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|  <p>GIG CYMRU NHS WALES Iechyd Cyhoeddus Cymru Public Health Wales</p> | <p>Name of Meeting Knowledge, Research and Information Committee</p> <p>Date of Meeting 28 March 2025</p> <p>Agenda item: 3.6</p> |
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| Digital and Data Design Authority Assurance - March 2025 | |
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| Executive lead: | Iain Bell, National Director Research, Data and Digital |
| Author: | Louisa Nolan, Head of Data Science Dafydd James, Head of Digital Experience and Services |

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| Approval/Scrutiny route: | |
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| Purpose |
| The purpose of this paper is to provide assurance to KRIC on the implementation and delivery of PHW's Digital and Data Strategy and Routemap. |

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| Recommendation: | | | | |
| APPROVE <input type="checkbox"/> | CONSIDER <input type="checkbox"/> | RECOMMEND <input type="checkbox"/> | ADOPT <input type="checkbox"/> | ASSURANCE <input checked="" type="checkbox"/> |
| <p>The Committee is asked to:</p> <ul style="list-style-type: none"> Receive assurance that Public Health Wales is delivering its Digital and Data Routemap and has robust governance in place for managing digital and data work. | | | | |

Link to Public Health Wales [Strategic Plan](#) and [Digital and Data Strategy](#)

Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives.

This report contributes to the following:

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| Strategic Priority/Well-being Objective | All Strategic Priorities/Well-being Objectives |
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Summary impact analysis

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| Equality and Health Impact Assessment | No decision is required. |
| Risk and Assurance | <p>This assurance is intended to mitigate strategic risk 6 and corporate risk 1531.</p> <p>Strategic Risk 6 - Risk of: Disruption to services and/or loss of confidential data in conjunction with a failure to exploit appropriate data to inform relevant public health actions.</p> <p>Corporate Risk 1531- There is a risk that we will fail to exploit data to inform and direct public health action and interventions.</p> |
| Health and Social Care (Quality and Engagement) (Wales) Act | This report supports the Health and Care Standards for NHS Wales quality themes, because the portfolio of work is dedicated to improving quality of care and service, including through creating accessibility for everyone, promoting wellbeing in a reliable, continuous and sustainable way. |
| Financial implications | No direct financial implications. These are managed at project level and through IMTP planning |
| People implications | No direct implications |

1. Purpose / situation

The purpose of this paper is to provide assurance to the Knowledge, Research and Information Committee (KRIC) on the implementation of the Digital and Data Strategy (including Artificial Intelligence, or AI).

2. Summary of strategy

Full use of the power of digital and data is required to deliver the Public Health Wales long-term strategy. The strategic objective for our [Digital and Data Strategy](#) is:

we use data and technology to protect and improve the health and well-being of people in Wales and to reduce health inequalities.

Underpinning the overall objective, and three broad areas which frame the work.

Building on stronger foundations

We will strengthen each of the core areas that are the foundation for digital and data transformation in Public Health Wales. These are: our people, both our staff and those that use our services; ensuring that our systems and data are safe and secure; having clear, documented information about our architecture; and ensuring that our approaches delivery quality.

Build in alignment

Our strategy does not exist in a vacuum. There is a wider Public Health Wales Long Term Strategy, and connected to that are the Wellbeing of Future Generations and the UN Sustainable development goals that aim to help meet the needs of the people in Wales and around the world. There must be recognised standards to our work, be they for design, interoperability or publishing statistics. We are also ensuring that our emerging routemaps align with other national programmes and developing approaches that make our components reusable for a variety of services.

Build to make a difference

We can make a measurable difference to health and wellbeing through powerful, actionable data and analysis, and innovative, efficient digital tools and systems. Agile approaches enable us to retain a user focus and continuous improvement to our services, whilst utilising new ideas and approaches for technology as they emerge.

