

DIGITAL, DATA AND INNOVATION COMMITTEE

ANNUAL REVIEW REPORT

2025/2026

1. Introduction and Chair's summary

In line with Standing Orders the Digital, Data and Innovation Committee (DDIC) must submit an Annual Report to the Board through the Chair within 6 weeks of the end of the reporting year setting out its activities during the year and including the review of its performance and that of any Sub-Committees it has established, setting out how the Committee has met its Terms of Reference during the financial year.

The Board uses this annual report to inform:

- The ongoing development of its governance arrangements, including its structures and processes:
- Its Board Development Programme, as part of an overall Organisation Development framework

Chair's Reflections

The Digital, Data and Innovation Committee was established in April 2025 because the Health Board recognised the growing importance of these areas in improving the health of our population.

Digital is becoming pervasive, both in promoting good health and delivering our health services. Good quality data is fundamental to decision making. Innovation, research and development are key to providing the best available healthcare and attracting the best staff.

During its first year the Committee has learnt much about the Board's position in each of these areas. It has seen the strengths and weaknesses of each and sought assurance on the work being undertaken. We have seen how our strategic digital partner has helped us successfully implement key systems and developed the organisation's thinking.

The first year of the Committee has provided a firm base on which the committee can build for the future. During the coming year we will need to move forward with the Health Board's digital strategy in support of A Healthier Mid and West Wales. We will need to continue to improve our data quality and analytics. We will need to expand our innovation.

I believe all three of these areas are key to improving the Health Board's services and the health of the population.

This report takes a look back at the last year in order that we can see the way forward

2. Terms of Reference (TOR) and Workplan

The TOR for the Digital, Data and Innovation Committee is reviewed on an annual basis or following any significant changes. The TOR were last reviewed on 22 April 2025.

[Link to Digital, Data and Innovation Terms of Reference](#)

The Digital, Data and Innovation Committee has a work plan to enable forward planning for the forthcoming year. The work plan is produced to incorporate the duties outlined in the Committee's Terms of Reference and any suggested areas of focus identified during the Committee's self-assessment process.

The Digital, Data and Innovation Committee work plan covers a range of activities including statutory reporting duties, regular items of business and priority planned pieces of work which support the Board and Committee's objectives.

The work plan is regularly updated throughout the year to ensure it remains responsive to emerging issues and risks.

[Link to Digital, Data and Innovation Workplan 2025-26](#)

3. Sub-Committees

The **Information Governance Sub-Committee** reports into the Digital, Data and Innovation Committee with its own Terms of Reference and work plan for the year.

The Sub-Committee's TOR were last reviewed on 22 April 2025.

In line with their Terms of Reference, the Sub-Committee is required to provide a report after each meeting, as well as produce an annual report which was presented to the Committee on 22 July 2025, reporting on activity throughout the year.

The **Research and Innovation Sub-Committee** also reports into the Digital, Data and Innovation Committee with its own Terms of Reference and work plan for the year.

The Sub-Committee's TOR were last reviewed on 22 April 2025.

In line with their Terms of Reference, the Sub-Committee is required to provide a report after each meeting, as well as produce an annual report which was presented to the Committee on 22 April 2025, reporting on activity throughout the year.

4. Table of attendance

| Membership | | 22/04/25 | 22/07/25 | 07/10/25 | 15/01/26 |
|----------------|---|----------|----------|----------|----------|
| Maynard Davies | Independent Member (Committee Chair) | ✓ | ✓ | ✓ | ✓ |
| Chantal Patel | Independent Member | ✓ | ✓ | ✓ | ✓ |

