Minutes of the Public Digital & Infrastructure Committee Meeting
Held On 11 November 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
David Fluck	DF	Executive Medical Director
Secretariat		
Rachel Chilcott	NR	Corporate Governance Officer
Apologies		
Richard Skone	RS	Deputy Medical Director

Item No	Agenda Item	Action
D&IC 11/11/1.1	**Welcomes Introductions & Apologies** The Committee Chair (CC) welcomed everyone to the public meeting and confirmed the meeting was quorate.	
D&IC 11/11/1.2	**Declarations of Interest** **The Committee resolved that:** a) No Declaration of Interest were noted.	
D&IC 11/11/1.3	**Minutes of the Meeting Held 12.08.2025** The Committee accepted the minutes from 12th August 2025 as a true and accurate record. **The Committee Resolved that:** a) The Minutes of the Meeting held on the 12th August 2025 were confirmed as a true and accurate record.	

D&IC 11/11/1.4	**Action Log – Following the Meeting held on 12.08.2025** **Completed Actions**: The Director of Digital & Health Intelligence - David Edwards (DE) confirmed that several actions were completed, including "essential script," "strategic property," and "IG data compliance." The IG data compliance action is still in progress. **Strategic Priorities Action**: The Executive Director of Finance – Catherine Phillips (CP) raised that the "strategic priorities" action (noted as 2526) was about the longer-term digital and estates plan alignment. She emphasized ongoing work needed by herself, The Director of Capital, Estates & Facilities – Geoff Walsh (GW), and DT to define the journey, milestones, and ensure alignment, suggesting it was not a quick action but should remain on the forward plan for further development. **Forward Plan Update**: CP proposed that she, GW and DT refined the timing and products for the forward plan to ensure it meets needs and allows input. DT agreed, noting this reflected previous board discussions and supports keeping it on the agenda. He proposed removing it from the action log as it was on the forward plan. **The Committee Resolved that:** a) The Action Log was discussed and noted.	
D&IC 11/11/1.5	**Chair's Action taken since the last Committee Meeting** No chairs actions taken since the previous meeting. **The Committee Resolved that:** a) There were no Chair's Actions taken since the last meeting.	
	Items for Review and Assurance - Infrastructure	
D&IC 11/11/2.1	**Estates Risk Register** The Director of Capital, Estates & Facilities – Geoff Walsh (GW) highlighted the following points on the Estates risk register: • Very high risks were being managed across estates and infrastructure, with all risks above 20 transferred to the corporate governance risk system, and those between 15 and 20 in the process of being transferred. • Attention was drawn to three key areas: main theatres' feasibility, important refurbishment, and infrastructure issues identified in a service review. • Approximately £4.5m in short-to-medium-term work was identified, mainly for infection prevention and control, but this did not address ventilation and air conditioning upgrades, which required an additional £61m. Even with this investment, full compliance with health building standards would not be achieved due to theatre size limitations. • Annual validation showed current ventilation was within parameters, but the building was not designed to the latest standards, which was a significant point for awareness. • For ITU, issues were highlighted with UPS (backup power) systems, noting that only one of seven areas currently meets the required N+1 standard. Work is underway to upgrade all areas to N+1 before Christmas.	

	• Problems with infrastructure availability, such as obsolete trunking systems for medical gases and electrical sockets, and ongoing discussions about implementing changes. • "Operation Poet," a total power outage test at UHW, was considered successful despite minor issues. Lessons learned and an action plan would follow, and a similar exercise was planned for UHL in the future. The Executive Director of Finance – Catherine Phillips (CP) asked GW to provide an update on the condition survey and when it would return to the Committee, noting that the work was currently being finalised and suggested it would be helpful for the committee to hear about its status if there were no other questions GW responded that the fieldwork for the condition survey was complete, and the data was entered into a database. He was meeting with the suppliers to discuss how to condense the large volume of detailed information into an overview suitable for executives and the Board. He hoped to have a draft document to bring to the next D&I Committee meeting. The UHB Chair – Kirsty Williams (KW) thanked GW for his paper and said she looked forward to a wider briefing on capital issues. She then raised several questions: the priority on infection prevention and control improvements in theatre and whether there was a similar programme for ICU; issues in ICU such as hand washing and toileting facilities for staff; how the team communicates improvements and investments to staff; and CAV UHB's track record in securing end-of-year capital flexibilities from Welsh Government (WG). GW responded to the questions and highlighted the following: • **end-of-year capital flexibility**: CAV UHB has a close relationship with WG and was very successful in securing last-minute capital funding, often being called upon to deliver quickly. He explained that digital and medical equipment colleagues benefit most from late funding, as infrastructure projects are harder to deliver quickly. • **ICU**: a business justification case was in progress for refurbishment, with phased work planned to maintain bed capacity. He described the upcoming availability of ward C3 and the need to juggle decant space for theatres and recovery, noting a project team is working on solutions and discussions with WG were ongoing to bring forward the first phase. • **Hand washing and toileting facilities**: recent issues were part of a planned shutdown for foul drainage replacement, with ITU staff involved in the planning and agreed isolations, and that facilities would be restored once works were complete. • **Communication with staff:** local workforce information was presumed to be relayed by clinical board and department leads on project teams, but admitted the team was not very good at broader communication or highlighting successes and acknowledge a need to improve in this area. The Chief Executive - Suzanne Rankin (SR), noted that GW and other colleagues came to "ask Suzanne" and talked about their work but agreed there was a definite need for a campaign to better communicate successes and ongoing work. She offered to support	

