

## MINUTES OF THE DIGITAL, DATA AND INNOVATION COMMITTEE MEETING

Date of Meeting: **Tuesday 07 October 2025**  
Venue: **Ystwyth Board Room and Microsoft Teams Meeting**

Present: Mr Maynard Davies, Independent Member (Committee Chair)  
Mrs Chantal Patel, Independent Member (Committee Vice-Chair)  
Ms Sarah Harraway, Independent Member  
Mr Winston Weir, Independent Member

In Attendance: Mr Huw Thomas, Executive Director of Finance  
Mr Lee Davies, Executive Director of Strategy and Planning  
Dr Leighton Phillips, Director of Research, Innovation and Value)  
Mrs Joanne Wilson, Director of Corporate Governance/Board Secretary  
Dr June Picton, AMD Professional Standards/Deputy Caldicott  
Guardian, Associate Medical Director for Professional Standards  
Dr Anthony (Tony) Smith, Consultant Anaesthetist  
Mr Gavin Jones, Head of Digital Operations  
Ms Carolyn Williams, Head of Digital Innovation & Transformation  
Mr Gareth Beynon, Head of Information Services  
Ms Claire Evans, Committee Services Officer (minutes)

Minutes Ref.	Item	Action
DDIC (25)51	<b>Welcome and Apologies</b>  The Chair welcomed members to the meeting.  Apologies for absence were received from: <ul style="list-style-type: none"> <li>• Mrs Eleanor Marks, Vice-Chair, Hywel Dda University Health Board</li> <li>• Mr Mark Henwood, Executive Medical Director</li> <li>• Mr Anthony Tracey, Director of Digital</li> </ul>	
DDIC (25)52	<b>Declarations of Interests</b>  No declarations of interest were made	
DDIC (25)53	<b>Minutes and Matters Arising from the meeting held on 22 July 2025</b>  The Minutes from the meeting held on 22 July 2025 were approved as an accurate record.	

**Decision:**

The Committee APPROVED the minutes of the meeting held on 22 July 2025.

DDIC  
(25)54

**Table of Actions from the meeting held on 22 July 2025**

Updates were provided on the following outstanding actions:

- *DDIC(25)07 Digital Strategic Plan:* Mr Huw Thomas will follow up with Mrs Sharon Daniel to resolve how the adoption of digital systems in clinical settings are being incorporated within Board Member Patient Safety walkabouts.
- *DDIC(25)34 Digital Operational Plan:* an update on the Digital Operational Plan will be presented to the next Digital, Data and Innovation Committee (DDIC) meeting in January 2026.
- *DDIC(25)44 Assurance on Governance Arrangements:* an update on the implementation date for Welsh Health Circular (WHC) 03-22: Further extending the use of Blueteq in secondary care, will be provided at the next DDIC meeting in January 2026.
- *DDIC(25)46 Business Cases:* Mrs Joanne Wilson confirmed that all business cases should be presented to formal Committee before going to Board. In response to Mr Thomas' comments regarding appropriate submission timings, **Mrs Wilson requested that Mr Anthony Tracey develop a timeline for scheduling business cases. This timeline will require agreement to ensure its alignment with the governance process and timely submission to DDIC and Board.** AT

All other actions from the DDIC meeting held on 22 July 2025 were Complete.

DDIC  
(25)55

**Information Governance Sub-Committee (IGSC) 3A's Update and IGSC Annual Report**

**3As Update**

The Information Governance Sub-Committee (IGSC) 3As update report alerted Members of the DDIC to the condition of the local record storage facility, which requires improvements. Mr Thomas explained that he has visited the facility and reported that it is unsuitable for record storage. A business case will be developed to justify the need for an alternative location. Mr Thomas suggested a suitable site in Dafen, Llanelli. Work is ongoing to define storage requirements with the medical records team; it was also noted that the team will transfer to Mr Thomas' remit.

Mr Thomas outlined that the records are managed centrally, however the team are dispersed over various sites. Work is underway to identify records for disposal. A number of records previously retained for the blood borne inquiry, have now exceeded their retention period and can be removed. A scanner has now been delivered to facilitate the creation of electronic records.