| | | | | | |
|----------------------|--|-----------------------|----------|----------|----------|
| | (Committee Vice Chair) | | | | |
| Eleanor Marks | Independent Member | ✓ | ✓ | x | ✓ |
| Winston Weir | Independent Member | x | ✓ | ✓ | x |
| Sarah Harraway | Independent Member | N/A | ✓ | ✓ | ✓ |
| | | | | | |
| In Attendance | | 22/04/25 | 22/07/25 | 07/10/25 | 15/01/26 |
| Huw Thomas | Executive Director of Finance | ✓ | ✓ | ✓ | ✓ |
| Mark Henwood | Executive Medical Director | ✓ | x | x | x |
| Lee Davies | Executive Director of Strategy and Planning | x | x | ✓ | ✓ |
| Joanne Wilson | Director of Corporate Governance/Board Secretary | x | ✓ | ✓ | ✓ |
| Dr June Picton | Associate Medical Director for Professional Standards /Deputy Caldicott Guardian | ✓ | x | ✓ | x |
| Anthony Tracey | Director of Digital | ✓ | ✓ | x | ✓ |
| Dr Leighton Phillips | Director of Research Innovation and Value | ✓ | x | ✓ | ✓ |
| Dr Tony Smith | Consultant Anaesthetist | ✓ | x | ✓ | ✓ |
| Lesley Hewer | Head of Nursing | x | ✓ | x | x |
| Jo Bradburn | Deputy Director of Allied Health Professions | x | x | x | x |
| Jonathan Arthur | Deputy Director of Health Sciences | x | x | x | x |
| Deputies | | 22/04/25 | 22/07/25 | 07/10/25 | 15/01/26 |
| Shaun Ayers | Director of Delivery | For Lee Davies | | | |

| | | | | | |
|----------------------|--|--------------------------|------------------------------|---------------------------|-------------------------|
| Charlotte Wilmshurst | Assistant Director of Assurance and Risk | For Joanne Wilson | | | |
| Sally Hore | Head of Research and Development | | For Leighton Phillips | | |
| Daniel Warm | Head of Planning | | For Lee Davies | | |
| Gavin Jones | Head of Digital Operations | | | For Anthony Tracey | |
| Gareth Beynon | Head of Information Services | | | For Anthony Tracey | |
| John Evans | Deputy Director, Medical Directorate | | | | For Mark Henwood |
| Lil Bennett, | Senior Clinical Informatics Nurse | | | | For Lesley Hewer |
| Meeting quorate | | Yes | Yes | Yes | No (see below) |

Given that the 15 January 2026 meeting was not quorate, approval items were ratified by the Chair following relevant approvals from the Executive Medical Director (Caldicott Guardian). To mitigate recurrence, members have been reminded of the Attendance and Quoracy Requirements for Health Board Committees, including the requirement to nominate an appropriate deputy when unable to attend the full meeting.

A quorum shall consist of no less than two of the membership and must include as a minimum the Chair or Vice Chair of the Committee and one other Independent Member, together with a half of the In attendance Members, which must include the Senior Information Risk Owner (SIRO) or Deputy SIRO, Caldicott Guardian or Deputy Caldicott Guardian, and Director of Research, Innovation and Value, or their Deputy.

5. Committee Activities – alert, advise and assure.

The Committee is required to report to the Board after each Committee meeting by presenting a report highlighting the key discussion items at the Committee.

Alert – *The following matters were areas where the Committee was unable to take an assurance or had a lack of confidence that the action in place was sufficient to address the issue satisfactorily and/or it was within the scope of the operational team*

to resolve and were alerting the Board as engagement action or because intervention was required.

- **University Partnership Arrangements** – in April the Committee alerted the Board that the Memoranda of Understanding (MoU) with Swansea University, Aberystwyth University and University of Wales Trinity Saint David had expired. New MoUs were subsequently completed and signed in June 2025.
- **Laboratory Information Management System (LIMS)** – in July the Committee alerted the Board that due to delays in replacing the Laboratory Information Management System (LIMS), a revised implementation strategy had been agreed. Rather than adopting an organisation-wide approach, the deployment would now proceed on a discipline-by-discipline basis, enabling faster rollout across NHS Wales. The total financial cost was estimated at approximately £1.6m, with Hywel Dda University Health Board's (HDdUHB) financial commitment being £176k. This approach was endorsed by the Executive Team, and the associated risk reflected in the updated risk register. The Committee was informed in January 2026 that LIMS continued to experience delays with an update scheduled for the Committee in April 2026.

Advise – *The following matters were areas of concern where assurance had been taken on actions in place but required close monitoring.*

- **Digital Partner Update** – in April the Committee advised the Board that a change of pace was required with stronger operational and clinical leadership input to Board Approved Business Cases and further discussions on the Electronic Prescribing (ePMA) and Electronic Patient Flow (eFlow). Further information on the governance arrangements would be brought to a future meeting. Ongoing management oversight is being maintained through established weekly and monthly meetings take place with CGI, its Digital Strategic Partner.
- **Research and Innovation** – in July the Committee advised the Board that there was a £300k shortfall within the Research and Innovation (R&I) Department with a result that decisions may need to be made regarding the feasibility of opening certain studies within the Health Board. A management approach was agreed with the Executive Director of Finance, with the associated risk subject to routine monitoring through the Research and Innovation Sub-Committee and reported through the 3As framework.
- **Radiology Informatics System Programme (RISP)** – in July the Committee advised the Board that whilst other Health Boards in Wales were experiencing delays in going live with the RISP, HDdUHB successfully implemented this in December 2025, following a request from the national programme to move

from October to December.

