: Prioritisation Framework • A.07: Delivery Readiness Assessment Framework • A.08: Table of Acronyms	46

FOREWORD

Cwm Taf Morgannwg University Health Board (CTM)'s ambition is to build healthier communities together. Achieving this means improving how people access and experience care, strengthening prevention and community-based services, supporting our workforce to work differently, and making the best use of the resources available to us. Digital and data are central to enabling that change.

This Digital & Data Plan sets out how technology, information and insight will support CTM's strategic priorities across Improving Care, Creating Health, Inspiring People and Sustaining Our Future. It is an enabling plan for CTM's strategic vision, helping services redesign care, make better-informed decisions and respond more effectively to the needs of our communities.

CTM already has significant digital capability in place. Over the next three years, the focus will be on building on that foundation by strengthening how information is digitally collected shared, improving access to trusted data, supporting the future model of care including Community by Design, improving patient access and experience, and giving colleagues the tools and insight they need to deliver safe, effective and responsive care.

The Plan recognises that technology alone does not create change. Realising the benefits of digital and data will depend on how well new capabilities are adopted, how services and pathways are redesigned, and how patients, staff and communities are supported through change. Digital inclusion, clinical safety, cybersecurity, governance and sustainable support will remain central throughout.

The three-year roadmap provides a clear and practical route from ambition to delivery. It brings together CTM's priorities in a way that reflects organisational need, available capacity and dependencies across local and national programmes. It will remain agile, allowing CTM to maintain focus on agreed commitments while adapting to changing service needs, evidence and emerging opportunities.

CTM will also prepare for the responsible use of AI where it supports better care, reduces avoidable workload and strengthens decision-making. Adoption will be evidence-led and proportionate, underpinned by appropriate safeguards, transparency and clear human accountability. The Plan will strengthen the data, interoperability, governance and workforce foundations needed to adopt emerging AI capabilities with confidence as they mature.

Success will depend on shared ownership. Patients and communities, clinical and operational teams, corporate functions, the Digital & Data team and national and delivery partners all have a role to play.

We would like to thank the colleagues and stakeholders who have contributed their experience, insight and challenge to the development of this Plan. Their input has helped shape a direction that reflects CTM's priorities and the realities of delivering change across a complex health system.

1 INTRODUCTION TO CTM's DIGITAL AND DATA PLAN

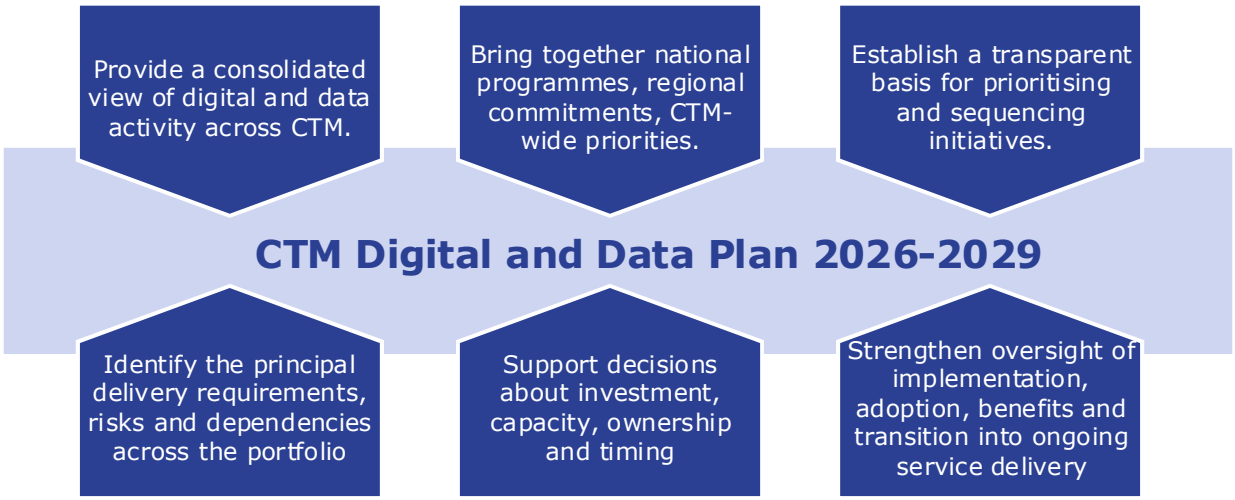


What is CTM's Digital and Data Plan

The Digital & Data Plan brings CTM's current commitments and future digital and data priorities together within one coordinated portfolio and three-year roadmap. It explains what CTM intends to deliver, how initiatives connect and what will be required to implement and sustain them successfully.

The portfolio includes initiatives at different stages of maturity. Some are established commitments already in delivery, while others require further definition, assurance, funding or mobilisation before implementation can begin.

Figure 2.1 : Purpose of Digital and Data Plan



HOW THE PLAN WILL BE USED

The Plan will provide a shared reference point for CTM's Board, executive leadership, care groups, corporate functions, the Digital and Data function and delivery partners. It will help CTM maintain a coordinated view of priorities, guide sequencing and investment decisions, identify dependencies and unresolved requirements, monitor delivery and benefits, and refresh the roadmap as circumstances change.

SHARED RESPONSIBILITY FOR DELIVERY

The Digital and Data team at CTM will coordinate the portfolio and provide specialist technology, data, information, cybersecurity and delivery expertise. CTM's clinical, operational and corporate teams will define service needs, shape solutions, support implementation and adoption, and own the intended benefits. National organisations, regional partners and suppliers will contribute where initiatives depend on shared platforms, information or delivery capabilities.

BUSINESS-AS-USUAL DELIVERY CONTINUES IN PARALLEL

While the plan focuses on pipeline of Digital & Data initiatives that require active prioritisation, sequencing and mobilisation, the team will continue to deliver the day-to-day activity required to operate and sustain its existing digital and data capabilities. This includes ongoing service support, maintenance, infrastructure and cyber activity, system administration, statutory and regulatory requirements, routine upgrades, supplier management and support for established digital services.

BAU activity will continue through existing operational arrangements and will remain an important consideration when assessing capacity, funding and competing delivery demands across the roadmap.

Scope and structure of CTM's Digital & Data Plan

WHAT THE PLAN COVERS

The Plan sets out how CTM will use digital services, technology and information to support patients, staff and services. It includes initiatives to improve patient access and communication, optimise clinical and operational systems, digitise workflows, strengthen data and analytics, and enable information to be shared securely across services.

To support sustainable delivery, the Plan also reflects needs that have been identified through stakeholder discussions across infrastructure, devices, cybersecurity and resilience, alongside workforce skills, training, adoption, governance, investment and benefits realisation. These needs will require further validation through detailed planning as the relevant initiatives are defined and mobilised.

New opportunities beyond the current portfolio, including those involving automation and AI, will be considered through a structured intake, assessment and assurance process before being incorporated into future updates to the portfolio and roadmap. This process will consider the identified need, evidence of value, organisational readiness, affordability, safety, governance, human oversight and sustainable ownership.

The Plan includes

Critical Commitments

Mandatory, time-critical or already committed initiatives that CTM must progress to meet service, national, regulatory or risk requirements.

Core capabilities

Foundational digital, data and workforce capabilities required to strengthen resilience and enable wider service transformation across CTM.

Follow-on Priorities

Important opportunities that support CTM's future vision of care, but require further development of critical commitments, core capabilities and other delivery conditions before they can progress at scale.

A LIVING PLAN

The Digital & Data Plan reflects CTM's priorities and the evidence available at the time of publication. It is intended to provide direction and discipline while remaining responsive to change. The portfolio will be reviewed regularly through CTM's governance arrangements. As initiatives mature and new information becomes available, they may be accelerated, rescheduled, reshaped, combined with related activity or stopped.

This approach will allow CTM to maintain a coherent direction while responding to emerging needs, new evidence and changes in the wider digital and healthcare environment. The Plan will evolve, while established Digital & Data services continue in parallel to maintain operational continuity across CTM.

DRAFT FOR DISCUSSION

Three-year CTM's Digital And Data Roadmap

We are here today

Q3 2026

- Maintain momentum across commitments already in delivery and address immediate operational, resilience and continuity priorities.
- Clarify the scope, ownership, funding route, technical requirements and dependencies of initiatives expected to progress from 2027.

2027

- Strengthen the shared digital, data and organisational capabilities required to support wider service and pathway change.
- Coordinate activity across care groups and actively manage competing demands on technical, procurement, clinical and change capacity.

2028

- Continue multi-year delivery and scale the capabilities mobilised during the earlier phases of the roadmap.
- Connect systems, information and digital workflows more effectively to support redesigned pathways and CTM's future model of care.
- Progress more complex initiatives as the required foundations, approvals, resources and external dependencies are put in place

2029

- Complete the later phases of longer-term and dependency-heavy initiatives within the current planning horizon.
- Extend established capabilities across relevant services, building on shared infrastructure, standards and delivery experience.
- Review progress and outstanding priorities to inform the next planning cycle and maintain alignment with CTM and national priorities.

BUSINESS-AS-USUAL DELIVERY CONTINUES IN PARALLEL



BEYOND 2029: FEEDING INTO THE NEXT PLANNING CYCLE

Supported by annual refreshes throughout the three-year period, the Plan will undergo a full portfolio refresh beyond 2029. This will consider delivery progress and learning, outstanding commitments, risks and dependencies, and emerging CTM, service and national requirements. It will determine which initiatives form the next set of Critical Commitments, Core Capabilities and Follow-on Priorities, and how they should be sequenced within the next roadmap.

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board | Cwm Taf Morgannwg University Health Board

Embedding AI responsibly to support CTM's future model of care

CTM is progressing its Community-by-Design ambition through the development of its future model of care. In parallel, CTM is aligning with the emerging direction for artificial intelligence (AI) across Wales, informed by the work of the Welsh AI Commission for Health and Social Care and DHCW's developing approach to AI adoption.

AI is expected to become an increasingly important enabler of CTM's clinical, operational and workforce priorities. The opportunity extends beyond individual technologies where AI can help CTM identify need earlier, make better use of information, support clinical and operational decision-making, reduce avoidable administrative burden and enable more proactive and responsive models of care.

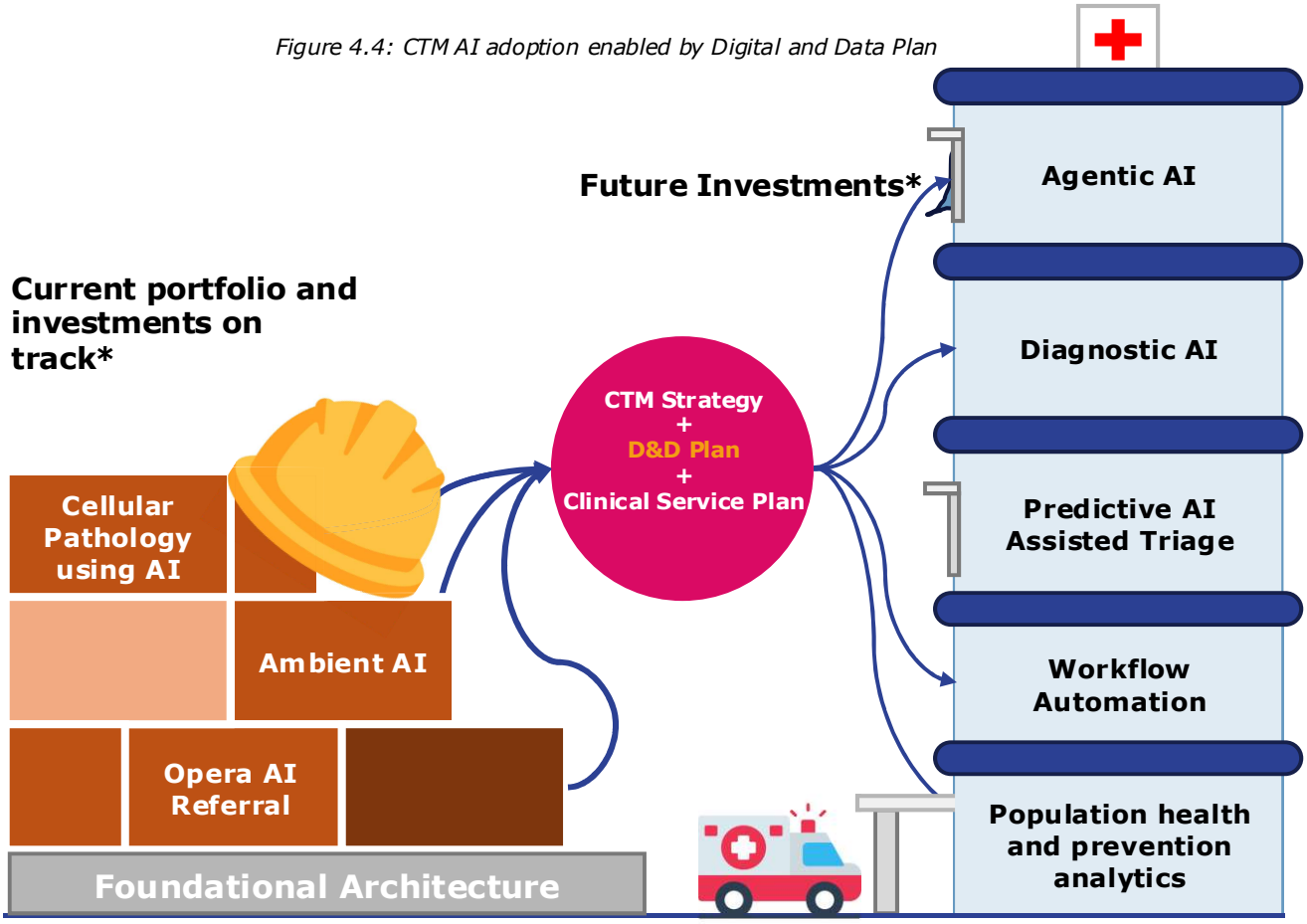
CTM's ambition is to create the suitable environment in which AI can be explored and adopted with confidence. AI is intended to form part of CTM's wider Digital & Data portfolio rather than operate as a separate technology programme.