	GW and the comms team. She asked GW about the theatre's refurbishment, specifically raising concern that losing two theatres at a time during the work was likely to have an effect on planned care recovery. She wanted assurance that the right people were involved to work through the impact on any trajectory the organization has committed to or is developing for next year. GW responded that Adam Wright was leading the work with all concerned parties, including meetings with ITU and theatre teams to address the impact and ensure recovery was located appropriately. SR asked about the recovery area, referencing previous work done to make it child-friendly for paediatric cases. She stressed the importance of ensuring that whatever was done it was replicated in the temporary facility during the refurbishment and in the new facility afterward. The Medical Director - David Fluck (DF) commented on the risk register section in the report, describing it as "fairly scary" and offered to sit down with GW to review it from a quality and clinical perspective, noting the presence of several high risks. GW responded that things were changing rapidly, and some risks had been on the register for a long time were now becoming reality. He emphasized the need to be mindful of this, noting that the Estates team were dealing with almost weekly reactive and significant issues. DF suggested there may be an opportunity to drive a new clinical model or reorganize to try and avoid some of the risks, and recommended mapping this with the Clinical Services Plan, referencing GW's earlier outline of his thoughts. The Independent Member - General - Rachna Upadhya (RU), asked GW to expand on the lessons learned from the power outage electrical testing performed in October at UHB, emphasizing its importance for emergency generators and electrical infrastructure. She requested an explanation for why the UHL Poet exercise was deferred by a year and whether anything was anything being done to cover the interim period. GW responded by stating the UHW Poet exercise was considered successful overall, with failures in some key equipment (specifically batteries on switch gear), and described ongoing investigations and maintenance plans to prevent future failures. He mentioned considering a dedicated generator for the third floor due to its critical areas (ITU and theatres). He explained the complexity of the system, the reliance on local generators, and the importance of planned testing versus real outages. Regarding UHL, he said the delay was due to ongoing replacement of a main switchboard at UHW, which required significant planning and impacted pre-planning for UHL. He clarified that UHL's electrical system is less complex and relies more on local generators, which are tested weekly, so the risk was lower than at UHW. CP reminded the Committee that this was the third year for Operation Poet at UHW and emphasized the importance of conducting a once-a-year power outage to test the system. She noted that this testing led to investment, making CAV UHB more resilient. She highlighted the need to bring together efforts to address	

	infrastructure risks over time, describing it as a significant piece of work, especially given the limited investment available from WG. RU asked about the battery failure at UHW and whether similar testing could be done for UHL in the meantime. GW confirmed that this testing would be done as part of the plan. **The Committee Resolved that:** • The content of the paper and in particular the prioritisation process undertaken for the 2025/26 draft capital plan was noted.	
	Items for Review & Assurance – Digital	
D&IC 11/11/3.1	**Digital Roadmap and Work Programme Update** David Thomas (DT), the Director of Digital, Health & Intelligence and Angela Parratt (AP), the Director of Digital Transformation summarised the progress on the digital foundations programme business case • The focus for the Committee meeting was the Digital Foundations Programme business case, which was the primary vehicle for advancing the digital maturity journey. • The Digital Foundations Programme business case outlined a five-year plan seeking investment from WG. It was described as a response to the need for improved digital maturity, aiming to reduce avoidable harm caused by missing data and poor infrastructure, and to prepare for a future national electronic health record solution. • The programme's objectives were detailed, alignment with national strategies, and the importance of securing a revenue funding stream for its implementation KW praised AP for framing the digital foundations work as an enabler with a strong focus on patient outcomes, quality, and safety. She asked how, alongside building the plan, they engage with staff and the public, emphasizing that the public will ultimately need to see the benefit of this work. AP responded that there were 40 workshops and over 150 meetings, which included deep dives with various stakeholders such as the patient experience team, clinicians, and operational staff. She emphasized that this was not a new initiative, with about five years of discovery work behind it, and that previous engagement included attendance at a patient panel. She noted that it was not yet clear what the NHS Wales App roadmap looks like in terms of delivering capability for patients. KW asked whether the system would be able to cope with the regional footprint of working, specifically regarding patients moving in and out of different HB's to receive treatment. AP responded that there were national and local standards for data interoperability, and if these were followed, data could move and be accessible across regions. She highlighted a regional initiative—the digital care region—where multiple agencies, including councils, can view individual care information, moving towards a shared care	