3. Digital and Data Routemap

The digital and data routemap maps out how we will deliver the strategy objectives over the next 3 years. The routemap is ambitious, but acknowledges the capacity of the organisation and the constrained financial situation that we must operate in. To

ensure the best and most timely use of our resources, our teams are encouraged to consider what else would be possible if they were offered more resources.

We acknowledge that a balance should be struck between delivering business as usual and delivering new business. As a result of the routemap, we have begun to approach change in a different way, planning for periods where regular maintenance is put on hold so that we can deliver new services with full support.

The routemap has five delivery workstreams:

- Data, analysis, registers and cloud (DARC)
- Automation and AI
- People, infrastructure and tools
- Cyber Security
- Digital systems development (including health protection digital services)

4. Governance and assurance

The Digital and Data Strategy is supported in its delivery by a number of different governance and assurance mechanisms.

- The Digital and Data Design Authority (DDDA) is a cross-organisation group which provides support, challenge, and assurance for digital, data and technology work within, or affecting, Public Health Wales. It seeks alignment with the Digital and Data Strategy, visibility and understanding of the landscape and compliance with the standards. The DDDA oversees the digital and data portfolio and reports to BET. It also ensures compliance with the adopted digital standards of NHS Wales and Public Health Wales.
- Programme and project boards have been established to lead and plan the delivery of programmes, projects and routemap priorities.
 - Data, Analysis, Registers and Cloud programme
 - Health Protection Digital programme
 - Screening Digital Transformation programme (emerging)
 - Lung Screening programme IT workstream
 - Newborn Screening Re-platforming project
- KRIC has oversight of the exploitation of Digital and Data to maximise impact against our long-term strategy. The Audit and Corporate Governance Committee (ACGC) have oversight of the Cyber Improvement Plan (a Digital and Data Routemap Priority) as well as monitor progress against cyber and digital resilience audits and reviews, for example reviews against the Cyber Assessment Framework.
- Internal and external audits provide scrutiny of our delivery of the Digital and Data Strategy.

Delivery of the digital and data routemap is also reflected in the IMTP, and the associated governance and assurance processes.

The Internal Audit on the Digital and Data Strategy is discussed in Section 6.

5. Standards

The Digital and Data Design Authority ensures delivery of our Data and Digital Route-map, digital needs in line with an agreed set of standards. The current core standards in PHW are:

- [Welsh Digital Public Service Standard](#)
- [Welsh Language Standards](#)
- [Accessibility Standards](#) (WCAG 2.2)
- [Code of Practice for Statistics](#)
- [HL7 FHIR](#) (WHC/2023/018)
- [ONS Geographic Codes](#) (WHC/2024/014)
- [SCCI0052 Dictionary of Medicines and Devices \(dm+d\)](#) (WHC/2024/042)

In Q3 2024, the DDDA approved the addition of an additional data standard - the NHS England Dictionary of Medicines and devices following Welsh Health Circular 2024-042. We agreed to implement this for new digital deliveries only as it would be costly to re-engineer every system to adhere to this WHC.

On 5 February, 2025, BET approved the recommendations in the paper [Guidance and governance for AI - BET Feb 2025.docx](#), These recommendations seek to mitigate the specific risks of AI, through the initiation of an AI governance sub-group, development of AI business processes and adoption of good practice standards. This is discussed further in Section 8.

6. Audit of Delivery of the Digital and Data Strategy

In October-November 2024 there was an internal audit to consider the implementation and delivery of the digital and data strategy. The audit concluded reasonable assurance for governance structures and monitoring, implementation of the strategy and that barriers have been identified and properly managed.

Two Medium Priority findings were identified:

- There is no separate digital risk register, and no explicit risk within the corporate risk register that clearly articulates the risks relating to the delivery of the digital and data strategy.
- We note some areas of slippage within the Strategy which may impact on the overall delivery, could result in sub-optimal decisions, or decisions made for quick, tactical, fixes as opposed to strategic, systemic improvements.

