

**COFNODION CYMERADWY O GYFARFOD Y PWYLLGOR DIGIDOL, DATA AC ARLOESI/  
APPROVED MINUTES OF THE DIGITAL, DATA AND INNOVATION COMMITTEE MEETING**

Date of Meeting: **Tuesday 22 April 2025**  
Venue: **Ystwyth Board Room and MS Teams**

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

In Attendance: Mr Huw Thomas, Executive Director of Finance  
Mr Mark Henwood, Interim Executive Medical Director (part)  
Dr Leighton Phillips, Director of Research, Innovation and Value  
Mr Anthony Tracey, Director of Digital  
Mr Shaun Ayers, Director of Delivery (deputising for Mr Lee Davies, Executive Director of Strategy and Planning)  
Ms Charlotte Wilmshurst, Assistant Director of Assurance and Risk (deputising for Mrs Joanne Wilson, Director of Corporate Governance/Board Secretary)  
Dr June Picton, AMD Professional Standards/Deputy Caldicott Guardian, Associate Medical Director for Professional Standards  
Ms Judith Bowen, Lead Clinical Informatics Nurse  
Dr Anthony (Tony) Smith, Consultant Anaesthetist (part)

<b>Minutes Ref.</b>	<b>Item</b>	<b>Action</b>
DDIC (25)01	<p><b>Welcome and Apologies</b></p> <p>The Chair welcomed members to first meeting of the Digital, Data and Innovation Committee.</p> <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> <li>• Mr Winston Weir, Independent Member</li> <li>• Mr Lee Davies, Executive Director of Strategy and Planning</li> <li>• Mrs Joanne Wilson, Director of Corporate Governance/Board Secretary</li> </ul>	
DDIC (25)02	<p><b>Declarations of Interests</b></p> <p>The following declarations of interest were made:</p> <ul style="list-style-type: none"> <li>• Mr Maynard Davies, relating to the Sail Databank at Swansea University.</li> <li>• Mrs Chantal Patel regarding discussions related to Research and Innovation at Swansea University.</li> </ul>	
DDIC (25)03	<p><b>Digital, Data and Innovation Committee (DDIC) Terms of Reference</b></p>	

Mr Davies advised that the DDIC Terms of Reference (TOR) had been approved at Board on 29 January 2025. Following approval, some minor amendments have now been made including a section transferred from the Finance and Planning Committee TOR to reflect responsibilities for quality of data; changes to terminology; and the inclusion of a Health Science representative to the Committee membership.

Mr Huw Thomas reflected on discussions outside of the meeting on whether a representative from the Workforce and Organisational Development (W &OD) directorate should also form the Membership of DDIC. **Mr Thomas agreed to liaise with Lisa Gostling on the merits of adding a representative from W&OD to the DDIC Membership.**

HT

Dr Leighton Phillips highlighted the need to reflect research within the TOR and agreed **to share a suggested amendment relating to health research legislative responsibilities.**

LP

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

**Decision:**

Subject to agreed amendments, the Committee **APPROVED** the Digital, Data and Innovation Committee's Terms of Reference for onward ratification by the Board on 29 May 2025.

DDIC  
(25)04

**Corporate and Operational Risks Aligned to DDIC (Verbal)**

Mr Thomas informed Members that a report outlining the risks currently aligned to the Committee would be presented to the next DDIC meeting. As part of the risk discussion at the next meeting, a reflection on which risks may need further review, may be beneficial.

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

DDIC  
(25)05

**Planning Objectives (PO9) Closure Report**

Mr Anthony Tracey thanked Mr Daniel Warm for collating the information on Planning Objectives for the meeting. Mr Tracey highlighted that the report included reflections on what has gone well for the Health Board and areas which require improvement.

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

**Decision:**

The Committee **RECEIVED ASSURANCE** on the current position in regard to the progress of the Planning Objective aligned to the Digital, Data and Innovation Committee, in order to assure the Board that the Planning Objectives are progressing and are on target, and to raise any concerns where a Planning Objectives is identified as behind in its status and/or not achieving against its key deliverables.

*Dr Anthony Smith joined the Committee meeting.*

## Digital Context Presentation

Mr Tracey provided an overview on in order to provide further context on digital transformation within the Health Board. The presentation outlined a number of digital transformation achievements.

