MINUTES OF THE Digital, Data and Innovation Committee MEETING

Date of Meeting:	**9:30 AM, Tuesday 21 April 2026**
Venue:	**Microsoft Teams Meeting; HDD Picton - Dolau Cothi**
Present:	Chantal Patel, Independent Member (Vice Chair) Winston Weir, Independent Member
In Attendance:	Anthony Tracey, Digital Director Huw Thomas, Executive Director of Finance Joanne Wilson, Director of Corporate Governance/Board Secretary June Picton, Associate Medical Director for Professional Standards Lee Davies, Executive Director of Strategy and Planning Leighton Phillips, Director of Research, Innovation and Value Mark Henwood, Executive Medical Director Anna Harries, Chief Nursing Information Officer Sara Quarrie, Service Director for Allied Health Professions and Health Sciences (part) Ruth Poynting, Committee Services Officer (minutes)
Apologies:	Maynard Davies, Independent Member (Chair) Sarah Harraway, Independent Member Corinna Lloyd-Jones, Interim Assistant Director of Organisation Development

Minutes Ref.	Item	Action
DDIC(26)94	**Welcome and Apologies** Ms Chantal Patel welcomed all to the meeting and apologies were noted as above.	
DDIC(26)95	**Declarations of Interests** Board Member DOI Register Ms Patel declared that although she is employed by Swansea University, which has links to research and innovation activity for the Health Board, she has no direct involvement in this work and plays no role in decision making in this area.	
DDIC(26)96	**Minutes and Matters Arising from the Meeting Held on 15 January 2026** Dr Leighton Phillips noted that the minutes record the action for Dr Phillips and Mr Huw Thomas to meet with Mr Gareth Cross as complete. This	

meeting has not yet taken place; however, a date has now been scheduled.

Subject to the above amendment, the minutes were accepted as an accurate record.

Mr Winston Weir requested further information on the Executive Team discussions regarding the introduction of ambient Artificial Intelligence (AI) into the Health Board, particularly regarding patient consent and ethical considerations. Mr Thomas advised that a paper had been taken to the Executive Team, who were supportive and recognised the need for robust consent arrangements during any trial period, noting that ambient AI use cases are increasingly emerging across the UK and becoming more mainstream.

Mr Anthony Tracey added that ambient AI is currently being piloted within neurodivergence services with consent managed through engagement with parents and carers. Wider rollout of these services would require additional informed consent measures such as visible communications.

Mr Weir highlighted the importance of the ethics process, emphasising the need for assurance that the consent was appropriately captured and that any issues raised were given due consideration.

Mr Tracey confirmed that the work had been presented to the Ethics Panel and acknowledged that potential risk of error. He advised that, as a mitigation, clinicians have been asked to review the transcripts prior to sign off.

Mr Thomas advised that there was supporting evidence from social care and highlighted that the approach enabled clinicians to focus on the individual, rather than on note-taking, resulting in improved quality of discussions. Mr Tracey added that this had delivered a time saving of at least 30 minutes per patient.

Mr Tracey clarified that current transcription tools require each person to identify themselves at the start of each session from which the AI will recognise their voice.

In response to a query from Ms Patel, Mr Tracey confirmed that legal responsibility remains with the clinician who signs off the documentation, once it has been captured. Ms Joanne Wilson and Mr Tracey agreed to seek further legal advice. JW, AT

Decision: The Committee APPROVED the Minutes of the Previous Meeting.

DDIC(26)97 **Table of Actions from the meeting held on 15 January 2026**

DDIC(25)57: Mr Tracey advised the Committee that the proposal to potentially introduce quality kitemarks for documents into the Data Quality Deep Dive Workplan would be presented to the July 2026 meeting as part of a wider data update.

Decision: The Committee NOTED the Table of Actions.