- **Laboratory Information Management System (LIMS)** – in July the Committee advised the Board that a request had been submitted to Welsh Government for the LIMS funding to be prioritised for slippage allocation from the 2025/26 Digital Priorities Investment Fund (DPIF). It was reported that HDdUHB would be required to allocate £176k in 2025/26 to support the revised discipline-based deployment model, if the request was unsuccessful
- In January, the Committee advised that the LIMS programme presented a potential high financial and delivery risk for NHS Wales, due to factors outside the Health Board’s control, and was subject to ongoing mitigation and negotiation. Given the risk in terms of ongoing funding solutions for this project, it was agreed that a further update would be presented to the Committee in April 2026.
- **Digital Operational Plan** – in January, the Committee advised that two areas were a high risk, Laboratory Information Management System (LIMS) and the Single Sign On, as these were behind schedule. Projects were progressing through stages simultaneously, with separate teams working on readiness and implementation. Further updates will be presented to the Committee in April 2026.

Assure – *The following matters were areas where there was confidence that robust actions are in place and are sufficient to address the issues to operate effectively.*

Assurance and Risk Report – the Committee reviewed the corporate and operational risks which are aligned to DDIC. As part of its review, the Committee considered the status of each risk and the current scores. An overarching report (which incorporates Corporate and Operational Risks, Operational, Monitoring of Ministerial Directions and Monitoring of Welsh Health Circulars) was submitted in July 2025, October 2025 and January 2026.

- **Ministerial Directions (MDs)** – In April, the Committee noted the re-alignment of digital-related Ministerial Directions following the establishment of the Digital, Data and Innovation Committee (DDIC) in line with revised governance arrangements approved by the Board in January 2025.
- **Monitoring of Welsh Health Circulars (WHC)** – in April the Committee discussed the WHC items and felt that the “Further extending the use of Blueteq in secondary care” item would be removed from the WHCs once ePMA was fully rolled out. The Committee received only limited assurance on this item as further information could not be provided within the meeting.

However, a more detailed narrative was provided within the Assurance and Risk report submitted to the Committee in July 2025.

- Corporate Risk 2079: Risk of loss of Pathology services across the Health Board due to delayed implementation of LIMS / Corporate Risk 1352 - Risk of business disruption and delays in patient care due to a cyber-attack** – in July it was reported that there were two corporate risks aligned to DDIC. Assurance was received 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. Due to the sensitive nature of Risk 1352 *Risk of business disruption and delays in patient care due to a cyber-attack*, detailed discussions took place during the DDIC In-Committee meeting.
- Operational Risk 1719: Risk of loss of Radiology services across the Health Board** – In July, the Committee was assured regarding the management of the five operational risks aligned to DDIC. This included consideration of Risk 1719, associated with delayed RISP implementation, which was discussed under the LIMS agenda item. Ongoing review arrangements for the remaining risks were confirmed.
- Corporate Risk 1352: Risk of business disruption and delays in patient care due to a cyber-attack** – in October, while the Committee noted that the risk remained elevated, due to the sensitive nature of Risk 1352, further discussion took place during the DDIC In-Committee session.

Planning Objectives – in April assurance was taken relating to the Planning Objectives Closure Report and the Committee agreed to close the previous year's objective.

In July, the Committee received assurance that the 2024/25 Planning Objective for DDIC had been completed.

In January, the Committee noted progress on Electronic Prescribing and Medicines Administration (EPMA), Digital Maternity, and Open Eyes, noting successful implementation of functionality supporting Outpatient Flow and Radiology. LIMS Deployment was highlighted as a continued high-risk area, with potential financial implications should delivery not be achieved by March 2027. It was noted that engagement with suppliers and senior oversight discussions continue. Concerns remain regarding capacity and timescales for BadgerNet's. Delivery outcomes and benefits realisation were to be monitored through operational arrangements. Increased confidence was noted in the Digital Analytics Centre of Excellence, supporting wider organisation priorities through the hub-and-spoke model.