Mrs Patel enquired to the budget for the plans within the presentation. She also highlighted the importance of training and education, not only with Health Board staff but also within the community. Ms Patel sited the 'Ask My GP' online system and the lack of communication to patients on how to use it, prior to launch.

In terms of specific budgets, Mr Tracey responded that all major business cases would be presented to the Committee for scrutiny, ahead of Board approval. Further, that the Health Board has seen significant investments during the previous 12 months, and that further funding may be available from the Welsh Government (WG).

The challenge of digital inclusion has been acknowledged. In order to progress this work, approval has been received to appoint a Digital OD Manager. It has also been identified that digital literacy within Health Board staff are not at levels previously assumed. Work has begun to improve this.  
**Mr Tracey agreed to present a report on Digital Inclusion to a future meeting.**

AT

The Health Board worked with a local company to improve network connectivity in Ceredigion, unfortunately the company is no longer in business. Work now continues with our Digital Partner (CGI), to find a way forward.

Ms Patel issued a plea to the Committee to consider real organisational culture/behavioural change.

Mrs Eleanor Marks expressed her appreciation for the progress made to date, emphasising that the Health Board's technological advancements are often underestimated. She believed that this as an opportunity to implement numerous small improvements alongside significant strategic changes.

Mrs Marks queried how the Health Board would make choices between quick wins and the larger strategic work. In response, Mr Thomas advised that discussions on these had taken place at the previous Board Seminar meeting.

The Committee discussed whether the Health Board's digital proposals are truly radical. Whilst there was some consensus that they are, others believed that current efforts are more strategic than radical, as they rely on tried and tested technology.

It was noted that a combination of approaches is necessary to balance decisions between quick wins and larger projects. While a strategic overlay provides a wide perspective, deep dives can focus on specific areas of work. Mr Davies added that being radical is challenging when competing for

funding. Quick wins may be cost effective, however, larger projects can be more beneficial, making it more difficult to deliver strategic changes. The Health Board infrastructure continues to require improvement.

Historically, the Health Board has not been successful in terms of its focus on benefits realisation. However, there is now a strong ambition to conserve value and reduce waste. The Committee will review business cases for both strategic partnerships involving larger projects and smaller quick-win initiatives.

An annual plan is implemented to address infrastructure replacement needs. The Health Board's wi-fi is currently the oldest infrastructure, which will be replaced commencing next year. The Health Board is updating Application Programming Interfaces (APIs) due to insufficient performance of certain technologies such as Bluetooth. £5-6m has been spent to achieve improvements, with £2m invested on refresh programmes. The majority of digital funding is received from WG.

*Mr Mark Henwood joined the Committee meeting.*

Mr Davies queried how supportive WG were given the limited availability of capital funding. In response, Mr Tracey advised that discussions continue with WG regarding funding, in particular regarding out of date machines that may pose a cyber security risk. It is important to ensure there is consistent funding for this. However, given that a number of organisations have significant legacy debt, correspondence has been issued to the DHCW Directors of Finance (DOF) and our DOF to raise these concerns. Health Board devices remain a capital asset, and the Digital Team has placed an amnesty for staff to return Health Board devices in their possession that are not being used.

Members noted the intention to utilise more clinical applications on mobile devices, allowing healthcare professionals to receive and view updates, such as blood test results, on their devices. Efforts are being made to roll out the WCP mobile app more aggressively and transition to a digital paging system.

Mr Tracey highlighted that three other health boards use the same Electronic Prescribing and Medicines Administration (ePMA) system as HDdUHB.

Mr Thomas suggested it would be beneficial to discuss using a managed service (such as CGI) to procure devices that meet the necessary requirements. This approach offers financial benefits and shifts the risks from the Health Board to the managed service provider. Further investigation is required to determine whether this model is viable.

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

**Decision:**

The Committee NOTED the content of the digital context presentation.

DDIC  
(25)07

## Digital Strategic Plan (PO9)

Mr Tracey advised that the Health Board's digital strategy response was published in 2020, during the COVID-19 pandemic. Given the adjustments in terms of the strategic direction of Health Board's digital plans, work is now underway to refresh this response.