The Digital & Data Plan therefore focuses on:

- strengthening the data, interoperability, infrastructure, governance and workforce capabilities required to support AI safely and sustainably
- creating a route for promising use cases to move from exploration into wider adoption where there is clear need, evidence and value.

The approach therefore needs to be progressive and proportionate, broadly reflecting the direction being taken by DHCW, which is establishing foundations before scaling capability and moving towards AI as a repeatable part of business-as-usual.

Figure 4.4: CTM AI adoption enabled by Digital and Data Plan



*As reflected during the conversation with the stakeholders

II HOW THE PLAN SUPPORTS CTM'S FUTURE VISION



Digital and data plan will enable CTM's vision across every level of delivery

Figure 4.1 : Purpose of Digital and Data Plan

The Digital & Data Plan is a key enabler of CTM's future model of care, providing a coherent approach to digital priorities, data, technology, governance and enabling capabilities across the organisation.

CTM STRATEGIC FRAMEWORK	DIGITAL & DATA PLAN CONTRIBUTION
VISION What we want to achieve over the long term **Building healthier communities together**	Enable more connected, accessible and proactive care across CTM's communities.
STRATEGIC GOALS The high-level objectives that guide our work Sustaining Our Future · Inspiring People · Improving Care · Creating Health	Give teams the information, tools and digital capabilities needed to improve care, make earlier interventions and support better decisions.
STRATEGIC INITIATIVES Multi-year, whole-organisation priorities that will transform services	Provide the shared platforms, data foundations, integration capabilities and interoperability standards needed to redesign care across pathways, settings and communities.
CORPORATE PROJECTS Programmes that support delivery of the digital and data initiatives provided in care group IMTPs	Support successful programme delivery through integrated planning, actionable insight, standardised delivery approaches and sustained adoption
ENABLING PLANS Thematic plans covering areas such as workforce, estates, finance, research and people	Align digital investment, data, workforce capability and governance with CTM's wider transformation and delivery priorities.

One CTM vision, enabled by connected digital capabilities and trusted data.

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

CTM's future model shifts care earlier and closer to home

CTM's Case for Change and Strategic Vision set out a clear ambition to move from a predominantly hospital-centred model of care towards one that is more preventative, digitally enabled, integrated and delivered closer to home.

In practice, this means shifting more activity into prevention, early intervention, virtual care, locality-based services and community settings, supported by diagnostic and treatment capacity outside traditional hospital environments. Hospitals will remain a critical part of the model, increasingly focused on complex, specialist and emergency care. More patients will be supported through virtual channels, locality-based services, community teams and diagnostic facilities outside traditional hospital settings. Hospitals will continue to play a critical role, but they will be increasingly focused on complex, specialist and emergency care.

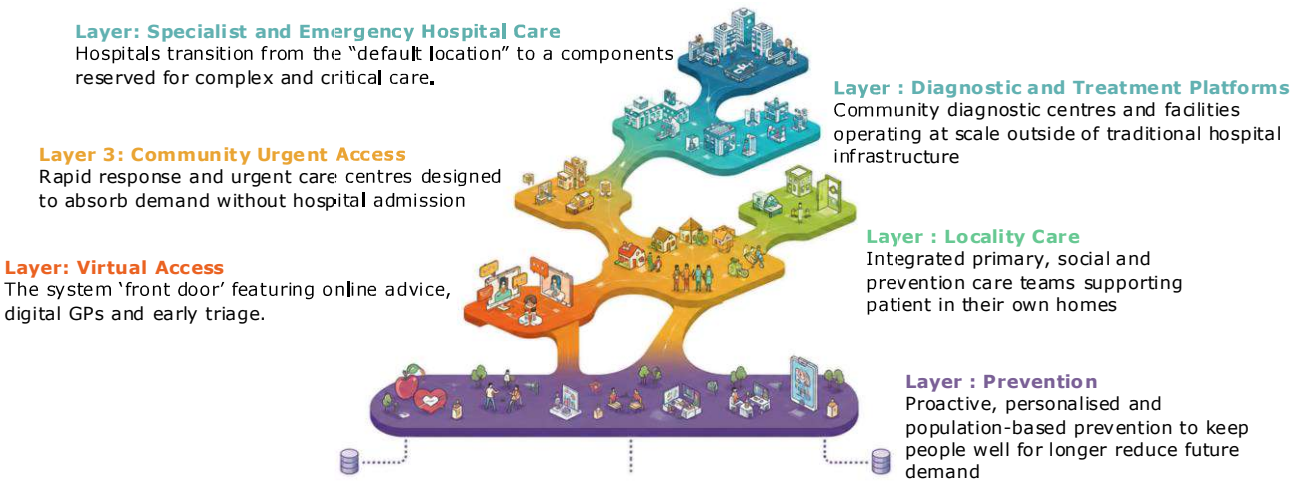
The Digital & Data Plan is a critical enabler of this transition, helping CTM translate its left shift ambition into the practical digital capabilities, data foundations and delivery priorities needed to make the future model of care work in practice.

The initiatives identified within the roadmap demonstrate how digital and data investment will support the development of each layer of care. Some initiatives will directly enable new models of access and service delivery, while others will provide the shared infrastructure, information and capabilities required across the whole system. Together, these initiatives will help CTM to:

- identify need earlier and support more proactive care
- give patients with simpler and more flexible routes into services
- enable professionals to access and share trusted information across care settings
- support more care to be delivered safely in communities and closer to home
- improve coordination between primary, community, secondary and tertiary care
- make better use of diagnostic, specialist and hospital capacity
- use data more effectively to manage demand, capacity, performance and outcomes.

The roadmap therefore connects CTM's strategic ambition with the digital and data investment required to deliver it. It shows capabilities will develop progressively across the Future Model of Care while strengthening the shared foundations needed for services to operate as a more connected system.

Figure 4.2 Future Model of Care



Each level of care requires a different Digital and Data response to enable the shift

The future model of care sets out a progressive shift towards prevention, earlier intervention, care closer to home and more connected diagnostic and treatment services. Digital and Data will act as a core enabler across each layer, supporting more seamless access to information, coordination across settings, timely decision-making and more personalised care for patients, while enabling staff and clinicians to work more effectively across organisational and service boundaries. The table below summarises the shift expected at each level of care and the Digital and Data capabilities that will help enable it.

Level of care	What is the shift?	How Digital & Data enables the shift
Layer – Prevention	• From insight being used mainly to understand activity and demand. • To using joined-up population data earlier to identify risk, inequalities and opportunities for intervention before needs escalate, while supporting people to stay well and manage their own health.	• Population health analytics • Risk stratification • Predictive modelling • NHS Wales App and patient portal • Wearables and remote monitoring • Digital front door/self-referral • Community risk assessment and preventive care pathways • Targeted screening and immunisation • Online appointments for preventive services
Layer – Virtual Access	• From access that can still rely heavily on telephone, face-to-face contact and multiple entry points. • To simpler and more consistent digital routes that help people self-refer, check their needs, manage appointments, access advice and care remotely, and stay informed.	• Patient self-referral • Patient care portal • NHS Wales App • Digital front door/symptom triage • Self-checking/digital wayfinding • POA digital screening • Booking/online appointments • Virtual consultations • Wearables and remote monitoring • Patient-focused messaging
Layer – Locality Care	• From information, systems and workflows varying across community teams and services. To more joined-up multidisciplinary working around the person across primary, community, mental health and social care. Care is increasingly coordinated and delivered closer to home.	• Shared care record • GP/community system integration • Patient portal • E-Prescribing • Remote monitoring • Point-of-care testing • Diagnostic tools • Decision support • Community RPM • Workforce mobility tools • Care coordination tools • Integration with social care systems

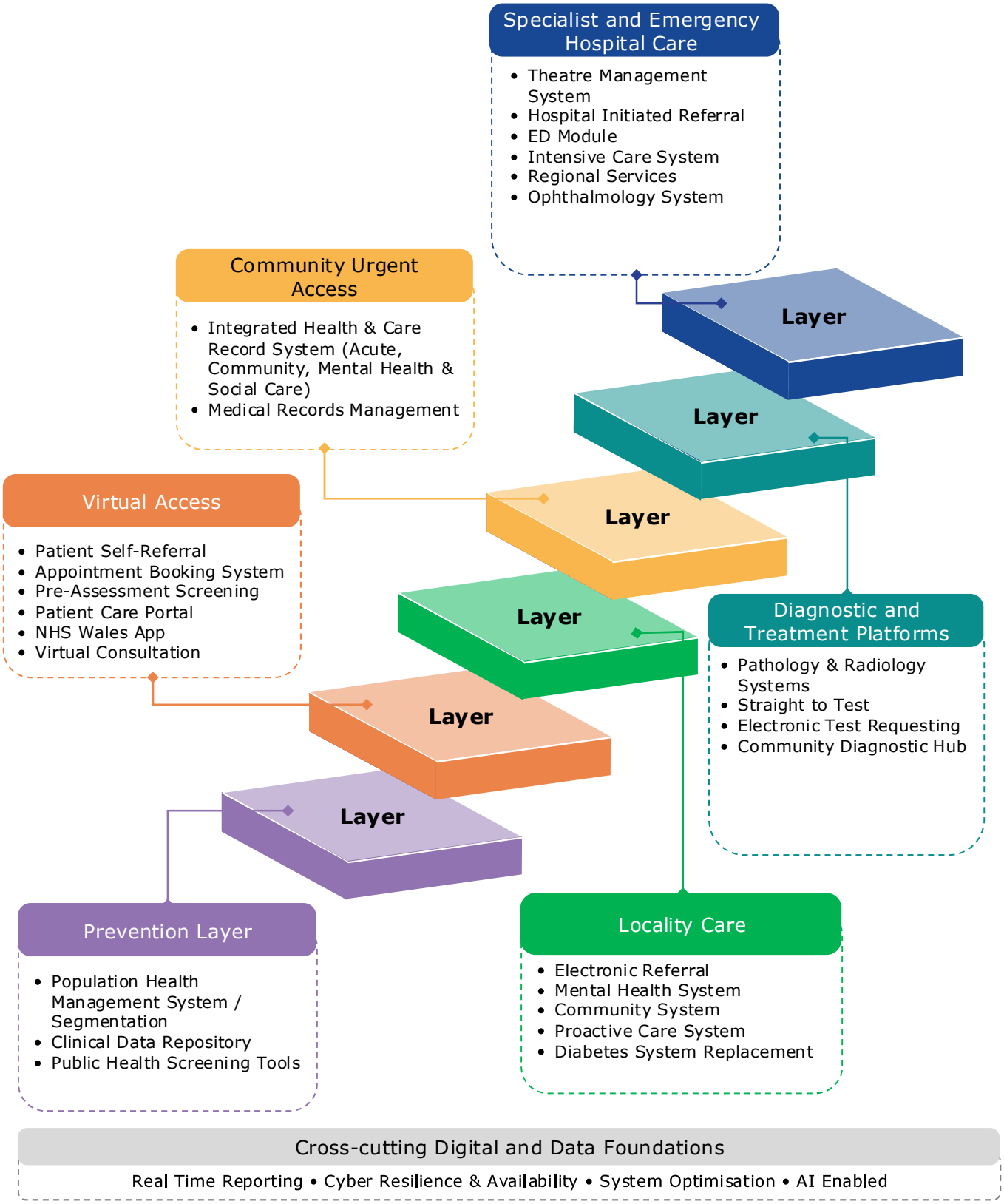
Digital & Data will connect urgent, diagnostic and specialist care around the patient

Level of care	What is the shift?	How Digital & Data enables the shift
Layer – Community Urgent Access	• From urgent needs sometimes progressing through fragmented referral, assessment and escalation routes. • To faster community-based assessment and intervention, with teams able to access the information and specialist support needed to make timely decisions. • Ongoing follow-up helps reduce avoidable hospital admission.	• Mobile assessment tools • Remote monitoring data • Clinical decision support • Shared care record • Community RPM • Virtual consultation • Digital care plans • Clinical communication tools • Workforce mobility • Care coordination tools • Virtual MDT • Patient portal • Patient-reported outcomes • Care escalation alerts
Level – Diagnostic & Treatment Platforms	• From diagnostic and treatment pathways operating across multiple systems, processes and sites. • To more standardised and connected pathways with improved visibility of referrals, results, capacity and patient flow. • This supports earlier diagnosis and more coordinated treatment.	• Enterprise imaging • AI for image analysis and diagnostics • Digital pathology • Total lab automation • Specimen tracking • Straight to Test • Community Diagnostic Hubs • Pre-assessment screening • Prescribing and medicines administration • Pharmacy automation • Same Day Elective Surgical Hub
Layer – Specialist and Emergency Hospital Care	• From specialist expertise often being accessed at a later stage or through separate organisational pathways. • To more integrated specialist, emergency and inpatient care, with specialist input connected into the wider CTM pathway and available at the right point in the patient journey. • Better coordination and information flow support continuity of care.	• Smart triage • AI triaging • ED module integration • Smart beds • Bedside technology • Clinical communication • Ophthalmology • Maternity • Operating room of the future • OR video integration • Enterprise-wide EPR • Digital transfer of care

To support this, Figure 4.3 highlights the Digital & Data Plan initiatives that will help enable each layer of the future model of care

The 2026–29 portfolio starts to build the capabilities needed for the future model

*Figure 4.3: D&D Initiatives across the Future Model of Care (non-exhaustive)**



Note: *Certain initiatives span more than one layer of the care model, reflecting their role in enabling integrated pathways and supporting care delivery across multiple settings.

