

**Minutes of the Public Digital & Health Intelligence Committee Meeting
Held On 10 February 2026
Via MS Teams**

To view a recording of the meeting [click here](#).

Chair:		
David Edwards	DE	Independent Member – Information Communication & Technology (IM-ICT)
Present:		
Rachna Upadhya	RU	Independent Member - General
Rhian Thomas	RT	Independent Member – Capital & Estates
In Attendance:		
David Thomas	DT	Director of Digital & Health Intelligence
Catherine Phillips	CP	Executive Director of Finance
James Webb	JW	Head of Information Governance & Cyber Security
Geoff Walsh	GW	Director of Capital, Estates & Facilities
Frankie Ogden	FO	Head of Corporate Governance
Angela Parratt	AP	Director of Digital Transformation
Andrew Poole	AP	Head of Estates & Facilities
Mark Wardle	MW	Consultant Neurologist
Henry Bales	HB	Counter Fraud Manager
Secretariat		
Nikki Regan	NR	Corporate Governance Officer
Apologies		
Suzanne Rankin	SR	Chief Executive
Kirsty Williams	KW	CAV UHB Chair
David Fluck	DF	Executive Medical Director
Richard Skone	RS	Deputy Medical Director
Susan Lloyd-Selby	SLS	Independent Member – Local Authority
Steve Riley	SR	Independent Member - University

Item No	Agenda Item	Action
D&IC 10/02/1.1	<u>Welcomes Introductions & Apologies</u> The Committee Chair (CC) welcomed everyone to the public meeting and confirmed the meeting was quorate.	
D&IC 10/02/1.2	<u>Declarations of Interest</u> The Committee resolved that: a) No Declaration of Interest were noted.	
D&IC 10/02/1.3	<u>Minutes of the Meeting Held 11.11.2025</u> The Committee accepted the minutes from 11 th November 2025 as a true and accurate record.	

	<p>The Committee Resolved that:</p> <p>a) The Minutes of the Meeting held on the 11th November 2025 were confirmed as a true and accurate record.</p>	
D&IC 10/02/1.4	<p><u>Action Log – Following the Meeting held on 11.11.2025</u></p> <p>The action log was noted to have actions for the committee meeting in May 2026.</p> <p>The Committee Resolved that:</p> <p>a) The Action Log was discussed and noted.</p>	
D&IC 10/02/1.5	<p><u>Chair’s Action taken since the last Committee Meeting</u></p> <p>No chairs actions taken since the previous meeting.</p> <p>The Committee Resolved that:</p> <p>a) There were no Chair’s Actions taken since the last meeting.</p>	
Items for Review and Assurance - Infrastructure		
D&IC 10/02/2.1	<p><u>Estates Risk Register</u></p> <p>The Director of Capital, Estates & Facilities – Geoff Walsh (GW) highlighted the following points on the Estates risk register:</p> <ul style="list-style-type: none"> • The risk register format remained consistent with previous reports; recent updates reflect new information from the condition survey. • The number of high risks across the estate remained significant and was being closely monitored; the group meet bi-monthly to assess and update risks. • The condition survey would lead to a substantial review and would likely increase the risk profile, especially in the first three years of the 10-year investment period. • Intensive care risk was resolved with successful installation of UPS systems. • A business case was being developed for ITU refurbishment due to obsolete equipment and services, with phase one (C3) expected soon. • Electrical infrastructure project: replacement of rising bus bars (distribution network) was complete; transfer to local circuits would proceed soon, delayed by disruptive substation works. • Operation Poet (generator testing) had progressed well, with a major test scheduled for Friday. • Funding from Welsh Government (WG) had enabled flexibility in addressing high-risk areas, with additional slippage funding expected, mainly for medical equipment and IT. <p>The Committee Chair – Davied Edwards (DE) assumed the findings from the condition survey would not remove risks, except possibly reducing unknowns, as the report provided more clarity about the estate. He suggested the overall risk picture would become clearer but potentially worse, as more risks were identified and understood. He asked GW if this interpretation was fair, indicating that the condition survey would likely increase the risk register rather than decrease it.</p>	

