



**PWYLLGOR DIGIDOL, DATA AC ARLOESI**  
**DIGITAL, DATA AND INNOVATION COMMITTEE**

<b>DYDDIAD Y CYFARFOD:</b> <b>DATE OF MEETING:</b>	15 January 2026
<b>TEITL YR ADRODDIAD:</b> <b>TITLE OF REPORT:</b>	Proposal for the Introduction of Ambient AI into HDdUHB
<b>CYFARWYDDWR ARWEINIOL:</b> <b>LEAD DIRECTOR:</b>	Huw Thomas, Executive Director of Finance
<b>SWYDDOG ADRODD:</b> <b>REPORTING OFFICER:</b>	Anthony Tracey, Digital Director

<b>Pwrpas yr Adroddiad (dewiswch fel yn addas)</b> <b>Purpose of the Report (select as appropriate)</b>
Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA**  
**SBAR REPORT**

<p><u><b>Sefyllfa / Situation</b></u></p> <p>This report provides a proposal regarding the use of Ambient Artificial Intelligence (AI) in the health board. HDdUHB is experiencing significant clinical documentation pressures, contributing to clinician burnout, reduced capacity, and inefficiencies in patient care. Ambient Artificial Intelligence (AI) — often termed AI scribes — can listen to clinician–patient conversations and generate draft clinical notes for clinician review. This technology is increasingly used across healthcare systems and shows potential to reduce administrative workload.</p> <p>The Committee is asked to consider a proposal to run controlled pilots of Ambient AI within the HDdUHB.</p>
<p><u><b>Cefndir / Background</b></u></p> <p>Across the NHS, heavy documentation remains a significant challenge, particularly in primary and outpatient care. New NHS guidance sets out the key requirements for safely introducing ambient scribing technology, including a clinical safety case (DCB0160), a Data Protection Impact Assessment, information governance compliance, and confirmation of the appropriate regulatory status where the Medicines and Healthcare products Regulatory Agency (MHRA) rules apply.</p> <p>International experience shows that Ambient AI can reduce after-hours documentation, improve the quality of clinical notes, and support clinician wellbeing when used with mandatory human oversight. More than 400 organisations have already adopted these tools, demonstrating growing maturity and confidence in the technology.</p>
<p><u><b>Asesiad / Assessment</b></u></p> <p><b>Strategic Rationale</b></p> <p>Introducing Ambient AI within HDdUHB directly addresses long-standing documentation pressures that contribute to clinician burnout and reduce overall workforce capacity. Evidence from multicentre studies and real-world trials shows that AI-enabled ambient scribing can</p>

substantially cut after-hours documentation and cognitive load, with noticeable reductions in burnout emerging within 30–84 days of use. This indicates strong potential to improve wellbeing and support retention in high-demand areas such as primary care and outpatient services.

Case studies also demonstrate consistent time savings per consultation and higher-quality, more complete clinical notes. Most users report improved documentation quality and an average saving of around five minutes per encounter, helping to support safer care and more accurate coding.

### **Benefits**

Ambient AI delivers benefits across multiple levels, including clinician wellbeing, patient experience, operational performance, documentation quality, and broader strategic goals. Evidence from large multicentre studies shows meaningful reductions in burnout and after-hours work, with some evaluations reporting improvements in wellbeing within the first one to three months of use. These reductions are supported by pragmatic trials demonstrating daily time savings of around 30 minutes when clinicians use ambient scribing tools with human review.

Patients also consistently report a better experience when clinicians can fully focus on them rather than on typing. Studies highlight noticeable improvements in perceived clinician presence, with some clinicians describing a renewed sense of satisfaction as administrative demands ease.

Operationally, the time saved per consultation can lead to faster completion of notes, improved clinic flow, and reduced backlogs. Some organisations have reported increases in the number of patients seen and early signs of positive financial impact, although independent reviews recommend careful, site specific measurement to validate any return on investment. Ambient AI also strengthens documentation quality by producing more complete and structured notes, and by automating outputs such as letters, referrals, and after visit summaries. These capabilities support consistency across services and improve coding and analytical value. Strategically, the technology aligns with the HDdUHBs ambitions for improved data quality, cloud-based infrastructure, and adherence to recognised evidence and assurance frameworks such as the National Institute for Health and Care Excellence (NICE) Evidence Standards Framework.