	record. She acknowledged the challenge of integrating systems across organizations with different applications and ways of working and noted that part of the digital foundations work was to modernize infrastructure to make access easier. She also mentioned ongoing workshops and discussions with neighbouring organizations to support regional collaboration and patient flows. DT added that there was a digital regional workshop happening in a couple of weeks with Aneurin Bevan UHB and Cwm Taf Morgannwg UHB to look at how to support patient flows and regional initiatives that were underway or in development. **The Committee Resolved that:** a) The Digital Roadmap and Work Programme Update was noted.	
D&IC 11/11/3.2	**Corporate Digital Risk Register** DT highlighted: • The corporate digital risk register scores are unchanged since last month, but there are updates in the template regarding progress. • He emphasized that cybersecurity remained the top risk and will be discussed further in the private agenda. Other risks have actions underway, but none could be materially reduced at this time. He confirmed that risks were reviewed monthly and invited questions. • He also clarified, when asked, that discussions to capture Clinical Board cyber risks have already started, with actions in progress to engage with clinical boards and complete the work within the next month or two. DE asked about the update around cybersecurity and its transfer to AMAT, specifically referencing the work to capture Clinical Board cyber risks and inquired when this work would be completed. DT explained that discussions had started, a proposal was taken to the senior leadership team in October, and actions were underway to engage with clinical boards and complete the work within the next month or two. **The Committee resolved that:** a) The progress and updated to the Risk Register report was noted.	
D&IC 11/11/3.3	**Information Governance (IG) Data Compliance** The Head of Information Governance & Cyber Security - James Webb (JW) provided an update on key information governance performance indicators: • The department was resourced to five whole time equivalents (WTE) and continued to review a substantial volume of incidents via the Datix system, with 129 incidents reviewed between July and September. • Two breaches met the threshold to report to the Information Commissioner's Office, with further details in the private papers.	

	• Freedom of Information compliance remained largely unchanged at 63 requests and 90% compliance per month. • Medical Records request compliance improved to 48%, with a steady month-on-month increase since November 2024, but still below an acceptable threshold. Request volumes average 318 per month, response times were within regulatory timeframes, and outstanding requests were relatively low. • For non-health records requests, compliance was achieved in 30 out of 34 cases, and 56 requests for CCTV footage were mainly to investigate vehicle damage incidents in car parks, which rose significantly. • Over 12,150 letters were sent to staff regarding accessing clinical systems inappropriately • Mandatory IG training figures had increased to 74% for all staff, but remain below the required 85% for a satisfactory ITIG toolkit submission. DE asked about Freedom of Information (FOI) requests, noting that the data (questions and information provided) was published to prevent further similar requests. He asked how much this was being used to prevent similar requests or if it was just getting easier to answer questions because similar ones had asked previously, essentially asking about volume versus effort. JW responded that while submissions were published on the public website as a legal requirement, the impact on reducing requests was limited because questions, though similar, were often nuanced or had different dates, making it challenging to rely on previous responses. He noted that the published format was not particularly helpful for public searching, so improvements could be made, but the main challenge remained the specificity of each request. KW asked about the significance of the figure for staff accessing records and the number of letters sent, expressing that even one instance was too many. She questioned what the figure indicates, how it benchmarked against other organisations, and what actions were being taken with the workforce to address this issue. JW responded that he would address this in the private agenda, where a graph would illustrate the issue and further detail would be provided. No benchmarking data or detailed workforce actions were discussed in the public section; further information was deferred to the private session. **The Committee resolved that:** a) The series of updates relating to significant IG issues were received and noted.	
D&IC 11/11/3.4	**Board Assurance Framework – Digital** • DT highlighted that actions were being taken to progress the Digital Foundations business case, emphasizing its importance for achieving many planned developments. He noted that this was a key focus area and referenced ongoing efforts but did not provide specific action details in the public section.	

