

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

Date of Meeting: **Tuesday 22 July 2025**  
 Venue: **Ystwyth Boardroom and Microsoft Teams Meeting**

Present: Mr Maynard Davies, Independent Member (Committee Chair)  
 Mrs Chantal Patel, Independent Member (Committee Vice-Chair)  
 Mrs Eleanor Marks, Vice-Chair, Hywel Dda University Health Board  
 Ms Sarah Harraway, Independent Member  
 Mr Winston Weir, Independent Member

In Attendance: Mr Huw Thomas, Executive Director of Finance  
 Ms Sally Hore, Head of Research and Development (deputising for Dr Leighton Phillips, Director of Research, Innovation and Value)  
 Mr Anthony Tracey, Director of Digital  
 Mr Daniel Warm, Head of Planning (deputising for Mr Lee Davies, Executive Director of Strategy and Planning)  
 Mrs Joanne Wilson, Director of Corporate Governance/Board Secretary  
 Professor Chris Hopkins, Head of the TriTech Institute & Innovation  
 Ms Lesley Hewer, Head of Nursing  
 Ms Urvisha Perez, Audit Wales  
 Ms Claire Evans, Committee Services Officer (minutes)

<b>Minutes Ref.</b>	<b>Item</b>	<b>Action</b>
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DDIC 25(26)	<b>Welcome and Apologies</b>	
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The Chair welcomed members to the meeting, and also welcomed new member Ms Sarah Harraway.

Apologies for absence were received from:

- Mr Mark Henwood, Executive Medical Director
- Mr Lee Davies, Executive Director of Strategy and Planning
- Dr Leighton Phillips, Director of Research, Innovation and Value
- Dr June Picton, AMD Professional Standards/Deputy Caldicott Guardian, Associate Medical Director for Professional Standards
- Dr Anthony (Tony) Smith, Consultant Anaesthetist

DDIC 25(27)	<b>Declarations of Interests</b>	
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No declarations of interest were made.

DDIC 25(28)	<b>Minutes and Matters Arising from the meeting held on 22 April 2025</b>	
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**Decision:**

The Minutes from the meeting held on 22 April 2025 were approved as an accurate record.

DDIC  
25(29)

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

It was observed that several actions did not include sufficient detail regarding what had been completed. Mr Huw Thomas informed Members that, although he had made initial discussions with Mrs Lisa Gostling and Mrs Sharon Danile (regarding Terms of Reference and Board Member Patient Safety walkabouts) no further progress had been made. **He confirmed he would resume discussions and provide an update as soon as possible.**

HT

All other actions from the DDIC meeting held on 22 April 2025 were complete.

DDIC  
25(30)

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

Mrs Sally Hore presented an update following the RISC meeting on 9 June 2025.

Mrs Hore explained that the Research and Innovation (R&I) Department is currently experiencing a minor funding shortfall in relation to research delivery funding, which is received directly by Welsh Government (WG) and this has been identified as one of their current risks. The Research Delivery Funding (RDF) from Health and Care Research Wales (HCRW) has now been allocated, with an approximate cost pressure to Hywel Dda University Health Board (HDdUHB) of £300k. The report wishes to alert the Committee that the starting funding position from the beginning of the year has been revised downward. While the R&I team has developed a plan to meet the required objectives it will highlight to WG the current financial pressures being experienced. Monthly meetings will be held with Health Care Research Wales (HCRW) to discuss the shortfall, with a plan to break even at the end of the financial year.

Mrs Eleanor Marks, referencing the £159k variation and £300k shortfall stated in the report, sought clarification on the risks potential risks to research, both financial and otherwise. She also enquired whether any planned research activities which would be unable to continue as a result. In response, Mrs Hore explained that despite continually increasing shortfall, the Health Board remains underfunded. As a result, decisions must be made regarding the feasibility of opening certain studies within the Health Board, taking into consideration departmental capacity and capability. Mrs Hore added that the extra funding is required to cover core R&I staff costs.

Additional challenges arise from the Health Board operating delivery centres across three counties, while receiving a level of funding comparable to organisations with fewer centres.

In response to Mrs Marks' query, Mrs Hore explained that the Health Board operates four separate research delivery centres, which presents logistical challenges, particularly the inability to redeploy staff quickly between sites to support patient recruitment. While local access to research is prioritised, the lack of cross-site staffing flexibility remains the primary barrier to scaling and efficiency.