The audit found that ownership of by the wider organisation has been improved and that PHW's strategic investments into teams and systems have helped to overcome barriers and deliver routemap priorities. That said, it noted that insufficient budget is a barrier and seeking funding on a case-by-case basis for specific projects, which may lower management's ability to effectively plan strategically.

The following management actions were agreed:

- On lack of overall digital risk system: There is an existing corporate risk on failure to maximise the use of digital and data to maximise public health outcomes. We will review our management of this risk and align risks from our major digital projects and operational digital risks into an aligned section of our risk management process.
- On risk of slippage leading to sub-optimal decisions: We have strengthened programme management to ensure that slippage is minimised. We will also strengthen DDDA monitoring of the portfolio to minimise the risk of tactical solutions.

These actions are due for completion by April 2025 and we are on track to deliver these on time..

7. Delivery Overview

The digital and data routemap is a portfolio of work, delivered through projects, sitting in the five delivery workstreams. The projects and their delivery confidence assessment for January 2025 are attached in Annex A.

There has already been significant delivery against the routemap this year:

- the discovery for the breast screening system
- delivery of the DESW GP referral tool
- delivery of the breast cohorting module
- the cloud discovery project, and agreement of the cloud strategy
- go live of the PHW delivery of the Radiology Information System Programme. Further detail on this is provided below
- The Digital Health Protection alpha phase has completed. The Outline Business Case has been sent to Welsh Government and the further work agreed at Board has been commenced.
- Delivery of the sexual health case management system discovery, where we are now updating the business case following this work.

Major milestones coming up for the end of the financial year 2024/25 include:

- Delivery of the Beta phase of the web-transformation programme
- Digital diabetes discovery
- Readiness of our local (Azure) cloud landing zone for digital health protection
- Recommendation for the best digital method for delivery of lung cancer screening

- Development of the data job family competency framework and standardised job descriptions
- Readying the National Data Resource's (NDR) National Data and Analytics Platform (NDAP) processes and architecture for migration of PHW analysis to this Google cloud platform

Newborn screening replatforming had originally been scheduled to complete this quarter. This has now been re-planned following a need to upgrade licenses and infrastructure identified by the project for successful delivery. This will now deliver in May 2025.

The All Wales RISP and PACs replacement programme which is to replace the radiology information system and change the digital radiology imaging storage across Wales is being led by DHCW. In PHW, this affects the Breast Screening Programme and the Aneurysm Screening Programme. PHW is only changing the PACS system as we don't use RISP (the information system). PHW is the first organisation to go live with the new PAC system delivered by the company Philips. Sharon Hillier is the SRO for PHW on this work. On 5 Feb the project team made decision to go live as planned on 10 Feb. This was achieved with a lot of detailed work especially from Dean McCarthy who is our PACs manager in Screening Division working with DHCW and Philips to ensure they resolved issues identified. Implementation started from 6 Feb with replacement of BTW equipment across Wales over the weekend with implementation of Philips system on Monday 10 Feb. Issues with the monitors were noted by Medical Physics and the company that supplied the monitors attended on site on the 11 Feb and the company concluded that the monitors needed to be replaced. No reading could be undertaken until the monitors were replaced. This was undertaken the following weekend when critical monitors were replaced across Wales. Go live was moved to the 17 February with a week-long impact of no breast screening mammogram reading undertaken across Wales. Since go live all of the monitors have been replaced and key issues for steady state progressed. The earliest steady state date was the 19 March but there remains two issues for Philips to resolve; to provide an expected date to improve process around arbitration and to ensure access to the 3rd party systems. These are expected to be resolved in next few days when stable operations is expected to be confirmed.

There is one programme reporting as RED on the list:

- CANISC replacement which is a DHCW run project where we are closely managing risks around coloscopy as the project nears its end and final go-live.

The portfolio shows many projects at Amber. Our current assessment is that other than Newborn screening, all major deliveries this financial year for PHW-lead programmes will complete. Lessons from this amount of delivery have been factored into our plans for next year, where we have rephased work and prioritised to make delivery more achievable.