Mrs Patel commented that the review is scheduled for inclusion in the 2026/27 Digital Operation Plan and questioned whether this timeline is too long. In response, Mr Thomas advised that it is a complex issue and will require significant time to address properly.

Following a challenge from Mrs Wilson, it was agreed that the matter should be classified as an advisory rather than an alert, as there is currently no action required from the Committee.

Mr Winston Weir raised a number of queries, particularly the age of the records, the expected timescale for changing the facility, whether other facilities could be used in the short-term and the number of back-dated records. He also expressed concern over the timescale to produce a business case. In response, Mr Thomas explained given that the largest cost burden would be transportation of records, it is important to ensure the transfer is only undertaken once. The number of appropriate storage units currently available is quite limited, with suitable premises being scoped with the Property Team. With the desire to digitise, it is essential for the records to be stored in close proximity to facilities with scanners, to reduce regular transfer of documents.

Mr Weir suggested that if a report aims to alert the Committee to a risk, it should also be added to the risk register to ensure appropriate leads are assigned people are responsible for mitigation.

Mr Thomas agreed to **progress the business case for records storage facilities as a priority, ensuring Mr Weir's queries are included.** **AT**

It was noted that not all primary care records fall within the Health Board's remit and have now been largely digitalised.

Mrs Wilson highlighted that the Health Board is bound by a lease on the local record storage facility, which affects the timescales.

The Committee were ASSURED on this item.

#### Annual Report

No further discussion was made on the IGSC annual report.

The Committee were ASSURED on this item.

#### Decision:

The Committee:

- NOTED the Information Governance Sub-Committee 3A's Report and RECEIVED ASSURANCE from the actions and oversight of the Sub-Committee.
- RECEIVED ASSURANCE from the Information Governance Sub-Committee Annual Report and ACKNOWLEDGED the work of the Sub-Committee

Mr Weir highlighted that a key priority of the Information Governance (IG) workplan is to increase IG training compliance above 80%. He advised that efforts should aim for compliance in the 90% range and be monitored closely. In order to provide an assurance, Mr Thomas confirmed that ongoing efforts will continue to improve training compliance.

Dr Picton noted that medical staff have lowered compliance rates, despite the IG team working closely with directorates to improve them. She added that staff face challenges accessing training via ESR. Although the Digital Team has developed an alternative training package, it does not cover the Caldicott Principles, which she will need to address with staff.

Responding to Mrs Patel's query about embedding IG training into staff requirements, Mr Thomas explained that focus has mainly been on managing change rather than developing a comprehensive training programme for the evolving Health Board. He noted that this will require further discussion with the Organisational Development (OD) Team. Following the agreement for an OD representative to join DDIC, this matter could be included in the induction discussion between Mr Thomas and the OD representative.

**A verbal update on how IG training is being embedded in staff training requirements, would be presented to the next DDIC meeting. AT**

Mr Thomas thanked the IGSC and IG team in particular for their excellent work and sound judgement. Mr Maynard Davies agreed and added his appreciation.

The Committee were ASSURED on this item.

**Decision:**

The Committee RECEIVED ASSURANCE on the IG Assurance Report included within Appendix 1 and acknowledge the work of the Information Governance Sub-Committee.

DDIC  
(25)57

**Data Quality Deep Dive**

Introducing the data quality deep dive report Mr Gareth Beynon explained that the Digital Team is developing governance processes for data quality. This includes creating a data usability matrix to score and assess data quality levels.

Following data quality deep dives conducted with multidisciplinary teams, reports are produced and returned to services outlining a number of recommendations. The aim is to build relationships with services in order to improve data quality.

In response to Mrs Patel's query, Mr Beynon explained that the matrix does not align with the complaints system. It focuses on quality and does not triangulate with the complaints process.

Mrs Patel noted that similar issues were raised by the Listening and Learning Sub-Committee. Mr Beynon outlined that work is ongoing to

improve patient identification in Emergency Departments which is complicated by changes in patient details, such as address or identity.

