MINUTES OF THE HDD_Digital, Data and Innovation Committee MEETING

Date of Meeting:	**09:30, Thursday 15 January 2026**
Venue:	**Microsoft Teams Meeting**

Present:	Mr Maynard Davies, Independent Member (Committee Chair) Mrs Chantal Patel, Independent Member (Committee Vice-Chair) Ms Sarah Harraway, 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 Anthony (Tony) Smith, Consultant Anaesthetist Mr Anthony Tracey, Director of Digital y) Ms Lil Bennett, Senior Clinical Informatics Nurse (acting as deputy for Mrs Lesley Hewer, Head of Nursing) Mr Gareth Jenkins, Head of Data Science (part) Ms Meinir Jones, Associate Medical Director, Transformation and Value (observing) Ms Anna Harries, Chief Nursing Informatics Officer (observing) Ms Clare Strudwick, Committee Services Officer (minutes)

Minutes Ref.	Item	Action
DDIC(26)73	**Welcome and Apologies** The Chair welcomed members to the meeting. **Decision:** Apologies for absence were received from: Professor Chris Hopkins, Head of Innovation & Tritech Institute, Research and Development Ms Lesley Hewer, Head of Nursing Mr Mark Henwood, Executive Medical Director Mr Winston Weir, Independent Member	
DDIC(26)74	**Declarations of Interests** **Decision:** No declarations of interest were made.	
DDIC(26)75	**Minutes and Matters Arising from the meeting held on 07 October 2025** The minutes from the meeting held on 7 October 2025 were approved as an accurate record.	

Decision:
The Committee **APPROVED** the minutes of the meeting held on 7 October 2025.

DDIC(26)76 **Table of Actions from the meeting held on 07 October 2025**

Decision:
Updates were provided on the following outstanding actions:

DDIC(25)07 Digital Strategic Plan: Mr Huw Thomas reported that he had held discussions with Mrs Sharon Daniel and confirmed this action complete.

DDIC(25)44 Assurance and Risk Report: Mr Anthony Tracey reported discussions with Mrs Rhian Bond are scheduled and an update on the implementation date for Welsh Health Circular (WHC) 03-22: and extending the use of Blueteq in secondary care, will be provided at the next DDIC meeting in April 2026.

DDIC(25)54 Table of Actions from the meeting held on 22 April 2025: Mrs Joanne Wilson confirmed the meeting to develop a timeline for scheduling business cases and to align to the governance process, ensuring timely submission to DDIC and Board, had been postponed and is rescheduled for 16 January 2026.

DDIC(25)55 Information Governance Sub-Committee (IGSC) 3A's Update and IGSC Annual Report. Mr Tracey provided an update on the move from the Llangennech Record Storage Facilities. Formal notice (nine months) has been issued, with the move commencing on 1 February 2026. He noted that remedial work may be required on the Llangennech site, which will create associated cost pressures. A full business case outlining the options will be presented to the Executive Team and DDIC. Mr Tracey confirmed that all records held by external providers have been removed from site and returned. He also outlined the longer-term aspirations are to relocate HDdUHB records, libraries and record storage facilities to one centralised location that is secure and fit for purpose.

DDIC(25)67 National and Regional Landscape: Mr Tracey confirmed a meeting is scheduled for 16 January 2026 with Mrs Joanne Wilson. Action complete.

All other actions from the DDIC meeting held on 7 October 2025 were complete.

DDIC(26)77 **Planning Objectives (PO9) Update Report**

Mr Tracey presented the Planning Objectives (PO9) Update Report, that work around the readiness for Electronic Prescribing and Medicines Administration (EPMA), Digital Maternity and Open Eyes is continuing. Mr Tracey extended his thanks to Ms Lil Bennett and the nursing team for their help with the successful roll out of the Outpatient Flow and radiology programme.