DDIC(26)98 **Digital, Data and Innovation Committee (DDIC) Terms of Reference**

Ms Wilson presented two proposed changes to the Terms of Reference (ToR), reflecting updated terminology, and sought the Committee's approval. Mr Weir commented that the ToR provided a comprehensive set of operational requirements and that the update was timely.

Decision: The Committee APPROVED the Digital, Data and Innovation Committee's Terms of Reference (version 3) for onward ratification by the Board on 28 May 2026.

DDIC(26)99 **Digital, Data and Innovation Committee (DDIC) Annual Report**

Ms Wilson advised the Committee that Mr Maynard Davies had prepared the Chair's Summary and that the report is produced annually to track the Committee's progress.

Mr Weir commented that, in its first year, the Committee had made a positive start and recognised the progress achieved, while indicating that he would welcome greater coverage of the Radiology Informatics System Programme (RISP).

Mr Thomas believed that the report was a comprehensive assessment however would welcome more coverage of regional working. In response, Ms Wilson queried whether this could lead to duplication with the Regional Joint Committee, while acknowledging that there may be an opportunity to link the work of the two committees where appropriate.

Decision: The Committee APPROVED the Digital, Data and Innovation Committee (DDIC) Annual Report

DDIC(26)100 **Digital, Data and Innovation Committee (DDIC) Self Assessment Report**

Ms Wilson presented the Committee's Self-Assessment, which had been completed in line with the Standing Orders. Overall scores were high, with the assessment highlighting areas of strong performance, particularly in relation to chairing and reporting to Board. Ms Wilson noted that there was scope for the Committee to place greater emphasis on strategic thinking and to avoid becoming overly focused on operational detail, concluding that this represented a positive start.

Mr Weir stated that, while it had been a strong start, further work was required to strengthen the culture, particularly in relation to embedding digital innovation. He emphasised the importance of clear line of sight between digital initiatives and their impact on health services. Mr Thomas acknowledged these points and suggested that, as the strategy develops, appropriate processes would be embedded to support such initiatives.

Decision: The Committee CONSIDERED the outputs from the Committee Self-Assessment process and AGREED the actions identified to further improve Committee effectiveness

DDIC(26)101 **Assurance and Risk Report**

The Committee received the risk report, which outlined two corporate risks, including one to be considered In Committee, and seven operational risks, three of which were also In Committee.

Mr Weir commended the quality of the risk presentation and sought assurance that all relevant risks were captured, highlighting that a number of elements within the Digital Operational Plan were rated red. He also raised specific concerns regarding the Electronic Staff Record (ESR), the Single Point of Access, TriTech-related risks, and sought assurance that these were appropriately reflected within the overall risk profile. Ms Wilson advised that risks were escalated to the Committee only where they met the threshold for high or above scores, with some issues appropriately managed at directorate level. She further explained that risks relating to ESR sat within the remit of the People, Organisational Development and Culture (PODCC) Committee, given their direct link to staffing matters.

Mr Weir queried whether an overarching data quality risk should be identified given the recommendations made. Ms Wilson advised that this had not yet emerged as a theme. Mr Tracey further noted that the forthcoming DDIC deep dive on data quality would provide an opportunity to explore this further.

In relation to TriTech, Mr Weir highlighted risks around funding, communications and engagement, and questioned whether these were sufficient. Dr Phillips explained that there were two formal risks relating to changes in the regulatory environment and clarified the distinction between matters within the organisation's control and those that formally met the definition of a risk. He noted that the Research & Innovation Sub-Committee escalate concerns where it considered that issues were not being adequately managed.

Mr Weir concluded by suggesting that there was an opportunity for the organisation to strengthen its approach and questioned whether there was sufficient assurance that CGI was optimising all aspects of delivery.

Ms Patel queried whether patient risk was explicitly taken into account within the risk reporting process. Ms Sara Quarrie explained that risks were scored using a risk matrix that considered multiple domains, including patient safety, patient experience, workforce and staff experience. She noted that individual risks often spanned several domains, with emphasis placed on the most prominent, typically patient safety and care, followed by staff wellbeing.