Updating the portfolio to reflect IMTP for 2025-28

DDDA in January had a special workshop in January 2025 to consider the digital and data impacts of the IMTP. We have now fully assessed the deliverability of the IMTP. There is a considerable amount of Digital and Data work in the plan. The initial plan was not achievable. However, we have now rephased several elements and paused some work programmes to make it achievable.

We have also prioritised the work plan so that we understand the relative importance of different areas of work and will apply this prioritisation if necessary to ensure the highest priority work is delivered.

8. Artificial intelligence (AI)

A model for governance and guidance for the development and adoption of artificial intelligence (AI) tools in Public Health Wales was discussed and approved at the Business Executive Team meeting on 5 February 2025. The full paper is attached at Annex B.

The approach agreed was developed by the AI Working Group for Health and Social Care in Wales (AI Working Group), which is tasked with delivering the objectives of the AI Commission for Health and Social Care in Wales (AI Commission). The AI Working Group membership includes multi-disciplinary experts from across the health and social care landscape in Wales. The proposed recommendations were then reviewed and agreed by Digital Directors, at a special AI session in November 2024. Following that, they were reviewed and agreed at the Digital and Data Design Authority, before going to BET in February 2025.

Expert partners completed a lot of work over the last couple of years to develop good practice and guidance to manage the specific risks of AI, so that the adoption of AI is safe, legal, ethical and effective. In particular, the Alan Turing Institute, the UK Government, and the multi-agency AI Digital Regulations Service have been active in this area. PHW can benefit immediately from this work to mitigate the risks associated with AI. Although guidance still needs to be adapted specifically for the Welsh landscape and Welsh organisations, and translated into Welsh, that should not be a barrier to benefitting from what is available now. The AI Commission are exploring these tasks.

The existence of these resources is a necessary but not sufficient requirement for good governance of AI. In addition, assurance and business process need to be built around the guidance, to ensure that it is adopted consistently across the organisation. These processes and governance mirror that which is already established for digital more generally. These include:

- Setting up a special AI subgroup, reporting in to BET, with a specific remit to provide assurance on compliance of agreed standards and good practice.

The subgroup will have oversight and approval of the emerging AI portfolio, compliance with standards and good practice, and ensuring the right capability is in place to deliver AI safely, ethically and legally

- Development of an AI Guidance Hub for PHW, which sets out PHW's governance processes, provides guidance and sources for awareness and training, and keep this updated, including developing guidance on Generative AI
- Compliance with existing digital standards
- Adoption of the approach of the AI Digital Regulation Service (AIDRS), the Algorithmic Transparency Reporting Standard (ATRS), and the AI Ethics and Governance in Practice ethical framework assessment, developed by the Alan Turing Institute.

The implementation of the guidance and governance model for AI is timely, as a number of projects and programmes are already exploring the use of AI. This includes:

- diagnostics for breast cancer screening and lung cancer screening
- the use of ChatGPT to facilitate increased productivity in coding
- the use of Copilot by staff for a number of productivity-related activities, including minute writing, summarising and document review

Longer term, we would like to investigate:

- the use of Gemini AI to support the interaction of users with data and analysis
- the use of Gemini AI and natural language processing to improve process efficiency in the registers.

The AI subgroup will provide a focus for these projects, and will have a remit to share knowledge and capability to build on successful projects.


Full background, details and the list of resources can be found in the paper attached at Annex B. The original proposal was for the AI subgroup to report to the DDDA, but the BET decision was that it should report directly to BET.

9. Recommendation

The Committee is asked to:

- Receive **assurance** that Public Health Wales is delivering its Digital and Data Routemap and has robust governance in place for managing digital and data work.