	<p>GW suspected the risk profile would increase significantly due to the level of risks identified and the investment required, especially in the first three years of the 10-year investment period. He explained they were conducting a sense check to review everything from the condition survey and ensure all items are captured in one document, so nothing was missed.</p> <p>Action – GW review and update the Estates risk register in light of the new condition survey findings, ensuring all risks are captured and aligned.</p> <p>The Committee Resolved that:</p> <ol style="list-style-type: none"> a) The approach by CEF to manage and review risk across its portfolio was noted. b) The receipt of additional funding to address schemes from the respective risk registers was noted c) The electrical infrastructure works to Tower Block 1 Non-Essential Riser which will provide further resilience to services with new infrastructure was noted. 	
<p>10/02/2.2</p>	<p><u>Board Assurance Framework</u></p> <p>The Executive Director of Finance – Catherine Phillips (CP) suggested it was important for the committee to look at the Board Assurance Framework (BAF) as a strategic risk and assess whether actions and progress were being made. She drew attention to the connection with the previous report, highlighting progress on demolition as part of the slippage, which enabled the plan to be enacted. She noted this progress had brought more pressure on the team to deliver within a short timescale to meet the obligations of spending the money in the current financial year.</p> <p>DE emphasized the importance of recognising how significant the condition survey report was for the committee and the board. He suggested it should be seen in a positive light because it eliminated unknowns around the estate, even though it would create additional challenges and risks. He stated this would need to be discussed at Board level, as some of these risks were significant and impact staff and patient experience.</p> <p>The Committee Resolved that:</p> <ol style="list-style-type: none"> a) The Board Assurance Framework was discussed and noted. 	
<p>10/02/2.3</p>	<p><u>Estates Condition – Briefing Survey</u></p> <p>GW highlighted the following point on the Estates Condition Briefing Survey:</p> <ul style="list-style-type: none"> • The condition survey was a critical evidence-based assessment to identify areas of concern and risk, supporting business cases and investment requests to WG. • The executive summary currently covered only University Hospital Wales (UHW); two additional reports (UHL and community facilities) were expected soon, with a comprehensive report by year-end. • The survey broke the site into 65 facilities, revealing £472m of backlog maintenance and £116m needed for year one investment. • 78% of the estate was in grade C condition, with significant deterioration; 10% is at significant risk and close to failure. • High-risk backlog maintenance totalled £217m, with £187m in significant risk areas. 	

- Benchmarking showed NHS England spends £2k per square metre, compared to £662 in CAV UHB.
- The top 10 risk sites included ward blocks A, B, C, Dental Hospital, and tower blocks, with many clinical areas at high risk.
- £116m investment required to resolve everything that could potentially fail in year one, but this was not feasible due to operational constraints.
- Investment priorities were categorized as mandatory (non-compliance with health technical memoranda), essential (to avoid further deterioration), desirable, and statutory (including fire and water safety).
- Underinvestment escalates clinical and operational risk, increases statutory and safety exposure, and forces Estates staff to focus more on reactive than proactive maintenance.
- The report concluded urgent action was needed, but solving the issues would be a long-term journey requiring targeted investment and support from WG.

The Independent Member – Capital & Estates (RT) thanked GW for the report, describing it as a massive leap forward in understanding and baseline. RT asked, now the data was available, what was WG's plan and whether they were funding similar reports for other HB's. RT further asked if the report provided helpful intelligence for the Estates rationalisation programme.

