

Minutes of the Public Digital & Infrastructure Committee Meeting Held On 12 August 2025 Via MS Teams

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

Chair:		
David Edwards	DE	Independent Member – Information Communication & Technology (IM-ICT)
Present:		
Susan Lloyd-Selby	SLS	Independent Member – Local Authority (IM-LA)
In Attendance:		
Suzanne Rankin	SR	Chief Executive Officer
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
Francesca Thomas	FT	Head of Corporate Governance
Mark Wardle	MW	Chief Clinical Information Officer
Ian Virgil	IV	Head of Internal Audit
Mark Wardle	MW	Consultant Neurologist
Secretariat		
Nikki Regan	NR	Corporate Governance Officer
Apologies		
Richard Skone	RS	Deputy Medical Director
David Fluck	DF	Executive Medical Director
Angela Parratt	AP	Director of Digital Transformation
Rachna Upadhy	RU	Independent Member – General (IM-G)

Item No	Agenda Item	Action
D&IC 12/08/1.1	<u>Welcomes & Introductions</u> The Committee Chair (CC) welcomed everyone to the public meeting and confirmed the meeting was quorate.	
D&IC 12/08/1.2	<u>Apologies for Absence</u> Apologies for absences were noted. The Committee resolved that: a) The apologies were noted.	
D&IC 12/08/1.3	<u>Declarations of Interest</u> The Committee resolved that: a) No Declaration of Interest were noted.	
D&IC 12/08/1.4	<u>Minutes of the Meeting Held 27th May 2025</u> The committee accepted the minutes from 27 th May 2025 as a true and accurate record.. The Committee Resolved that: a) The Minutes of the Meeting held on the 27 th May 2025 were confirmed as a true and accurate record.	

<p>D&IC 12/08/1.5</p>	<p><u>Action Log – Following the Meeting held on 27th May 2025</u></p> <p>The action log was discussed.</p> <p>The DDHI noted that the action regarding the digital road map and work programme update should remain open until the timeframes can be conveyed more definitively, suggesting it is still a work in progress and not fully closed.</p> <p>The CGO to update the action log to reflect that the committee annual report has been amended and confirmed as complete.</p> <p>The Committee Resolved that:</p> <p>a) The Action Log was discussed and noted.</p>	
<p>D&IC 12/08/1.6</p>	<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>	
<p>Items for Review and Assurance - Infrastructure</p>		
<p>D&IC 12/08/2.1</p>	<p><u>Estates Risk Register</u></p> <p>The DCEF highlighted the following points on the Estates risk register:</p> <ul style="list-style-type: none"> • Each department maintains its own risk register, which was consolidated into the overall Capital Estates and Facilities risk register. • The estates risk register is a key focus for the committee. • Risks are reviewed at bimonthly meetings, where new risks may be added and others removed as the situation changes. • At the time of reporting, there were over 70 risks in the highest (20 plus) category and 153 in the amber category, which reflected the age and condition of the estate. • The risk register is used to prioritize spending and to select top risks for funding bids and capital investment. • The team is transitioning from their previous system to the AMaT system for risk management, which is taking some time. • drone surveys were conducted to assess the condition of roofs and water goods. • The roof above the theatre block at UHW, is a copper roof above the plant rooms, which has significant damage and corrosion. • The damage was identified as a significant risk, requiring further investigation and likely point repairs followed by replacement. • The team were awaiting the initial report on the completed survey of the roof. • Operation Poet involved a complete power outage exercise, first conducted at UHW in 2023 and extended to UHL in 2024. • The next exercises are planned for September at UHL and October at UHW, with dates chosen to align with clinical services. • A review of findings from last year’s exercise were done to ensure all actions were addressed before the upcoming outages. • The replacement of a main switch panel (sub 2A) at UHW, serving theatres and laboratories, required significant planning and coordination with clinical teams, and would be completed in time for Operation Poet. • The disruption from these works were substantial, and gratitude was expressed to clinical teams for their support during the process. • Solar panels were installed covering the 2 lower levels of the car park at UHL. 	

- Similar solar canopy arrays were being installed at UHW, with completion expected by October, contributing to energy savings and reduction of the carbon footprint.
- The solar PV panels at UHL were installed smoothly, with minimal disruption compared to UHW.

The EDF commended the breadth of work by Geoff and the CEF team, noting that some projects, like the solar PV panels at UHL, went smoothly, while at UHW the parking disruption was more significant but well managed by the DCEF. She highlighted those high-risk schemes, such as the electrical infrastructure update, required extensive planning and praised the collaboration between staff and teams, especially during Operation Poet, which improved business continuity and resilience. She suggested that the DCEF share the estate enabling assessment project with the committee once it is in a digestible format, and requested it be added to the forward plan.