Mr Weir enquired whether a league table exists to compare departmental data accuracy. Mr Beynon explained that while comparable outputs are available for similar areas, differences in data requirements prevent cross-department comparisons. He noted this is an initial step with plans for continuous improvement.

Mr Thomas noted that an internal audit review had taken place in January 2025 which provided assurance on data quality.

Ms Sarah Harraway commented that a scoring system would be very helpful to Board meetings.

Mr Thomas stated that in a previous DDIC meeting Mr Anthony Tracey had discussed the possibility of adding quality 'kitemarks' to documentation. **Mr Thomas recommended adding this to the Data Quality Deep Dive Workplan.** **AT**

Mr Maynard Davies highlighted that despite extensive discussions on Artificial Intelligence (AI), its effectiveness depends on high-quality underlying data. He also added that this topic is rarely discussed at Board level.

Mr Thomas thanked Mr Beynon and his team for their work in detecting controls.

The Committee were ASSURED on this item.

**Decision:**

The Committee:

- RECEIVED ASSURANCE regarding the ongoing Data Quality Deep Dives
- NOTED the continuation of the Data Quality Deep Dives, along with the structured methodology being applied to support their delivery. These deep dives remain a key component of the Health Board's approach to improving data integrity, and their consistent application ensures a robust and repeatable process for identifying and addressing data quality issues.

DDIC  
(25)58

**Analytical and Modelling Work**

The report on Analytical and Modelling Work was submitted for information only due to the unavailability of a reporting officer at the meeting.

Mr Thomas highlighted the significant volume of packages listed in the report and suggested Mr Gareth Jenkins could meet with Independent Members individually to discuss in detail.

There is a gap in managing the change process of this work. Without an effective change management approach, the expected benefits will not be realised. Concerns were raised that the process was not being managed as effectively as it could be.

A number of queries were raised by Members.

- We need to consider how to prioritise limited resources.
- The role of the patient voice needs to be clearly defined.
- It's not enough to ask the question; we must ensure the answers are accurate and meaningful.
- We are engaging with PhD students and the education sector, however there is potential to go further.
- Governance is essential to ensure questions remain relevant, pertinent, and aligned with the work undertaken.
- We should explore how to use our resources more effectively for prevention and public health.
- A clear set of evaluation metrics is needed to review the impact of our work.

**It was agreed that an updated report on Analytical and Modelling Work, incorporating the requested information, would be presented to the next DDIC meeting.**

**AT**

DDIC  
(25)59

### **Digital Strategic Plan**

Ms Carolyn Williams introduced the digital strategic plan report.

Mr Thomas recognised that patient experience could be improved and highlighted an opportunity to develop a Patient Service Centre call centre) where clinicians would have access to the relevant data. However, he questioned whether this would provide good value or simply become expensive call centre. At this stage the report seeks to gauge support from Independent Members.

Ms Harraway noted the lack of co-production relating to patient facing services, and stressed the need to hear patients' voices to avoid creating services that do not meet their needs. As 10% of the public lack digital access, face-to-face options must remain. Ms Williams commented that further stakeholder engagement was required.

Mr Thomas confirmed that he had discussed with Mrs Sharon Daniel the need to prioritise patient experience, and also engaged with the Royal National Institute of Blind People (RNIB).

Mrs Wilson queried the timescales and whether the proposal would be ready for submission to the Board in January 2026. Mr Maynard Davies reminded Members that, as stated in the first DDIC meeting, he did not want timing constraints to hinder progress given the Committees quarterly schedule and suggested holding an extraordinary DDIC meeting, if required to discuss this item.

**Mr Thomas agreed to review the timescales for the Digital Strategic Plan with Mrs Wilson, Lee Davies, Mr Maynard Davies and Mr Anthony Tracey to assess the feasibility of its submission to DDIC and Board in January 2026.**

**HT/LD/  
MD/AT**

Mr Maynard Davies observed that the report did not address the need for physical infrastructure to support one to one, face-to-face patient interactions.