The aim of the strategy is to empower patients to be digitally aware and improve the use of the NHS Wales App and other key systems. In terms of adopting national systems, the Digital Team need to consider a digital leadership framework, and expand it to include the therapy departments. **Mr Tracey agreed to present a report detailing digital leadership with Therapy Departments to DDIC on 7 October 2025.**

AT

This year, significant additional funding has been allocated to radiology services. There is a budget available within the system, allowing for a deep dive into radiology to identify and invest in necessary digital transformations. While the focus is currently on radiology, there is potential to apply this approach to other areas such as workforce or finance. Budget requirements for these initiatives will need to be considered in the next financial plan. The aim is to make impactful improvements within the functions of the Health Board.

Ms Patel enquired whether there would be an opportunity to see how digital systems are being adopted in clinical settings during Board Member Patient Safety walkabouts. **Mr Thomas agreed to liaise with Sharon Daniel regarding this matter.**

HT

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

### Decision:

The Committee:

- **NOTED** the proposed approach to the Digital Strategic Plan
- **NOTED** the timescale to finalise the Digital Strategic Plan.

DDIC  
(25)08

## Digital Annual Plan (PO9)

Mr Tracey outlined the annual digital plan for 2024/25, advising that work is currently being undertaken on a number of key systems, with the intention to present to DDIC in the third quarter.

One key project is Shadow IT, which will enable the Digital Team to understand all IT systems within the Health Board and consider replacing them with a larger system that has multiple functions and modules and support a robust. It was initially predicted to take 2-3 years to complete, however the estimated time is now 9 months. There has been considerable acceleration in the work. There is continuous monitoring of risks.

Mr Thomas welcomed the pace to date, acknowledging that frustration of clinical colleagues over delays in rolling out digital systems. He recognised the governance process the Health Board is required to follow in order to gain approval and emphasised the importance for all parties involved to become more proactive.

Mrs Marks commented that the public sector has struggled with delivering projects quickly. Additionally, individuals may need to change their behaviour to enable access to better information and systems. This involves collaboration with Human Resources to facilitate these changes. The importance of pathology was also noted.

In response, Mr Tracey advised that the strategic partner is improving our roll out and accepted that challenging conversations will be needed to progress. In terms of W&OD, collaborative working will be important, including a large Public Relations and Communications exercise to evidence the time management benefit to staff.

Ms Judith Bowen commented that from a clinical perspective, collaborative opportunities with IT have improved during the previous year, The reliance on Welsh Government funding makes resourcing project teams challenging, impacting the pace of progress. The ePMA team has been exceptional in their efforts. Clinical patient safety is as crucial as digital safety, and staff adoption of digital systems remains a significant challenge. Empowering staff to think differently is essential to maximise the benefits of new systems.

Mr Davies noted positively that the relationships between clinical and digital teams are improving.

Mr Tracey confirmed a Clinical Advisory Group (CAG) will be established and will form part of the digital governance structure going forward.

Whilst welcoming the establishment of CAG, Members emphasised that it was important it does not delay progressing projects which will require Committee and Board approval, particularly as the Committee only meets on a quarterly basis.

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

**Decision:**

The Committee **NOTED** the proposed Digital Annual Plan for 2025/2026

DDIC  
(25)09

**Summary of Progress Against Board Approved Business Cases**

The report presented to the Committee contains a high level deep dive into progress with two Business Cases (ePMA and Electronic Patient Flow (eFlow)) since approval at Board.

**ePMA**

Mr Tracey advised that working with the strategic partner has been beneficial, particularly for the ePMA project. Better UK Limited has implemented nine instances of their software in NHS England, working with CGI. This experience has accelerated progress for the Health Board, as the team is familiar with the product and its risks. Workshops with the vendor and CGI have strengthened the project, which is moving rapidly but safely. A detailed project plan is available, and with the first stage due to go live before Christmas, and full rollout by February-March 2026. The

Members noted the importance of data sharing over uniformity of systems, emphasising that leveraging data from different systems is crucial for meeting business needs. The ePMA system is praised for its rigorous standardisation of nomenclature and coding, which facilitates data integration and sharing. ePMA will enable a shift towards more collaborative decision-making processes, particularly in regional services like digital maternity and ophthalmology, which require integrated systems due to patient movement between regions.