Mr Weir raised concerns regarding audit recommendations relating to data quality, querying whether these remained outstanding or require reassessment, given that target dates had been moved on multiple occasions. In response, Mr Tracey advised that this matter would be reported back to the July 2026 meeting and confirmed that an approach had been developed in consultation with relevant areas across the Health Board.

Decision: The Committee RECEIVED ASSURANCE of the robustness of arrangements for risk management, the effective management and implementation of audit, inspection and regulatory recommendations, the oversight of Welsh Health Circulars, and compliance with Ministerial Directions.

DDIC(26)102 **Research and Innovation Sub-Committee (RISC) 3As update, RISC ToRs and RISC Annual Report**

Dr Phillips presented updates on the 3As report, the Terms of Reference and the Annual Report for the Research and Innovation Sub-Committee.

In relation to the 3As, he highlighted that the one advisory item concerning Information Governance cyber clearances for Research & Innovation (R&I) projects had been resolved, with plans to ensure future capacity and avoid delays.

Dr Phillips confirmed adherence to the framework previously presented to the Committee, including the 2026 position. He noted that correspondence had been received from Welsh Government requesting a comparative analysis, and as such an additional column had been included to show what had been reported previously.

He also provided a high-level overview of work to support equitable access to cancer studies across South West Wales. This included a systematic, clinically led assessment, accepted across organisations, aimed at improving diagnostic access.

The updated RISC Terms of Reference were presented and approved by the Committee.

Dr Phillips confirmed that assurance had been received that clinical trials are taking place across all hospitals. He highlighted Pentre Awel as a key and exciting development in community-based research and innovation. While there had been some delays, the programme is now back on track, with occupation anticipated shortly.

Mr Weir challenged whether risks related to Tritech and wider organisational support should be escalated. In response, Dr Phillips acknowledged that the system is always under pressure, however outlined progress made to overcome existing constraints. He explained that work is underway to reduce the risk score from 12, with the aim of fully mitigating the risk over time, supported by improvements in cyber processes.

Dr Phillips confirmed that communications and engagement have improved, whilst noting ongoing pressures on communications teams. A short film on innovation is due to be released shortly.

Mr Weir sought clarification on whether endorsement of the associated oncology costs was being requested. Dr Phillips confirmed the item was for noting only, providing assurance that costing work had been undertaken and that the issue is being actively prioritised by the department.

Welsh Government (WG) has planned an audit of NHS organisations' compliance with Research Delivery Funding and Healthcare Research Wales (HCRW) Research & Development finance policy, with feedback due to be provided on 7 May 2026. Mr Thomas expressed concern regarding the implications of this audit, emphasising the importance of fully understanding the HCRW requirements and any potential risks arising. He also stressed the need to ensure that the outcomes are appropriately and transparently reported to the Board, and suggested that this matter should first be escalated and considered through the Executive Team.

Ms Patel highlighted that while current levels of trials and innovation activity are appropriate, limited workforce capacity remains a key constraint given the limited staffing model. This introduces fragility, particularly in the context of potential reductions in funding or changes in market conditions.

She also noted that, unlike larger centres such as Cardiff, consolidation is not feasible due to the four-site model, as this would negatively impact access to studies.

Decision: The Committee APPROVED the Research and Innovation Sub-Committee Terms of Reference.
Decision: The Committee RECEIVED ASSURANCE by the Update Report, while noting the implications of HCRW actions.

DDIC(26)103 **Research Project Presentation**

Dr Phillips introduced Mr Daniel Harris and Dr Helen Tench, who presented on current initiatives relating to commercial trials activity.

Dr Tench provided an overview of commercial trials work at Bronglais Hospital. She outlined inflammatory bowel disease (IBD), including colitis and Crohn's disease, noting that approximately 30,000 people in the UK are affected, with diagnoses continuing to rise. She described the significant impact of Crohn's disease on patients' physical and mental health, treatment challenges, and the fact that surgery is often required.