Digital Context – in April discussions took place on the digital context which included the potential radical use of the contract with the digital partner to obtain

clinical devices, which would have removed risk from HDdUHB. Further review of this potential model was to take place. It was noted that approval had been received to appoint a Digital Organisational Development (OD) Manager. The Committee took assurance that work would be undertaken to improve Health Board staff digital literacy.

Digital Strategic Plan – in April assurance was taken on the proposed approach, and the timescale to finalise the Digital Strategic Plan. It was noted that in terms of adopting national systems, the Digital Team would consider a Digital Leadership Framework and expand this to include Therapy departments. This year, significant additional funding had been allocated to Radiology services.

In October, the Committee discussed the Digital Strategic Plan and were assured by the proposed approach. The plan was submitted to Board for information in January 2026.

In January, the Digital Strategic Plan highlighted challenges around digital deficit, cultural change, workforce readiness, cyber safety and regional alignment, particularly with Swansea Bay University Health Board (SBUHB). It was agreed that the final Plan would be further developed over the next five months, supported by comprehensive engagement with staff and the public.

Digital Annual Plan – in April the Committee took assurance on the proposed Digital Annual Plan and the current pace of delivery with work being undertaken on a number of key systems. It was confirmed that a Clinical Advisory Group (CAG) would be established and form part of the digital governance structure going forward.

Progress Against Board Approved Business Cases – in April a Summary of Progress Against Board Approved Business Cases was discussed and assurance was taken on the process of the roll out of the eFlow system, and that work on Medicines Administration (ePMA) was progressing at pace. A detailed ePMA project plan was made available. Phase 1 of the programme Patient Flow went live in December 2025, and Phase 2 of the programme (eObservations) has been scheduled to go live in June/July 2026.

Data Context – in April the Committee noted the need for digital quality and operational clinical responsibility. A robust process for making information requests had been established with the intention to transfer towards a self-service approach within set boundaries and guidelines. The Data Quality Team conducted regular deep dives and reports to the Information Governance Sub-Committee, ensuring data quality was scrutinised and improved.

Artificial Intelligence (AI) – in April the Committee took assurance on work undertaken to review the current use of AI. The Committee approved the establishment of an AI Governance Task and Finish Group to provide the appropriate governance around the use of AI within the Health Board.

Research & Development Implementation of the New Strategic Plan– in April assurance was taken on the Research and Development Strategic Plan 2025-30 which was launched in June 2025.

Digital Partner Update – in July the Digital Partner Update report provided assurance on digital improvement opportunities, expenditure, new initiatives such as 360 view, patients services centre, e-forms and virtual wards. Whilst a number of workstreams were paused due to lack of capacity, plans were in place to continue in 2026. Funding was confirmed as either new or within the Digital Team’s current budget, and regional collaboration has also been explored.

In January, the Committee was advised that the Health Board was working in partnership with CGI, to clarify roles, responsibilities, and governance arrangements in order to support value and strengthen intelligent oversight. CGI’s work included consideration of the use of AI, enhanced project management support for EPMA and Electronic Observations (eOBS) delivery and a review of Microsoft Azure cyber security. The requirement for appropriate contractual and legal oversight was noted and assurance received that the £825,000 expenditure was within budget and would be reported transparently. Further discussions were planned regarding digital support for the replacement of the Electronic Staff Record (ESR) system.

TriTech – in July the Committee took assurance on the results of a recent peer review of TriTech. In January, the Committee received assurance from the Trittech Business Plan for the period 2026-2031 and approved this for onward submission to Board on 26 March 2026.

Digital Operational Plan – in July assurance was received that work had commenced on the Digital Operational Plan, with projects scheduled across multiple phases, using the ‘Must Do, Should Do, Could Do, and Won’t Do’ prioritisation framework. The Committee was informed that various elements of funding are provided by WG, however the ‘must dos’ relate to capacity in teams which includes funding from the Digital Team’s own resources.

In October, assurance was received on the In Year Delivery of Programmes - Digital Operational Plan report. The implementation of the Radiology programme had been delayed; however, it later went live in December 2025. The Committee noted that the deployment of the Laboratory Information Management System (LIMS) remained very challenging.

In January, assurance was received on the proposed approach to the Digital Operational Plan with most programmes progressing. However red risks were highlighted in relation to LIMS and Single Sign On and given the level of risk and external dependencies, it was agreed to advise the Board on LIMS.