Mr Thomas emphasised the importance of considering what is required, noting that this work involves multiple components, a significant programme of change and a clearly defined plan.

The Committee were ASSURED on this item.

**Decision:**

The Committee RECEIVED ASSURANCE from the proposed approach to the Patient Services Centre and Patient Relationship Management Tool.

DDIC  
(25)60

**Mini Proposal on the Use of AI Scribes**

This item was deferred to the next DDIC meeting.

DDIC  
(25)61

**In Year Delivery of Programmes - Digital Operational Plan**

Mr Gavin Jones introduced a report on In Year Delivery - Digital Operational Plan. The report outlined the status of a number of key digital system programmes, with the following noted:

- Radiology Deployment: the implementation of this programme has been delayed; however, it is expected to go live in December 2025. All issues have now been resolved.
- Laboratory Information Management System (LIMS) Deployment: this programme remains very challenging. The team is working alongside Swansea Bay University Health Board (SBUHB). Work is also underway on migrating data with tranche one beginning next week. Tranche four however remains an area of concern.  
Electronic Prescribing and Medicines Administration (ePMA): the team is working with CGI and a revised roadmap is being developed.
- Patient Flow/eObservations: work is progressing at pace, with testing underway and any defects being addressed. Training materials are being finalised, and the system is scheduled to go live in November 2025.
- Hybrid Print and Post: the Digital Team is working with the Data Science Teams regarding hybrid and digitals communications. The Post Hub enables patients to confirm rebook or cancel appointments and request preferences, such as language or large print. Delays in postal delivery, due to Royal Mail changes have highlighted the need for improved reminders. The Hybrid Mail system addresses this by sending text reminders, even if letters are delayed. Reducing reliance costly first class mail remains a priority.
- Maternity System (BadgerNet): implementation of this programme is progressing well.
- Eye Care System (OpenEyes): work is ongoing with SBUHB and the system has now gone live.
- Switchboard Modernisation: work continues on this complex programme.

- Paging Replacement: the Digital Team aims to replace the current systems by mid-February 2026.
- Telecoms Modernisation: British Telecomm will switch off current telephone lines by the end of 2026. All acute sites will be moved to digital telephone systems prior to this date.

Ms Williams explained that midwives are leading the rollout of the new maternity system, and have raised concerns about digital inclusion, as some patients lack digital access. In response, Mr Maynard Davies noted that a number of mobile providers offer free data to support individuals experiencing digital poverty.

Mr Weir queried the RAG status and whether the programmes accounted for both quantitative and qualitative benefit realisation, Mr Thomas clarified that the RAG status reflects progress against delivery timelines, not the achievement of outcomes.

The Committee were ASSURED on this item.

**Decision:**

The Committee NOTED the In Year Delivery - Digital Operational Plan 2025/2026 Update.

DDIC  
(25)62

**Digital Partner Update**

Mr Thomas reported that the Health Board's relationship with CGI was maturing.

The Committee were ASSURED on this item.

**Decision:**

The Committee NOTED the content of the Digital Partner Update report.

DDIC  
(25)63

**Digital leadership with Allied Health Professionals and Health Scientists**

Dr Tony Smith introduced a report on the role and importance of digital leadership amongst Allied Health Professionals (AHPs) and Health Scientists.

Dr Smith informed the Committee that the Chief Nursing information Officer post was currently being advertised. This has highlighted a gap in the areas on Allied Health Professionals and Health Scientists, with no advocates for those professions within the Informatics sphere.

The report advocated introducing two new part time roles, Chief Allied Health Professional Information Officer (CAIO) and a Chief Health Scientist Information Officer (CHSIO).

Mr Thomas provided assurance that the cost of the additional roles would be met from the existing team budget and confirmed that the report does not seek approval for additional funding. The advertisement will be

published externally, however, it is acknowledged that external candidates are less likely to apply for part time positions.