Dr Tench highlighted Hywel Dda's involvement in HCRW global trials, including work with Pfizer, comprising 12 UK sites. Despite having a small IBD clinical team, Hywel Dda was ambitious in taking on the studies and achieved notable success.

R&D within Hywel Dda University Health Board (HDdUHB) is recognised as having the fastest set-up times in Wales, being the first site to open and the first in the UK to recruit patients across one study for each disease area. Significant achievements included establishing Hywel Dda as a trusted and preferred research partner, including with Roche, supported by efficient delivery, strong patient–clinician relationships, and a positive, supportive R&D and clinical culture. The availability of research-naïve patients was noted as a further strength, enabling effective recruitment outcomes.

Mr Weir queried whether, in addition to the drug-based elements of the trial, diet and lifestyle factors were being considered, and whether any positive outcomes had been observed to date. In response Mr Thomas advised that patients are closely monitored, including their lifestyle habits, however it is too early to draw conclusions or share data. Following the initial study phase, patients will have access to the drug, including those currently on placebo, providing immediate access thereafter.

In response to a query from Ms Patel regarding risk, Mr Thomas confirmed that Roche bears the risk, with legal contracts in place with patients.

Mr Harris delivered the second presentation outlining the ongoing work to improve outcomes in Atherosclerotic Cardiovascular Disease (ASCVD), noting that effective management of blood pressure and related risk factors remains one of the most cost-effective interventions in healthcare.

A collaborative project with Swansea University utilising the SAIL databank has enabled analysis of patient data against clinical guidance and the development of a novel risk prediction tool to support decision-making. This has supported identification of high-risk patients and cohorts for targeted intervention at population level.

Data indicates a 14% increase in ASCVD prevalence, consistent with wider trends, including rising diabetes rates. Treatment gaps remain, particularly in lipid-lowering therapy, with 2022 data showing lower rates across all groups with those diagnosed with Peripheral Artery Disease (PAD), the highest risk cohort, being particularly affected.

A Phase 2 pilot across both HDdUHB and Swansea Bay University Health Board (SBUHB), delivered by pharmacists with cardiology support, has demonstrated effective risk reduction, particularly in secondary prevention cohorts. The programme has enabled a more proactive approach to patient management.

A business case is now being developed for a Pathfinder project to support further scale-up.

Mr Weir queried whether greater emphasis should be placed on early intervention rather than treatment of an established disease. In response Mr Harris reiterated the importance of community-based delivery and cautioned against expanding screening before current management arrangements are optimised.

Mr Henwood noted that the SAIL databank is valuable in identifying high-risk populations. While prevention remains the preferred approach, the current work is focused on patients who already require treatment. Initial scale-up will target high-risk cohorts, with scope to expand to programme to other disease areas over time.

Decision: The Committee NOTED the progress against the two research initiatives.

DDIC(26)104 **Information Governance Sub-Committee (IGSC) 3A's update, IGSC Terms of Reference and IGSC Annual Report**

Mr Tracey reported continued improvements in assurance and steady progress within the IGSC, alongside completion of the annual training review.

Ms Wilson advised that she was content with the Terms of Reference, highlighting the removal of the requirement for an Independent Member within the quorum. While noting it remains beneficial to have independent representation, it was agreed this is not essential for quoracy.

Mr Weir queried how quoracy could be improved. Ms Wilson responded that a Vice Chair is in place to support attendance and continuity. Ms Picton added that meetings are scheduled well in advance and should enable members to plan accordingly to maintain quoracy.

Decision: The Committee APPROVED the Information Governance Sub-Committee ToRs, APPROVED 174 Reuse of Public Sector Information Policy (Appendix 2), NOTED the items the Sub-Committee is advising them of and TOOK ASSURANCE from the items that the Sub-Committee is providing assurance on

DDIC(26)105 **Digital Operation Plan**

Mr Tracey presented a reflective update of the past year, highlighting key issues, mitigating actions, and notable achievements. He noted that it had been a particularly busy period, with significant progress made in rolling out core digital systems.