Mr Tracey drew the Committees attention to the Laboratory Information Management System (LIMS) Deployment project as a high-risk potential for NHS Wales, whereby if the project is not rolled out by March 2027, there would be a cost of circa £3M to NHS Wales, with approximately £300,000-£400,000 liability for HDdUHB. Mr Tracy reported negotiations are ongoing with the supplier to reduce costs and that a meeting will be held Thursday 22 January 2026 between CEO's, Directors of Finance and Directors of Digital to discuss an implementation plan which will avoid incurring these costs.

Mr Tracey reported there were time pressures and capacity challenges with regards to the maternity system (BadgerNet).

In response to Mrs Chantal Patel, Mr Tracey confirmed that outcomes and impacts were being tracked at an operational level as part of the readiness and tolerance work undertaken during the five to six month period leading up to project rollout, to ensure a seamless delivery.

Acknowledging that impact and outcomes could be improved, Mr Tracey confirmed that work is undertaken with finance business partners examining operational efficiencies as well as cash releasing benefits. Mr Tracey emphasised the benefits realisation programme was mindful to avoid duplication across projects.

In response to a query from Mr Maynard Davies, Mr Tracey provided an update on the Centre of Excellence for digital analytics, whereby a hub and spoke model is being employed across a collective set of around ninety analysts from the data science team and other teams such as pathology, workforce and finance that can be brought together and co-ordinated by the Executive Team to work on assigned specific pieces of work. Mr Tracey gave the example of demand and capacity work currently being undertaken by this new model of working.

Mr Huw Thomas reported this approach had been tried previously and emphasised the importance of securing full organisational buy in.

Mr Maynard Davies emphasised the tremendous opportunities provided by this work approach, commending the data science work taking place and the need for this to spread through the organisation, rather than existing in isolation as well as the need to develop people in that team further to ensure they can contribute to the wider organisation.

Mr Tracey expressed confidence, noting that the organisation is now in a much stronger position with regards to this way of working and the use of data.

Decision: The committee **DISCUSSED** and **NOTED** the Planning Objectives (PO9) Update Report.

DDIC(26)78 **Digital Operational Plan**

Mr Tracey presented the Digital Operational Plan 2025/2026 highlighting that two areas were a red risk, LIMS and the Single Sign On, which is behind schedule. Mr Tracey reported all other areas had seen tangible progress and were either moving ahead or had been delivered.

In reply to an inquiry from Mrs Patel, Mr Tracey clarified that projects are progressing through phases simultaneously, with separate teams working on readiness and implementation, with support from CGI. Mr Thomas reflected that the usage of the word 'phases' denoted timings and that greater clarity could be provided by reworking the paper and perhaps using 'tranches' or 'stages'. Mr Tracey agreed to revise the paper to improve clarity and will reflect this in future updates to DDIC. **AT**

Mr Tracey confirmed to Mrs Patel that cumulative impact was monitored throughout the project, even if that benefit might not eventuate for nine or twelve months.

Following an inquiry from Mrs Sarah Harraway regarding clarification of timelines reflecting slippage on a project, Mr Tracey agreed to add revised delivery dates into future reports. **AT**

Mr Tracey provided Mr Maynard Davies a update regarding Single Sign On, that the system had been tested in Emergency Departments (ED) and a further programme with Electronic Prescribing and Medicines Administration (EPMA) was being examined, however this was currently on pause as the market is being revisited regarding potential alternative suppliers due to cost concerns.

Mr Tracey summarised to Mr Maynard Davies his main areas of concern over the next few months as LIMS, EPMA and the adoption of technology into the service and the need to avoid business burn out.

Due to the concerns raised, Mr Thomas suggested the LIMS project should be an advise to Board. Mr Maynard Davies agreed that, while he was assured regarding other projects, LIMS required an advisory position due to factors beyond HDdUHB's control, its financial implications and its status as an essential service.

Mr Tracey agreed, subject to CEO approval which he would seek permission for in the LIMS meeting, to present a paper to the next In Committee DDIC (IC-DDIC) to providing an update of the LIMS meeting taking place 22 January 2026. **AT**

Decision: The Committee **NOTED** the Digital Operational Plan update and the projected timelines for 2025/2026 and in future years and agreed to **ADVISE** the Board with regards to LIMS.

