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WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Information Governance Team
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Our ref: IG/FOI/FOI.197.26

25 June 2026

Sent via email to: [REDACTED]

Dear [REDACTED]

Request under the Freedom of Information Act 2000

I write further to your request for information which was received on 12 May 2026, to confirm, in accordance with S.1(1)(a) of the Freedom of Information Act 2000, that Powys Teaching Health Board (PTHB) does hold the information that you require. For ease of reference your request is set out below and the Health Board's response follows each question individually.

Your Freedom of Information (FOI) Request and Powys Response (Bold):

I am writing to you under the Freedom of Information Act to request the following information:

Q1. Does your Trust currently use an Electronic Patient Record (EPR) system for inpatient clinical care? – **Yes.**

Q2. Please provide the name(s) of the EPR system(s) currently in use at your Trust for each of the following clinical activities (as applicable)

- Medicines prescribing/administration – **Better Meds is currently being implemented for inpatients medicines prescribing and administration, with implementation due to conclude in September 2026.**
- Medical documentation/clinical notes - **Welsh Nursing Care Record (WNCR) is used for general inpatient nursing documentation and some inpatient documentation. The Welsh Community Care Information System (WCCIS) is used for Mental Health Inpatients records.**
- Laboratory results/reporting - **The Welsh Clinical Portal (WCP) is used for viewing Welsh laboratory results**
- Vital signs/observations – **Welsh Nursing Care Record (WNCR) is used for general inpatient observations.**
- Consent forms viewing/signing - **Consent forms are not currently completed or managed through an EPR system.**

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- Outpatient letters viewing/writing- **Outpatient letters are viewed and/or recorded through the Welsh Patient Administration System (WPAS) and Welsh Clinical Portal (WCP), where applicable.**

Q3. For each EPR mentioned above (b), please provide information on whether the EPR is used Trust-wide or only in selected clinical services. If selected clinical services, please provide details of the services for which each is applicable. - **The systems listed above are used in the relevant clinical areas described. Where use is limited to particular services or settings, this has been indicated in the response to Question 2.**

Q4. For each EPR mentioned above (b), in which year was it first implemented for use?

- **Better Meds – 2026**
- **WNCR- 2021**
- **WCP - 2016**
- **WCCIS - 2017**

Q5. Does your Trust use paper/physical records for any of the following? **Yes. Paper records continue to be used in some areas as set out below:**

- Medicines - **Currently all medicines prescribing and administration are completed on paper whilst Better Meds is implemented.**
- Clinical Notes - **Some clinical documentation is available electronically; however, elements of the clinical record continue to be completed on paper.**
- Laboratory Results - **Laboratory requesting is currently paper based**
- Observations - **Observations currently on paper for mental health wards.**
- Consent forms - **All currently captured on paper.**
- Outpatient letters viewing/writing- **Outpatient letters are managed through WPAS and WCP where applicable; paper may still be used where electronic functionality is not available or where operational processes require it.**

Q6. Does your Trust currently extract data from the EPR (s) for research, audit, or quality improvement purposes? If so, please provide brief details - **The Health Board's Data & Business intelligence (BI) team extracts and processes data to support both audit and quality improvement activity. For audits, the team typically produces cohort lists, identifying patients meeting defined clinical criteria which are then provided to clinical services so that detailed audits can be undertaken within the relevant source systems or using reports provided by the team.**

For quality improvement, the team produces analytical reports; for example, on demand & capacity and waiting lists to support the Health Board's quality improvement initiatives.

The Health Board does not routinely undertake academic health research extraction directly; research access to NHS Wales data is generally facilitated through national mechanisms e.g. the SAIL

Databank, via Digital Health and Care Wales (DHCW) under separate information governance arrangements.

Q7. Is there a dedicated informatics, analytics, or digital team that supports the use of EPR data for research, audit, or quality improvement purposes? – **Yes, the Health Board has a dedicated Data & Business Intelligence team within the Digital directorate. They are responsible for data engineering, analytics, data warehousing, statutory reporting and BI support. The team maintains the Health Board's central data platform and supports the use of clinical and operational data for audit, quality improvement and reporting purposes.**

If you are dissatisfied with the handling or response to your request, you have the right to ask for an internal review. Should you wish an internal review, please quote the reference number and send your correspondence to the above address.

If you are not content with the outcome of the internal review, you have the right to apply directly to the Information Commissioner for a decision. The Information Commissioner can be contacted at:

Address: Information Commissioner's Office (Wales), 2nd Floor, Churchill House, Churchill Way, Cardiff, CF10 2HH.

Telephone: 0330 414 6421

Complaints Portal: www.ico.org.uk/foicomplaints

Web site: <https://ico.org.uk/>

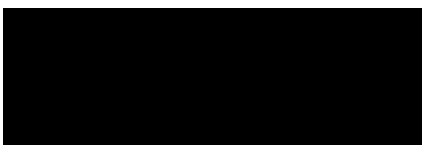
Re-use of Public Sector Information

All information supplied by the Health Board in answering a request for information (RFI) under the Freedom of Information Act 2000 will be subject to the terms of the Re-use of Public Sector Information Regulations 2015.

Under the terms of the Regulations, the Health Board will licence the re-use of any or all information supplied if being used in a form and for the purpose other than which it was originally supplied. This license for re-use will be in line with the requirements of the Regulations and the licensing terms and fees as laid down by the Office of Public Sector Information (OPSI). Most licenses will be free; however, the Health Board reserves the right, in certain circumstances to charge a fee for the re-use of some information which it deems to be of commercial value.

Further information including a sample license terms and fees can be found at [Open Government Licence](#).

Yours sincerely



David Owen

Assistant Director of Digital Technology and Data Operations

Rydym yn croesawu derbyn gohebiaeth yng Nghymraeg. Byddwn yn ateb y fath ohebiaeth yng Nghymraeg ac ni fydd hyn yn arwain at oedi.

We welcome receiving correspondence in Welsh. We will reply to such correspondence in Welsh and this will not lead to a delay.