Key successes included implementation of patient flow systems, completion of the digital maternity system within the past two weeks, delivery of approximately half of the Laboratory Information Management System (LIMS) programme, and progress in radiology systems. Improvements in cyber security resilience and compliance were also noted.

The seven priority areas are:

- LIMS – work is ongoing, with progress reported though Executive Team meetings.
- Switchboard modernisation – this is a longstanding programme, with a focus on introducing an alarm monitoring system; procurement is underway following withdrawal of a previous supplier.
- OpenEyes (Ophthalmology) – rollout of this has been delayed, with delivery now anticipated in June/July 2026.
- Single Sign-On (SSO) – a solution has been implemented in Accident & Emergency, with further rollout being explored, including prescribing.
- Planned Care Transformation – work is underway with CGI to enhance systems, with further updates expected within 2–3 months.
- Strategic response – further development is underway, with an update planned for September 2026.

Mr Tracey noted that this progress places the organisation in a strong position for future Electronic Health Record development, with foundational clinical systems now well established. He added that the Health Board is currently the only one in Wales to have patient flow systems implemented across all sites.

Mr Thomas thanked Mr Tracey and the team for their work over the past year, noting that further positive change is anticipated. Dr Anna Harries echoed this from a maternity perspective, highlighting the positive impact of the BadgerNet system and improved support.

Mr Weir queried the number of red-rated areas within the plan. Mr Tracey advised that these reflect capacity pressures and deliberate prioritisation decisions, with some areas deprioritised to enable delivery of higher-priority programmes.

Mr Weir raised concerns following a recent hospital visit that patient records were not being utilised optimally, presenting potential data and information governance risks. He queried whether similar issues existed within Hospital at Home services. Mr Tracey confirmed that community services remain predominantly paper based. A procurement process is underway for a new community system, which will enable continuation notes to be accessible for visiting and school nurses.

Mr Tracey explained that the patient flow system and wider technology infrastructure support operational oversight, including control centre monitoring. He noted that these systems are designed to capture technical and physiological data rather than day-to-day clinical record-keeping.

Mr Weir queried the availability of funding for Single Sign-On (SSO) and whether this could be escalated. Mr Tracey advised that capital bids have been submitted to Welsh Government; however, costs have increased significantly. Work is ongoing to assess whether the current supplier remains the most cost-effective option, with an All-Wales approach also being considered.

In response to queries from Mr Weir on the provision of Closed-Circuit Television (CCTV), Mr Tracey confirmed that legacy systems across sites are being consolidated into a single remotely accessible digital solution. Ms Wilson advised that further discussion should take place outside the meeting as CCTV falls under the remit of the Health and Safety Committee (HSC).

Mr Tracey confirmed that key clinical systems have both digital and operational leadership, supported by clinical and operational leads. It was emphasised that all systems will continue to have appropriate clinical and operational ownership in place.

Decision: The Committee NOTED the update on progress relating to the Digital Operational Plan.

DDIC(26)106 **Digital Strategic Plan (PO9)**

Mr Tracey advised that work is underway to refresh the digital response, incorporating learning from 2025. The updated approach will be more focused, aligning to a targeted three-year strategy and planning framework, and is scheduled to be presented to the Committee in September 2026. He added that the Communications Team will engage with patients and other stakeholders to help shape the approach.

Mr Weir welcomed the approach, particularly the strategic pillars, however stressed the need for clearer articulation for patients and carers and stronger alignment with wider Health Board strategies, suggesting further discussions take place at Strategy and Planning Committee (SPC) and at Board Seminar. Mr Tracey clarified this is not a standalone strategy, however a response to the overarching strategy, incorporating patient, carer, and staff perspectives, including the use of patient personas to illustrate impact.