DDIC(26)79 **Digital Strategic Plan**

Mr Tracey presented the three-year Digital Strategic Plan, ahead of presentation to a future Board meeting. Initially published in 2020 the Digital Strategic Plan was finalised in 2025 due to the impact of COVID-19. It has been progressed further over the past 18 months to meet the priorities outlined within the Health and Care Strategy, *A Healthier Mid and West Wales: Our future generations living well.* Mr Tracey emphasised the need for public engagement and to look at digital as a driver and enabler with the focus on capabilities rather than thinking about systems.

Mr Tracey identified the key challenges impacting digital as demographic change, climate change and the digital deficit within HDdUHB from a technical, operational and staff perspective.

Mr Thomas recognised the risk of disconnect with Swansea Bay University Health Board (SBUHB), whilst the overall framing is consistent further work is required regarding core capabilities to ensure alignment between health boards.

In reply to a query from Mrs Patel, Mr Tracey clarified the need to ensure HDdUHB has a sufficient digital infrastructure in place to deliver projects, e.g. enough computers and devices on a ward to facilitate roll out. Mr Tracy reported digital deficit is assessed as part of the readiness phase.

Mrs Harraway expressed concern regarding the profound cultural shift required within HDdUHB to ensure the successful implementation of the Digital Strategic Plan, inquiring how such a transformational change could be engendered, the resources required to achieve this and how is work commencing on this challenge.

Mr Tracey reported he is working closely with the Workforce Team and the digital support officer within the Organisational Development (OD) Team and is exploring ways to strengthen the wider inclusion team to better support change. He also acknowledged the challenge of business-change fatigue across the organisation.

Mrs Harraway stated the was a need to recognise the difference between implementation and adoption, regarding culture and acceptance and looking to avoid burnout. Mrs Harraway further reflected on how workforce may look in five years-time compared with its current structure, emphasising that if HDdUHB does not achieve the necessary cultural shift, it risks undermining future successes.

Emphasising the need to design systems that are user centred and co-developed with end users, Mr Thomas reported that the Digital Inclusion Team and CGI have made a positive difference in reducing friction.

Ms Lil Bennett reported that work is ongoing to ensure cultural change and adoption with clinicians, by working with them directly. Furthermore, early work is being undertaken with education providers such as universities, who are training new clinicians to build up digital capability within the workforce.

Dr Leighton Phillips reflected on the need for awareness across three key areas. Firstly, he cautioned that digital enablement could inadvertently worsen health outcomes if HDdUHB attempts to implement change too rapidly. Secondly, he noted that progress will not always be linear, especially as emerging technologies such as quantum computing continue to evolve. Finally, he stressed the importance of distilling important information into clear, accessible communication that can engage and energise both staff and the public supporting the cultural shift required across the organisation.

Mr Tracey acknowledged the potential impact that AI and quantum computing could create a tipping point, expressing his concern that HDdUHB cyber infrastructure could become irrelevant as quantum could be able to crack any security code in minutes.

Mr Tracey outlined the security and safety provided on three fronts by a robust Cyber Team, the Information Governance Team and by building a Clinical Safety Team to provide a cornerstone on making decisions from a safety perspective and to prevent putting harm into the system.

Mr Maynard Davies giving the example of Chat GPT, acknowledged the possibility of disruptive events, however recognised that the public has a demand for change in the NHS and was confident that with the support of the Digital Inclusion Team working together technology could be successfully rolled out to the people who need it.

Mrs Wilson reported from a governance perspective, the need for digital to be aligned with the Healthy Mid and West Wales Group's overarching strategy. Mr Maynard Davies clarified he would be raising this at Strategy and Planning Committee (SPC) the following day.

Mr Lee Davies emphasised the need for culture and staff awareness and knowledge to be linked with the strategy refresh and for this to be communicated through Ms Alwena Hughes-Moakes to the organisation, enabling staff to keep pace with rapid change across digital elements, 24/7 and Community by Design.

Mr Maynard Davies agreed the need to work with the Ms Alwena Hughes-Moakes to engage with staff and the public. In terms of governance and the sequencing of DDIC meetings, Mr Maynard Davies observed the frequency of quarterly meetings should not be a hinderance to progress.