Mr Maynard Davies advised Mrs Hore that should the R&I be unable to participate in research activities due to funding constraints, this should be formally communicated to the Committee.

**Mrs Hore, Dr Leighton Phillips will liaise with Mr Huw Thomas to explore how the Health Board can mitigate the risks associated with the current research funding shortfall.**

**SH/LP**

Mr Winston Weir queried whether the 4 centres operated on the same model or if they differentiate. He explained that one of the ways in which to mitigate risk may be to differentiate between rural healthcare such as in Ceredigion and town centre based in Carmarthen. Mrs Hore agreed that the demographic around each of those centres requires consideration, and perhaps there was need to further explore what R&I are able support, according to the specialism and the need in that area.

The Committee agreed to **ADVISE** the Board that there is a £300k shortfall within Research and Development.

**Decision:**

The Committee:

- **RESPONDED** to the items that they are being alerted to
- **NOTED** the items the Committee is advising them of
- **RECEIVED ASSURANCE** on the items that the Committee is providing assurance on

DDIC  
25(31)

**Research & Development: Implementation of the New Strategic Plan**

Professor Chris Hopkins informed the Committee that a soft launch of the Strategic Plan 2025-2030 took place on 19 June 2025, focussing on 3 main themes: improving access, creating an environment and culture, and developing and sustaining the ongoing partnerships. A research and innovation event at Pentre Awel is being organised in September/October 2025. A number of actions have also been set for implementation of the strategic plan.

Mrs Marks commended the strategic plan for clarity and structure. However, she noted that plan did not clearly convey the priorities related to the practical development of the TriTech Institute. Professor Hopkins explained that a key priority is to develop relationships with both local university partners and academic institutions across Wales. Another priority is working with MedTech companies in order to address some of the fundamental health challenges through those partnerships.

The Committee were provided with assurance that all three areas of action are currently in progress, with some more advanced than others. It was

noted that other workstreams taking place, therefore it is not a not a definitive list.

Mr Thomas reflected on four themes:

- Risk: being cognisant of the risk appetite as a Board, recognising that the risk is at a portfolio level and individual projects may fail or succeed because that is the nature of science and research.
- Scope: there is sense that Artificial Intelligence (AI) and the use of data and digital is an area of research that will move at a pace the Health Board will be unable to keep up with. This is a challenge which is not necessarily reflected in the strategic plan. This is, however, a risk for all NHS organisations. It is also noted that primary care and mental health care are not areas currently strong on research. It is important to ensure any research undertaken has impact that patients will see. In particular diabetes and cardiovascular are challenging areas.
- Depth: there is currently a clear supply chain of partners that the Health Board could leverage into and work with closely. Social care could also provide an opportunity for research, although this may be for consideration for the future strategy. Collaborating with Regional Innovation Fund and Regional Partnership Boards are also opportunities to consider research within a health and social care setting.
- Leverage: in terms of pulling together what good outcomes measures can provide, alongside good research, it is felt that although the individual components are in place, they have not yet been effectively integrated.

Professor Hopkins recognised that there are both opportunities and risks with AI. There is also a need to work rapidly given the fast pace of technology change. In terms of industry partnerships, R&I are currently working with Local Authorities, particularly regarding Pentre Awel there is a significant opportunity for the HDdUHB community and economy with Pentre Awel. R&I are also liaising with the Clinical Lead for Primary and Community Services Academy, Mr Will Macintosh, regarding supporting the digital and data aspect within primary care.

Mrs Hore added that R&I has good working relationships with primary care, which provide several benefits, for example respiratory metabolic and oncology all received additional funding.

Mr Davies commented that the strategic plan implementation actions includes an action under Value based Health Care to develop an independent and ongoing form of support for economic evaluation in support of research and innovation projects by December 2025, and enquired whether R&I had anyone in mind.

Professor Hopkins responded that there is no dedicated support currently, however discussions are ongoing with Swansea University.

Ms Lesley Hewer suggested reviewing digital suppliers the Health Board currently works with, as potential sites for new research given the existing financial agreements. Members agreed this was a valuable and constructive suggestion.