Digital Inclusion – in July a report highlighted progress in staff training, community

engagement, and efforts to improve rural connectivity, with plans to embed digital skills in PADR's and track programme milestones. The Health Board partnered with University of Wales Trinity Saint David to produce a proposal to undertake research on the digital divide in Wales and funding was approved for this work. The Digital Inclusion programme released a digital skills and confidence readiness framework to be used to assess and build digital readiness as part of a system and pathway roll out.

Patient Flow and E-Obs – in July assurance was received that the Patient Flow and E-Obs project had gone live in 2025.

In January, the Committee noted the impact of Flow System rollout with the system having gone live in November 2025 with full adoption of phase one successfully taking place. Phase two of the project would evaluate how electronic handovers and internal referrals could be implemented, as well as a command view of the hospital site in totality, including surge beds, boarding beds and electronic observation. Manual observations would be undertaken in the first instance in one ward and once the outcome of the pilot understood, HDdUHB intends to rollout electronic observation by Summer 2026.

Ambient AI – in July, the Committee received assurance that the Health Board would continue to explore the potential application of Ambient AI, with plans for the Ethics Panel to review its potential. It was noted that Health Education and Improvement Wales (HEIW) is also undertaking research on the benefits of using AI Scribes.

In January, the Committee considered the Proposal for the Introduction of Ambient AI into the Health Board and endorsed the proposed pilots and noted the need to manage cyber and information governance risks, secure patient data protection consent, and proceed in a controlled manner. The four to six-month pilot, would involve selected services, generate patient feedback, and include early co-production with patients, supported by the Digital Inclusion Team, to enable an informed assessment of this emerging technology.

Data Quality – in July the Committee was assured that a number of Data Quality roadshows had taken place across Health Board sites, focusing on a key challenge of duplicate data entries, particularly within Emergency Departments (ED). Targeted training sessions had also taken place with health records staff, secretaries, ward clerks and ED administration staff.

In October, the Committee was informed that a number of Data Quality Deep Dives had taken place with multidisciplinary teams, and a number of recommendations were presented to services.

Information Governance (IG) Assurance Report – in October assurance was taken on the IG assurance report. The Committee noted that work was continuing on

improving compliance on Information Governance training. The Committee acknowledged the hard work of the Information Governance team.

Digital Leadership with Allied Health Professionals and Health Scientists – in October the Committee noted the lack of digital representation within the areas of Allied Health Professionals and Health Scientists. Two new part time roles, Chief Allied Health Professional Information Officer (CAIO) and a Chief Health Scientist Information Officer (CHSIO) are planned for Quarter 2 of 2026/27, using the Digital Team’s existing budget.

Digital Innovation and Transformation Benefits Realisation Report 2024/25 – in October the Committee took assurance from the report which set out the key elements of the benefits realisation methodology adopted within Digital Services. The Committee acknowledged the hard work of the Digital Inclusion team.

National and Regional Landscape – in October assurance was taken on the report setting out collaborative processes for developing regional transformation. The Committee noted the importance of ensuring the views of the Committee were reflected in regional and national groups.

Patient Services Centre – in January, assurance was received from the proposed approach to the Patient Services Centre and Patient Relationship Management Tool. The inclusion of Primary Care was strongly advocated for seamless patient pathways, with the business case amended accordingly. It was noted that the project aligns with national programmes such as the NHS Wales App. The Committee recommended Board approval of the outline business case, with Primary Care added, to proceed with market engagement before finalisation. The Board approved the Patient Service Centre and 360° View Outline Business Case on 29 January 2026, subject to no immediate commitment to additional resource and the requirement for a Final Business Case, including market tested costs and benefits, to be returned to the Board for approval prior to any expenditure or contractual commitment.

Research & Development Annual Framework – in January assurance was received from the annual performance assessment against the national Health Care Research Wales (HCRW) NHS framework, as set out in the Research and Development Annual Framework Update.

Data Protection Impact Assessment (DPIA) Assurance Report – in January the DPIA report highlighted rising volume and complexity of DPIAs, a revised tiered procedure, forthcoming staff training, and additional team capacity. The Committee received assurance that plans were in place to improve transparency and responsiveness, including development of a DPIA tracking dashboard.

Information Governance Training Update – in January, the Committee was

informed that training compliance had reached 84.63%. There had been positive improvements in the Estates and Facilities, as well as the Medical and Dental areas, although Medical and Dental still presented some challenges. Assurance was taken on the actions being implemented to address gaps with training.

Analytical and Modelling Work including Presentation – in January, the Committee noted 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. The Committee agreed that the measurable impact of such projects should be evaluated going forward.