GW highlighted the following points:

- Confirmed WG were not doing this survey with any other HB and were only looking at doing something across NHS Wales; CAV UHB were the first to step into this area.
- The findings were a stark reminder of the state of the estate, noting the likelihood that some reports from other HB's may be equally bad or worse.
- This initiative came out of an investment board meeting, where it was agreed several things needed to be done, the first being this survey to confirm and use the information for UHW2 and to recognize the need to continue running the hospital for the next 10-15 years.
- CAV UHB need to engage with WG and identify the most critical risks, acknowledging the difficulty in prioritising them and emphasising the importance of clinical input.
- Ongoing discussions with WG regarding the refurbishment of ITU, but noted there may be other areas that required attention and difficult decisions for the board.
- Frequent discussions about UHW were taking place but the need for more conversations about community facilities were stressed, which may be in worse condition. This work would support the ambition to reduce the amount of estate and have fewer, but better, facilities.

CP noted the information from the survey would be shared with WG, who supported its delivery. She highlighted that Grade D areas represented significant risk of failure and were likely the first priority for urgent action, as this information cannot be ignored. She emphasised the need to find a way to divide the work and start addressing the enormity of the task, rather than standing still. She mentioned there were two other reports to be seen. She explained that work was undertaken, with information feeding into the Capital Estates and Facilities team throughout the year to address critical

risks. She stated that the capital allocation would not cover the scale of work required and stressed the importance of not standing still while in possession of this information.

The Independent Member – General – Rachna Upadhya (RU) thanked GW for the "very sobering report" and asked, now that the information was known, what practical steps could be taken to protect staff and patients, especially in high-risk areas, and whether there are low-cost options available. RU highlighted that the biggest issue was maintenance being reactive rather than preventative, and questioned whether there were opportunities to do preventative work alongside the reactive efforts.

GW stated there was a business case for the roof replacement of the ward block, and this work had commenced due to some funding received. He explained that the targeted investment fund was not large and required CAV UHB to provide 30% of the investment capital, making it difficult to allocate much from discretionary capital. He added that the capital management group was aware of these limits and the need to balance requests with other priorities. He added that during the past 12 months, other significant pieces of slippage funding were received, and schemes were prioritised from the risk register accordingly. He emphasised that this report was different because it addressed whole systems replacement, not just isolated components, and until major investment was secured, the hospital must continue operating with available resources. He added that a business case for the replacement of the water mains would be brought to the CAV UHB Board in March 2026.

RU asked what practical steps could be taken to protect staff and patients, specifically in terms of simple, low-cost actions, such as protecting or separating high-risk areas from non-clinical areas, and what can be done in clinical delivery areas to practically limit risk. She also questioned whether there was anything that could be done quickly and at low cost.

GW explained that much of the required investment was for infrastructure that was not visible, and whilst refurbishing areas can improve the environment for patients and staff, they are not always the highest risk issues. He noted challenges in refurbishing due to frequent ward moves and clinical changes, making it hard to find space to decant patients during works. He emphasized the need to coordinate with clinical teams to ensure all work was completed safely. He highlighted that the ICU area still had some original fixtures from the 1970s, which were now obsolete and need replacement. He added that the teams were not standing still, were actively managing risks, and were maintaining services as best as possible.

DE asked about the £18.7m statutory spend, specifically what the immediate statutory requirements were and whether these were currently in progress, highlighting concerns about fire risk and the need for current, not future, action

GW explained that part of the statutory requirement for fire safety involved work above the ceilings, specifically fire dampers, which were a long-standing problem. He stated that approx. 30% of the fire dampers were non-accessible due to installation and subsequent additions of services, making it impossible to service or test them without removing ceilings. Where refurbishment had occurred, they