III METHODOLOGY AND ENGAGEMENT APPROACH



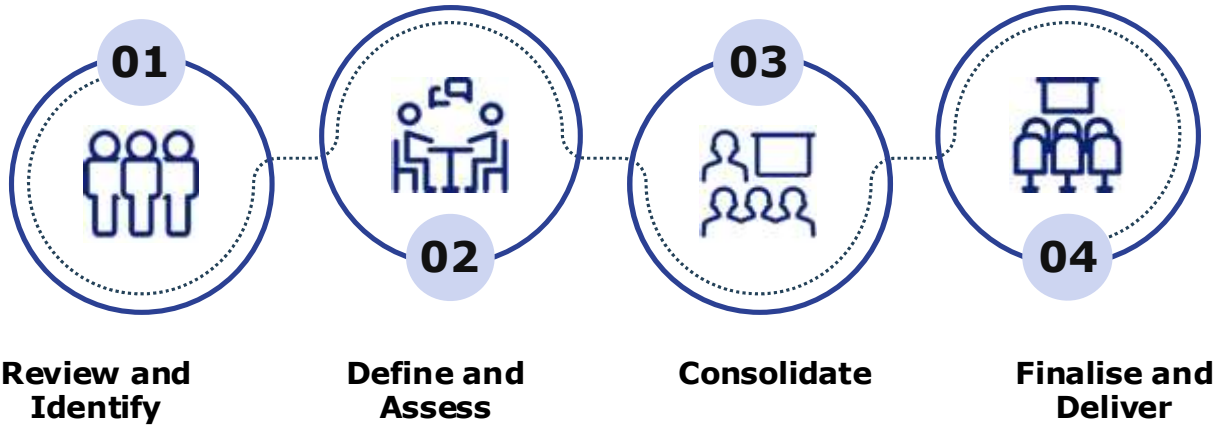
How the plan was developed

Overview

The Digital and Data Plan has been developed as a service-led delivery plan, not a standalone technology exercise. Led by the CTM Digital and Data team, with support from Tektology, it brings together CTM's future model of care, national and regional priorities, care group needs, and existing digital commitments into a single structured delivery route.

The approach was constructed to collate evidence before developing an actionable plan. It began with engagement, discovery and current state baselining between Aug 2025 and Nov 2025 to understand CTM's ambition, constraints and digital maturity. This was followed by four delivery phases between Mar 2026 and Jun 2026, helping to translate this into a prioritised, sequenced and deliverable Digital and Data roadmap to support CTM's strategic ambition.

Figure 5.1 Four-stage methodology



Phase 1: Review and Identify

Tektology reviewed the strategic and operational evidence base published across CTM, including the Corporate Strategy, Domain IMTPs, Digital and Data IMTPs and care group priorities (refer to appendix Table A.03 for details). The output was a consolidated view of the opportunity landscape of ~180, bringing together both Digital and Data-led initiatives and wider service-led opportunities requiring digital, data or technology enablement.

Phase 2: Define and Assess

The opportunity list identified through Phase 1 was tested and refined through workshops with Digital Senior Leadership Group (DSLGs), clinical leads and care group representatives. These sessions helped validate the relevance of each opportunity, remove duplication and understand where initiatives were already in flight, partially defined or dependent on wider service transformation. The remaining opportunities were then assessed against the agreed definitions of Critical Commitments, Core Capabilities and Follow-on Priorities.

As a result, the longlist was reduced from approximately 180 opportunities to around 120 prioritised initiatives

How the plan was developed

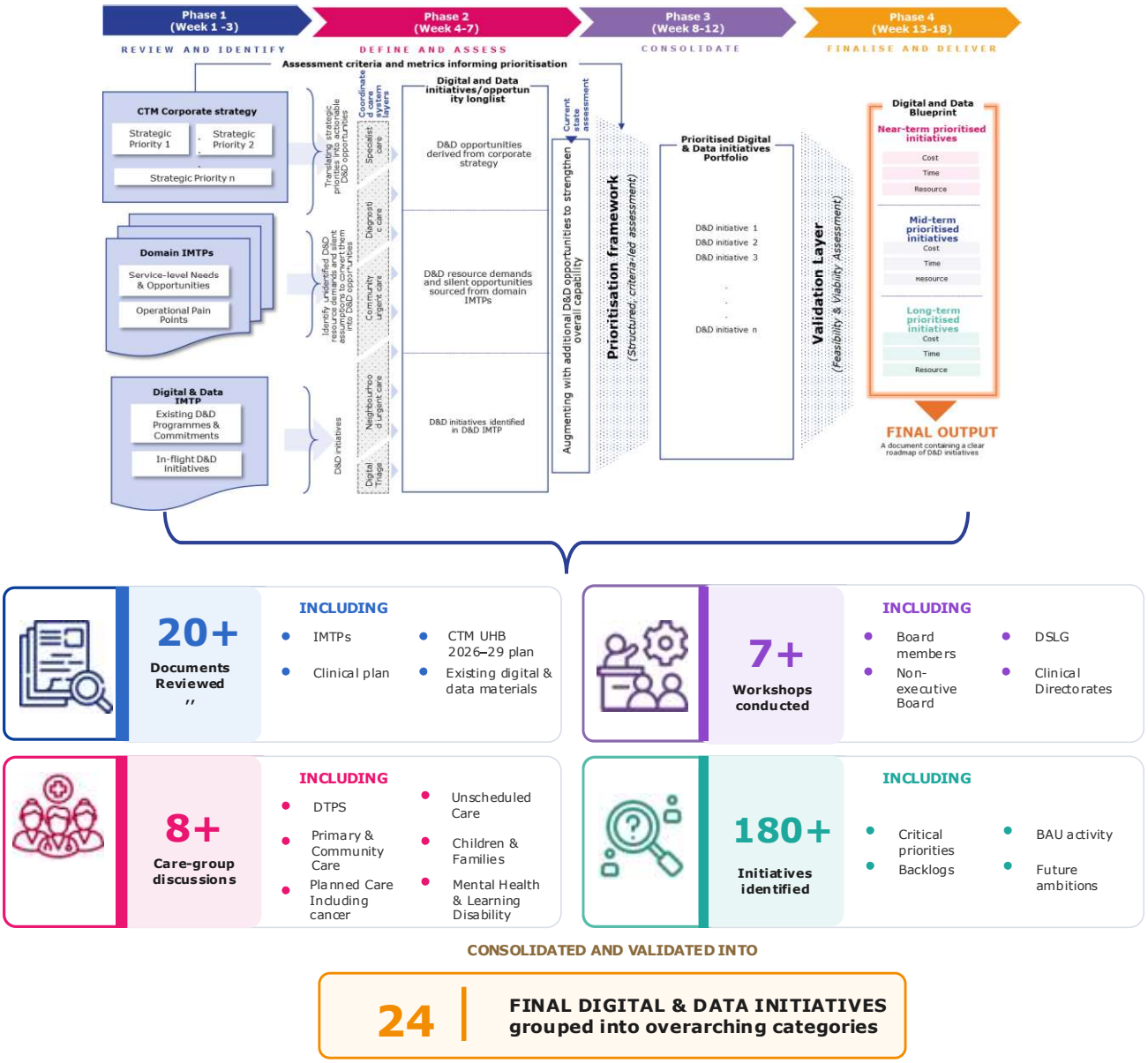
Phase 3: Consolidate

The refined longlist was consolidated into a prioritised D&D portfolio. Initiatives were assessed through a prioritisation framework (refer to appendix Table A.06) supported by stakeholder input and delivery judgement and were reduced to ~35 standalone initiatives defined under 24 overarching groups where applicable. A further validation process was then applied to test the strength, readiness and deliverability of each initiative.

Phase 4: Finalise and Deliver

The prioritised initiatives were mapped across delivery horizons to support practical sequencing and delivery planning. As part of this phase, each initiative was considered in relation to delivery timing, dependencies, risks, governance requirements and the level of support needed to progress. This ensured the roadmap was not only prioritised, but also realistic and actionable.

Figure 5.2 Phased approach towards building Digital and Data plan



20+ Documents Reviewed

INCLUDING
- IMTPs
- Clinical plan
- CTM UHB 2026–29 plan
- Existing digital & data materials

7+ Workshops conducted

INCLUDING
- Board members
- Non-executive Board
- DSLG
- Clinical Directorates

8+ Care-group discussions

INCLUDING
- DTPS
- Primary & Community Care
- Planned Care Including cancer
- Unscheduled Care
- Children & Families
- Mental Health & Learning Disability

180+ Initiatives identified

INCLUDING
- Critical priorities
- Backlogs
- BAU activity
- Future ambitions

CONSOLIDATED AND VALIDATED INTO

24 | **FINAL DIGITAL & DATA INITIATIVES grouped into overarching categories**

IV CURRENT STATE ASSESSMENT FINDINGS



Findings from the current state assessment

A clear understanding of CTM's current digital and data position is essential to shaping a delivery plan that is practical, prioritised and grounded in operational reality. CTM has already made visible progress across areas such as electronic prescribing, data warehousing, dashboard development, patient contact, maternity digital access and cyber resilience.

A current state assessment was undertaken during the development of the Digital & Data Delivery Plan in October 2025 and reflects the position captured through the information available at that point. While progress is evident, these developments sit within a wider environment that remains fragmented, capacity-constrained and dependent on a mix of local, national and programme-specific delivery routes.

The current state assessment combined secondary document review with interviews involving clinicians, data team representatives, SLGs and DSLG members across CTM. It provides the evidence base for the Digital & Data Delivery Plan, identifying what is working well, where delivery is being constrained, and what needs to change for digital and data to become a more consistent enabler of future care delivery.

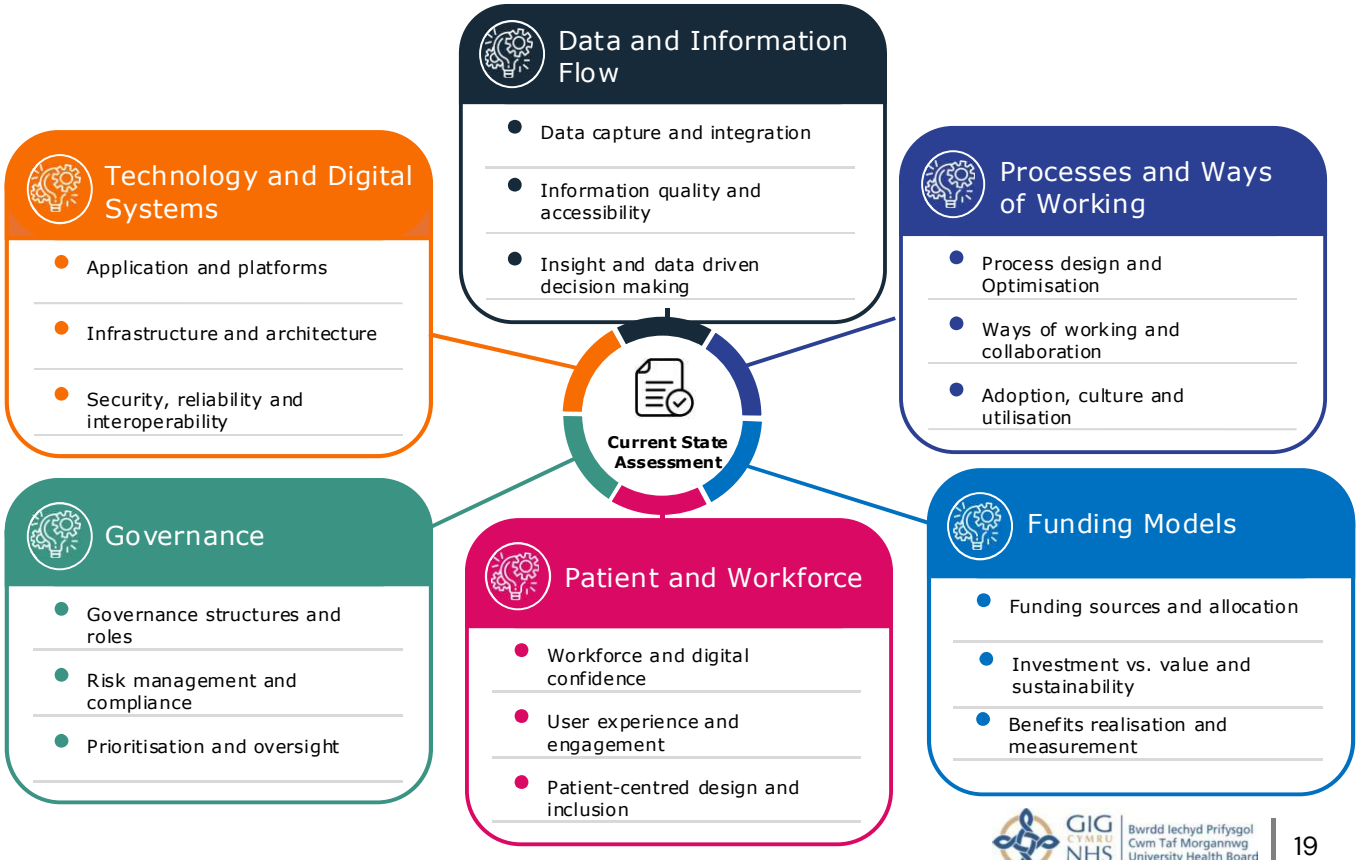
The findings are structured around six key pillars: technology and digital systems, data and information flow, processes and ways of working, governance, patient and workforce readiness, and funding model (refer to Figure 6.1)

Across these pillars, the assessment highlights a common pattern:

> CTM does not lack ambition or activity, but it needs a clearer mechanism to **prioritise, govern, scale and sustain** digital change across the organisation.