Mrs Chantal Patel highlighted the importance of focusing on those areas where R&I can deliver rather than a more 'scattergun' approach. Particular emphasis should be placed on initiatives that demonstrate improved patient care or system level enhancements, which should be carefully considered when developing the timeline for the strategic plan.

Discussions are taking place with Workforce and Organisational Development (W/OD) to build in standardised statements on including quality improvement or research and innovation skills in job descriptions and including as part of the staff performance appraisal development review (PADR). There is also potential in working with advanced practitioners who have 4 pillars of practice, and discussions on how to engage those staff to ensure the Health Board is providing resilience for service by attracting the right individuals and retaining them.

Mr Thomas advised that consideration should be given on how research can help address the fragility of the Health Board's services, cautioning that without such alignment, there is a risk of creating isolated areas success within an otherwise fragility system. He noted, however that certain specialities, such as respiratory, remain particularly strong.

Professor Hopkins informed the Committee that the event at Pentre Awel in the autumn will include a celebration of successes, with the intention to hold an annual event.

**Mr Davies proposed that the R&I team increase the research and innovation profile within the Health Board, and suggested that the Communications and Engagement Director could assist in this regard. He also requested that DDIC members to be invited to the event at Pentre Awel.**

CH  
CH

Mrs Marks highlighted the importance of organisational culture within the Health Board and the shift towards a social model of healthcare, and sought guidance on how the Committee could best support this direction. In response, Mr Thomas acknowledged that whilst a social model is not yet fully integrated into current R&I activities, the Executive Director of Public Health is working on the social innovation hub with University of Wales Trinity Saint David (UWTSD), with the potential to link with R&I.

Professor Hopkins highlighted that action 2.9 refers to the health and research agenda. This action is currently in its early stages.

The Committee were **ASSURED** on this item.

**Decision:**

The Committee **NOTED** and **RECEIVED ASSURANCE** in the strategic actions that will be implemented in 2025/26 arising from the recently published Research and Innovation Strategic Plan.

Professor Chris Hopkins provided a brief summary of the new TriTech business plan and peer review.

The current business plan ends at the end of this financial year, therefore the TriTech and Innovation Team are currently in the process of drafting a refreshed business plan to cover the period 2026 to 2031. This is being done in a consultative manner.

The report presented to the Committee outlined a number of key achievements over the previous 4-year period.

The Committee were **ASSURED** on this item.

**Decision:**

The Committee:

- **DISCUSSED** the peer review findings, and
- **REVIEWED** the proposed route for the refreshed business plan through the Health Board's governance and assurance processes.

DDIC  
25(33)

**Digital Strategic Plan (PO9) and Planning Objective (PO) Update Report**

Mr Anthony Tracey informed Members that the 2024/25 Planning Objective for DDIC (PO9: Digital Plan) has been completed. A plan on a page will be completed in due course.

The Committee were **ASSURED** on this item.

**Decision:**

The Committee **RECEIVED ASSURANCE** on the current position regarding the progress of the Planning Objective aligned to it.

DDIC  
25(34)

**Digital Operational Plan**

Mr Tracey informed Members a number of key projects were discussed at a recent Digital Team awayday. The MoSCoW prioritisation method has been adopted, which is a structured framework that categorises project requirements into four levels: Must Do, Should Do, Could Do, and Won't Do.

Phase 1 focusses on the immediate priorities. This includes integrating all Health Board systems together, decommissioning old systems, modernising telecoms (in line to British Telecoms (BT) shutting down landline connections), replacing Wireless Application Protocol, and replacement of LIMS (Laboratory Information Management System) amongst other projects.

Referencing the projects outlined in Appendix 1, it was clarified that projects 'paused' would go ahead in due course. Relevant services have been consulted and are aware of the status.

In response to Professor Hopkins query on where R&I aligns to the operational plan, Mr Tracey explained that it is not included. The plan

contains purely operational projects; however, discussions are taking place on how to take forward R&I in the Health Board. This will be included in a different plan.

The Committee were 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. It was noted that each project includes a full business case and benefits realisation plan.

Ms Hewer remarked that learning had been made through implementing the Welsh Nursing Care Record (WNCR). The evaluation research for WNCR was published in a number of journals, with the benefits to patients and staff highlighted. With electronic prescribing (ePMA), a similar evaluation would be undertaken. The benefits realisation is linked to obtaining funding. The challenge is releasing clinical staff to undertake R&I, to the benefit the patients.