The IMLA thanked the DCEF and the team, stating the risk register provided a clear picture of the challenges faced. She noted the register highlighted recruitment difficulties, with poor response rates and applicants lacking required skills/experience, leading to reliance on external contractors. She asked the DCEF how the team is managing the balance between proactive and reactive work given the volume of risks, and whether the reliance on external contractors is improving or remains a concern.

The DCEF stated the recruitment situation has improved, and they regularly review vacancies in each department. He acknowledged that recruiting for specific roles, such as mechanical and electrical positions, has been difficult in recent years due to competition with the contracting industry, which offers higher salaries. Recently, there has been a remarkable improvement in recruitment, with more mature staff (including former contractors) applying for substantive posts, though occasionally staff are lost. He expressed comfort with current staff numbers but admitted the balance between proactive and reactive work is not yet right, and they are always seeking improvements to meet statutory and mandatory maintenance targets. He would like to see a reduction in the number of jobs needing attention, but the estate's condition drives much of the workload.

The IMLA wasn't surprised to hear the issues with the estate and the inevitable estate issues. She added that the capital funding wasn't at the level required.

The CC agreed with the EDF that the DCEF's report was at the right level for the committee and provided useful information about the scale of challenges being faced. He expressed that he was pleased about the progress with solar panels and was interested in understanding the actual reduction in energy expenditure. He asked about the estate survey, noting it would likely add to an already significant maintenance backlog and anticipated that calls for maintenance would increase as a result. He highlighted the large number of red risks and suggested it would be beneficial to have another full update to the whole board on the scale of challenges faced by the CEF team, like a previous presentation.

The DCEF stated that when the full report is available at the end of the calendar year and is in an easily understood format, it will provide a comprehensive picture to share and show how it has impacted the risk profile of CAV UHB. He mentioned that a critical risk review had previously been undertaken by a long-serving team member, which added additional red risks to the register. He said that once the report is digested and its impact on the risk profile is understood, that would be the best time to present it back to the Committee or the CAV UHB Board.

The CC confirmed that waiting for the full report before presenting to the

	<p>board made sense, but he was conscious that several independent members would be new and would not have seen the previous presentation, so an updated overview would be valuable.</p> <p>The EDF agreed with the DCEF'S assessment, stating that when the report is brought to the board, the first question will be "what does this mean?" and emphasized the need for time to understand and reflect on the implications for priorities. She highlighted that the work would provide a more comprehensive risk analysis, identifying both known and previously unknown risks. She explained that, together with CDEF, several pieces of work were agreed upon due to the lack of funding for UHW2, with this condition survey being the first step. She stated that the findings need to feed into master planning, considering how to make the estate smart and how care should be delivered in the future, including overlaps with digital and population health. She stressed the importance of understanding the issues clearly with Welsh Government.</p> <p>Action – The DCEF to share the latest performance report on scheme jobs and maintenance calls with the IMLA, if easily available.</p> <p>Action – The DCEF to prepare a report highlighting the results of the condition survey in the new year.</p> <p>The CC noted the need to do something with our existing infrastructure.</p> <p>The Committee Resolved that:</p> <ul style="list-style-type: none"> • The content of the paper and in particular the prioritisation process undertaken for the 2025/26 draft capital plan was noted. 	
<p>D&IC 12/08/2.2</p>	<p><u>Strategic Priorities 2025/26</u></p> <p>The EDF gave a verbal update and highlighted the following:</p> <ul style="list-style-type: none"> • The purpose is to ensure the committee focuses on moving the strategic dial rather than just in-year detail. She outlined the intent to bring a report in the future and sought feedback from the committee while the work was still formative. • The need to align strategic work and portfolios was highlighted with the board's strategy for infrastructure, including digital, and referenced Geoff's earlier presentation as a practical example of how operational detail feeds into longer-term goals. • The importance of understanding whether the organization is delivering on its annual plan and moving toward long-term objectives was emphasized, not just reacting to immediate problems. The digital roadmap is on the agenda, but an estates roadmap is not yet in place, though an ideal estate strategy has been presented to the board. • The digital and infrastructure must respond to population needs, partnership work, and modern technologies, which may reduce the need for physical infrastructure. • This agenda slot should regularly check if the committee is covering strategic progress, in-year priorities, and the long-term path, and invited feedback on this approach, with plans to bring it back to the agenda next time. <p>Action – The EDF to bring a report on strategic priorities for 25/26 to a future meeting, incorporating feedback from committee members.</p> <p>The DDHI stated there is a strategic plan for digital (Digital Foundations), but acknowledged the need to change practice and address a cultural aspect as well. He emphasized the importance of producing a joint plan, especially to support the organization's future direction, particularly around the clinical services portfolio. He noted there is not yet a long-term plan for areas such as telemedicine, virtual wards, and virtual consultations, and recognized that this will impact the physical estate as more care may shift to the community or upstream. He welcomed the opportunity to develop a joint plan that supports the organization from digital, data, and technology</p>	