It was noted that SBUHB will be using a different ePMA system but that the standardisation work would enable data to be shared

**Mr Tracey agreed to present a report on the implementation of E-Obs to DDIC on 22 July 2025.**

**AT**

#### eFlow

Given that eFlow will affect 90% of the Health Board, Mr Tracey advised that workshops and engagement with clinical and operational colleagues are essential to understand the implications, with show-and-tell sessions planned to demonstrate the system's functionality. Collaboration with the vendor is crucial to ensure a feasible and ambitious rollout plan, aiming to accelerate the implementation process and address any challenges that may arise.

Whilst accepting the complexity of roll out, Mrs Marks commented that the systems will improve patient experience. Referring to discussions with staff working in acute and community work, there is a positive reception towards the integration of systems. Mrs Marks enquired whether the level of commitment differs between community and hospital settings and whether this integration signifies a transition towards a social model of healthcare.

Mr Tracey confirmed that the project has a comprehensive benefit plan, which has identified several advantages through discussions with patients and staff. A time and motion study was conducted to observe patient movement within the hospital, acknowledging that patient flow is fundamentally a logistical process. Regarding community care, efforts are being made to adopt similar practices, with additional work being undertaken with community nurses to determine the most effective approach.

Mr Thomas believed the analysis should enable the Board to understand the pinch point in our system and could assist with next year's savings plan.

Mrs Marks enquired whether the availability of homecare services was a potential obstacle to progress the project.

In response to a query from Ms Patel regarding virtual wards, Mr Tracey advised that it is a module within the plan. An example of a virtual ward already exists in the Health Board, in Pembrokeshire, which is being monitored by the Digital Team.

Dr Tony Smith commented that it would be very useful to have digital tool to track hospital discharges.

The Committee were **ASSURED** on the processes of this item, however, **ADVISED** the Board regarding the change of pace required.

**Decision:**

The Committee:

- **NOTED** the Electronic Prescribing and Medicines Administration (ePMA) Project report and the progress to date
- **NOTED** the project plan included within ePMA Appendix 1 and the associated timescales
- **NOTED** the progress to date regarding the Electronic Patient Flow and Electronic Observation Project Update Report
- **NOTED** the project plan included within eFlow Appendix 1 and the associated timescales

DDIC  
(25)10

**Digital Partner Update**

Mr Tracey highlighted the expenditure given to partners CGI and the proposed governance arrangements.

Ms Patel enquired whether Committee members would be able to meet with CGI. It was agreed that scheduling a workshop outside of the Committee meeting would be the best course of action.

Mr Thomas advised that a substantial rating had been received following an Internal Audit review into the Digital Partner.

In response to Mr. Davies' query regarding any remedies in the contract for failure to deliver a piece of work, Mr Tracey advised that in cases of dispute, the matter will be referred to arbitration, as per standard contract procedures. As a matter of assurance, Mr Tracey holds weekly meetings with CGI, in addition to monthly with Mr Thomas.

The Committee **ADVISED** the Board that they requested more information on the governance arrangements be brought to a future meeting.

**Decision:**

The Committee **NOTED** the content of the Digital Partner Update Report

DDIC  
(25)11

**Data Context Presentation**

Mr Tracey provided further context on the data ambition for the Health Board, during the next 3-4 years, in order to ensure high data quality, and implementation of robust standards.

Mr Tracey explained that aim to establish a "kite mark" assurance process to certify data quality, aligning our efforts with the digital response refresh. This strategy will guide our data vision and ambitions, ensuring that our data is reliable and effectively supports our organisational goals.

Significant progress around data analytics for all dashboards, which has moved at pace. In response to a query from Mr Davies, **Mr Tracey agreed**

**AT**

**to circulate the catalogue of dashboards within the Health Board to the Committee.**

Following a query regarding the quality of information on dashboards, Mr Tracey explained that a robust process for making information requests has been established, with the team offering guidance to those who may not be data experts.

The intention is to transfer towards a self-service approach within set boundaries and guidelines. For short-term needs, the team can create dashboards, while for long-term needs, we will need to collaborate to develop sustainable processes. Our data quality team conducts deep dives and reports to the Information Governance Sub-Committee, ensuring data quality is scrutinised and improved. Operational teams are encouraged to take responsibility for data quality, shifting from fixing problems to addressing their root causes.