Mrs Marks commented that whilst Appendix 1 includes a significant number of projects, there are no timeframes for completion and also queried whether the Digital Team had sufficient capacity to manage this work. In response, **Mr Tracey agreed to provide the timescales for all projects on the digital plan.** He added that the Digital Team do have project management capability, and has been actively recruiting to the team. However, they are relying significantly on CGI for support with several major projects, and are acutely aware of the associated financial implications. To improve oversight, the Digital Team is working a high level Gantt chart to outline various projects. While some projects can progress independently, others are interdependent, for example enhancements to wi-fi output must be completed before certain projects can commence.

AT

Work will also commence on identifying resource gaps, and exploring strategies to address them. This analysis will inform further proposals to the Executive Team, including options to either discontinue certain projects or secure additional recourses, whether through GCI or internally means.

The Digital Team aim to go live with the patient Flow and Obs in October/November 2025.

Mr Davies raised a concern about whether any projects might fail to deliver the anticipated benefits, potentially impacting services. In response, Mr Tracey explained that it is currently too early to determine this, as the Digital Operation Plan was still in the discovery phase rather than the implementation. He noted that projects such as Flow and Obs are expected to demonstrate benefits relatively quickly.

The decision to defer some of the shadow IT (systems deployed by departments/individuals other than the central IT department) work is a challenge, as there is a potential opportunity in addressing shadow IT issues, although that is from a safety, security, and financial perspective.

The rapid pace of change and emerging opportunities presented by AI over the next 12 months should be proactively addressed. However, it is equally important to recognise and confront the existing digital deficit in the Health Board.

Mr Davies observed that a number of benefits fall outside of the remit of Digital Team and lie within responsibility of operational teams. When monitoring benefits, it is important to challenge operational teams, particularly in cases where the necessary tools available are not being utilised.

Professor Hopkins reminded the Committee that the Health Board cannot capitalise on AI until got the correct infrastructure is in place.

Mr Tracey commented that the Digital Team is currently reviewing which is most appropriate AI approach for the Health Board, with a business case to be presented to DDIC at the end of the year.

The Digital Team is currently delivering a digital inclusion programme to support colleagues in developing confidence in using technology.

Members discussed the challenges of user adoption, particularly the difficulties staff may face when asked to work in new ways. Mr Tracey commented that his team is actively including clinicians, wherever possible and is providing training staff who then act as champions to support wider adoption.

Ms Hewer commented that it's refreshing to have all systems in on place in the MoSCoW chart, noting that there is a real enthusiasm for this approach, and emphasised that older individuals are not necessarily lacking digitally awareness. Certain systems have been long awaited particularly by clinicians with experience in other organisations where these systems are already in use. However, Ms Hewer stressed that their implementation has to be undertaken safely.

The Digital Team is focussing strongly on clinical safety and are seeking to purchase more support and to train nurses on clinical safety.

Mr Davies expressed concern that patient safety and AI are not inherently aligned, underscoring the importance of prioritising patient safety. He also noted that approximately 10% of interactions with current AI result in hallucinations (the phenomenon where an AI model generates outputs that are incorrect, misleading, or nonsensical).

Mr Tracey responded that there are guidelines. If AI is allowed to run free then there is an increased chance of hallucinations, however you can control AI. He recommends creating an AI Group. Mr Tracey added that discussions with Microsoft today were very helpful.

Professor Hopkins highlighted that the majority of AI systems are medical devices. Smaller providers of devices are not as AI aware as companies such as Microsoft, agreeing that a system for AI governance should be in place. Professor Hopkins also commented on the importance of ongoing evaluation. This includes consideration into resources around constant evaluation.

Members noted that discussions have taken place regarding AI accountability, with **Mr Thomas and Mr Tracey agreeing to explore AI**

**governance and establish appropriate arrangements and frameworks to support this.**

Mr Thomas commented that there was more transparency in errors from AI than clinician errors. Perhaps this is a subject for the Quality Safety and Experience Committee (QSEC) to discuss.

HT/AT

Mrs Patel reminded the Committee of the need for reassurance on protection personal data.