Annex B – BET paper: guidance and governance for AI

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|  <p>lechyd Cyhoeddus Cymru Public Health Wales</p> | <p>Business Executive Team Meeting Date of Meeting 5 February 2025</p> |
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| Guidance and governance for AI | |
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| Executive lead: | Iain Bell, Director of Research, Data and Digital Directorate |
| Author: | Louisa Nolan |

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| Approval/Scrutiny route: | DDDA, BET, Board |
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| Purpose |
| To propose an approach to governance of AI for Public Health Wales |

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| Recommendation: | | | | |
| APPROVE <input checked="" type="checkbox"/> | CONSIDER <input type="checkbox"/> | RECOMMEND <input type="checkbox"/> | ADOPT <input type="checkbox"/> | ASSURANCE <input type="checkbox"/> |

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| <p>Link to Public Health Wales Strategic Plan</p> <p>Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives.</p> <p>This report contributes to the following:</p> |
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| Strategic Priority/Well-being Objective | All Strategic Priorities/Well-being Objectives |
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| Summary impact analysis | |
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| Equality and Health Impact Assessment | We will need to review equality impacts for specific AI tools as we implement them, whether in the organisation, or to support delivery of services. The proposed approach to governance captures the need for this. |
| Risk and Assurance | AI is a fast-growing area, with some specific risks and opportunities associated with it. Good governance is required to mitigate those risks and enable us to take advantage of the opportunities. |
| Health and Care Standards | All themes |
| Financial implications | Not Applicable |
| People implications | Will require awareness and understanding of new processes |

Purpose

The purpose of this paper is to propose a model for governance and guidance for the development and adoption of artificial intelligence (AI) tools in Public Health Wales. This will support the safe, legal, ethical, and efficient adoption of AI systems.

This is needed urgently to encourage safe adoption of the emerging technology. Increasingly staff are looking at how to exploit the technology and we need to be able to provide support and guidance

Background

There is a strong need to adopt robust good practice and governance for AI in PHW. This paper sets out a proposal for the adoption of good practice and governance. Given the current pressures and expectations on Wales, it is difficult to imagine a future of the NHS – and PHW - which does not take advantage of the opportunities AI offers. This will only be possible if we are confident that it is safe, legal and effective.

Adoption of AI risks harms which are unique to how AI works. Potential risks include:

- Systems which are trained on biased data and embed or exacerbate biases in the population
- A lack of understanding how AI works, for example a misunderstanding of Generative AI, leading to data breaches or recommendations for the wrong solution or information
- A lack of attention to the ethical and information governance requirements around the use of personal data in developing, training, and running AI systems, resulting in legal and / or reputational issues
- Opportunity costs of not deploying safe, effective and legal AI to improve quality and efficiency, due to a lack of trust and understanding in AI
- The cost of not fully evaluating the system benefits of adopting AI before deployment, leading to poor value for money.

Good governance and best practice seek to minimize these risks. The approach here is based on that reviewed by digital directors in November 2024. It includes the adoption of new governance, business processes and good practice frameworks for AI

Much work has been done over the last couple of years to develop good practice and guidance to manage these risks, so that the adoption of AI is safe, legal, ethical and effective. In particular, the Alan Turing Institute, the UK Government, and the multi-agency [AI Digital Regulations Service](#) have been active in this area.

PHW can benefit immediately from this work to mitigate the risks associated with AI. Although the guidance still needs to be adapted specifically for the Welsh landscape and Welsh organisations, and translated into Welsh, that should not

be a barrier to benefitting from what is available now. The AI Commission for Health and Social Care in Wales (AI Commission) are exploring these tasks.

Table 1 sets out a suite of resources which support good practice and governance for AI. It includes guidance on the use of Generative AI, the AI Digital Regulations Service (AIDRS) comprehensive guidance for adopters and developers of AI, the Algorithmic Transparency Reporting Standards Hub, and an ethical framework, as well as other useful support. Most of the resources here are intended for people working in the public sector who want to ensure that their adoption of AI is safe, secure, legal, ethical and effective, and we recommend their use.