### **Risks**

Ambient AI offers significant potential but requires careful and disciplined risk management across clinical safety, information governance, regulation, ethics, technical reliability, and programme delivery. Key to safe implementation is recognising that transcription or summarisation errors — such as omissions, misinterpretations or occasional inaccuracies — can affect clinical records, particularly in specialist settings. To minimise these risks, NHS guidance emphasises a strong human in the loop model, supported by formal safety cases, hazard logs, and ongoing monitoring throughout deployment.

Information governance is another major consideration, as the technology relies on processing sensitive voice and health data. Robust Data Protection Impact Assessment (DPIAs), clear legal bases for processing, transparent patient communication, and strict controls preventing vendors from re-using identifiable data are essential to maintaining compliance and protecting patient trust. Regulatory assurance is also vital. Ambient AI summarisation functions often fall under MHRA Class I, requiring suppliers to demonstrate appropriate conformity and lifecycle monitoring. Organisations must avoid non-compliant solutions and ensure that regulatory obligations are met from pilot through to scale.

Ethical and equity concerns include the risk of reduced accuracy for certain accents or languages, potential bias in model outputs, and the influence of “automation bias” on clinical decision making. Local pilots must therefore evaluate performance across Welsh and English, monitor for disparities, and ensure transparency and ongoing oversight in line with World Health Organisation (WHO) guidance.

From a technical perspective, performance can vary in noisy or fast-paced environments, speaker diarisation may occasionally misattribute dialogue, and integration issues can disrupt workflows. This underscores the need for a structured vendor comparison, realistic testing in local settings, and reliable fallback options such as dictation or manual templates. Finally, programme risks include variability in adoption, change fatigue, and uncertainty around financial benefits. National bodies recommend that organisations set clear objectives, measure outcomes rigorously, and follow a pilot-first approach with defined success criteria before progressing to wider rollout.

### **Proposed Outcomes of Pilot**

We anticipate benefits across clinical, operational, documentation, and strategic areas, which will be tested through controlled pilots aligned to NICE’s Evidence Standards Framework. Clinically, the main expected outcome is reduced burnout and workload, with improvements in patient experience as clinicians become more present during consultations.

Operational gains should include time saved per encounter, faster completion of notes, and potential increases in service capacity. While other organisations have reported higher patient throughput and early financial benefits, these will need careful local measurement. Documentation quality is expected to improve through more complete, consistent notes and automated outputs such as referrals and after visit summaries, supported by continued human review to ensure safety.

Strategically, successful pilots would demonstrate responsible AI use and support wider digital priorities, including cloud adoption, open standards, and strengthened data quality. Outcomes will be measured through wellbeing indicators, time use studies, documentation audits, patient feedback, incident monitoring, and economic analysis to build a credible evidence base for future decisions.

### **Functional Capabilities (in scope)**

1. Encounter Capture & Transcription
  - Secure audio capture of in person and virtual consultations; real-time or near-real-time transcription, with speaker identification (clinician vs. patient).
2. Clinical Summarisation & Note Drafting
  - Generation of draft notes aligned to specialty templates (e.g., Simple Objective Assessment Process(SOAP), problem oriented notes) and HDdUHB conventions, including histories, examination findings, impressions, and plans.
3. Letters, Referrals, and Discharge Summaries
  - Automated drafting of referral letters and patient facing summaries using the same encounter data, with style customisation and clinician approval before dispatch or filing
4. Template & Style Customisation
  - Clinician configurable note styles (concise versus detailed; bulleted versus prose), terminology preferences, and pronoun handling—improving adoption and reducing editing time.

### **Clinical Contexts (initial scope for Hywel Dda UHB)**

- Primary Care (GP): high-volume conversational encounters benefit from ambient documentation; evidence indicates meaningful reductions in burnout and after hours work in ambulatory settings.
- Outpatient Specialties: to be confirmed; pilots will calibrate templates and measure accuracy and time savings.
- Optional Allied Health: physiotherapy or speech & language therapy for longer, narrative rich notes; requires specialty tuned vocabularies and template design.

Rationale for these contexts is supported by multicentre and pragmatic trials showing burnout reductions and documentation time savings in ambulatory care, as well as case studies from health systems using ambient scribe solutions.

### **Out of Scope (Phase 1 pilots)**

- Autonomous clinical decision making: the AI will not independently diagnose, adjust medications, or create management plans. Any suggestion content must be considered non-directive and subject to clinician judgement and approval.
- Write back: drafts cannot be committed without clinician review; this is central to clinical safety and liability mitigation.