Mr Maynard Davies reflected on a potential dichotomy of pace at Regional Joint Committee (RJC) level between SBUHB and HDdUHB.

Mr Thomas agreed the need to understand and acknowledge this difference in approach to risk and understanding between the two health boards. However, Mr Thomas observed that these are two different statutory organisations and there is a need to be open to different risk appetites between them yet still achieve a consistent overarching vision. Rapid progress made by HDdUHB could provide an opportunity for shared learning with SBUHB through the RJC.

Decision: The Committee
- **NOTED** the proposed approach to the Digital Strategic Plan
- **NOTED** that the final Digital Strategic Plan will be developed over the next five months, ensuring comprehensive stakeholder engagement with both staff and the public to incorporate all those perspectives into the next version of the plan.

DDIC(26)79 **Digital Strategic Partner Update**

Mr Tracey reported that HDdUHB is working with CGI to develop a partnership charter and this would enable the Health Board to demonstrate value for money by being an intelligent client. The charter

will clearly define roles and responsibilities between HDdUHB and CGI and to ensure robust governance, Mr Tracey will present the charter to the Committee for approval. **AT**

Mr Tracey reported CGI is conducting a review of AI within HDdUHB, to identify areas where it is currently being used as well as further opportunities moving forward. CGI would provide documentation support around this on a regional basis.

Mr Tracey outlined that CGI had already strengthened the Digital Team by providing additional project and business change managers who supported the work on patient flow and that this enhanced capacity will now be used to accelerate on EPMA and eOBS.

Mr Tracy reported there is a contract in place with CGI to review HDdUHB cyber presence in the Microsoft Azure Cloud environment which will free up the Health Board Cyber Team to address issues rather than constantly monitoring HDdUHB cyber presence.

Mrs Wilson emphasised the need to ensure any contract agreements with CGI as a commercial supplier have received legal advice from Ms Sian-Marie James. **AT**

Mrs Wilson reported a breakdown of the £825,000 spent should be provided in the main open DDIC going forward rather than through IC-DDIC.

Mr Thomas and Mr Tracey confirmed to Mr Maynard Davies that the £825,000 was already contained in the agreed budget.

Mr Thomas reported that Mrs Lisa Gostling, Director of Workforce and Organisational Development/ Deputy Chief Executive Officer had contacted Mr Tracey requesting a meeting to discuss on how best to implement the new HDdUHB replacement Electronic Staff Record system and to examine whether there may be benefits in using the digital partner for this project.

Decision: The Committee **RECEIVED ASSURANCE** from the content of the Digital Strategic Partner Update Report.

DDIC(26)80 **Patient Services Centre**

Mr Tracey reported as detailed in the paper that the Patient Services Centre would provide a single point of contact for patients with HDdUHB. Mr Tracey informed DDIC that the business case had already been for discussion at the Executive Team, with the next stage to present to A Healthier Mid and West Wales Group.

Mr Tracey reported that a draft financial case had been developed to support the business case, although engagement with the wider market, had not yet commenced.

Mr Thomas clarified that administrative transformation would fund the Patient Services Centre and this will prove clinically transformative for HDdUHB.

In reply to Ms Patel's query regarding patient data security, Mr Tracey explained that the telephony based model proposed within the business case would ensure that all interactions are centrally logged and monitored, providing a safer service and more consistent service than the current provision, where patients often need to repeat information across multiple service points. Mr Tracey agreed to clarify the patient data security element in the next version of the business case. **AT**

Mrs Harraway complemented the business case and the aspiration it provided. However, challenged why a decision had been made not to include GP and community services, particularly considering the HDdUHB plan to drive a greater level of activity into community settings. Mrs Harraway emphasised the need for a seamless service for patients and believed not including community care settings provided a disconnect. Mrs Harraway argued that the difficulty of engaging independent GP practices should not deter efforts to do so, as failing to try could lead to fragmented patient pathways.