The assessment also identified 19 digital and 13 non-digital opportunities across the six pillars, supporting system-wide transformation (refer to appendix Table A.05)

Figure 6.1 Current State Assessment (Six Pillars Shaping CTM's Digital and Data estate)



Findings from the current state assessment

Technology and digital systems

The findings

CTM has made progress in strengthening its digital foundations, but the technology estate remains fragmented, duplicative and difficult to manage consistently.

155
digital systems

across clinical, estates and operational areas with limited systematic review, rationalisation and decommissioning.

What is happening today

- Redundant systems have created duplication, inconsistent ways of working and additional complexity for frontline teams.
- Mixed hosting arrangements, legacy infrastructure and unsupported technologies have increased maintenance effort and cyber, resilience and continuity risks.
- Inconsistent procurement and lifecycle management have diluted accountability for upgrades, support, rationalisation and retirement.

What this means for CTM

Without stronger lifecycle control, CTM risks continuing to invest in new technology while retaining the cost, complexity and risk of the existing estate.

How D&D plan will guide

- 13B Rationalise the application estate and aim to systematically retire redundant, duplicate and unsupported systems.
- 13A Strengthen the resilience and availability of critical infrastructure and services.

Data and information flow

The findings

CTM has established a data warehouse and expanded its reporting capability; however, fragmented source systems, inconsistent data standards and uneven integration continue to constrain trusted, timely and reusable insight.

>60
digital systems

known source systems currently feed the data warehouse.

What is happening today

- Requests from clinical and operational services to the central BI and analytics function are often managed reactively, with limited agreed prioritisation and self-service capability.
- Data definitions, coding and reporting logic are not being consistently standardised across source systems and reporting products.
- Gaps in patient-level data and linkage has limited end-to-end visibility of pathways, discharge and operational pressures.

What this means for CTM

Clinical/operational teams spend significant time reconciling data and producing reactive reports, rather than generating timely, actionable insight for decision-making.

How D&D plan will guide

- 9A Strengthen accessible, timely reporting through Power BI Dashboard.
- 22 Improve access to joined-up patient information through the Integrated Shared Care Record.
- 9B Apply data and analytics to priority pathways.

CC Critical Commitments | CC Core Capability | FP Follow On Priorities | G Governance

Findings from the current state assessment

Processes and ways of working

The findings

CTM's digital change approach remains largely reactive, shaped by mandatory national programmes and locally driven care group or service priorities, rather than applying organisation-wide route.

Demand-led
Prioritisation
across clinical, estates and operational areas responding to urgent needs.

What is happening today

- Fragmented digital change creates duplication, delays and avoidable workload, reducing capacity for frontline care and transformation.
- Inconsistent lifecycle management limits legacy-system decommissioning, increasing cost and complexity.
- Manual processes are creating inefficiency and risk in clinical care.
- CTM lacks a mature sandbox environment to test innovation safely.
- Unclear ownership, funding and routes to scale were cited as factors that were causing pilots to lose momentum.

What this means for CTM

Digital transformation capacity is spread across competing national and local priorities, making it difficult to scale successful improvements and sustain benefits through BAU.

How D&D plan will guide

- 13B Optimise existing systems, redesign workflows and strengthen adoption.
- G Build testing, business-analysis, training and rollout capacity.
- G Strengthen clinical input into digital design and delivery.

Governance

The findings

CTM is managing a growing, interdependent digital portfolio across local and national governance routes. However, portfolio-wide oversight, decision rights and escalation routes are not yet consistently defined.

Need
Unified PMO
to oversee the 24 D&D Plan initiatives and assess new initiatives entering the roadmap.

What is happening today

- No single PMO or portfolio route for prioritising digital initiatives or activities.
- CTM is locally accountable for digital delivery but remains dependent on DHCW for key platforms, APIs and integrations.
- Decision rights, ownership and escalation routes vary across programmes, creating inconsistency in how issues are resolved.
- Major programmes such as LHP,LIMS, RISP, and PCCTP require coordinated cross-board, supplier and service governance.

What this means for CTM

Decision-making, accountability and escalation arrangements vary between initiatives, creating a need for stronger portfolio-wide oversight.

How D&D plan will guide

- G Strengthen portfolio-level prioritisation, oversight and accountability.
- G Improve coordination with DHCW and other delivery partners to manage dependencies and protect delivery momentum.

CC Critical Commitments · CC Core Capability · FP Follow On Priorities · G Governance

Findings from the current state assessment

Patient and workforce

The findings

CTM has working towards patient inclusion and staff-led digital adoption, but readiness, capacity and engagement vary across services as structured feedback is not yet consistently embedded.

Uneven
Digital readiness
among workforce and limited usage of patient-facing experience.

What is happening today

- Some staff continue to face barriers accessing basic digital tools, while training and digital maturity vary across services.
- Dedicated training and change capacity is constrained, with teams supporting multiple digital workstreams.
- Test environments, super-users and clinical champions are supporting adoption in programmes such as ePMA and maternity, but these approaches are not consistently embedded.
- Staff and patient feedback loops are limited.

What this means for CTM

Variable readiness and engagement can slow adoption, increase reliance on central teams and limit the value realised from digital investment.

How D&D plan will guide

- G — Care groups highlight digital literacy across their 2026–29 IMTPs, including specialist roles to embed capability.
- 16 — Expand patient access, communication and self-service.

Funding models

The findings

Digital investment has increased, but funding remains reactive, fragmented and often capital-driven, with inconsistent routes for benefits tracking and scaling.

£9.5
Digital capital spend (2024/25)
Increased from £2.5m in 2022/23.

What is happening today

- Funding is short-term, late-cycle or linked to specific capital opportunities
- Benefits tracking is emerging but not consistently linked to reinvestment
- The D&D portfolio shows varying funding maturity: some initiatives are funded, while others require business cases, procurement funding or confirmation beyond 2026/27.
- Legacy systems, paper records and system limitations continue to create additional cost pressures.

What this means for CTM

CTM risks funding implementation without the recurrent capacity to sustain it, while inconsistent benefits evidence constrains prioritisation, scaling and value realisation.

How D&D plan will guide

- G — Sequence investment based on strategic value, readiness, dependencies and affordability.
- G — Confirm whole-life costs, funding sources, recurrent support and BAU ownership before delivery.

CC Critical Commitments · CC Core Capability · FP Follow On Priorities · G Governance

V DIGITAL & DATA PLAN-ON-A-PAGE



Purpose and role of the Plan

CTM Digital and Data 2026-29 plan is a practical roadmap that sets out how digital, data and technology can support CTM's strategic goals, future care model and service priorities over the next three years.

It brings together current initiatives, stakeholder feedback, current state findings and future opportunities into one prioritised and sequenced view. The plan is intended to help CTM understand what should be progressed, when it should happen, what it depends on, and how delivery can be tracked over time.

The plan should therefore be read in three ways:

- **As a prioritised portfolio**: to understand which Digital & Data initiatives should receive focus first
- **As a delivery roadmap:** to understand what should happen in Year 1, Year 2 and Year 3.
- **As a decision-support tool:** to identify the ownership, dependencies, risks and decisions needed to move initiatives into delivery

What the plan means for different stakeholders

Audience	What they should look for in the plan	What it helps them do
Board and Executive Leaders	The prioritised portfolio, 3-year roadmap, key risks, investment dependencies and decisions required	Confirm whether the plan is aligned to CTM's strategic goals, agree priority areas for investment, and unblock decisions around funding, workforce, governance and delivery capacity
Clinical Leaders and Care Teams	Initiatives linked to clinical pathways, care model alignment, patient flow, digital tools and information sharing	Understand which initiatives will affect clinical practice, validate whether priorities reflect service need, and identify where clinical input or ownership is required
Care Group and Service Leaders	Initiatives mapped to services, care group impact, sequencing, dependencies and delivery readiness	See which initiatives affect their services, confirm local priorities, identify operational constraints, and agree what can realistically be delivered in Year 1, Year 2 and Year 3

Purpose and role of the Plan

Audience	What they should look for in the plan	What it helps them do
Digital and Data Teams	Portfolio categories, enabling foundations, sequencing, dependencies and cross-cutting requirements	Understand the demand pipeline, identify foundational work needed, plan delivery capacity, and manage dependencies across systems, data, interoperability, reporting and adoption
Workforce, OD and Training Teams	Initiatives requiring new ways of working, adoption support, capability development or training	Plan the workforce support needed for successful adoption, including skills development, communications, change support and role-specific training
Corporate and Enabling Teams	Funding, procurement, IG, cyber, estates, workforce and governance dependencies	Identify where early support is needed to prevent delay, such as approvals, business cases, procurement routes, information governance reviews or cyber assurance
Patients, Families and Communities	Initiatives that affect access, communication, digital inclusion, self-service and joined-up care	Understand how the plan is expected to improve the way people access, navigate and experience care, while recognising where non-digital access and inclusion must be protected
System Partners	Initiatives requiring collaboration across primary care, community, local authority, third sector, regional or national partners	Identify where joint working is required, particularly around shared care pathways, interoperability, population health, prevention and care closer to home

Emerging roadmap (1/2)

Sr. No.	Initiative type	Initiative name	Dependencies on D&D initiatives	2026 Q3	2026 Q4	2027 Q1	2027 Q2	2027 Q3	2027 Q4	2028 Q1	2028 Q2	2028 Q3	2028 Q4	2029 Q1	2029 Q2	2029 Q3	2029 Q4
1	CC	LIMS Upgrade															
2	CC	RISP Migration															
3A	CC	Theatre System (TOMs) - Replatform															
3B	FP	Theatre System (TOMs) - Procurement	10A, 10B														
4	CC	Open Eyes – All Ophthalmology Services															
5	CC	WPRS roll out															
6	CC	HIR - Hospital Initiated Referral	5														
7	CC	S2T - Straight to Test	5														
8A	CC	Digital System Implementation - Intensive Care System	4														
8B	CC	Digital System Implementation - Pathology & Radiology ETR West															
8C	CC	Digital System Implementation - Full implementation of Integrated Women's Health Hub (IWHH)															
9A	CC	Demand Capacity Modelling - Entry Points, Demand & Capacity - Power BI dashboard support															
9B	CC	Demand Capacity Modelling - Development of Acute Frailty Dashboard to monitor and improve performance - ED module	19														
10A	FP	Llantrisant Health Park - Orthopaedic center	1, 2														
10B	FP	Llantrisant Health Park - Community Diagnostic Hub	2, 5														
11	CC	Diabetes System Replacement															
12	CC	Cyber Resilience and Availability															
13A	CC	System Optimisation - System Enhancements															
13B	CC	System Optimisation - Decommission Legacy Systems & Relevant Infrastructure															
14A	CC	Patient Care - Patient portal	16 A, 16B, 16C														
14B	CC	Patient Care - Patient self-referral booking system															
15	CC	The FIT (bowel cancer screening test) pathway															

Initiative type Critical Commitment | Core Capability | Follow-on Priority

Roadmap stage Prepare | Business case/De-risk | Procure (Build/Buy) | Deliver | Dependency on other initiative

Emerging roadmap (2/2)

c

Sr. No.	Initiative type	Initiative name	Dependencies on D&D initiatives	2026 Q3	2026 Q4	2027 Q1	2027 Q2	2027 Q3	2027 Q4	2028 Q1	2028 Q2	2028 Q3	2028 Q4	2029 Q1	2029 Q2	2029 Q3	2029 Q4
16A	CC	PCCTP - Back Scanning of Medical Records and Digitisation															
	CC	PCCTP- Reduce Notes in Outpatient Appointments															
16B	CC	PCCTP - Omni-channel Support															
	CC	PCCTP - Integrating Text Reminder Solution into Omni-channel System															
	CC	PCCTP - Call Demand and Capacity Modelling	9A														
16C	CC	PCCTP - NHS Wales App															
16D	CC	PCCTP - Intouch Patient Check-in System															
16E	CC	PCCTP - Implement digital dictation across all areas															
17A	FP	Third party collaboration/Innovation - Exploration of RPA and Innovations for Process Improvements															
17B	FP	Third party collaboration/Innovation - Develop and embed digital pathways including virtual clinics															
18	CC	POA Digital Screening - Pre-operative assessment															
19	CC	ED Module															
20	CC	ePMA (8500 users) – Phase 1 Rollout Continuation & Phase 2 Implementation															
21	CC	Maternity (Badgernet Implementation)															
22	CC	Mental Health Single care record															
23	CC	The implementation of Cellular Pathology approaches including the use of AI															
24	FP	Community by design	*														

* Initiative remains at a conceptual stage, with key dependencies and delivery requirements still being defined

Initiative type Critical Commitment | Core Capability | Follow-on Priority

Roadmap stage Prepare | Business case/De-risk | Procure (Build/Buy) | Deliver | Dependency on other initiative

VI PRIORITISED DIGITAL AND DATA INITIATIVES

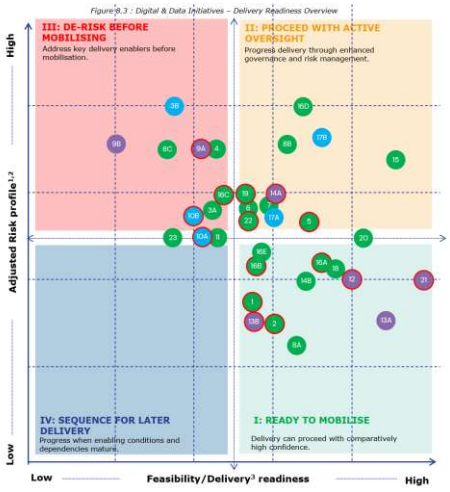


How to read this section:

The Digital & Data Portfolio mapping is structured across two complementary sections, combining an executive readiness matrix with detailed initiative-level insight to inform subsequent prioritisation, sequencing and delivery planning.