Mrs Wilson advised that the wording of the recommendation section of the report should be reconsidered moving forward as the Committee is seeking assurance that consideration has been given to a representation from Allied Health Professionals and agreed it through the management structure.

Mrs Wilson also noted the report refers to a clinical digital group, however it does not set out the reporting structure.

Dr Smith responded that the clinical digital group would support the Digital Steering Group and agreed to discuss further with Mrs Wilson outside of the meeting.

The Committee were ASSURED on this item.

**Decision:**

The Committee:

- SUPPORTED the principle of the expansion of the clinical digital leadership to include allied health professionals and health scientists. All being within existing budgets.
- SUPPORTED the establishment of a Clinical Digital Scrutiny and Assurance Group.

DDIC  
(25)64

**Digital Innovation & Transformation Benefits Realisation Report  
2024/25**

Mrs Williams introduced a report setting out the key elements of the benefits realisation methodology adopted within Digital Services. Although still its early stages, the report provides an insight into the Digital Team's expected benefits over the course of the year.

While this report has provided assurance on the queries raised earlier in the meeting, Mr Weir emphasised the importance of keeping the Committee informed of any further slippage and its potential impact.

Mr Maynard Davies noted that an internal audit conducted last year received a substantial rating, the highest achieved to date. He praised the comprehensive nature of the report and acknowledged the small size of the Digital Inclusion Team and the significant workload they are managing.

**It was agreed to forward plan a deep dive on Digital Inclusion to a future DDIC meeting.**

**AT**

Ms Harraway expressed concern over a decline clinical users accessing digital health records. Ms Williams suggested the drop may follow earlier promotional activity and noted that communications work is needed. She added that establishing a Scanning Group is within the Health Records Team, should help increase engagement.

Mr Thomas added that once scanners are in place, this would reduce time searching for records, with assurance that the system can also search for records which have been mis-filed.

The Committee were ASSURED on this item.

**Decision:**

The Committee:

- RECEIVED ASSURANCE on progress made within the programme made to date, the risk mitigation actions in place, and the ongoing commitment to maximising the value and impact of digital investment.
- RECEIVED ASSURANCE on the Benefits Realisation Report for 2024/25.

DDIC  
(25)65

**Research and Innovation Sub-Committee (RISC) 3A's Update**

Dr Leighton Phillips introduced the Research and Innovation Sub-Committee (RISC) 3As report, along with requested details on commercial research and enabling digital/ data research. The digital research report outlines opportunities, while the Strategy sets actions to widen access. It was noted that Mr Tracey has scheduled sessions with both teams during November 2025 to explore these opportunities.

In response to Mr Maynard Davies' question of what the Committee could recommend to Executives to improve future research opportunities, Dr Phillips advised that securing additional funding would increase the possibility of accepting commercial trails.

Mr Maynard Davies noted that recruitment can be influenced by the availability of research opportunities. Dr Phillips highlighted the need to support clinical academics with protected time for research to attract and retain staff. Mr Thomas suggested the Executive Team may need to consider how best to support those opportunities.

The Committee were ASSURED on this item.

**Decision:**

The Committee:

- NOTED the items the Committee is advising them of.
- RECEIVED ASSURANCE on the items that the Committee is providing assurance on.

DDIC  
(25)66

**Assurance and Risk Report**

*Mr Lee Davies left the meeting.*

The Assurance and Risk Report outlined 2 corporate risks and 9 operational risks. Risk 1352 - *Risk of business disruption and delays in patient care due to a cyber-attack* remains high, and would be further discussed In-Committee. It was noted that Operational risks were currently being managed.

The report highlights key emerging risk themes and notes that the use of CGI has shifted from a being a digital risk to an organisational risk.

The audits and inspections section of the report highlights that IT infrastructure is being tracked. It was also noted that medicines management on acute hospitals is dependent on the Data Protection Act.

In relation to Welsh Health Circulars, ambient voice technology is not currently being used. The Ministerial Direction is being managed through the rollout of new technology.

Ms Harraway raised concerns regarding the extent of digital change across the organisation, noting its impact on multiple teams. She emphasised the need to consider organisational culture, capacity and resources for embedding long-term change, as highlighted in several reports. She suggested that should be articulated on the risk register.