Mr Tracey acknowledged Mrs Harraway's concerns and agreed to make alterations to the next version of the Patient Services Centre business case to include Primary Care. **AT**

Ms Meinir Jones supported Mrs Harraway's position, highlighting that increasing multi-morbidity is making care coordination ever more challenging. She questioned whether the Imperial College London exemplar referenced in the paper had considered patient experience and stressed that how smoothly a patient is supported through appointments at HDdUHB; without delays or errors significantly shapes both patient and clinician experience. Ms Jones argued that, given ongoing delays linked to independent contractor arrangements, Primary Care should be included in early scoping work, especially as around 90% of patient journeys begin with GP practices.

Mr Tracey confirmed that the Imperial College London exemplar had included patient experience data and agreed the action to share the full details of the Imperial College paper with Ms Jones. **AT**

In answer to Mr Maynard Davies, Mr Tracey reported that work was underway to ensure that there were alignment and connectivity with national projects such as the NHS Wales App, which effectively would provide the front door to this work.

Mr Maynard Davies emphasised the need to bring Primary Care into the project at the appropriate point.

Mrs Wilson suggested that Mr Maynard Davies provide a verbal update to Board regarding the discussions undertaken by Committee and the changes agreed to the business case as a result of Mrs Harraway's comments and the agreement to include Primary Care. **MD**

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

• Recommended that Board **APPROVE** the outline business case subject to an agreement to include Primary Care into the business case at the appropriate point. Approval of the outline business case will enable market engagement. A final business case will be brought back to include market tested costs and further detail on benefits before committing expenditure and approving contracts.

DDIC(26)81 **Proposal for the Introduction of Ambient AI into HDdUHB**

Mr Tracey presented the report proposing the introduction of ambient AI's into primary and secondary care. Highlighting the potential risks associated with Ambient AI from a cyber security perspective, Mr Tracey reported there was a need to ensure Ambient AI was seen as a medical device as it would be transcribing clinical discussions, not making medical decisions.

Mr Tracy clarified this would be a pilot in the first instance and that following benefits realisation a full business case would be presented to the Committee to allow rational consideration to be undertaken as to whether this approach should be progressed.

Mr Tracey reported licencing costs for the pilot would be between £60,000 and £100,000 and this would be a cloud hosted product, working with a supplier and CGI over a four-to-six-month period. There would be a need to check bandwidth and wi-fi connectivity at HDdUHB sites, with discussions ongoing with Primary Care Clusters and internally with Outpatients to participate in the pilot as well as other yet to be determined services.

Mr Tony Smith, believed that this was the safest approach, enabling HDdUHB to continue to make progress with this technology, yet balancing the need to be prudent and pilot the technology in a controlled way.

Ms Patel stated she was fully supportive of this pilot approach, requesting clarification on what would be disclosed to patients. In response, Mr Tracey confirmed consent would be required from patients, however as the pilot locations had not yet been agreed, the exact wording had not been finalised. He added that relevant service areas would be engaged to ensure clinical assurance before the wording is completed.

Dr Phillips clarified to the Committee, the consent required would be concerning data protection from an Information Governance perspective, not medical consent as there would be no change to clinical treatment as a result of using Ambient AI.

Dr Phillips reported that the small Business Research Initiative (SBRI) had an imminent deadline to return findings concerning the testing of Ambient AI in the Welsh NHS and that this might provide a useful way forward.

Mr Tracey added that he was also engaged in all-Wales discussions with HEIW regarding the future direction of Ambient AI.

In reply to a query from Mrs Harraway as to whether patient feedback would be gathered as part of the pilot, or whether the pilot had been sense tested with patient groups first, Mr Tracey confirmed the pilot would generate patient feedback.

Mrs Harraway emphasised the need to work with patients in a co-production manner rather than 'doing things' to patients and that if there was an opportunity for patient consultation ahead of the pilot this would be beneficial. The Committee agreed to this approach. **AT**

Mr Thomas reported the Digital Inclusion Team would be supporting with that co-production element, and that the pilot could involve this as part of the first phase of the discussions.