Mrs Wilson highlighted that the digital plan is progressing effectively, both in collaboration with regional partners and across the Health Board.

The Committee were **ASSURED** on this item.

**Decision:**

The Committee **NOTED** the Digital Operational Plan 2025/26.

DDIC  
25(35)

**Digital Partner Update**

Two deep dive sessions into Radiology and Urgent and Emergency Care (UEC) have taken place, providing valuable insights into current workflows, system dependencies, and opportunities for digital enhancement. Further deep dives will take place later in the year.

The digital partner report provided an update on expenditure, new initiatives such as 360 view, patients services centre, e-forms and virtual wards. Enterprise Architecture and Shadow IT work packages are currently paused due to lack of capacity, with plans to continue next year.

Mr Thomas provided assurance that funding listed in the report are either new funding through business cases approved by the Board, or from within the Digital Team's current budget. The Health Board is in discussion with Swansea Bay University Health Board regarding opportunities through the regional plans to utilise the HDdUHB's current contract. Mr Thomas has also sought legal advice on whether this can progress.

The Committee received assurance that all key discussions with CGI would be presented to the Committee.

Mr Tracey explained that his team were working alongside CGI. There will be a 3 three-month handover to the newly appointed programme manager, when schemes are implemented. The digital partner report will keep track of spend and update the Committee as necessary. A programme manager has been recruited and commenced in post this week, who will liaise with the project manager. A draft job description has been submitted to Workforce and Organisational Development (W/OD), to recruit a member of W/OD to work alongside Digital Team.

Professor Hopkins commented that while the report focuses on expenditure, it does not clearly articulate the resulting benefits. In response, Mr Thomas assured this point would be clarified in the presentation to Board.

The Committee were **ASSURED** on this item.

**Decision:**

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

DDIC  
25(36)

**Digital Inclusion**

The digital inclusion report highlighted the good work being achieved by a small Digital Inclusion Team.

The team are currently liaising with W/OD regarding embedding digital level questions in PADR. The aim is to reintroduce a European Computer Driving Licence (ECDL) style concept. To achieve this the team is commencing targeted training with staff, to date 12-13 staff groups have completed the training. The Digital Team is asking corporate teams if they are content with the digital transformation changes, and increasing the staff digital training offering to include You Tube tutorials and also provide accredited training packages.

In response to Mrs Marks' query on community organisations who undertake significant digital inclusion work, Mr Tracey commented that the Digital Team liaise with as many of those organisations as possible, and also attend digital drop-in sessions within community centres.

The Digital Team is also linking with Aberystwyth University regarding the work on digital inclusion being undertaken in Ceredigion. The team is also working with BT to improve digital access in rural areas in Ceredigion which struggle with bad connectivity.

Mr Weir highlighted that digital services can be confusing to the public and queried how well the Health Board is communicating with the communities. Mr Thomas responded that the Communications Team is reviewing ways to undertake continuous discussions with communities.

Referring to the eight identified pillars within the Digital Inclusion Programme, Mr Weir commented that it would be useful to include milestones for achievement. **Mr Tracey agreed to provide key milestone timescales on the pillars within the Digital Inclusion Programme.**

AT

Members noted that HDdUHB has partnered with UWTSD to produce a proposal to undertake research on the digital divide in Wales. Funding has now been approved for this work, which will begin in September/October 2025.

The Committee were **ASSURED** on this item.

**Decision:**

The Committee:

- **NOTED** progress made within the Digital Inclusion programme.
- **NOTED** the risk mitigation highlighted to the programme.

DDIC  
25(37)

## **Recommendations of Patient Flow and E-Obs**

The eFlow and e-Obs project is currently on track and due to go live in September/early October 2025. As way of assurance, observations will continue to be undertaken manually until after Christmas.

Professor Hopkins expressed delight to see the project go live. He added that there are standardised blood pressure monitors which can link into the system and queried whether they were being considered for use. Mr Tracey responded that his team is currently testing those monitors.

Professor Hopkins also questioned how the project would link with the roll out of National Early Warning Score 2 (NEWS2). In response, Ms Hewer advised that whilst not having sight of the system, it was her understanding that the team will use NEWS2.

The Committee were **ASSURED** on this item.