Table 1: list of resources for developing, procuring, implementing, using and maintaining safe, legal, ethical and effective AI

| Topic | Publication | Authors | Notes |
|---|---|-----------------------|---|
| AI for health as an adopter or a developer | The AI and Digital Regulations Service (AIDRS) | NICE, MHRA, HRA, CQC | This online service maps out the regulatory and health technology assessment pathway for AI and digital technologies Endorsed by the AI Commission for Health and Social Care in Wales |
| Algorithmic transparency | Algorithmic Transparency Recording Standard Hub | CDDO, DSIT, GDS, RTA | The Algorithmic Transparency Recording Standard helps public sector organisations provide clear information about the algorithmic tools they use, and why they're using them Endorsed by the AI Commission for Health and Social Care in Wales |
| Ethics | AI Ethics and Governance in Practice | Alan Turing Institute | End-to-end guidance on how AI project teams can put ethical values and practical principles into practice across the AI project lifecycle, including a series of eight workbooks |
| Using AI | A guide to using AI in the public sector | Office for AI, GDS | This useful and comprehensive document covers understanding AI, assessing if AI is the right solution, planning and preparing for implementation, managing |

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| | | | implementation, and understanding ethics and safety |
| Generative AI | SIRO Notices - DSU - 2023-001 - Chat GPT and Generative Artificial Intelligence Tools - April 2023 pdf.pdf | Welsh Government | Guidance on using Generative AI (e.g. ChatGPT, CoPilot, Google Bard etc) safely and securely from the Welsh Government |
| Generative AI | Generative AI Framework for HMG | Cabinet Office, CDDO | Comprehensive guide to Generative AI from the UK Government |
| Using AI in the public sector | Using artificial intelligence in the public sector | Centre for Digital Public Services | How to use artificial intelligence (AI) ethically and safely in the Welsh public sector, adapted from GOV.UK |
| AI standards | AI Standards Hub - The New Home of the AI Standards Community | Alan Turing Institute | A community, and a resource covering AI standards, legislation, government strategies and policy |
| AI standards | ISO standards | ISO | ISO standards for AI |
| Medical device classification | Software and artificial intelligence as a medical device | MHRA | Guidance on classifying software or AI as a medical device |

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| Evaluation | Health Technology Wales appraisal process | Health Technology Wales | Process for appraisal from Health Technology Wales, to cover evaluation of the effectiveness and cost-effectiveness evidence of the technology by academic research, NICE etc. Evaluation of AI tool deployment (process, impact, equity) is a gap. |
| Risk and assurance | Introduction to AI assurance | DSIT | This provides a grounding in AI assurance for readers who are unfamiliar with the subject area |
| Procurement | Guidelines for AI procurement | DCMS, BEIS, OAI, DSIT | These guidelines provide a set of guiding principles on how to buy AI technology, as well as insights on tackling challenges that may arise during procurement |

Developing the recommendations

These recommendations have been developed by the AI Working Group for Health and Social Care in Wales (AI Working Group), which is tasked with delivering the objectives of the AI Commission. The AI Working Group membership includes multi-disciplinary experts from across the health and social care landscape in Wales. The proposed recommendations were then reviewed and agreed by Digital Directors, at a special AI session in November 2024.

Following that, they have been reviewed and agreed at the Digital and Data Design Authority.

To develop these recommendations, The AI Working Group first looked at what guidance was available, and collated the resources set out in Section 2. AIDRS and ATRS were then endorsed by the AI Commission, with the Alan Turing Institute's ethical framework due to go to the AI Commission for endorsement before the end of the Financial Year. These three pieces provide a framework to mitigate the unique risks of AI development and deployment.

However, the existence of these resources is a necessary but not sufficient requirement for good governance of AI. In addition, assurance and business process need to be built around the guidance, to ensure that it is adopted consistently across the organisation. These processes and governance mirror that which is already established for digital more generally. It is proposed that a special subgroup of the Digital and Design Authority is set up, which a specific remit to

provide assurance on compliance of agreed standards and good practice. It will also have oversight and approval of the emerging AI portfolio, compliance with standards and good practice, and ensuring the right capability is in place to deliver AI safely, ethically and legally. Table 2 sets out how the proposed approach mitigates the risks identified in Section 2.