Mr Smith reaffirmed his view that this approach represented the safest way forward, noting that clinicians were highly supportive provided it was implemented in a measured and controlled manner.

Mrs Wilson and Mr Thomas agreed there would be a benefit for this discussion to be presented to Business Executive Team (BET). **AT/HT**

Decision: The Committee **ENDORSED** the proposed pilots and associated investment to enable a structured, responsible, and informed assessment of this emerging technology, subject to the caveat that appropriate co-production steps and consultation with patients be undertaken at the start of the pilot.

DDIC(26)82 **Research and Innovation Sub-Committee (RISC) 3A's Update**

Dr Phillips presented the RISCA 3 A's Update report confirming that there were no matters that to alert or advise DDIC of.

Dr Phillips was pleased to report that HDdUHB and research and development (R&D) were the first site in the UK to recruit to two commercial research studies sponsored by Roche, enabling Irritable Bowel System treatment for patients where all other treatments had proved ineffective. Dr Phillips reported that this positive news had been shared with Health Care Research Wales (HCRW) and Welsh Government (WG).

Dr Phillips updated the Committee that he had noticed a shift in the scrutiny taking place around research and innovation and perhaps this was reflective of a new Chief Medical Officer and a new Scientific and Research Director. Dr Phillips emphasised the increasing importance of the framework update being reported to DDIC and the potential impediments to research and innovation activity contained therein.

No questions were received.

Decision: The Committee **RECIEVED ASSURANCE** on the items that the Committee is providing assurance on.

DDIC(26)83 **Research & Development (R&D) Annual Framework Update**

Mr Phillips presented the Research and Development Annual Framework Update, outlining how R&D is performance managed by WG

through an annual performance review. The framework issued by WG three years ago outlines 10 pillars against which R& D is assessed.

From a personal perspective, Dr Phillips believed that R&D to be performing well in terms of strategy having launched a new strategic direction. Governance and leadership of R&D was equally strong, supported by mature partnerships with industry and universities.

Dr Phillips, giving the example of recruiting patients to trials, considered R&D to have successfully fulfilled research delivery and that communications and engagement had been increased considerably over the past year with assistance from HDdUHB Ms Alwena Hughes Moakes.

Dr Phillips noted that further work was still required to factor in population size and disease burden, and highlighted a discrepancy between the allocation of funding received by HCRW, and the resources needed to adequately support R&D. He and Mr Thomas had met with Mr Gareth Cross (WG) to discuss these concerns and agreed to return to the April 2026 DDIC meeting to provide assurance on the funding position, escalating the matter to Board should concerns remain. **LP/HT**

Dr Philips emphasised the need to ensure from a Workforce perspective, R&D is embedded at the core of a high-quality impactful service, to enable retention and recruitment of staff. Dr Phillips acknowledged the difficulties arising from the length of time to see an impact of a trial when making a case for more investment.

Mr Thomas asked whether, taking SBUHB as an example there was an opportunity to benchmark HDdUHB R&D provision against other research functions regionally, across Wales and more broadly across the UK, in order to better understand the organisations relative strengths and areas for improvement.

Dr Phillips considered this would be possible from a learning point of view rather than from a performance perspective and foresaw WG pooling knowledge in future. Giving the example of Oncology, in particular uncommon cancers where patients travelled to SBUHB for treatment, Dr Phillips reported regional insights in certain areas would be important.

Mr Maynard Davies agreed it was vital to ensure HDdUHB received a fair share of research money with R&D becoming increasingly important as population changed.

Decision: The Committee **RECEIVED ASSURANCE** in the annual assessment of performance against the national Health Care Research Wales (HCRW) NHS framework.

DDIC(26)84 **University Partnership Arrangements Update**

Dr Phillips reported that progress was being made in three main areas; firstly R&D activity partnering with universities, secondly enterprise and innovation activity supporting the commercialisation of devices,

technologies and drug discoveries and finally learning and teaching workforce resulting in staff and organisation development.

Dr Phillips reported Memorandums of Understanding agreements (MOU's) are in place with all universities and that meetings have been held with each partnership organisation to crystalise plans for the 2026/2027 financial year.