Portfolio Delivery Readiness
Provides an executive view of the Digital & Data portfolio through a 2×2 Delivery Readiness Matrix. The matrix enables readers to quickly understand:

- **Quad I: Which initiatives are ready to mobilise** based on current organisational readiness.
- **Quad II: Which initiatives require active executive oversight** during delivery.
- **Quad III: Which initiatives require further readiness activity** before mobilisation.
- **Quad IV: Which initiatives are planned for later delivery** as enabling conditions mature.



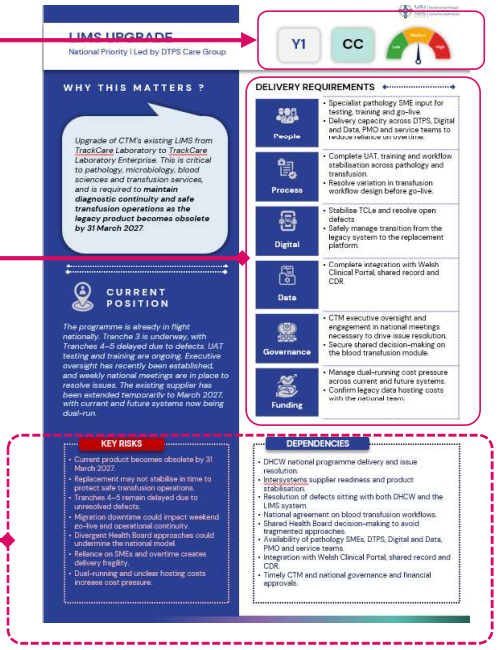
Each initiative has been assessed against a consistent methodology (refer to Table A.07) considering delivery feasibility, delivery risk and strategic importance

Annexure I: Provides a detailed profile of each initiative, outlining its strategic rationale, current progress, delivery requirements, dependencies, risks and implementation considerations that informs its position within the readiness matrix.

Delivery context
- Expected Delivery timeframe (Year 1–3)
- Initiative category
- Risk profile

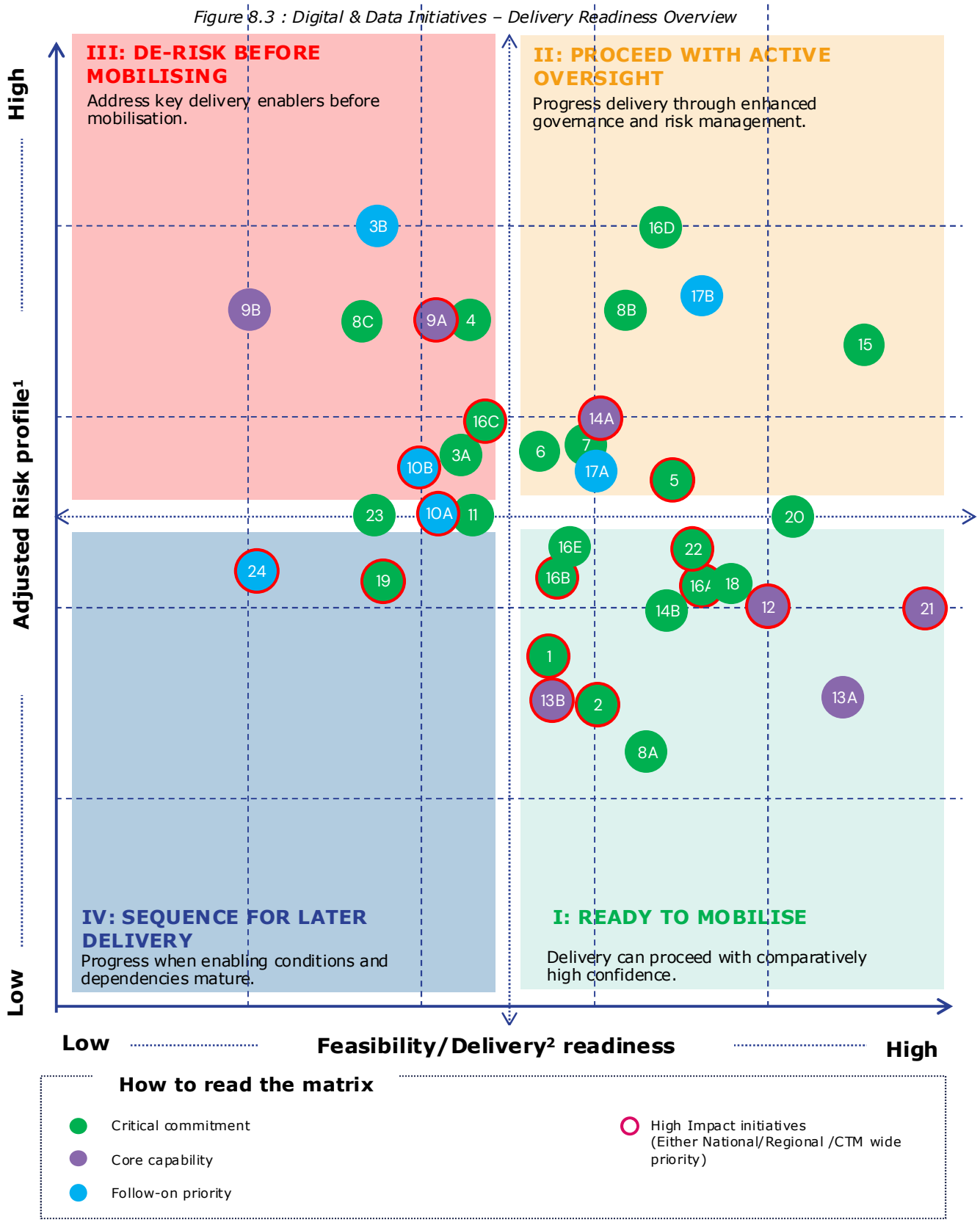
Delivery requirements
- Current progress
- Delivery requirements for People, process, digital, data, governance and funding

Implementation considerations
- Key risks
- Internal and external dependencies



CTM Digital and Data Portfolio – Readiness Matrix

Figure 8.3 : Digital & Data Initiatives – Delivery Readiness Overview

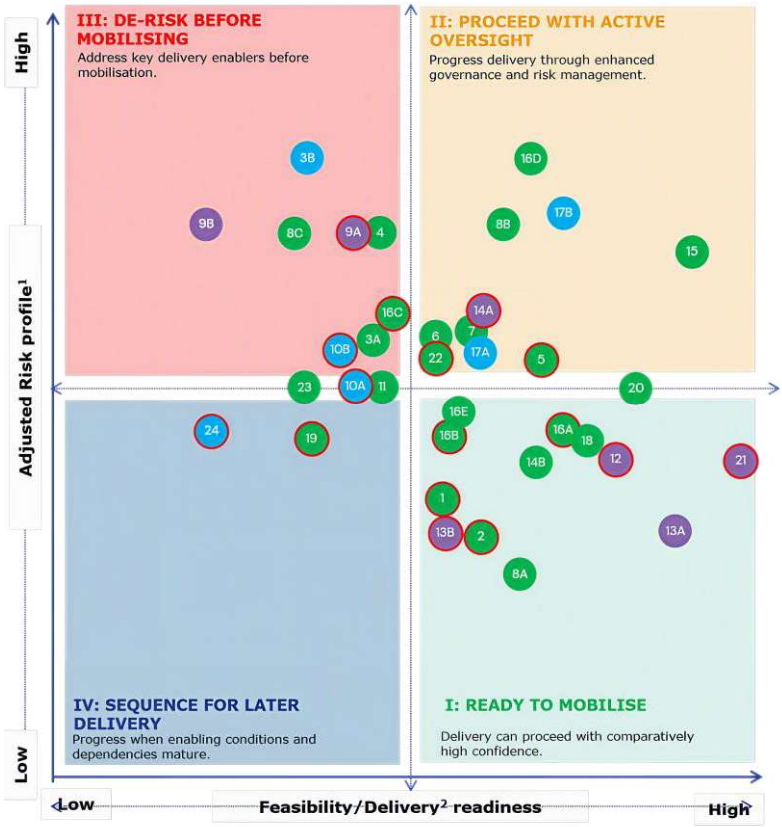


Note:

1. Overall delivery risk has been adjusted based on the evidence available at the time of assessment.
2. Delivery readiness reflects the current actions, milestones and implementation plans described by stakeholders during the discussions

DRAFT FOR DISCUSSION

CTM Digital and Data Portfolio – Readiness Matrix



How to read the matrix

- Critical commitment
- Follow-on priority
- Core capability
- High Impact initiatives (Either National/Regional /CTM wide priority)

Initiative type	Initiative name
1	LIMS Upgrade
2	RISP Migration
3A	Theatre System (TOMs) - Replatform
3B	Theatre System (TOMs) – Procurement
4	Open Eyes – All Ophthalmology Services
5	WPRS roll out
6	HIR - Hospital Initiated Referral
7	S2T - Straight to Test
8A	Digital System Implementation - Intensive Care System
8B	Digital System Implementation - Pathology & Radiology ETR West
8C	Digital System Implementation - Full implementation of Integrated Women's Health Hub (IWHH)
9A	Demand Capacity Modelling - Entry Points, Demand & Capacity - Power BI dashboard support
9B	Demand Capacity Modelling - Development of Acute Frailty Dashboard to monitor and improve performance - ED module

Type	Initiative name
10A	Llantrisant Health Park - Orthopaedic centre
10B	Llantrisant Health Park - Community Diagnostic Hub
11	Diabetes System Replacement
12	Cyber Resilience and Availability
13A	System Optimisation - System Enhancements
13B	System Optimisation - Decommission Legacy Systems & Relevant Infrastructure
14A	Patient Care - Patient portal
14B	Patient Care - Patient self-referral booking system
15	The FIT (bowel cancer screening test) pathway
16A	PCCTP - Back Scanning of Medical Records and Digitisation - Reduce Notes in Outpatient Appointments - Automation and roll-out
16B	PCCTP - Omni-channel Support - Integrating Text Reminder Solution into Omni-channel System - Call Demand and Capacity Modelling
16C	PCCTP - NHS Wales App
16D	PCCTP - Intouch Patient Check-in System
16E	PCCTP - Implement digital dictation across all areas
17A	Third party collaboration/Innovation - Exploration of RPA and Innovations for Process Improvements
17B	Third party collaboration/Innovation - Develop and embed digital pathways including virtual clinics
18	POA Digital Screening - Pre-operative assessment
19	ED Module
20	ePMA (8500 users) – Phase 1 Rollout Continuation & Phase 2 Implementation
21	Maternity (Badgernet Implementation)
22	Mental Health Single care record
23	The implementation of Cellular Pathology approaches including the use of AI
24	Community-By-Design Plan

CTM Digital and Data Portfolio (1/2)

Sr. No.	Initiative type	Initiative name	Readiness Score
1		LIMS Upgrade	
2		RISP Migration	
3A		Theatre System (TOMs) - Replatform	
3B		Theatre System (TOMs) - Procurement	
4		Open Eyes – All Ophthalmology Services	
5		WPRS roll out	
6		HIR - Hospital Initiated Referral	
7		S2T - Straight to Test	
8A		Digital System Implementation - Intensive Care System	
8B		Digital System Implementation - Pathology & Radiology ETR West	
8C		Digital System Implementation - Full implementation of Integrated Women's Health Hub (IWHH)	
9A		Demand Capacity Modelling - Entry Points, Demand & Capacity - Power BI dashboard support	
9B		Demand Capacity Modelling - Development of Acute Frailty Dashboard to monitor and improve performance - ED module	
10A		Llantrisant Health Park - Orthopaedic center	
10B		Llantrisant Health Park - Community Diagnostic Hub	
11		Diabetes System Replacement	
12		Cyber Resilience and Availability	
13A		System Optimisation - System Enhancements	
13B		System Optimisation - Decommission Legacy Systems & Relevant Infrastructure	
14A		Patient Care - Patient portal	
14B		Patient Care - Patient self-referral booking system	
15		The FIT (bowel cancer screening test) pathway	
16A		PCCTP - Back Scanning of Medical Records and Digitisation - Reduce Notes in Outpatient Appointments - Automation and roll-out	
16B		PCCTP - Omni-channel Support - Integrating Text Reminder Solution into Omni-channel System - Call Demand and Capacity Modelling	
16C		PCCTP - NHS Wales App	
16D		PCCTP - Intouch Patient Check-in System	
16E		PCCTP - Implement digital dictation across all areas	

Initiative type: Critical Commitment | Core Capability | Follow-on Priority

Readiness score: READY TO MOBILISE | PROCEED WITH ACTIVE OVERSIGHT | DE-RISK BEFORE MOBILISING | SEQUENCE FOR LATER DELIVERY

CTM Digital and Data Portfolio (2/2)

Initiative type	Critical Commitment	Core Capability	Follow-on Priority

Sr. No.	Initiative type	Initiative name	Readiness Score
17A		Third party collaboration/Innovation - Exploration of RPA and Innovations for Process Improvements	
17B		Third party collaboration/Innovation - Develop and embed digital pathways including virtual clinics	
18		POA Digital Screening - Pre-operative assessment	
19		ED Module	
20		ePMA (8500 users) – Phase 1 Rollout Continuation & Phase 2 Implementation	
21		Maternity (Badgernet Implementation)	
22		Mental Health Single care record	
23		The implementation of Cellular Pathology approaches including the use of AI	
24		Community-By-Design Plan	

The status of each initiative on the readiness matrix reflects the information available at the time of assessment and should therefore be interpreted as a relative view of delivery readiness rather than a judgement on strategic importance.