Table 2: how the proposed approach mitigates the risks of AI

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| Systems which are trained on biased data and embed or exacerbate biases in the population | Ensuring compliance with AIDRS, ATRS and the ethical framework through the AI subgroup |
| A lack of understanding how AI works, for example a misunderstanding of Generative AI, leading to data breaches or recommendations for the wrong solution or information | Ensuring compliance with AIDRS, ATRS and the ethical framework through the AI subgroup Oversight from the AI subgroup in approval and monitoring of the AI portfolio |
| A lack of attention to the ethical and information governance requirements around the use of personal data in developing, training, and running AI systems, resulting in legal and / or reputational issues | Ensuring compliance with the ethical framework through the AI subgroup Expert membership from Information Governance on the AI subgroup AI Guidance Hub available to staff |
| Opportunity costs of not deploying safe, effective and legal AI to improve quality and efficiency, due to a lack of trust and understanding in AI | Expert membership of the AI subgroup with e remit to discuss opportunities in PHW Transparent, robust governance, giving non-experts suitable assurance AI Guidance Hub available to staff |
| The cost of not fully evaluating the system benefits of adopting AI before deployment, leading to poor value for money. | Ensuring compliance with AIDRS and ATRS through the AI subgroup AI Guidance Hub available to staff |

Recommendations

The recommendations cover three areas: new governance, business processes and good practice frameworks.

We recommend:

Governance

1. Standing up an AI governance sub-group of DDDA to support AI governance. This would be responsible for approval of AI projects, compliance with standards and good practice, and delivering the recommendations in this paper. Draft terms of reference are in the Annex. It would be chaired by the Executive Director for Research, Data and Digital and report quarterly to Business Executive Team.

Business processes

2. Develop an organisational AI Guidance, which sets out PHW's governance processes, provides guidance and sources for awareness and training, and keep this updated, including developing guidance on Generative AI
3. Ensure that, where appropriate for the AI system adopted, as well as being compliant with Welsh Digital Standards, the AI system is:
 - approved by Health Technology Wales or similar body
 - compliant with ISO standards
 - compliant with medical device standards
 - procured using good practice in the procurement of AI products

Good practice frameworks

4. Adopt the approach of the [AI Digital Regulation Service](#) (AIDRS)
 - Developed by MHRA, NICE, HRA and CQC
 - This online service maps out the regulatory and health technology assessment pathway for AI and digital technologies. It walks both adopters and suppliers through the process they need to follow to safely, legally and effectively develop and deploy AI
 - It has been endorsed by the AI Commission for Health and Social Care in Wales
5. Adopt the [Algorithmic Transparency Reporting Standard](#) (ATRS)
 - Developed by the Central Digital and Data Office (CDDO), Responsible Technology Adoption Unit (RTA), DSIT and GDS
 - The ATRS helps public sector organisations provide clear information about the algorithmic tools they use, and why they're using them
 - It has been endorsed by the AI Commission for Health and Social Care in Wales
6. Adopt the [AI Ethics and Governance in Practice](#) ethical framework assessment
 - Developed by the Alan Turing Institute

- End-to-end guidance on how AI project teams can put ethical values and practical principles into practice across the AI project lifecycle, including a series of eight workbooks.

Other support and information

Guidance is necessary but not sufficient for AI adoption. Here we list a few other resources and activities to support AI in PHW.