Mr Thomas reflected on the need to convey the opportunity of partnership more broadly internally to ensure HDdUHB is slicker in the way it collaborates with partnerships. A paper setting out the opportunities that research and innovation presents to the organisation and setting out the best approach to overcoming constraints be brought to Business Executive Team (BET). **LP/HT**

Decision: The Committee **RECIEVED ASSURANCE** from the report on progress in university partnership activities.

DDIC(26)85 **Tritech Business Plan**

Dr Phillips presented the Tritech Business Plan, acknowledging financially sensitive elements had been redacted and would be shared IC-DDIC.

Dr Phillps stated that the Business Plan had been presented to the Formal Executive Team and the high-level feedback received has been reflected in the report, confirming to Mr Maynard Davies that caveats raised at FET had been responded to where possible and others were part of an ongoing process, in particular the establishment of an advisory group.

Decision:
The Digital Data and Innovation Committee **RECEIVED ASSURANCE** from the **TriTech Business Plan** for the period 2026–2031 and **APPROVED** for onward submission to Public Board on 26 March 2026 acknowledging that sensitive financial elements would be discussed during IC-DDIC.

DDIC(26)86 **Information Governance Sub-Committee (IGSC) 3A's Update**

Mr Tracey presented the Information Governance Sub-Committee (IGSC) 3A's Update.

Mr John Evans reported he was working with Mr Mark Henwood to improve medical staffing training compliance.

Mr Tracey reported that due to the IGSC meeting not being quorate, IGSC had scrutinised the extensions to the All-Wales IG policies (836, 837, 494 and 495), the 282 Network Security Policy, 319 Disposal of Digital Assets Policy and 422 Consumer Device Policy and recommended them to DDIC for approval. DDIC agreed to approve the policies.

Mr Tracey agreed to discuss quoracy challenges with Mr Maynard Davies and Mrs Wilson. **AT**

CS

Mrs Wilson reported that as DDIC was not quorate, the Executive Medical Director would need to ratify the Committee's decision to approve policies.

Decision:
The Committee:

- **APPROVED** the extensions to the All-Wales IG policies (836, 837, 494 and 495) the 282 Network Security Policy, 319 Disposal of Digital Assets Policy and 422 Consumer Device Policy, subject to the Executive Medical Director ratification.
- **NOTED** the items that the IGSC is advising them of
- **TOOK ASSURANCE** from the items the Committee is assuring them of.

DDIC(26)87 **Data Protection Impact Assessment (DPIA) Assurance Report**

Mr Tracy presented the DPIA Assurance Report, emphasising the rising volume of DPIA's being undertaken with around 70-80 per quarter and the increased complexity and resources required to complete them. He also outlined the newly revised DPIA procedure, which introduces tiered levels designed to streamline and accelerate the assessment process.

Mr Tracey advised that staff training on the importance of completing DPIAs including how to complete templates would be implemented shortly. He also reported that an additional team member had recently been appointed to provide dedicated support for DPIA activity.

Mr Maynard Davies thanked the Information Governance Team for the work they undertake to keep HDdUHB safe.

Decision: The Committee **TOOK ASSURANCE** that the Information Governance (IG) Team has clear plans in place to enhance both transparency and responsiveness in the DPIA process. These improvements include the development of a DPIA tracking dashboard. Collectively, these measures will provide greater visibility of progress, reduce delays, and ensure that those requesting IG support receive timely updates and guidance.

DDIC(26)88 **Information Governance Training Update**

Mr Tracey presented the Information Governance Training Update noting overall compliance at 84.63%. Although two area remain rated red, both have shown improvements; Estates and Facilities has risen to 76% from 56%, and Medical and Dental has improved to 55% from 45%.

Mr Thomas emphasised it was unacceptable for half of Medical and Dental staff to remain non-compliant with Information Governance training and asked Mr Evans to raise the matter directly with Mr Mark Henwood. **JE/MH**

Mrs Wilson suggested that study leave should not be approved without mandatory training being completed first, proposing that this matter should be scrutinised by People Organisational Development Culture Committee. **JW**

Decision: The Committee **TOOK ASSURANCE** on the actions being implemented to address gaps with Information Governance Training.