### **Decision:**

The Committee:

- **NOTED** the content and progress to date
- **RECEIVED ASSURANCE** that the project is on track to deliver to its timescales.

DDIC  
25(38)

## **RISP – Radiology Informatics System Programme**

After discussions with the Radiology department HDdUHB will now go live in October rather than September 2025.

Following a query from Ms Harraway regarding staff engagement, Mr Tracey confirmed discussions have now taken place with the radiology teams, who are ready to go live.

**Mr Tracey agreed to present feedback on RISP in work at a future meeting.**

**AT**

The Committee **ADVISED** the Board of delays to other health boards going live with the system, with confirmation that HDdUHB intends to go live in October 2025.

### **Decision:**

The Committee:

- **NOTED** the content of the Radiology Informatics System Programme (RISP) report
- **RECEIVED ASSURANCE** that delivery milestones are being met and the project is proceeding according to plan.

DDIC  
25(39)

## **LIMS – Laboratory Information Management System**

Following delays in replacing the LIMS system it has now been agreed to move from an organisation approach to a discipline by discipline approach

which will allow quicker deployment across NHS Wales. However, it should be recognised that there will be a financial cost of approximately £1.6M across NHS Wales, with HDdUHB's financial commitment being £176k. This has been endorsed by the Executive Team, with the risk register updated accordingly.

Mr Thomas confirmed that the expenditure of £176k was planned for next financial year, however if the commitment is required for this financial year, a report would be submitted to the Executive Team for discussion.

Mrs Wilson remind Members that the Committee is unable to approve expenditure.

The Committee **ALERTED** the Board to the change in plan to discipline by discipline approach, recognising the financial implication.

The Committee **ADVISED** the Board that WG have been approached requesting that this funding be prioritised for slippage allocation from the 2025/26 Digital Priorities Investment Fund (DPIF).

The Committee **ADVISED** the Board that if the funding request is unsuccessful, HDdUHB will be required to allocate £176,000 in 2025/26 to support the revised discipline-based deployment model.

**Decision:**

The Committee:

- **RECOMMENDED FOR APPROVAL BY THE BOARD** that the LIMS2.0 programme adopts a deployment approach based on discipline as this strategy will enable the earliest transition away from the current TCL system.
- **SUPPORTED** the collective approach to Welsh Government, requesting that this funding be prioritised for slippage allocation from the 2025/26 Digital Priorities Investment Fund (DPIF).
- **NOTED** that if the funding request is unsuccessful, Hywel Dda University Health Board will be required to allocate £176,000 in 2025/26 to support the revised discipline-based deployment model.

DDIC  
25(40)

**Proposal of Ambient AI within the Health Board**

Health Education and Improvement Wales (HEIW) is undertaking research on the benefits of using AI Scribes. The report submitted to Committee discussed whether ambient scribes are a medical device, and also the importance of data privacy.

**Mr Tracey informed Members that a mini proposal on the use of AI Scribes would be presented to a future meeting.** **AT**

Mrs Wilson suggested that ambient AI would be a valuable topic for the Ethics Panel to discuss, and gather their perspective. **Mrs Patel agreed to include on a future Ethics Panel agenda for discussion.** **CP**

Mr Tracey added that there were several important issues to be discussed such as how to test (for example using in fake clinics with no patients to

test). He also highlighted the importance of ensuring clinicians do not purchase AI scribe products themselves, install on their phones for use.

Mrs Patel referenced an article from The Lancet medical journal regarding the use of ambient AI in a clinical environment, which raised issues regarding privacy and personal data concerns.

Mr Davies queried whether it might be beneficial to proactively address the potential risks by sharing the article with clinicians, and inviting their views on the technology.

The Committee were **ASSURED** on this item.

**Decision:**

The Committee :

- **RECEIVED ASSURANCE** that the Health Board will continue to explore the potential application of Ambient AI (e.g. Radiology or Outpatients), and will actively engage with Welsh Government to clarify the strategic direction and policy position on ambient scribe in order to understand its implications for the wider NHS Wales roadmap.
- **NOTED** the ongoing pilot studies across Wales and subject to approval through the appropriate governance, consider supporting future studies to evaluate the performance, accuracy, and clinician acceptance of AI scribes in the Hywel Dda.