- Skills and learning – HEIW are leading work on this, starting with a landscape review of AI training
- [Automation and AI Community of Practice](#) – a community for the public sector in Wales to explore how to implement automation and AI in a responsible, ethical and safe way
- [Centre for Digital Public Services \(CDPS\) Standards catalogue](#)
- [AI Commission for Health and Social Care in Wales](#) - the website of the AI Commission
- [AI in health care: what do the public and NHS staff think? - The Health Foundation](#) – report on public perception of AI
- The AI Working Group is working with CDPS to develop online resources to support the adoption of AI, which would include the guidance etc included in this paper
- The Life Sciences Hub will be launching a new AI Forum, an open cross sector community of practice for life sciences, in November

Next Steps

March 2025

- Set up the AI Subgroup
- Map AI work currently on-going or planned in PHW and add to the Subgroup portfolio

July 2025

- Collate existing guidance on Generative AI and develop guidance documentation for PHW
- Use the Subgroup to ensure compliance with the standards listed in recommendation 3, and provide assurance on the AI Portfolio to the Digital and Data Design Authority
- Ensure that projects within the portfolio adopt the good practice outlined in recommendations 4 to 6.

September 2025

- Set up and populate the PHW AI guidance hub

Annex – draft terms of reference for the AI sub-group

The draft terms of reference will be reviewed and approved by the subgroup.

Artificial Intelligence Sub-Group Draft Terms of Reference

Introduction

The Digital and Data Design Authority (DDDA) was established to act on behalf of the Business Executive Team to provide centralised oversight, advice and prioritisation in the development, design, testing and implementation of any new or changes to existing digital or data solutions in Public Health Wales.

The governance of artificial intelligence (AI) brings some specific risks and opportunities for digital and data. This subgroup will be responsible for oversight of those risks and opportunities and will report into the DDDA.

Purpose

- The AI Sub-Group will:
- Be responsible for the approval of AI projects in PHW
- Ensure compliance with agreed good practice and standards, and that these standards and good practice are kept up to date
- Identify and support opportunities for the use of AI, to drive forward the AI component of our digital and data strategy, in a safe and ethical way
- Ensure, through the members, that individuals with the relevant knowledge, understanding and authority are involved in decision making on the use of AI in Public Health Wales, and the needs of all across all directorates are considered
- Provide assurance on AI to the Digital and Data Design Authority (DDDA), and through that, to the Executive team and the Board
- Support procurement involving AI
- Be a focus for raising risks, issues and opportunities around AI
- Ensure that the impacts of AI on staff, service users and other stakeholders are understood, and that the use of AI is equitable.

Membership

- Chair - Executive Director for Research, Data and Digital
- Vice Chair
- Head of Data Science
- Head of Digital Service and Experience

The members should include a representative of each directorate's senior management. Each national director will decide how many members of their team would be appropriate to send, and these members shall be responsible for sharing new AI initiatives with the subgroup, and with making their Director aware of the outcomes of AI subgroup meetings.

In addition

- The Head of Cyber Security, to advise on cyber issues
- The Chair of the Cloud Technical Group, once it is set up, to advise on cloud requirements
- A representative from IG, to advise on information governance issues
- A representative from Finance, who will advise on issues of procurement, funding and on the mix of Capital and Revenue that may be required
- A representative of the central planning team, to advise on delivery confidence and ensure alignment with the PHW portfolio
- A representative of the user-centred-design team to advise on the evidence for new or existing user needs across the organisation
- A representative from the communications team, to advise on brand, web estate and communication issues
- A representative from data science or analytics.

Secretariat

PA/Senior Administrator- Research, Data and Digital Directorate

Quorum

More than 50% of members must be present to ensure the Artificial Intelligence Sub-Group is quorate.

Either the Chair or a delegated Vice Chair must be in attendance.

Members may nominate a delegate to attend in their place – such a delegate will be assumed to have the authority of the member.

Minutes / notes

Minutes will be available following each meeting. Meetings will be recorded for the purpose of accuracy of the meeting only and these recordings will not be stored.

Frequency of meetings

The AI Sub-Group will meet once a month. Meetings will be one hour long. Additional meetings or working groups may be set up as directed by the Chair.

Reporting and assurance arrangements

The AI Sub-Group will act on behalf of and report to the DDDA.