In some cases, initiatives may be strategically important or classified as Critical Commitments but still be sequenced for later delivery where scope, ownership, funding, dependencies or delivery requirements remain under development. For example, the ED Module is positioned for later delivery because it is still at an early stage of development and requires further definition before it can progress with confidence.

The same principle applies to Follow-on Priorities such as Community by Design. Although it is expected to progress within the 2026–2029 roadmap, it remains at a relatively nascent stage and therefore requires further work to define the delivery requirements, clarify ownership and dependencies, and address the key risks and enabling conditions identified through the readiness assessment.

The matrix should therefore be viewed as a dynamic portfolio tool. As additional information becomes available and delivery conditions mature, initiative positions can be revisited through the ongoing portfolio review and annual refresh process.

Initiative type	Critical Commitment	Core Capability	Follow-on Priority

Readiness score	READY TO MOBILISE	PROCEED WITH ACTIVE OVERSIGHT	DE-RISK BEFORE MOBILISING	SEQUENCE FOR LATER DELIVERY

VII FUTURE DIGITAL & DATA DELIVERY APPROACH



Guided and agile approach (1/2)

CTM's future Digital & Data delivery approach provides a consistent way to move initiatives from an identified service or organisational need through to implementation, adoption and benefits realisation. It is intended to create greater clarity on what is required before delivery begins, focus effort on initiatives that are sufficiently ready to progress, and ensure that implementation is followed through into sustainable change.

The approach applies across critical commitments, core capabilities and follow-on priorities, but should be proportionate to the scale, complexity and maturity of each initiative. Initiatives that already have clear sponsorship, funding, requirements and dependencies should be able to progress without repeating unnecessary discovery, while less mature initiatives may require further preparation before mobilisation.

1. Assess the need

Delivery should begin with a clear understanding of the problem or opportunity being addressed and the outcomes CTM is seeking to achieve. This includes understanding the service/ care group need, strategic relevance, expected value, urgency and any overlap with existing initiatives or capabilities. The aim is to establish why the initiative is needed and what change it is expected to enable before progressing into delivery.

2. Assess delivery readiness

Once the need is established, CTM should assess whether the conditions are in place to deliver successfully.

This includes considering:

- sponsorship and ownership
- funding and workforce capacity
- process and service readiness
- data and digital requirements
- governance and assurance requirements
- internal and external dependencies

The readiness assessment should identify where an initiative can progress and where further work is required to reduce delivery risk.

3. Prioritise and sequence

Need and readiness should then inform the positioning of the initiative within the wider portfolio. Initiatives should be prioritised and sequenced according to strategic importance, expected impact, urgency, readiness, dependencies and available delivery capacity, recognising that not every priority can or should progress at the same time. This enables CTM to maintain a realistic balance between delivering existing commitments, strengthening foundational capabilities and progressing future opportunities.

4. Prepare for delivery

Before mobilisation, any material gaps identified through the readiness assessment should be addressed.

Preparation may include confirming the sponsor and delivery owner, refining digital and data requirements, securing funding and resources and resolving dependencies. The emphasis is on de-risking delivery before significant implementation effort begins.

5. Deliver

Initiatives should then progress through implementation using a delivery approach appropriate to their scale and complexity, with multidisciplinary involvement from Digital & Data, clinical, operational and enabling teams as required. Delivery should maintain visibility of progress, risks, dependencies, resource requirements and emerging issues, while allowing teams to adapt implementation where circumstances change.

Guided and agile approach (2/2)

6. Adopt and embed

Implementation alone does not represent successful delivery. New capabilities need to be incorporated into day-to-day clinical, operational and corporate ways of working. This requires appropriate engagement, training, workflow redesign, communications, operational ownership and transition into sustainable support arrangements. The focus should be on ensuring that the capability is used consistently and becomes part of routine practice.

7. Review delivery performance and learning

Delivery performance should be reviewed at the end of implementation to understand how effectively the initiative was delivered and where lessons can strengthen future delivery. This should consider whether the initiative was delivered against agreed timelines and resource expectations, whether risks and dependencies were managed effectively, whether assurance was completed at the appropriate points, and whether implementation and transition into BAU were achieved smoothly. Any material variance should be understood and lessons captured so that they can inform the preparation, sequencing and delivery of future initiatives across the portfolio.

Intended clinical, operational, workforce or financial benefits should continue to be tracked through the relevant business case and initiative ownership arrangements.

New initiatives entering the portfolio

New Digital & Data needs may emerge through care group and clinical priorities, IMTP planning, the Digital & Data team, national programmes, regulatory requirements or emerging opportunities. These should enter through a consistent portfolio route, with initial consideration of strategic alignment, duplication, sponsorship, expected value and whether further discovery is required.
Where progressed, initiatives should then enter the delivery approach through Assess the Need, before moving through readiness assessment and prioritisation. The associated decision rights, accountabilities and escalation routes are set out within the Governance Model in the following section (refer to Section X).

Annual portfolio review and refresh

The Digital & Data Plan should be formally reviewed each year alongside CTM's wider planning and investment cycle, supported by ongoing portfolio oversight during the year. The review should consider delivery progress, changing strategic priorities, funding, capacity, dependencies, national developments and emerging service needs.
This should enable CTM to confirm, rephase, reclassify, add or retire initiatives, keeping the roadmap realistic and current. The Governance Model provides the ongoing structure through which these decisions are owned, assured, escalated and acted upon, helping the Plan operate as a living portfolio rather than a one-off planning exercise.

Seven-step delivery approach with continuous portfolio oversight

Multiple sources, one portfolio route.

- Care Groups/IMTPs
- Clinical teams
- Digital & Data team
- National requirements (e.g DHCW, P&I)
- Innovation and new opportunities

PORTFOLIO TRIAGE

Initial assessment to confirm need, check for duplication and assess strategic alignment

Outcome

Progress to Stage 1, combine, hold/explore, or do not progress

1	**ASSESS THE NEED** Why is the initiative needed?	Confirm the problem or opportunity and the expected outcomes
2	**ASSESS DELIVERY READINESS** Are the conditions in place?	Check ownership, funding capability and key dependencies
3	**PRIORITISE & SEQUENCE** Where should it sit and when can it progress?	Prioritise based on strategic importance, impact and readiness
4	**PREPARE FOR DELIVERY** What needs to be in place before mobilisation?	Address remaining requirements and finalise the delivery plan
5	**DELIVER WITH CONTROL** How will implementation be executed	Implement at pace with visible progress, risk management and assurance
6	**ADOPT AND EMBED** How will capability become routine practice	Embed into clinical and operational practical with training, support and transition to BAU
7	**REVIEW AND LEARN** What should we learn from delivery	Assess delivery performance, capture lessons and inform future initiatives

Lessons from initiative delivery inform future readiness and sequencing

ONGOING PORTFOLIO MANAGEMENT (runs alongside the lifecycle)
Monitor delivery, capacity, funding, dependencies and emerging priorities to keep the plan current and deliverable

- Portfolio oversight
- Stakeholder Engagement
- Risk and dependency management
- Alignment with national and organisational priorities

Portfolio decisions, ownership, assurance and escalation are enabled through the Digital & Data Governance Model.

QUARTELY PROTFOLIO HEALTH CHECKS

Review progress, risks, dependencies and emerging issues

ANNUAL PORTFOLIO REFRESH

Reassess and update the three-year plan

Confirm | Reclassify | Retire | Add | Rephase

VIII GOVERNANCE MODEL



Governance model

The Digital & Data Plan governance model provides the structure through which CTM can maintain oversight and control of the Plan as a continuously evolving portfolio beyond the initial three-year period roadmap. It supports timely decision-making, clear accountability, proportionate assurance and appropriate escalation.

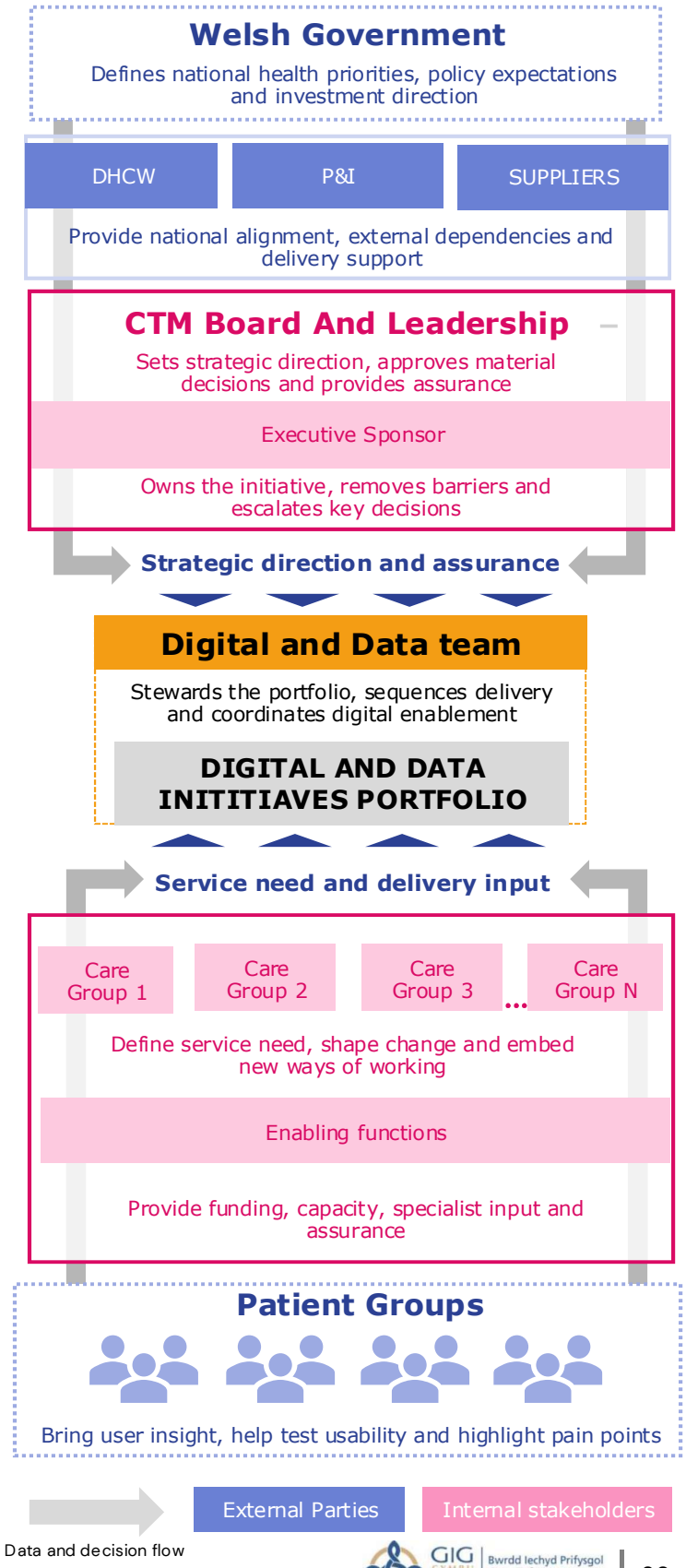
Governance of individual projects and programmes remains the responsibility of the relevant programme or project owner. The portfolio governance model therefore complements, rather than replaces, initiative-level governance.

Governance should enable a clear flow of information, decisions and escalation across CTM and its wider delivery environment. Care groups, clinical teams and enabling functions provide service and delivery input, while patient and workforce groups contribute user insight to inform relevant priorities, design and adoption considerations. The Digital & Data team maintains the integrated portfolio view, Executive Sponsors provide initiative-level accountability, and CTM Board and Leadership provide strategic direction, assurance and decisions on material portfolio matters. National policy, programme requirements and external dependencies should be reflected through engagement with Welsh Government, DHCW, P&I, suppliers and other relevant partners.