Sub-Committees:

Information Governance Sub-Committee (IGSC) – the Committee took assurance from the Information Governance Sub-Committee (IGSC) 3A's update outlining the IGSC's activity and the management of its functions.

In April, the Committee noted the IGSC Work plan and approved the IGSC Terms of Reference and ISGC Annual Report which outlined the Information Governance activity during 2024/25.

In October, the Committee was advised of the condition of the local record storage facility, which required improvements. A proposal was submitted to the Executive Team and progress is now being made. It was noted that the development of a Health Records Hub at Dafen would provide a centralised, resilient base for the Health Records service, supporting the transition to a more digital, paper light operating model. The hub would bring together off site storage, an in house scanning bureau, and operational teams to improve record availability, reduce reliance on paper movement, mitigate estate and fire risk, and enable more timely access to patient information at the point of care as the Digital Health Records Programme progresses.

In January, the Committee noted work was being undertaken to improve medical staffing training compliance. As the IGSC January meeting had not been quorate, quoracy challenges would be discussed with the DDIC Chair and Director of Corporate Governance/Board Secretary.

Research and Innovation Sub-Committee (RISC) – the Committee took assurance from the RISC Update Reports which outlined the research and innovation activity and the management of its functions.

Assurance was also taken from the Research and Innovation University Partnership Updates.

In April, the Committee discussed the importance of ensuring any research was ethical and aligned to the social model for health and wellbeing. The Committee also noted the RISC work plan, approved the RISC Terms of Reference and the RISC

Annual Report which outlined the research and innovation activity during 2024/25.

In July, the Committee discussed how lack of funding for research opportunities could affect recruitment/retention of staff. It was agreed that this was an issue for the Executive Team to reflect upon. The Board was also advised of the shortfall.

In October, the Committee noted the need to support clinical academics with protected time for research to attract and retain staff.

In January, the Committee received assurance from the R&ISC 3As Update which outlined the Sub-Committee's activity.

For Approval

The following were approved by the Committee:

- Approval of the following policies:
 - 347 Corporate Records Management Policy
 - 281 Mobile Working Policy
- Approval of extensions to the following policies:
 - 282 Network Security Policy
 - 319 Disposal of Digital Assets Policy
 - 422 Consumer Device Policy
 - All-Wales Information Governance policies:
 - 836 All Wales Information Governance Policy
 - 837 - All Wales Information Security Policy
 - 494 - All Wales Email Use Policy
 - 495 - All Wales Internet Usage Policy
- The establishment of an AI Governance Task and Finish Group to provide the appropriate governance around the use of AI within the Health Board.
- Information Governance Sub-Committee Terms of Reference and Annual Report.
- Research and Innovation Sub-Committee Terms of Reference and Annual Report.

6. Committee Effectiveness - Feedback from self-assessment process

As stipulated within Standard Orders, the Board introduced a process of regular and rigorous self-assessment and evaluation of the performance of Committees. For the Digital, Data and Innovation Committee, this involved the completion of a short digital form which requested feedback on the following areas:

- Oversight and Strategic Leadership
- Data, Information and Assurance
- Digital Risk, Cyber Security and Governance
- Capability, Adoption and Culture

- Continuous Improvement and Committee Effectiveness

Themes Identified from Survey Responses

What has gone well

- Strong and effective chairing, creating a supportive environment with constructive challenge.
- Clear strategic oversight and growing maturity of the Committee's role within the Board's governance framework.
- High-quality papers and information to support understanding, scrutiny and assurance.
- A positive culture that encourages innovation, learning and forward-thinking discussion.
- Effective visibility and oversight of digital risk, cyber security and information governance arrangements.

What to strengthen going forward

- Greater focus on outcomes, benefits realisation and real-world impact of digital investment.
- Stronger line of sight between digital initiatives, service transformation and patient, workforce and organisational benefit.
- Increased space for forward-looking strategic discussion, with less routine or operational reporting.
- Continued development of organisational capability, adoption and digital culture.
- Clearer articulation of alignment to national strategies and priorities.

The results from this are due to be presented at the next DDIC meeting on 21 April 2026. The Committee will also receive an update on progress at the mid-year point in October 2026.

7. Conclusion

The Committee is satisfied that it continues to operate effectively and in line with its Terms of Reference. Issues have been escalated to Board as appropriate, and the Committee uses feedback from the self-assessment process to evolve and continually improve.