	<p>were able to address and replace these dampers, but access remained a challenge. He acknowledged the anxiety around these statutory works and noted that the hospital had the largest and best coverage of L1 fire alarm systems, providing early warnings and enabling prompt response to issues.</p> <p>The CC expressed interest in the discrepancy between the benchmark figure (noted it was based on NHS England) and the current spending level, asking CP for her perspective on what this indicated from a finance director's viewpoint.</p> <p>CP noted that the size of the NHS Wales estate and the way funding was allocated was a challenge, as the WG capital programme was just over £400m, which was not enough to cover the needs of a project the size of UHW 2. She mentioned that while the WG capital pot had increased in recent years, it remained insufficient for such large-scale projects. She contrasted this with NHS England, where there was a new hospital programme underway. She explained that funding in Wales was based on population, which resulted in a lower capital allocation, and emphasized that WG were aware of these capital requirements and was working on the issue.</p> <p>GW noted there was a lack of investment over many years, not just recently, and that NHS buildings were covered under crown immunity until the mid-1990s, making it easy not to invest in maintenance.</p> <p>The Committee Resolved that:</p> <ol style="list-style-type: none"> a) The content of the report and presentation was noted. b) The significant increase in 'backlog' renewal, recognising that over 85% is Essential and Mandatory demonstrating that the investment is needed to sustain safe clinical operation and prevent escalation into statutory non-compliance was noted c) The submission of the summary document to WG to inform the earliest discussion to highlight the level of risk that the HB is currently managing on the UHW site was noted. 	
Items for Review & Assurance – Digital		
<p>D&IC 10/02/3.1</p>	<p><u>Digital Roadmap and Work Programme Update</u></p> <p>The Director of Digital Foundations – Angela Parratt (AP) highlighted the following points on the roadmap:</p> <ul style="list-style-type: none"> • The Digital Foundations programme was focused on improving quality and reducing avoidable harm to deliver safer, smarter health and care, and this was not just a technology project but a service transformation initiative. • A review of costs and benefits was underway due to a significant revenue tail associated with the programme business case, which was currently unaffordable; work was ongoing to shift more costs to capital, which would reduce but not eliminate the revenue requirement. • Meetings took place with all clinical boards, and the consensus was that Digital Foundations was necessary and needed, with opportunities for cash release, though this was not the main driver. • Digital was seen as a necessary part of infrastructure, like utilities, and was expected to improve productivity, efficiency, safety, and reduce avoidable harm, as recognised by senior leadership. 	

	<ul style="list-style-type: none"> • It was difficult to size or ascertain cash-releasing benefits at this stage, as benefits may not appear directly within a single clinical board and would depend on how digital changes working practices. • The programme was less about installing technology and focused more on transforming operational and service delivery models. • Not all costs can be capitalised; ongoing transformation and implementation support would require revenue funding, but this was considered essential for achieving the intended change. • There was a plan to manage the capital vs. revenue split, but there were risks related to the timeliness of renewals and capital availability, which would be detailed in the updated financial model. <p>The Director of Digital & Health Intelligence – David Thomas (DT) stated he had attended Clinical Services Plan workshops over recent months, and digital and data consistently emerged as key enablers and highlighted the critical role of this work in supporting the organisation’s transformation. He noted that the paper also provided an update on some national programmes, which were included for information unless anyone wishes to discuss them specifically.</p> <p>DE raised the issue of capital versus revenue funding, noting from experience in other organisations that shifting costs to capital can lead to revenue pressures resurfacing later, often with insufficient provision for ongoing investment. He questioned whether there was sufficient long-term planning for the revenue requirements of digital services, especially as many are moving to subscription models that increase ongoing revenue strain.</p> <p>Action – AP to rework the financial model for the Digital Foundations programme, clarifying capital vs. revenue requirements and associated risks.</p> <p>The Committee Resolved that:</p> <p>a) The Digital Roadmap and Work Programme Update was noted.</p>	
<p>D&IC 10/02/3.2</p>	<p><u>Corporate Digital Risk Register</u></p> <p>DT highlighted the following points on the Corporate Digital Risk Register:</p> <ul style="list-style-type: none"> • Insufficient resources risk changed from yellow to amber (score increased from 8 to 12) to reflect that the Digital Foundation’s case was not yet funded and required approval from WG. • Proposed closure of the governance framework risk for IG, as the IG policy and procedures were approved and the risk had been removed. • Data processing and data availability risks were proposed to be amalgamated into a single data quality risk, as they were the same issue and would be rationalised for clarity. <p>The Committee resolved that:</p>	