### **Proposed Implementation Roadmap (Appendix A)**

#### **Phase 0 — Market scan & readiness (4–6 weeks)**

- **Activities:**
  - Requirements definition (specialties, languages, templates, mobile versus desktop).
  - Vendor communication for the pilot
  - Architecture & integration design aligned to Digital Health and Care Wales (DHCW) platforms
  - Draft safety case; initiate DPIA; prepare patient communications.

#### **Phase 1 — Controlled pilots (12–16 weeks)**

- **Sites:** 3–4 services (GP, AHP and Planned Care).
- **Scale:** ~20–40 clinicians; 1,500–3,000 encounters.
- **Model:** human-in-the-loop note review; standardised templates; dual workflows (ambient AI vs usual care) for comparative measurement.

#### **Phase 2 — Evaluation & business case (6–8 weeks)**

- **Deliverables:** pilot report mapped to clinical effectiveness, usability, economic analysis, IG/regulatory assurance summary, scale-up plan with investment options

#### **Phase 3 — Phased scale-up (6–12 months)**

- **Approach:** specialty waves; change champions; peer coaching; in-product style customisation; continuous monitoring dashboards; quarterly governance reviews.

**Recommended approach:** run 3–4 controlled pilots across primary care and outpatient specialties; adopt a “human-in-the-loop” review model; meet UK GDPR/ICO expectations; use NICE’s Evidence Standards Framework for digital technologies to evaluate value; and proceed to phased scale-up contingent on verified benefits, safety, and affordability.

### **Financial Impact**

- Pilot costs (3–4 sites, ~30 users, 4-6 months)
  - Licences/subscriptions (ambient AI scribe): £60k–£100k (depends on vendor and volume).
  - Training & change: £5k–£10k.

## Conclusion

The introduction of Ambient AI presents a timely and evidence based opportunity for HDdUHB to address longstanding clinical documentation pressures that impact clinician wellbeing, operational efficiency, and the quality of patient care. By adopting a controlled pilot approach with strong clinical governance, human oversight, and robust evaluation, the health board can safely assess the technology's potential to improve documentation quality, reduce administrative burden, and enhance the patient and clinician experience. Subject to positive pilot outcomes, Ambient AI could form a key component of the organisation's wider digital transformation agenda, supporting sustainable workforce practices and improved service delivery.

## Argymhelliad / Recommendation

The Committee are requested to:

- **ENDORSE** the proposed pilots and associated investment to enable a structured, responsible, and informed assessment of this emerging technology.

## Amcanion: (rhaid cwblhau)

### Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1.1 That the direction, development and delivery of the Digital Strategic Plan is to drive continuous improvement and support digitally enabled health care through a digitally enabled workforce to achieve the objectives of the Health Board's Annual Plan/Integrated Medium-Term Plan (IMTP).
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	9. All HDdUHB Well-being Objectives apply

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Not applicable
Rhestr Termau: Glossary of Terms:	Included within the main body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Digidol, Data ac Arloesi Parties / Committees consulted prior to Digital, Data and Innovation Committee:	Information Governance Sub-Committee (IGSC)

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	The financial impact of AI use within the health board includes both significant initial investments and potential long-term savings, from an efficiency and cash releasing perspective.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	The use of AI within the health board has a profound impact on quality and patient care. Internally, AI enhances service delivery, reduces clinician workloads, and improves patient outcomes through continuous observation and effective management of conditions. Externally, AI fosters innovative medical treatments, enhances clinical workflows, and ensures equitable and transparent patient care
<b>Gweithlu: Workforce:</b>	The use of AI within the HDdUHB has a significant impact on the workforce. Internally, AI initiatives focus on educating and upskilling the workforce, automating content creation, and maintaining data quality for informed decision-making. Externally, AI addresses workforce shortages, enhances diagnostic accuracy, and improves treatment planning, ultimately leading to a more efficient and effective healthcare workforce.
<b>Risg: Risk:</b>	Outlined within the paper
<b>Cyfreithiol: Legal:</b>	Not applicable
<b>Enw Da: Reputational:</b>	The use of AI within the Health Board has a significant impact on its reputation. Internally, the adoption of trusted AI frameworks, robust data protection measures, and ethical clinical practices ensures transparency, trust, and compliance with regulatory standards. Externally, aligning with best practices in AI transparency, informed consent, and health equity can further enhance the Health Board's reputation as a leader in ethical and innovative healthcare
<b>Gyfrinachedd: Privacy:</b>	Not applicable

**Cydraddoldeb:  
Equality:**

This will be included within the review, and will be a crucial element of the outputs

Appendix A

# Ambient AI – Simplified Roadmap

