

**DIT Committee Chair's Report**  
**Public Board**  
**31 July 2025**

<b>Presented for:</b>	Information and Assurance
<b>Presented by:</b>	Jo Koroma, Chair of DIT Committee
<b>Author:</b>	Jo Bray, Company Secretary
<b>List of meeting date:</b>	Extra Ordinary Meeting 8 July 2025

<b>Our Annual Commitments for 2025/26 are:</b>	
Recognise and act upon moments that matter to our patients	✓
Support our patients to get home a day sooner	✓
Be in the top 25% for patient experience and efficiency in outpatients	✓
Support each other to act with kindness and compassion	✓
Reduce our carbon footprint by creating greener patient pathways	✓
Support our staff to manage every £ wisely	✓
Make best use of our estate, equipment and digital assets	✓

<b>Trust Risks (Type &amp; Category)</b>			
<b>Level 1 Risk</b>	<b>Level 2 Risks</b>	<b>(Risk Appetite Scale)</b>	<b>Impact</b>
Operational Risk	<b>Business Continuity Risk</b> We will develop and maintain stable and resilient services, operating to consistently high levels of performance.	Cautious	Moving towards

Operational Risk	<b>Information Governance Risk</b> We will appropriately manage information management risk through the collection, storage, management and maintenance of information. As a minimum we will meet data protection and healthcare information governance requirements.	Cautious	Maintaining
Operational Risk	<b>Information Security Risk</b> We will ensure the confidentiality, integrity and availability of information, and its appropriate and legitimate use.	Cautious	Maintaining
Operational Risk	<b>Information Technology</b> We will develop and maintain stable and resilient services, operating to consistently high levels of performance.	Cautious	Maintaining
Operational Risk	<b>Physical Assets</b> We will optimise patient outcomes and experience, workforce experience, and Trust financial benefit through the effective management of our premises and equipment. <i>(which includes IT estate)</i>	Cautious	Maintaining
Clinical Risk	<b>Patient Safety &amp; Outcomes Risk</b> We will provide high quality services to patients and manage risks that could limit the ability to achieve safe and effective care for our patients.	Minimal	Maintaining
External Risk	<b>Legal &amp; Governance</b> We will operate the Trust in compliance with the law and UK Corporate Governance Code, where applicable.	Averse	Maintaining
External Risk	<b>Regulatory Risk</b> We will comply with or exceed all regulations, retain its CQC registration and always operate within the law.	Averse	Maintaining

<b>Key points</b>	
This summary provides an overview of significant issues of interest to the Board, highlights key risks discussed, key decisions taken, and key actions agreed.	For information

## ISSUES OF INTEREST TO THE BOARD FROM THE EXTRA ORDINARY COMMITTEE MEETING HELD ON 8 JULY 2025

This was a single agenda item meeting, as an action from the 6 June 2025 Committee meeting, where assurance had been requested by the Trust Chair regarding the review of

lessons learned from the LIMS phase 2 Blood Sciences (December 2024), roll out. The Emergency Preparedness post-response review was an internal document, which was carried out as routine practice for learning from responses to all incidents within the Trust. This internal, confidential document had been leaked, with information from its content reported in the HSJ at the end of May. The Committee noted the internal document, and the rationale behind it, and understood that this was not an assurance report for a Board Committee, hence the request for such a report to be presented to an Extra Ordinary meeting prior to the July Board meeting.

By exception, this report is taken within the public Board meeting, noting the engagement with external stakeholders, with much of the information already within the public domain. My normal Committee report would be received in the Board Workshop as it contains sensitive information that could be harmful to the Trust.

The Committee received a report that set out the historical context to the ongoing Pathology Laboratory Information Management System (LIMS) replacement programme, highlighting the overall successful achievements given the investment, complexity and amount of technical debt. A summary of the issues experienced during the Blood Sciences Go Live in December 2024 which caused significant disruption to Community and GP users was explained, reviewed, noting the impact on the flow of normal result reporting which was experienced for approximately eight weeks. No significant clinical impact to patients related to this issue had been reported following this incident. The lessons learned and already applied were, providing benefit and underpinning a culture of learning and continuous improvement.

The historic issues were summarised, noting the significant failure of a system that was 25 years old, Telepath and the impact of the malfunction back in 2016. This was a regional system which was out of support. The West Yorkshire Association of Acute Trusts (WYAAT) had collectively procured Clinisys WinPath Enterprise (WPE), and during the roll out, the scale and complexity became more apparent across the number of sites (six trusts), and as a result, individual trusts had recruited local project managers to lead on aspects of local delivery.

It was reported that the original plan for LTHT was to go live with one release of WPE across; Blood Transfusion, Blood Sciences, Microbiology and Transplant Immunology. However, the programme at the Trust was not on track and with the recruitment of a new Project Manager, two phases were adopted for deployment; Phase 1 Blood Transfusion (live December 2023) and Phase 2 Blood Sciences (live in December 2024), Microbiology, Virology (both live in May 2025) and Transplant Immunology (2026). Additionally, LTHT had to factor in a new building and relocation of staff and systems into the Centre for Laboratory Medicine.

The report summarised key issues, categorising these as people, process or technology issues, which were aligned to the lessons learned, again within each of these headings. Detailed assurance was provided to the Committee that the lessons learned had been applied to the May 2025 go live, which had gone smoothly.

The Committee commended the report, its level of detail along with good governance and learning. Stakeholder management and engagement were explored, with reflections and learning already applied to project templates. Wider lesson about Clinical Safety Officers were explored, noting that this had been escalated to the DIT risk register at the previous meeting. There was a discussion relating to the application of learning from DIT post implementation project reviews

The Committee recognised that the report had demonstrated the complexity of the work and concluded that they were fully assured of the lessons learned from the December 2024 roll out and their application within further phases of the LIMS roll out and other DIT projects.

**Jo Koroma, Chair DIT Committee 9 Jul 2025**