Through portfolio governance, CTM can approve, prioritise and sequence initiatives, reclassify or rephase activity as conditions change, escalate material issues or decisions, and retire initiatives where appropriate.

Each governance cycle should result in an updated portfolio position, with confirmed sequencing and funding requirements, agreed ownership and accountabilities, refreshed expected benefits and an updated contribution to CTM's IMTP. The detailed processes for initiative entry, delivery progression and annual refresh are set out within the Future Digital & Data Delivery Approach.

Figure 10.2 Digital and Data Plan Governance Model



How initiatives move through the portfolio

CTM will manage the Digital & Data Plan as a rolling three-year portfolio, bringing together what is already being delivered with opportunities that may enter delivery in future years.

Each planning cycle starts with the current year projects. These are initiatives already within the active portfolio and may be active, on hold, completed or cancelled during the year. Where an initiative is not completed within the current year, it becomes a rollover project and continues into the following year, ensuring that existing commitments remain visible when the next cycle is planned.

Alongside this active portfolio, CTM will maintain a forward-looking pipeline. New or emerging needs enter as pipeline requests, which may arise from service priorities, clinical or operational requirements, national direction, innovation or changes in technology. These requests then move through pipeline refinement and prioritisation, where they are developed and assessed to understand their relevance, readiness, dependencies, expected value and potential timing.

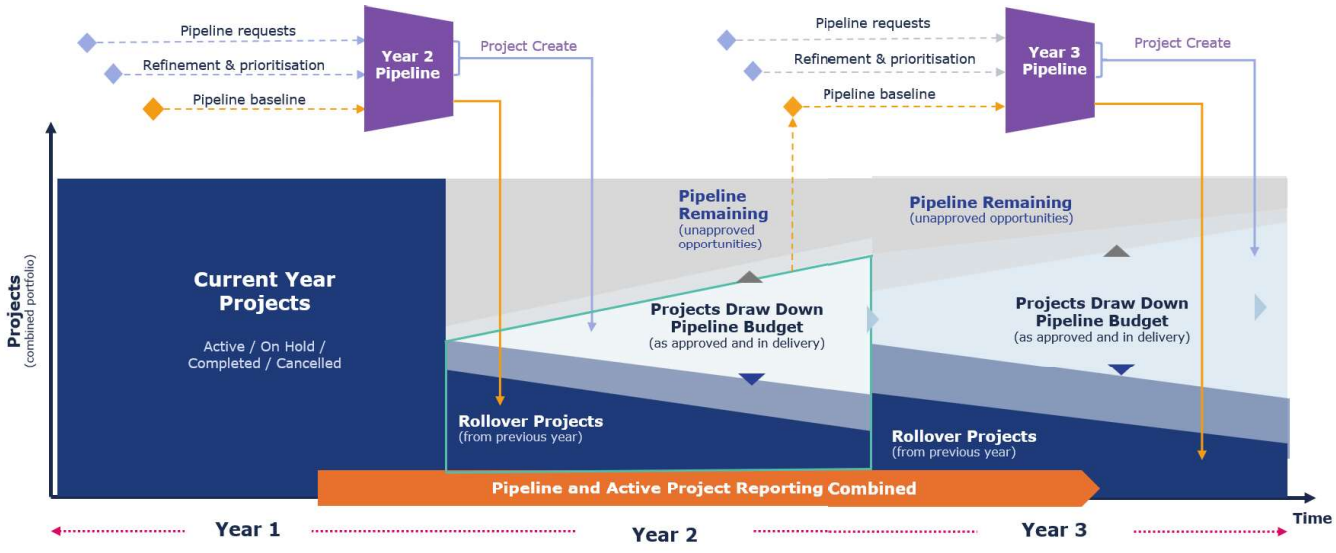
The outcome of this process is reflected in the pipeline baseline, which represents the agreed set of opportunities retained for future consideration at that point in the planning cycle. Where an opportunity is sufficiently developed and there is a clear route to ownership, funding and delivery capacity, it moves through project creation and enters the active portfolio as a delivery initiative.

Not all opportunities will progress immediately. Those that are not yet ready, funded or prioritised remain within the pipeline remaining, where they stay visible for further development or reconsideration in a later cycle. As approved projects enter delivery, they draw on the available pipeline budget and delivery capacity, meaning the balance between active projects, rollover activity and the remaining pipeline changes over time.

This cycle is repeated each year, creating a continuous flow between future opportunities and active delivery. Pipeline and active project reporting are combined so that CTM maintains a single view of what is being delivered now, what is continuing into the next year, and what remains under consideration for future delivery.

In this way, the model supports continuity of delivery while allowing the portfolio to evolve as priorities, readiness, funding, capacity and dependencies change across the three-year Plan.

Figure 10.3 Digital and data pipeline management discipline



How CTM reviews and refreshes the portfolio

Annual assessment and portfolio refresh

The rolling portfolio described on the previous page should be supported by a regular cycle of assessment, prioritisation and decision-making. As part of this cycle, the Digital & Data Plan should be formally reassessed each year alongside CTM's wider planning and investment process, providing an opportunity to review progress, test continued relevance and refresh priorities for the next stage of delivery.

The annual review should consider:

- continued alignment with CTM's strategic priorities and future model of care
- delivery progress and overall portfolio performance
- funding and workforce capacity
- material risks and dependencies
- changes in service/care group need
- national programme developments
- emerging priorities and opportunities

The annual review should enable CTM to confirm the portfolio, rephase or reclassify existing initiatives based on need, add new priorities or retire initiatives where appropriate.

The annual refresh should operate as an active portfolio-management process rather than a reporting exercise, helping CTM maintain a realistic, balanced and deliverable three-year roadmap and avoid continuing initiatives that are no longer sufficiently relevant, viable or deliverable. Quarterly health checks should support this by identifying emerging issues early and informing the formal annual assessment process.

Entry of new initiatives

During delivery of the current plan, new Digital & Data needs may emerge from care groups, clinical teams, corporate functions, the Digital & Data function, national programmes, patient and workforce insight, regulatory requirements or technology lifecycle risks.

These should enter the portfolio through a consistent triage process, considering strategic alignment, urgency, expected value, duplication with existing activity, sponsorship and ownership, affordability and capacity, technology and data requirements, interoperability, dependencies and delivery readiness.

The triage process should determine whether an initiative should be progressed, consolidated with existing activity, held for further development or not taken forward. Where further work is required, this may include additional discovery, evidence gathering or business-case development before a decision is made.

Once approved for inclusion, the initiative should have a clear sponsor and owner, intended outcomes, funding route, requirements, dependencies and indicative timescale. It should then be classified as a critical commitment, core capability or follow-on priority and sequenced within the portfolio.

Ongoing portfolio decisions

As priorities and delivery conditions evolve, governance should support timely decisions to continue, rephase, reclassify or retire initiatives, with material decisions escalated through the appropriate CTM governance route.

What success looks like

Success will be reflected in CTM maintaining a clear, controlled and responsive portfolio, with initiatives progressing at the right pace, material risks and dependencies surfaced early, and decisions taken in a timely way where delivery conditions change. Governance should provide sufficient visibility to support confidence in the roadmap, while allowing the portfolio to be rephased, reclassified, added to or retired as priorities and delivery conditions evolve.

Stakeholder involvement and accountability

Successful delivery of the Digital & Data Plan depends on clear accountability across the organisation. The Digital & Data team provides portfolio stewardship and technical enablement, while strategic, clinical and operational leaders retain accountability for the decisions, service changes and organisational conditions required to deliver the plan

The **CTM Board and Executive Leadership Team** should provide strategic direction and oversight of the overall portfolio. Their role should include confirming alignment with CTM's strategy, future model of care, and IMTP; approving material investment and portfolio decisions; holding executive sponsors to account; and receiving assurance on portfolio delivery, material risks, clinical safety, cyber resilience, and sustainability.

The **Digital & Data team** should support the governance of the plan by maintaining the integrated three-year roadmap, initiative register, dependency map, delivery-readiness position, risk profile and delivery and assurance information. The team should also provide the technical leadership and delivery support required across architecture, infrastructure, integration, data, interoperability, cyber security, information governance and clinical safety. In addition, it should coordinate relevant supplier and national dependencies and confirm the ongoing support requirements for each initiative. Operational change, adoption and associated service outcomes should remain the responsibility of the relevant clinical and operational owners.

Care group leads/ Clinical directorates should identify and surface emerging digital and data needs through IMTP planning or by engaging directly with the Digital & Data team. They should define the service need, confirm clinical and operational requirements, nominate appropriate owners and work with the Digital & Data team to support the delivery-readiness assessment. They should also provide the service-level input required to inform prioritisation and remain accountable for pathway change, adoption and service outcomes within their areas. The group should remain accountable for pathway change, workforce adoption and the service outcomes associated with their initiatives

Enabling functions, including finance, workforce, procurement, communications, quality and information governance, should provide specialist input where their decisions, capacity or assurance are material to delivery, rather than being engaged only at approval or implementation

Patients, communities and workforce representatives should also contribute where initiatives materially affect access, experience, workflow or inclusion. Their involvement should help CTM understand user needs, identify barriers, test whether proposed changes are usable, accessible and working as intended.

Where initiatives depend on DHCW, other NHS Wales bodies, suppliers or external partners, responsibilities and dependencies should be made explicit. External delivery should not dilute CTM's internal accountability, adoption and sustainability.

Stakeholder involvement and accountability

Table 10.1 : RACI matrix

Key activity	CTM Board / Executive Leadership	Executive Sponsor	Care Group / Clinical Leadership	Digital & Data Team	Enabling Functions / External Partners
Set strategic direction and approve the three-year plan	A	C	C	R	I
Maintain, prioritise and sequence the portfolio	I	C	C	A/R	C
Identify and define service needs and outcomes	I	A	R	C	C
Triage and assess new initiatives	I	C	C	A/R	C
Confirm sponsorship, ownership, funding and readiness	I	A	R	R	C
Design and deliver the digital and data solution	I	A	C	R	C
Lead pathway change, adoption and benefits realisation	I	A	R	C	C
Monitor delivery, risks, dependencies and value	I	A	C	R	C
Approve material investment, rephasing or stopping decisions	A	R	C	R	I
Confirm transition into business as usual	I	A	R	R	C
Reassess and refresh the plan annually	A	C	C	R	C

Responsible (R)	Accountable (A)	Consulted (C)	Informed (I)

IX RECOMMENDATIONS AND NEXT STEPS



Translating the Plan into Organisational Action

The Digital & Data Plan will only translate into sustained impact if the delivery approach and governance model are applied consistently across CTM, at both portfolio and initiative level, while the organisation continues to address the current-state challenges identified through this work. The actions below set out the organisational disciplines that will be important to maintain over the life of the Plan.

CTM needs to	Lead and supporting ownership					Expected impact
	CTM Board / Executive Leadership	Executive Sponsor	Care Group / Clinical Leadership	Digital & Data Team	Enabling Functions / External Partners	
Plan together Co-develop Digital & Data needs through IMTP planning, with the Digital & Data team in confidence.			LEAD	SUPPORT		Better aligned priorities, less duplication and earlier visibility of feasibility, dependencies and capacity.
Mobilise when ready Use delivery readiness assessment* to determine which initiatives can progress now, which need further preparation and which should be sequenced later.		SUPPORT		LEAD		Fewer initiatives starting before they are ready, reducing avoidable delay, rework and delivery risk.
Manage the portfolio actively Use regular health checks and annual refreshes to rephase, reclassify, add or retire initiatives as priorities and delivery conditions change.	SUPPORT			LEAD		A roadmap that remains current, realistic and responsive to changing needs and opportunities.
Match ambition to capacity and funding Keep Digital & Data, clinical and operational capacity visible alongside funding and BAU demand.	LEAD			SUPPORT	SUPPORT	More realistic sequencing, better use of resources and fewer initiatives competing for the same capacity.

* refer to delivery approach explained in section IX

Legend: LEAD SUPPORT

Turning the plan into real action

CTM needs to	Lead and supporting ownership					Expected impact
	CTM Board / Executive Leadership	Executive Sponsor	Care Group / Clinical Leadership	Digital & Data Team	Enabling Functions / External Partners	
Maintain clear ownership Ensure every initiative has a clear executive sponsor, clinical / operational owner and Digital & Data lead, with accountability through delivery and handover.						Faster decisions, clearer accountability and stronger transition into business-as-usual.
Manage dependencies Maintain a single view of key dependencies (across DHCW, suppliers, infrastructure, data and procurement) and actively coordinate across the portfolio.						Earlier visibility of knock-on impacts and more realistic timelines for dependent initiatives.
Strengthen shared foundations Continue to invest in infrastructure, data, interoperability, cyber resilience and lifecycle management to enable current and future initiatives.						Greater resilience, interoperability and reuse of core capabilities, reducing fragmentation across CTM.
Embed adoption and learn Build adoption and change into delivery, capture learning and use it to improve future initiatives.						New capabilities are consistently used, realising their intended value and informing a stronger, more predictable pipeline.