	a) The progress and updated to the Risk Register report was noted.	
D&IC 10/02/3.3	<p><u>Information Governance (IG) Data Compliance</u></p> <p>The Head of Information Governance & Cyber Security - James Webb (JW) provided an update on key information governance performance indicators:</p> <ul style="list-style-type: none"> • IG team staffing reduced by one whole time equivalent (WTE) due to a recent departure, but statutory roles (Cyro, Cortical Guardian, Data Protection Officer) remained in place. • 146 IG-related incidents reviewed in the last quarter (average 49 per month), with one breach reported to the Information Commissioner's Office (ICO) (details in private agenda). • FOI requests were stable at 63 per month, with 89% compliance over the last 12 months. • Significant improvement in health record subject access requests: now 64% completed on time (up from 48%), with average monthly requests at 333 and average response time of 20 days (within statutory deadline). Only 7 cases remained open from September to November. • Non-health records requests: 55 received between September and November, with 87% completed on time. • Since January 2022, over 1,300 letters sent to staff regarding potential inappropriate access to clinical systems, with ongoing communications and governance processes. • Mandatory training compliance UHB-wide remained at 74%, with performance across clinical boards ranging from 67% to 90%. <p>DE asked JW to clarify if the 1,305 letters sent to staff regarding NIAS were for potential inappropriate accesses rather than confirmed cases.</p> <p>JW confirmed that the letters were for potential inappropriate access, explaining that some cases involved staff accessing their own records for training, which was not best practice but not considered a breach.</p> <p>DE asked JW about the sanctions for staff who inappropriately access records, especially for repeat offenders.</p> <p>JW explained that sanctions range from informal counselling for low-risk, first-time offenders to dismissal for high-risk cases, depending on the impact and any previous access history.</p> <p>The Committee resolved that:</p> <p>a) The series of updates relating to significant IG issues were received and noted.</p>	
D&IC 10/02/3.4	<p><u>Data Strategy</u></p> <p>The Consultant Neurologist – Mark Wardle (MW) highlighted the following points on the data strategy:</p> <ul style="list-style-type: none"> • Data strategy was not just a technology problem; technology was part of the solution but not the whole answer. 	

	<ul style="list-style-type: none"> • Common issues included: siloed systems, lack of patient-centricity, and the need to move from organisational/departmental focus to patient-first approach. • The impact of AI and machine learning was noted, stressing that they require robust data and that data strategy was the other side of the coin to digital strategy. • Delivering a learning health and care system required the right data in the right place, moving from process measures to patient outcomes. • The importance of good governance was explained, education, and cultural change to empower staff to use data effectively, with appropriate safeguards and information governance. • The concept of a "data fabric" was described as infrastructure to ensure data was accessible, combining published reports, dashboards, ad hoc reports, and AI-driven queries. • There was a challenge of education and training, as many staff were not used to analysing data or using digital systems, so empowerment is key. <p>RU asked how AI governance and accountability were being embedded into existing structures, specifically mentioning safety, bias, ethical oversight, and where this responsibility currently lies or should lie.</p> <p>MW responded that the issue was partially solved and remained a work in progress, with the IG team and JW implemented granular access controls to manage system access and prevent inappropriate data sharing with AI tools. He mentioned that the development of an AI Governance group, which was becoming more formal, and explained that responsibility currently involved both technical controls (access, security) and oversight through governance mechanisms, with further evolution expected as AI use expands.</p> <p>The committee resolved to:</p> <p>a) The Board Assurance Framework – Digital was discussed and noted.</p>	
Items for Approval / Ratification		
<p>D&IC 10/02/4.1</p>	<p><u>Car Parking Policy</u></p> <p>The Head of Estates & Facilities – Andrew Poole (AP) joined the highlighted the following points on the Car Parking Policy:</p> <ul style="list-style-type: none"> • Car parking was managed according to WG guidance, with an existing enforcement company, but no formal policy previously in place. • The new policy formalised existing procedures, including a points-based permit system, segregated parking, and use of a British Parking Association approved enforcement provider. • The timing was key, as a new parking management and enforcement contract was recently tendered, and the policy would underpin enforcement, consistency, fairness, and transparency. 	