	<p>perspectives, while ensuring alignment with estate planning.</p> <p>The IMLA commented that the strategic priorities discussion was critical and linked it to her earlier question to Geoff about balancing reactive work with strategic priorities. She found the EDF’s update helpful, especially regarding the relationship between the digital roadmap and infrastructure, and how they align and where pressures exist. She requested that, as part of the process, it would be useful to understand the impact when significant disruptors affect strategic priorities—such as when a priority drops off due to an unforeseen event (e.g., a bus crashing into a car park)—and asked for this to be built into future reporting.</p> <p>The CC noted when we put the strategic priorities together for future.</p> <p>Action – The DDHI & EDF to work on a joint plan aligning digital and estates strategies, including addressing digital inclusivity and future service models.</p> <p>The Committee resolved that:</p> <p>a) The ongoing work being undertaken by CEF to establish all critical and high risks associated with the UHB estate was noted.</p>	
Items for Review & Assurance – Digital		
<p>D&IC 12/08/3.1</p>	<p><u>Digital Roadmap and Work Programme Update</u></p> <p>The DDHI gave a detailed update on the digital roadmap and work programme referencing the Digital Foundations programme and its alignment with the All Wales major capital programme and highlighted the following:</p> <ul style="list-style-type: none"> • The team has conducted over 70 workshops and meetings to co-produce the plan, and the first draft of the five-year roadmap is now available, with identified barriers being both cultural and technological. • The high-level programme business case and business justification cases are in draft, with the year 1 BJC expected to include electronic observations, clinical notes, test results, e-referrals, and supporting infrastructure. Consideration is being given to including EU workstation replacement and patient communications, though the latter depends on the NHS Wales app. • Next steps include concluding data gathering, validating benefits, prioritizing years two to five, and ensuring alignment with Capital Estates and Facilities. There are ongoing discussions with Welsh Government and the interim Chief Digital Information Officer of Wales. The team is also refreshing the digital strategy to include target operating models for both services and implementation. • Key risks include funding uncertainties, WG plans for a national electronic health record, and the organization’s low digital maturity. Concerns from workshops include training and upskilling, which are being addressed with the People and Culture plan. • The capital ask is estimated at £20–25m over five years, with the focus on additionality rather than backlog funding. The governance plan outlines the internal and external approval process, aiming for public board sign-off. • Draft roadmaps and high-level timelines for years one to five were mentioned, with details to be shared after the meeting. • Two appendices were referenced: one updating on annual plan items and another providing a tactical update on current activities outside the strategic work programme. <p>The CC commented that £25m over five years seemed low to him but acknowledged there are joint initiatives with DHCW and admitted he may not fully understand all funding sources. He suggested that more detail</p>	

	<p>could be explored in future committees and proposed having a discussion with the DDHI for further assurance. (action).</p> <p>The DDHI noted that Cardiff and Vale UHB are looking to align their existing cost base with the additional funding ask, as it will be scrutinised by Welsh Government. He explained that requesting a significantly higher amount could risk rejection, and that the approach is to ensure the ask is reasonable and justifiable.</p> <p>The CC stated that as long as the monetary ask matches the ambitions of what is being delivered, it is acceptable. He expressed concern that if the planned delivery does not align with the funding, and the team is afraid to ask for the right amount, it could lead to overspends and future issues. He emphasized the importance of asking for the correct amount upfront rather than underestimating and facing problems later.</p> <p>The Committee Resolved that:</p> <p>a) The Digital Roadmap and Work Programme Update was noted.</p>	
<p>D&IC 12/08/3.2</p>	<p><u>Corporate Digital Risk Register</u></p> <p>The DDHI highlighted:</p> <ul style="list-style-type: none"> • The one risk remaining red status was cyber security • Other risks are in yellow status, with scores between 8 and 9, and there are no changes to these. • It was suggested to close the risk relating to effective resource utilisation, explaining that the digital services management process has been adjusted to better prioritise and deprioritise competing priorities, allowing the team to manage organisational needs more effectively. <p>The Committee resolved that:</p> <p>a) The progress and updated to the Risk Register report was noted.</p>	
<p>D&IC 12/08/3.3</p>	<p><u>Information Governance (IG) Data Compliance</u></p> <p>The HIGCS highlighted the following:</p> <ul style="list-style-type: none"> • The IG department is resourced at five whole time equivalents (WTE) and continues to review a large number of health board IG-related incidents, with 116 incidents reviewed between May and June. Of these, three met the threshold for reporting to the ICO, detailed in private papers. • Freedom of Information (FOI) compliance remains largely unchanged at 61 and 91% per month, respectively. • Medical records request compliance increased to 37%, with a month-on-month rise since November, but still below acceptable levels. There are about 305 requests per month. • Non-health records requests were compliant for 18 out of 19 requests between April and May, with most requests from staff being wide in scope and complex. • For the National Intelligence Integrated Audit Solution, nearly 1,200 letters have been sent to staff regarding their access to clinical systems. • Mandatory IG training figures have increased slightly to 72% for health board staff, and James provided a trend graph for the last 12 months per clinical board, with a breakdown by staffing group available if needed. <p>Action - to pursue better engagement with clinical boards regarding IG training compliance, subject access requests, and cyber risks.</p>	