Legend:

X APPENDIX



Table A.01 :

CTM Leadership contributing to the Plan

	Name	Designation
1.	Jonathan Morgan	Chair
2.	Carolyn Donoghue	University
3.	Paul Mears	Chief Executive
4.	Gethin Hughes	Chief Operating Officer
5.	Sally May	Executive Director of Finance
6.	Dr Dom Hurford	Executive Medical Director
7.	Greg Dix	(Former) Executive Director of Nursing, Midwifery and Patient Care
8.	Hywel Daniel	Executive Director of People
9.	Philip Daniels	Executive Director of Public Health
10.	Lauren Edwards	Executive Director of Allied Health Professions and Health Science
11.	Claire Thompson	Executive Strategy Directorate
12.	Matthew Butt	Chief of Staff
13.	Gareth Watts	Director of Governance/Boards Secretary
14.	Kathy Mason	IM, Digital and Data
15.	Stuart Morris	Director of Digital
16.	Rob Bleasdale	Chief Clinical Information Officer/Consultant Cardiologist
17.	Suzanne Rodgers	Asst. Director Digital Transformation
18.	Rob Jones	Head Of Information
19.	Steve Macdonald	Asst. Director Digital Delivery
20.	Aled Holland	Head Of Clinical Systems

Table A.02 :

Clinical stakeholders contributing to plan

	Name	Designation
21.	Richard Hughes	Executive Director of Nursing, Midwifery and Patient Care
22.	Simon Blackburn	Director Communications and Engagement
23.	Sarah Follows	Director of Operations, Unscheduled Care
24.	Owen Weeks	Care Group Medical Director (Unscheduled Care)
25.	Zoe Long	Operational Support Manager
26.	Sally Bolt	Care Group Medical Director of DTPS, Consultant Radiologist
27.	Carl Verrecchia	Care Group Service Director
28.	Mohamed Elnasharty	Care Group Director, Consultant obstetrician and gynaecologist
29.	David Andrews	Medical Director for Primary Care
30.	Sarah Bradley	Assistant Director for Primary Care
31.	Brahms Robinson	Mental Health Nursing Information Officer
32.	Sarah Argent	Consultant Child and Adolescent Forensic Psychiatrist
33.	Stephen Sarasin	Care Group Medical Director, Hip and knee surgeon

Table A.03 :

List of documents informing the plan

Sr. No.	Requested document name	Received Document Names
1	**Coherent Strategy**	CTM Strategy (Interim output)
2	Domain IMTPs	2026- 2029 CTMUHB Plan - draft v. 1.docx
3		IMTP Care Group Priorities DTPS.xlsx
4		IMTP framework 2026-29 plan - internal framework.pptx
5		IMTP investments mapped to risk register v1.pptx
6		MH LD Care Group Priority Template 2026-2027.xlsx
7		PCC Care Group Priority Template 2026-2027 v1.xlsx
8		Planned Care Service-level priorities 2026-27 V1.xlsx
9	Digital and Data IMTPs	Digital Systems PoAP.pptx
10		Digital Transformation - MRPC PoAP.pptx
11		Digital Transformation PoAP - Business Change & Benefits.pptx
12		Digital Transformation PoAP v2 Programmes and Projects.pptx
13		IMTP2627_draft131125.pptx
14	Additional Documents	C&F Care Group Priority Template 202627 DC V10.xlsx
15		Care Group Priority Template 2026-2027 USC.xlsx
16		CTM - Enabling Actions - 26-27 baseline.xlsx
17		Service Plan Expectations for Care Groups Guidance 2026-27.docx
18		Six Goals Health Board Plan 26_27 CTM.docx
19		Full Financial Plan 26-27.docx
20		Summary Financial Plan 26-27.docx
21		Copy of 20260331 - RECEIVED - CTM MDS 2026-27 - numbers added

Table A.04 :

Systems Technologies used to enable CTM 2030

System/ Technology	Description	Touchpoint		
		Patient	Clinician	Staff
Shared Care Record	Provides a single, trusted view of patient information across health and care settings, enabling safer and more coordinated care.	✓	✓	✓
Welsh Clinical Portal (WCP)	Gives clinicians access to patient history, clinical documents, results and correspondence through a single clinical portal.		✓	✓
CITO	Provides digital access to clinical documentation and medical records, reducing reliance on paper-based notes.		✓	✓
Philips PACS	Stores and shares diagnostic images (X-ray, CT, MRI and Ultrasound) for rapid review across clinical teams.		✓	✓
BadgerNet	Supports digital maternity records, ensuring pregnancy information is available throughout the care pathway.	✓	✓	✓
ED Nerve center	A mobile-enabled Emergency Department electronic patient record (EPR) that digitises A&E workflows, including triage, clerking, clinical assessments, treatment, patient tracking and discharge. It provides real-time visibility of patient flow, waiting times, departmental capacity and safety escalations, enabling safer, faster and more coordinated emergency care.	✓	✓	✓
Netcall Liberty Converse (Omnichannel Platform)	Delivers consistent communication through telephone, SMS, email, webchat and digital messaging, providing one connected patient contact service.	✓	✓	✓
NHS Wales App	Provides patients with secure digital access to appointments, notifications, health information and NHS services.	✓		
Straight to Test (S2T)	Enables agreed clinicians to request diagnostic investigations directly before a specialist appointment, reducing delays to diagnosis and treatment.		✓	✓

Table A.04 :

Systems Technologies used to enable CTM 2030

System/ Technology	Description	Touchpoint		
		Patient	Clinician	Staff
Integrated Clinical Systems	Connects information across clinical applications, reducing duplication and improving care coordination.		✓	✓
Virtual Care (Doccla)	Enables appropriate consultations and specialist reviews to take place remotely where clinically suitable.	✓	✓	
PROMs / PREMs	Collects patient-reported outcomes and experience measures to support ongoing monitoring and service improvement.	✓	✓	✓

Table A.05 :

Opportunities identified from current state

Pillars	Digital	Non-digital
Technology	• Resolve core infrastructure issues (printers, access control, desktop placement) • Ensure hardware/software compatibility (Windows, Synapse) • Digitise test requesting (CT, MRI, Ultrasound)	• Optimise ward/device layouts to support digital-first working
Data and information flow	• Enable secure reporting access and federated data architecture • Improve data quality/coding for AI-readiness • Strengthen CAF/NIST compliance with secure cloud breakout design • Integrate AI-driven summarisation, PROMs automation	• Build organisational capability for data-driven decision-making • Strengthen governance and stewardship of data assets
Processes and ways of working	• Apply reuse-before-buy framework • Explore digital factory/sandbox environment to dry test the probable technology solutions • Deploy RPA for admin workflows (e.g. ultrasound booking) • Embed digital-first BAU processes •	• Standardise initiative intake process (single funnel) • Embed decommissioning discipline in service planning • Strengthen clinical/service ownership of projects • Promote cross-pillar collaboration (digital, clinical, operations) • Use "Plan on a Page" demand tools
Governance	• Implement structured interoperability frameworks • Strengthen cyber compliance (CAF/NIST, secure cloud breakout)	• Establish central PMO with portfolio-level oversight of digital initiatives • Provide clear escalation forums for clinicians and staff to resolve challenges

Table A.05 :

Opportunities identified from current state

Pillars	Digital	Non-digital
Patient and workforce	• Build cross-specialty Digital Champion networks to support adoption • Scale digital skills audits and deliver targeted training in partnership with HEIW and the National Academy • Embed AI into workforce education through pilots, quick guides, and role-specific modules • Promote digital-by-default patient self-management tools (e.g., PIFU, remote monitoring)	• Strengthen visible change management support to reduce resistance and build confidence • Collect systematic patient and staff feedback to inform continuous improvement
Funding model	• Build on LHP as a digital-first exemplar to attract national investment • Pilot innovation-funded AI/RPA use cases with clear evaluation for scale-up • Tight contract management and vendor flexing for existing applications to extract maximum value from existing spend	• Create structured pathways to transition short-term funding into sustainable BAU investment backed by clear benefits realisation

Table A.06 :
Prioritisation Framework (1/2)

	Sphere of Impact Indicates how each initiative drives impact across care delivery settings and enabling functions		
	Non-clinical area of impact Indicates how each initiative enables system-wide delivery through core operational and enabling functions.		
	Workforce	**Estates and facility**	**Admin/Ops**
LOW (0)	No impact on workforce capacity, productivity, or experience (backend system changes with no staff-facing benefit)e.g.	No impact on estate utilisation or infrastructure footprint	No impact on operational workflows, duplication, or coordination
MEDIUM (1)	Indirectly supports workforce (e.g., training, digital tools, improved access to information, partial reduction in admin burden)	Improves estate efficiency indirectly (e.g., better scheduling, space utilisation insights, minor optimisation)	Improves operational efficiency (e.g., workflow tools, reporting, reduced duplication in specific functions)
HIGH (2)	Significantly improves workforce productivity and experience (e.g., automation, role redesign, flexible working, reduced admin burden, improved retention)	nables shift in care settings and optimised estate model (e.g., reduced reliance on acute infrastructure, supports community-based care, frees up physical capacity)	Transforms operational delivery (e.g., end-to-end automation, integrated systems, real-time data-driven decision-making, improved coordination across pathways)

Table A.06 :
Prioritisation Framework (2/2)

	Sphere of Impact Indicates how each initiative drives impact across care delivery settings and enabling functions.				
	Level of care Indicates how each initiative supports the future model of care across delivery settings.				
	Virtual response	**Locality/Bro care**	**Community urgent response**	**Diagnostic and treatment platforms**	**Specialist and emergency hospital care**
LOW (0)	No impact on patient access, entry point, or triage (e.g., internal system upgrade with no front-end impact)	No impact on where care is delivered (remains hospital-centric)	No role in ongoing care, recovery, or patient management	No impact on diagnostics or treatment pathways	No impact on hospital demand, flow, or discharge
MEDIUM (1)	Indirectly improves access by enabling services (e.g., workforce training, backend system efficiency, partial digital enablement)	Enables locality-based care indirectly (e.g., shared records, workforce capability, coordination tools)	Supports continuity (e.g., monitoring tools, data sharing, discharge coordination)	Supports diagnostics indirectly (e.g., LIMS upgrade, reporting systems, workforce training)	Improves internal hospital efficiency (e.g., workflow tools, bed management systems)
HIGH (2)	Directly enables or transforms patient access through digital-first channels, triage, navigation, or routing to the right service first time	Directly enables delivery of care closer to home through integrated locality teams and services	Enables proactive, continuous, community-led care models that reduce need for hospital visits	Directly enables decentralised diagnostics/treatment at scale in community/local settings	Reduces unnecessary hospital utilisation and supports safe admission avoidance, flow, and discharge

Table A.07 :

Delivery Readiness Assessment Framework

The Delivery Readiness Assessment Framework was used to assess each initiative consistently across delivery readiness, feasibility, strategic fit and delivery-planning considerations. The outputs from this assessment were then fed into the prioritisation matrix, informing the relative readiness and risk position of each initiative and supporting portfolio prioritisation and sequencing across the three-year roadmap.

	Parameters
Corporate readiness & Delivery Feasibility.	**People** Assesses the workforce implications of the initiative, including training and change needs, capacity requirements and reliance on internal or external partners.
	Process Assesses the extent of workflow or process change required, including redesign needs and operational dependencies.
	Digital Assesses the technology requirements needed to deliver the initiative, including systems, platforms, integration and wider technical dependencies.
	Data Assesses the data requirements needed to support delivery and ongoing use, including reporting, KPIs, data dependencies and analytics requirements.
	Governance Assesses the approvals, policy and compliance requirements, ownership arrangements and accountability needed to progress the initiative.
	Funding Assesses the investment required, availability of funding and any ongoing or recurrent cost implications.
	Dependencies on Other Digital & Data Initiatives Assesses whether delivery depends on other Digital & Data initiatives progressing first or in parallel.
	External Organisational Dependencies Assesses reliance on organisations, suppliers or national programmes outside CTM that could influence delivery.
Strategic Fit & Delivery Planning	**How should this initiative be treated in the three-year plan?** Assesses how the initiative should be treated within the roadmap based on its importance, readiness and relationship to other priorities.
	Organisation-wide impact Assesses whether the initiative has CTM-wide relevance or is primarily focused on a specific service, care group or organisational area.
	Business case availability Assesses whether an appropriate business case or equivalent justification is in place to support progression and investment.
	Potential Blockers or Delays Identifies material issues that could prevent, slow or complicate delivery.
	Indicative delivery timeline Assesses the expected timing and duration of delivery based on current information and known dependencies.
	Rationale for sequencing Assesses why the initiative should be positioned in a particular year, considering urgency, readiness, dependencies and available delivery capacity.

Feasibility scoring (X-axis)

Risk profile scoring (Y-axis)*

Strategic fit / High impact initiatives

Note: Adjusted risk profile used in the matrix is calculated

Table A.08 :
Table of Acronyms

Term	Full form
APIs	Application Programming Interfaces
DSLG	Digital Senior Leadership Group
HEIW	Health Education and Improvement Wales
IWHH	Integrated Women's and Hospital Health services
KPI	Key Performance Indicator
LD	Learning Disabilities
MDS	Minimum Data Set
MH	Mental Health
MRI	Magnetic Resonance Imaging
MRPC	Medical Records and Patient Correspondence
NIST	National Institute of Standards and Technology (cyber framework)
OD	Organisational Development
PCC	Primary and Community Care
PIFU	Patient Initiated Follow Up
PoAP	Point of Access Programme
RACI	Responsible, Accountable, Consulted, Informed
SLGs	Senior Leadership Group
SMS	Short Message Service (text messaging)
UHB	University Health Board
USC	Unscheduled Care