Mr Davies acknowledged that for effective data collection it was crucial to gather data that directly supports service delivery. By utilising various data sources and making them visible, transparent, and accessible, we can improve data quality and usability. This approach helps address common concerns and fosters better conversations about data relevance and application.

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

**Decision:**

The Committee **NOTED** the content of the data context presentation.

DDIC  
(25)12

**Current use of AI**

Artificial Intelligence (AI) is moving fast as a technology. The Digital Team is researching which AI models are currently being used in the Health Board and by which departments.

AI has the potential to be transformational for the health board in three key areas: legislative purposes, minute-taking and clinical applications. ensure effective governance and maximize AI's benefits, the establishment of an AI governance task force is recommended. This group will review AI applications, provide assurance, and develop a robust approach to AI governance within the health board.

Ms Patel enquired whether the use of AI for translation could be considered. In response, Mr Tracey advised that the Digital Team is currently researching AI systems available for use in call centres.

Dr June Picton reminded the Committee of the requirement to ensure AI does not breach any Caldicott principles.

Work on AI systems links in with the Research and Innovation Department regarding governance of AI. In terms of ethics, Mr Tracey explained that documents are signed as 'devised by AI'.

Mr Davies commented that the Chair of the Ethics Panel (EP) is a member of DDIC and requested to be invited as an observer to the EP meeting if AI is included on the agenda.

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

**Decision:**

The Committee:

- **NOTED** the content of the Current use of Artificial Intelligence (AI) Report
- **APPROVED** the establishment of an AI Governance Task and Finish Group to provide the appropriate governance around the use of AI within the Health Board
- **ACKNOWLEDGED** the initiation of a review of AI within the Health Board

DDIC (25)13 **Information Governance Sub-Committee (IGSC) 3A's update, IGSC Workplan and IGSC Terms of Reference**

The Committee received the IGSC terms of reference, and the Corporate Records Management Policy for approval.

There was no further discussion on this item.

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

**Decision:**

The Committee:

- **APPROVED** the Corporate Records Management Policy (Policy Number 347) (Appendices 1 and 2)
- **APPROVED** the Information Governance Sub-Committee Terms of Reference (Appendix 3)
- **NOTED** the Information Governance Sub-Committee Report and **RECEIVED ASSURANCE** from the actions and oversight of the Sub-Committee.

DDIC (25)14 **Research and Innovation Context Presentation**

Dr Phillips presented further context on the work of the Research and Innovation (R&I) Department, emphasising the importance of R&I to the Health Board.

The Research and Development division has three main functions; research delivery, study set up and quality assurance, and researcher development. Funding is predominantly through Health Care Research Wales (HCRW). The team are performance managed and held to account with key performance indicators set by HCRW.

The Tritech and Innovation Division has 3 main functions: research to support regulatory approval of devices, real world evaluation of innovations and services, and advising and supporting non-clinical collaborations. The division operates on a cost recovery basis. Projects supported by TriTech have included AI.

A critical part of university partnerships is education and learning.

The R&I Strategic Plan is a robust consideration into the practical work undertaken at high level areas.

In response to a query from Ms Patel regarding the funding requests submitted by Tritech, Dr Phillips confirmed that only 1 in 10 bids are successful.

Mr Thomas suggested that reports to the Board should include celebrating successes. In response, Dr. Phillips noted that research opportunities have positively changed the perception of clinical staff. Some staff members who were considering leaving the Health Board have renewed their interest in their roles and the organisation due to these opportunities. A key focus for the next strategic plan is to significantly increase engagement compared to previous efforts.

Mrs Marks suggested liaising with the Communications and Engagement Director regarding the communication and engagement work. Dr Phillips believed that there could be financial benefits for the Health Board where certain projects are adopted nationally.

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

**Decision:**

The Committee **NOTED** the content of the Research & Innovation context presentation.

DDIC  
(25)15

**Research & Development Implementation of the NHS Framework**

Dr Phillips advised that the correspondence has been shared for information purposes which outline the expectations that all health boards are required to meet, and are integrated into our new research and innovation strategic plan. By collectively monitoring these expectations, we can ensure compliance and address any questions that arise. This approach helps us understand interactions at the national level and strengthens our partnership with universities.