DDIC 25(41) **Information Governance Sub-Committee (IGSC) 3A's Update, and Annual Report**

The Committee noted that the IGSC annual report has been deferred to the October DDIC meeting.

The IGSC 3A's update report alerted the DDIC to the Mobile Working Policy for Committee approval and a number of All-Wales policies to be extended.

The Committee were **ASSURED** on this item.

**Decision:**

The Committee:

- **APPROVED** the Mobile Working Policy (281)
- **RESPONDED** to the items that the Committee is alerting them to
- **RECEIVED ASSURANCE** from the actions that the Sub-Committee is providing assurance on.

DDIC 25(42) **Information Governance Assurance Report - DEFERRED**

The Information Governance Assurance Report has been deferred to the October DDIC meeting.

DDIC 25(43) **Data Quality Report**

A number of data quality roadshows have taken place across Health Board sites, focusing on a key challenge of duplicate data entries, a particular issue within the Emergency Department (ED). The data quality and health records teams undertook a number of training sessions with health records staff, secretaries, ward clerks and also the ED administration staff in order to enforce how patient data should be entered onto the system.

A number of Key Performance Indicator reports and dashboards have outlined a reduction in the number of staff attending training, therefore it is important to continue these across the Health Board to improve the quality of data entered into systems.

**Mr Tracey agreed to present a deep dive on data quality at the October DDIC meeting.**

**AT**

The Committee were **ASSURED** on this item.

**Decision:**

The Committee:

- **NOTED** the content of the Data Quality Report
- **NOTED** the continuation of the data quality roadshows, with a targeted focus on challenges identified through feedback and audits, while actively promoting staff engagement with Information Services teams to address specific data challenges.

DDIC  
25(44)

**Assurance On Governance Arrangements**

Mr Thomas thanked Mrs Wilson and her team for producing the new style assurance report, merging all other reports into one. Highlights of the report included:

Corporate risks: There are currently two corporate risks aligned to DDIC, Risk 2079 – Risk of loss of Pathology services across the Health Board due to delayed implementation of LIMS, and Risk 1352 - Risk of business disruption and delays in patient care due to a cyber-attack. Risk 1352 was discussed in further detail during the In-Committee meeting.

Operational risks: There are currently 5 operational risks aligned to DDIC. The risk of loss of Radiology services across the Health Board from 31 March 2025 due to delayed implementation of RISP (Risk 1719) was discussed at agenda item 3.6. All other risks are actively being reviewed.

Audit inspection: One action remains outstanding, relating to approval for funding for a Contract Manager post for the IT infrastructure. Mr Thomas was conscious that this delay would prevent final sign-off of the audit report, which has already been delayed. The post is currently in the process of job matching.

Welsh Health Circulars (WHC): **Mr Tracey would contact Ms Jill Paterson to obtain an implementation date for WHC 03-22: Further extending the use of Blueteq in secondary care.**

**AT**

Mrs Wilson informed the Committee that although the deadlines had lapsed on a number of digital audits, she recently met with Mr Tracey to review, resulting in a number now being closed.

In response to a query from Mrs Patel regarding the budget for digital transformation, Mr Tracey explained that it was approximately £24m which includes up to £9m for maintenance.

Mr Davies believed that it is challenging to determine an overall figure because digital transformation as a whole, includes numerous areas of the Health Board.

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;
- **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).

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.

A report on the national and regional digital landscape has been deferred to the October DDIC meeting.

DDIC  
25(46) **Business Cases (as and when required)**

There were no business cases for discussion.

**The Committee were advised that a number of draft business cases would be presented at the October Committee meeting.** Whilst still to be confirmed, it is anticipated they will include single point of contact, patient service centre and Customer Relationship Management (CRM) and Patient Relationship Management (PRM). **Mr Tracey would discuss with the Chair whether DDIC or IC-DDIC is the most appropriate meeting to discuss the business cases.**

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DDIC  
25(47) **Policies for Approval**

This has been included in agenda item 4.1 Information Governance Sub Committee 3As Report.

DDIC  
25(48) **DDIC Workplan 2025-26**

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

DDIC  
25(49) **Any Other Business**

No other business was discussed.

DDIC  
25(50) **Date and Time of next meeting:** 9.30am-12.30pm Tuesday 07 October 2025