	• AP previously explained that the Digital Foundations programme business case set out a five-year plan seeking investment from WG, aiming to improve digital maturity, reduce avoidable harm, and prepare for a future national electronic health record. The programme involved annual iterative planning, alignment with national strategies, and ongoing engagement with clinical and non-clinical colleagues. • There would be further discussion on resourcing and the revenue ask for Digital Foundations in the private agenda. **The committee resolved to:** a) The Board Assurance Framework – Digital was discussed and noted.	
	Items for Approval / Ratification	
D&IC 11/11//4.1	**Records Management Policy & Procedure / Procedure for External Emails** JW summarised and highlighted the following points: • The records management framework was not new but was updated to reflect the implementation of the WG's records management code of practice. • The purpose of these documents and the overall framework was to ensure all departments, whether dealing with health or corporate records, were aware of records management requirements and do not retain records longer than necessary, which helped manage storage, cost, and regulatory risks. • New guidance was produced for clinical teams to communicate directly and timely with patients outside of traditional phone calls and letters. While this guidance was previously provided informally, it was formally documented. The guidance was designed to balance the relatively low cyber risk with the clinical benefits and cost-effective communication, provided it is used in appropriate circumstances. DE asked whether there is a policy or procedure template available across all health boards in Wales, or if each board is reinventing the wheel every time they develop such documents. JW responded that there was a national emailing policy, but in their view, it was restrictive. They had tried to deviate from that national policy where clinical teams believe it was relevant and where patients were happy to receive results and other information via email. **The Committee resolved that:** a) The Procedure for External Emails and the updates to the Records Management Policy, Procedure and Retention Destruction Schedule of the Management Framework were approved.	
D&IC 11/11/4.2	**Disaster Recovery Policy** JW highlighted the following:	

	• introduced a new document outlining key roles and responsibilities once a business continuity event has been declared, such as a major incident. • The policy establishes a disaster recovery (DR) team responsible for responding to and managing the recovery effort following a cyber incident. • It covers legal reporting thresholds requiring certain incidents to be reported to Welsh Government and provides a definition of what constitutes a mission critical service. • James noted that while the DR policy is key, they also need to urgently update their disaster recovery plan, but thought it would be beneficial for the organisation to have the policy approved first before updating the more detailed plan. DE commented that if a major event occurred, it would not be isolated to the digital IT teams; across the whole UHB, disaster recovery teams would need to take action. He expressed uncertainty about how the digital disaster recovery policy plugged into broader organisational plans and how it avoided duplication of terminology, especially during stressful times. JW clarified that the document is a digital disaster recovery policy specifically for those responsible for restoring critical digital infrastructure. He emphasized that it is not a business continuity plan for clinical services, but rather a document for digital teams who are responsible for digital systems, applications, and the network. DT stated that the digital disaster recovery policy would be shared with and plugged into the EPRR (Emergency Preparedness, Resilience and Response) system. He mentioned that they would probably need to test it at some point and are scheduling a desktop exercise with input from EPRR colleagues. JW said he would take the feedback away and try to provide further clarity in the document. He noted that it was due to be tested early next spring and expressed his hope to have it approved by then so it can be relied on and tested. SR commented that the priority during business continuity was the delivery of safe care to patients, which lied with the clinical operational teams. She explained that if there was an outage and loss of data or a digital platform that contributes to patient care, there was often an alternative way of managing or delivering that care (such as converting to paper or using plain X-ray). She clarified that the document describes the digital team's approach to recovering the platform or data associated with it, which was a technical responsibility, while the management of care remained with the Chief Operating Officer and clinical boards as part of the business continuity plan. The Committee approved the policy on the basis that JW and DT would review and provide further clarity to ensure absolute clarity about the document's purpose. **The Committee Resolved that:** a) The digital disaster recovery policy was approved.	
	Items for Noting and Information	

D&IC 11/11//5.1	**Minutes: Digital Directors Peer Group** • The minutes from the Digital Directors Peer Group were noted. • The group evolved into a digital advisory group providing advice to the national D DAT board, which included all chief executives and is chaired by the Minister. • There was a greater commitment to collaboration and joint working, particularly with DHCW, as national programmes were delivered. . **The Committee Resolved that:** a) The minutes of the Digital Directors Peer Group from 02.09.25 & 07.10.25 were noted.	
	Agenda for Private Meeting	

D&IC 11/11/6.1	• *Cyber Security*
	  • *Caldicott Guardian*
	  • *Digital Foundations*	

	Any Other Business	
D&IC 11/11/7.1	*No Other Business was discussed.*	
	Items to bring to the attention of the Committee	
D&IC 11/11/8.1	**Date & Time of next Meeting:** *Tuesday 10th February 2026 at 9am via MS Teams*	