Ms Williams highlighted concerns about change fatigue, noting that when planning or deploying initiatives, focus should be balanced across areas to allow for adjustment. There has been recent investment in Change Officers whose role is to consider lessons learned. No specific risks are currently listed, however, the next 12 month will be a challenging for the organisation. The Digital Inclusion Team is actively engaged in identifying upcoming risks, which will be added to the register each project progresses.

Mrs Wilson noted that numerous other changes are underway across the Health Board and highlighted a risk relating to digital inclusion, which is reported to the People, Organisational Development and Culture Committee (PODCC). She advised that if a specific risk is required, it can be escalated through PODCC or DDIC, however stressed the importance of avoiding duplication.

Mr Thomas stated this reiterates the importance of including an OD representative as a Member of DDIC.

The Committee were ASSURED on this item.

**Decision:**

The Committee:

Risk Management:

- RECEIVED ASSURANCE that identified controls are in place and working effectively;
- RECEIVED ASSURANCE that all planned actions are credible and deliverable, and in line with agreed plans, and will be implemented within stated timescales and will reduce risks further and/or mitigate the impact should risks materialise.

Audits, Inspections and Regulatory Reports:

- RECEIVED ASSURANCE from the lead Executive Director or Supporting Officer on the management of recommendations raised in audit, inspection and regulatory reports within their area of responsibility, particularly in respect of confirming the full implementation of recommendations, any barriers to delivery and subsequent impacts of non/late delivery, and assurance that the risks associated with these are being managed effectively.

Welsh Health Circulars:

- RECEIVED ASSURANCE, or otherwise, 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.

Ministerial Directions:

- RECEIVED ASSURANCE that the Health Board is compliant with the NSIs (MDs) issued by Welsh Government.
- CHALLENGED where assurances are inadequate Acts of Parliament, Acts of Senedd Cymru, Assembly Measures and Assembly Acts enable Welsh Ministers to develop more detailed legislation, known as secondary or subordinate legislation, usually by means of Statutory Instruments (SI).

DDIC  
(25)67

### **National and Regional Landscape**

Mr Thomas introduced the National and Regional Landscape Report which outlined collaborative processes for developing regional transformation, with the planning process divided into four phases.

Dr Phillips suggested including research into the regional plan and offered to provide information from a regional perspective.

Mr Maynard Davies noted the importance of ensuring views of this Committee are reflected in Joint-Committees.

Mrs Wilson sought clarification on the governance and reporting structure of an AI Sub-Committee referenced in the report. Mr Thomas suggested that it might operate at a regional level and agreed to discuss the governance with Mrs Wilson outside of the meeting.

**To engage with Mrs Joanne Wilson regarding the governance arrangements of sub-committees/groups such as the AI Sub-Committee to ensure the appropriate and effective reporting structures are established.**

AT/HT

The Committee were ASSURED on this item.

#### **Decision:**

The Committee:

- SUPPORTED the phased approach to developing a regional digital transformation approach, ensuring alignment with national priorities and local needs.
- SUPPORTED governance structures, including the Regional Digital Steering Group and thematic working groups, to drive collaboration and accountability.
- SUPPORTED the advancement of AI as a strategic enabler by establishing an AI Oversight Sub-Committee, defining governance standards, and prioritising pilot use cases.

DDIC  
(25)68 **Policies for Approval**

There are no policies for approval.

DDIC  
(25)69 **Artificial Intelligence and the Welsh Language Regulatory Policy Statement**

The report outlined that AI systems such as ChatGPT did not perform well through the medium of Welsh, which is a challenge for bilingual AI provision.

DDIC  
(25)70 **DDIC Workplan 2025/26**

The DDIC workplan for 2025/26 was circulated for information.

DDIC  
(25)71 **Any Other Business**

No other business was discussed.

DDIC  
(25)72 **Date and time of next meeting**

9.30am-12.30pm Thursday 15 January 2026