	<p>The IMLA thanked the HIGCS for presenting the data, stating it was helpful to see the timelines and understand where pressures are, especially if challenges increase. She asked about health record requests, specifically why there are delays, noting that 54 requests from April and May remain open. She wanted to know if delays are due to team capacity or complexity.</p> <p>The HIGCS explained that the high number of requests per month is challenging for a small team. Each request requires clinical review and sign-off by the last treating doctor to ensure no harm is caused by disclosure, which is a slow process, especially as patients often see multiple clinical teams. He noted the process for medical record requests is very manual, and it's difficult to pinpoint where delays occur due to poor documentation. Most delays are believed to be in the clinical sign-off process, which is overwhelmed by increasing requests. He said a new "single front door" system is being developed to automate and track requests, which will help identify and improve delays, but it is not yet live due to limited resources and lack of funding. Once implemented, it will provide better oversight. He could not give a specific date for rollout but mentioned that the first patient test was successful and estimated something could be live within three to six months, with adoption depending on engagement with legal firms who submit most requests. He clarified that the IG department does not manage the process; it sits within the medical records portfolio and is managed by about 20 clinical teams. IG's role is to advise on GDPR compliance, but they have no management responsibility. The new system aims to give IG more control and visibility. He emphasized the need for robust governance due to the sensitive nature of the information, which impacts the ability to meet legislative timeframes.</p> <p>The CEO asked about opportunities to use data and information, such as presenting it quarterly to each clinical board, to improve the situation. She wondered if clinical board leadership teams are aware of the current position and their accountability for driving the response. She suggested that the committee could use this information in executive reviews with clinical boards or ask the Quality & Safety (Q&S) committee to provide assurance on clinical engagement, to ensure boards are both aware and active in supporting their teams.</p> <p>Action - to consider using the information on health record requests and related compliance issues in executive reviews with clinical boards and/or to ask the Q&S committee to provide assurance on clinical engagement, ensuring clinical boards are aware of and actively supporting their teams in addressing these issues.</p> <p>The HIGCS stated that most requests come from solicitors and legal firms and noted that no one is obligated to use the new front door system, but engagement with these firms would improve adoption. He estimated that the new system should be live within the next three to six months. He mentioned efforts to address poor mandatory IG training compliance and said he would discuss this further in the private section of the committee, particularly regarding better engagement with clinical boards and cyber risks.</p> <p>The Committee resolved that:</p> <p>a) The series of updates relating to significant IG issues were received and noted.</p>	
	Items for Approval / Ratification	
D&IC 12/08/4.1	<i>No items</i>	
	Items for Noting and Information	

<p>D&IC 12/08/5.1</p>	<p><u>Minutes: Digital Directors Peer Group</u></p> <p>The minutes from the Digital Director Peer Group were noted.</p> <p>The DDHI expressed hope that the minutes demonstrated improved collaboration across NHS Wales organisations, including DHCW and Welsh Government. He noted that the minutes highlighted potential gaps in maturity as organisations prepare for electronic health records. He added that a national Caldicott SIRO group has started, with himself and the DMD as members, and that the group has already met twice to build consensus on management approaches.</p> <p>The Committee Resolved that:</p> <p>a) The minutes of the Digital Directors Peer Group from May, June & July 2025 were noted.</p>	
<p><u>Agenda for Private Meeting</u></p>		
<p>D&IC 12/08/6.1</p>	<ul style="list-style-type: none"> • Caldicott Guardian Update • Cyber Security Update • Digital Transformation Review Board self assessment • Community & Mental Health System (PARIS) replacement 	
<p><u>Any Other Business</u></p>		
<p>D&IC 12/08/7.1</p>	<p><i>No Other Business was discussed.</i></p>	
<p>Items to bring to the attention of the Committee</p>		
<p>D&IC 12/08/8.1</p>	<p><u>Date & Time of next Meeting:</u> <i>Tuesday 11th November 2025 at 9am via MS Teams</i></p>	