DDIC(26)89 **Update on Impact of Flow System**

Mr Tracey provide an Update on Impact of Flow System rollout, reporting the system had gone live in November 2025 and thanks to the sterling work of the nurses, full adoption of phase one had successfully taken place.

Phase two of the project will evaluate how electronic handovers and internal referrals can be implemented, as well as a command view of the hospital site in totality, including surge beds, boarding beds and electronic observation.

Manual observations will be undertaken in the first instance in one ward and once the outcome of that pilot is understood HDdUHB intends to rollout electronic observation by summer 2026.

Mr Smith noted that additional contributions to the project would be welcomed. He confirmed that a medical lead had been appointed for phases two and three and that shortlisting for EPMA is currently underway.

Mr Tracey stressed the importance of involving a broad range of clinical voices in the project and highlighted the need to avoid designing a system based solely on a single clinician's perspective.

Mr Thomas thanked the team involved for the phenomenally fast rollout, emphasising the importance of co-designing the system with key clinicians alongside executive and operational oversite as well as the use of data. Mr Thomas stressed the need to shift operational oversite of flow to ensure the system is being used to its full potential and not as a parallel source with manual collection of data being continued alongside.

Mr Maynard Davies thanked the team for all their hard work regarding rollout.

Decision: The Committee **NOTED** the update on the Patient Flow rollout

DDIC(26)90 **Analytical and Modelling Work including Presentation**

Mr Gareth Jenkins joined the meeting.

Mr Gareth Jenkins presented the Analytical and Modelling Work presentation outlining the projects and tools already delivered to HDdUHB as well as defining the remit of Data Science and the definition of AI.

Mr Jenkins underlined the importance of defining a problem first and then looking to establish the correct tool to solve that issue. Clear communication and a collaborative working strategy were a vital part of this approach.

Mr Thomas recommended that members take a few hours to watch the innovative demonstrations being undertaken by Mr Jenkins and his

team, stressing that business change and adoption in HDdUHB needed further work.

Mrs Patel agreed with Mr Thomas on the opportunities that would be provided if long stay patients could be identified using technology.

Mrs Harraway sought clarification on the process for identifying issues and how these are subsequently escalated to him and the Data Science Team, as well as how the resulting impacts are measured. She referenced for example, the volume of ambulances presenting at ED and the role the predictive model played into the early-warning stage before ED's move to black alert. The Committee agreed that the measurable impact of such projects should be evaluated going forward. **AT/GJ**

Mr Jenkins acknowledged this was the next challenge, to ensure specific challenges were fed back to the Data Science Team to resolve. Mr Jenkins reported with regard to the ED example provided by Mrs Harraway, a meeting was taking place with Mr Andrew Carruthers, Chief Operating Officer and Mr Gareth Cottrell, Deputy Chief Operating Officer that afternoon.

Decision: The Committee **NOTED** the update on the Analytical & Modelling Work - Data Science.

Mr Gareth Jenkins left the meeting.

DDIC(26)91 **Assurance and Risk Report**

Mr Maynard Davies complemented Mrs Wilson on the clear format of the report.

Mrs Wilson noted that audit dates have recently changed and confirmed to Mr Maynard Davies that she would liaise with Audit Wales to verify the revised timings, adding that initial feedback had been positive. She also committed to working with Executive Leads to finalise the updated schedule. **JW**

Decision: The Committee with regards to:
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; and

• **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(26)92 **DDIC Workplan 2025/26**

Dr Philips confirmed he will provide an Oncology Update report to the next DDIC meeting 21 April 2026.

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

DDIC(26)93 **Any Other Business**

Decision:

Mr Maynard Davies advised that he will be unable to attend the DDIC meeting 21 April 2026 and that Mrs Patel will Chair the meeting.

Mrs Wilson reported the DDIC meeting was not quorate as the Caldicott Guardian was not present.

Date and Time of next meeting

9.30am-12.30pm Tuesday 21 April 2026