	<ul style="list-style-type: none"> • Launching the policy alongside the new contract ensured a clean start, consistent rules, improved communication, and alignment with sustainability and accessibility goals. • Operational challenges such as congestion, unauthorised parking, and limited capacity, and that the policy aligns with statutory and national requirements, including the Equality Act and Welsh Language Act. • The policy provided a structured, transparent framework for managing parking, formal governance for permit allocation, and aimed for a better experience for patients, visitors, and staff. • Confirmed the policy will be reviewed annually, with more frequent contract review meetings in the first year to ensure contractor alignment. <p>The Committee resolved that:</p> <p>a) The Car Parking Policy was discussed and approved.</p>	
<p>D&IC 10/02/4.2</p>	<p><u>Counter Fraud Procedure</u></p> <p>The Counter Fraud Manager – Henry Bales (HB) highlighted the following points on the Counter Fraud Procedure:</p> <ul style="list-style-type: none"> • The procedure update was to incorporate the new "failure to prevent fraud" offense under the Economic Crime and Corporate Transparency Act. • Updates included changes to staffing within the team and clarifications of points identified during review. • The procedure was revised to align with other organisations' policies across Wales. <p>The Committee Resolved that:</p> <p>a) The counter fraud procedure was approved.</p>	
<p>10/02/4.3</p>	<p><u>Waste Management Procedure</u></p> <p>GW highlighted the following points on the waste management procedure:</p> <ul style="list-style-type: none"> • Stated the update is a review of the existing policy, recognizing new WG regulations for recycling. • Explained the new recycling policy is being implemented for NHS organizations, with gradual introduction over the past 12–18 months. • Noted full implementation starts from April, requiring segregation of waste at ward and department level, with rollout underway and mostly positive feedback. • Mentioned the need for new bins in communal areas and segregation of up to 22 different waste streams in the waste yard. • Highlighted that Natural Resources Wales (NRW) is actively ensuring compliance with the process. • Confirmed the procedure update recognizes these regulatory changes <p>RU asked how confident the team was that the waste management system was future proofed against further tightening regulations and sustainability issues, and whether this was the level for the foreseeable future or if more requirements were expected. She sought clarification on whether additional requirements would be introduced.</p>	

	<p>AP noted regular meetings with Natural Resources Wales (NRW) to stay updated on changes, and stated the current legislation was expected to remain in place for a while. The waste team also meets on an all-Wales basis to discuss policies, and NRW regularly audits CAV UHB. NRW reviewed the waste management policy in draft format and were very complimentary compared to other NHS Wales submissions.</p> <p>The committee resolved to:</p> <p>a) The Waste Management Procedure was approved.</p>	
	Items for Noting and Information	
D&IC 10/02/5.1	<p><u>Minutes: Digital Directors Peer Group</u></p> <p>DT explained that the Digital Directors Peer Group now served as the DDAT Digital Advisory Group, which reports into the DDAT leadership group and ultimately to the delivery group chaired by the Minister, comprising all Chief Executives. This change ensured the group was fully integrated into the new national governance structure for digital, data, and technology</p> <p>.</p> <p>The Committee Resolved that:</p> <p>a) The minutes of the Digital Directors Peer Group were noted.</p>	
	Agenda for Private Meeting	
D&IC 10/02/6.1	<ul style="list-style-type: none"> • <i>Cyber Security</i> <ul style="list-style-type: none"> • <i>Caldicott Guardian</i> • <i>Digital Foundations</i> 	
	Any Other Business	
D&IC 10/02/7.1	DE noted he would be moving to the Deputy Chair of this committee and thanked everyone for the effort and support.	
	Items to bring to the attention of the Committee	
D&IC 10/02/8.1	<p>Date & Time of next Meeting:</p> <p><i>Tuesday 05th May 2026 at 9am via MS Teams</i></p>	