Mr Thomas highlighted feedback from a recent all-staff meeting, noting the need for clearer communication on how new digital systems impact day-to-day roles. Mr Weir supported this, emphasising the importance of demonstrating tangible benefits to staff to build confidence, engagement, and optimism.

Ms Patel sought clarification on the proposed role of CGI and its implications for the Health Board. Mr Tracey advised that CGI would provide strengthened support, particularly offering expert input to enhance delivery. He noted that the organisation is increasingly using CGI to maximise existing resources and capability.

Mr Lee Davies highlighted the need to align the refreshed digital approach with the four overarching strategic objectives, suggesting this mapping should add clarity. He also noted that strategic planning should clearly define priorities, including what will not be progressed, and proposed further discussion within forums such as A Healthier Mid and West Wales (AHMWW).

Mr Thomas highlighted the interface between DDIC and the Regional Joint Committee, noting that both HDdUHB and SBUHB are developing digital strategies from differing starting points and with varying risk appetites.

Decision: The Committee RECEIVED ASSURANCE from the direction of travel of the Digital Strategic Plan and the shift to a phased, capabilities-led delivery model while noting the learning from work undertaken during 2025 and acknowledging that delivery will continue to be underpinned by strong benefits realisation, cyber security, information governance, and clinical leadership

DDIC(26)107 **Closure of Planning Objective (PO) and Confirmation of new Planning Goals**

Mr Tracey presented the year end position, confirming sign-off of 2025/26 objectives.

There were no additional comments, and the Committee were assured of the position.

Decision: The Committee RECEIVED ASSURANCE from the Closure of Planning Objective (PO) and Confirmation of new Planning Goals that 2025/26 can be characterised as a credible and necessary consolidation year.

DDIC(26)108 **Digital Partner Update**

Mr Tracey advised that a Partnership Charter with CGI is being developed, with a focus on performance management and ensuring value for money. Significant funding has been provided to CGI, including Welsh Government allocations to deliver projects on behalf of NHS Wales, with the partnership providing the flexibility to respond to these opportunities.

Ms Patel sought assurance on how value from the CGI partnership is being tracked. Mr Thomas confirmed that assurance is provided through established processes with CGI. However, he noted that this has also highlighted weaknesses in contract scrutiny across other suppliers, with further work underway through the Finance and Performance Committee (FPC) to strengthen arrangements.

Mr Tracey also reported that an AI readiness assessment is underway, with a report expected within the next four weeks. This work includes a review of current AI activity across the Health Board, identification of development opportunities, and an assessment of governance arrangements. A desktop review has commenced, with stakeholder interviews planned over the coming weeks. Findings are expected to be presented at the July 2026 meeting.

Mr Weir queried whether current governance structures are sufficient, particularly the role of the monthly executive steering groups. Mr Thomas advised that governance is supported by regular engagement with CGI, including weekly meetings involving himself and Mr Tracey, alongside procurement and commercial oversight. Ms Wilson added that she also meets with procurement and CGI where governance matters arise.

Dr Phillips highlighted the opportunity for the Health Board to make greater use of CGI's Innovation Centre activity, noting that CGI has five UK centres focused on key service and policy areas. He suggested this be explored further through development of the Partnership Charter.

Decision: The Committee RECEIVED ASSURANCE on the content of the Digital Partner Update report and the Digital Charter approach.

DDIC(26)109 **DDIC Workplan 2025/26**

There were no comments on the Workplan.

DDIC(26)110 **Microsoft Enterprise Agreement Renewal**

Included within the Procurement Report presented to the March 2026 Public Board meeting.

Mr Thomas noted that this was presented to the Board first due to the timing of the report. Scrutiny and approval were received at Board level.

DDIC(26)111 **Digital Access**

The report was noted.

DDIC(26)112 **Any Other Business**

No other business was discussed.

Date and time of next meeting

09:30-12:30, Tuesday 21 July 2026