No further discussions took place on this item.

The Committee were **ASSURED** on this item

**Decision:**

The Committee **NOTED** the letters regarding the R&D NHS Wales Framework

DDIC  
(25)16

**University Partnership Arrangements Update**

The report outlined work achieved during the previous year.

The University Partnership Arrangements are currently in a period of refresh. The Memoranda of Understanding (MoUs) agreed with each

universities have now expired, however, discussions are taking place to determine areas to focus on over the next four years, such as data science, AI, building design, hospital design, biofilms, and many other areas the universities are involved in, from a research and innovation perspective. This also includes educational programmes, both existing and new planned programmes. The MoUs will be refreshed by the end of June 2025.

In response to Ms Patel's query regarding capacity within the R&I Department, Dr Phillips commented that there is always more which can be done with more staff. However, work is determined by what is felt achievable with current capacity.

Mr Thomas noted the frustration of working with the education sector who operate to very different time frames. He highlighted that technology is moving at such a fast pace. Which needs consideration when draft the new MoUs.

Dr Phillips highlighted that university students have been embedded with the Health Board to help them understand the health care environment.

The Committee **ALERTED** the Board that the MoUs had expired.

**Decision:**

The Committee **RECEIVED ASSURANCE** from the report on progress in university partnership activities and **NOTED** the plans to refresh MoUs and evolve governance arrangements.

DDIC  
(25)17

**Research and Innovation Sub-Committee (RISC) 3A's update, RISC Workplan, RISC ToRs and RISC Annual Report**

The Committee discussed the importance of ensuring any research is ethical and aligns to the social model for health and wellbeing.

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

**Decision:**

The Committee:

- **ADVISED** on the governance of the Centre for Social Innovation, given its relevance to the Social Model for Health and Wellbeing.
- **NOTED** the items the Committee is advising them of.
- **RECEIVED ASSURANCE** on the items that the Committee is providing assurance on.
- **APPROVED** the R&ISC Annual Report and ToRs.

DDIC  
(25)18

**Internal and External Audit Reports**

There were no audit reports for discussion.

DDIC  
(25)19

**Monitoring of Ministerial Directions**

No further discussion was made on this item.

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

**Decision:** MDs

The Committee:

- **NOTED** the re-alignment of Digital-related MDs previously reportable to the Sustainable Resources Committee (SRC) in line with revised governance arrangements as approved by Board at its meeting in January 2025.
- **RECEIVED ASSURANCE**, or otherwise, from the lead Executive Director or Supporting Officer on the management of MDs within their area of responsibility, particularly in respect of understanding when the MD will be delivered, any barriers to delivery, impacts of non/late delivery and assurance that the risks associated with these are being managed effectively.

DDIC  
(25)20 **Monitoring of Welsh Health Circulars (WHCs)**

The Committee discussed the WHC items and felt that the “Further extending the use of Blueteq in secondary care” item would be removed from the WHCs once ePMA was fully rolled out.

The Committee **RECEIVED LIMITED ASSURANCE** on this item

**Decision:**

The Committee:

- **NOTED** the re-alignment of WHCs previously reportable to SRC in line with revised governance arrangements as approved by Board at its meeting in January 2025.
- **RECEIVED LIMITED ASSURANCE** from the lead Executive Director or Supporting Officer on the management of WHCs within their area of responsibility, particularly in respect of understanding when the WHC will be delivered, any barriers to delivery, impacts of non/late delivery and assurance that the risks associated with these are being managed effectively.

DDIC  
(25)21 **Policies for Approval**

Policy 347 was discussed and approved under the Information Governance Sub-Committee agenda item.

DDIC  
(25)22 **Business Cases**

There were no business cases for discussion.

DDIC  
(25)23 **For Information**

The DDIC workplan for 2025/26 was circulated for information. The Chair asked Members to submit any comments on the workplan.

DDIC **Any Other Business**  
(25)24

There was no other business.

DDIC **Date and Time of next meetings:**  
(25)25

9.30am-12.30pm Tuesday, 22 July 2025

Tuesday, 7 October 2025

Thursday, 15 January 2026