

# Public Digital & Infrastructure Committee

Tue 11 February 2025, 09:00 - 10:10

Virtual - MS Teams

## Agenda

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### 09:00 - 09:05 **1. Standing Items**

5 min

#### **1.1. Welcome & Introductions**

*David Edwards*


#### **1.2. Apologies for Absence**

*David Edwards*

#### **1.3. Declarations of Interest**

*David Edwards*

#### **1.4. Minutes of the Committee Meeting held on 12th November 2024**

 Item 1.4 Draft DHIC Public Minutes 12.11.24.pdf (6 pages)

#### **1.5. Action log following the Committee Meeting held on 12th November 2024**

No Action Log

#### **1.6. Committees Chairs Actions**

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### 09:05 - 09:35 **2. Infrastructure**

30 min

#### **2.1. Capital Programme 2024/25**

*Geoff Walsh*

 2.1 - 2.2 2024-25 Capital Programme update and 2025-26 Draft Capital Plan D&I Committee February 2025.pdf (63 pages)

#### **2.2. Proposed Capital Programme 2025/26**

*Geoff Walsh*

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### 09:35 - 10:05 **3. Digital**

30 min

#### **3.1. Digital Roadmap & Work Programme Update**

*David Thomas*

 Item 3.1 Digital Roadmap and work programme update.pdf (10 pages)

Regan Nikki  
10/02/2025 10:16:50

## 3.2. Corporate Digital Risk Register

*David Thomas*

- 📄 Item 3.2a - DHI Combined Risk Register MASTER.pdf (12 pages)
- 📄 Item 3.2 - Digital Risk Register Cover.pdf (2 pages)

## 3.3. IG Data Compliance

*James Webb*

- 📄 Item 3.3 - IG compliance paper.pdf (8 pages)

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## 10:05 - 10:05 4. Items for Approval / Ratification

0 min

No Items

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## 10:05 - 10:05 5. Items for Noting & Information

0 min

### 5.1. Minutes: Digital Directors Peer Group

- 📄 Item 5.1 - Digital Directors' Peer Group Cover.pdf (2 pages)
- 📄 Item 5.1a - Digital Peer Group Minutes - Nov '24 - Appendix 1.pdf (6 pages)
- 📄 Item 5.1b - Digital peer Group minutes - Dec '24 - Appendix 2.pdf (6 pages)
- 📄 Item 5.1c - Digital Peer Group Minutes - Jan '25 - Appendix 3.pdf (6 pages)

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## 10:05 - 10:05 6. Agenda for Private Digital & Health Intelligence Meeting

0 min

### 6.1. Cyber Security

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## 10:05 - 10:05 7. Review of the meeting

0 min

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## 10:05 - 10:05 8. Date & Time of next meeting: Tuesday 28th May 2025 at 9am via MS Teams

0 min

Regen, Nikki  
10/02/2025 10:16:53

## Unconfirmed Minutes of the Public Digital & Health Intelligence Committee Meeting Held On 12 November 2024 Via MS Teams

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

<b>Chair:</b>		
David Edwards	DE	Independent Member – Information Communication & Technology (IM-ICT)
<b>Present:</b>		
Susan Lloyd-Selby	SLS	Independent Member – Local Authority (IM-LA)
<b>In Attendance:</b>		
David Thomas	DT	Director of Digital & Health Intelligence (DDHI)
Matt Phillips	MP	Director of Corporate Governance
James Webb	JW	Head of Information Governance & Cyber Security (HIGCS)
David Fluck	DF	Executive Medical Director
Richard Skone	RS	Deputy Medical Director
Mark Cahalane	MC	Head of Digital Services Management
Hesib Rehman	HR	Senior IT Support Engineer
<b>Secretariat</b>		
Nikki Regan	NR	Corporate Governance Officer
<b>Apologies</b>		
Akmal Hanuk	AH	Independent Member – Local Community (IM-LC)
Suzanne Rankin	SR	Chief Executive
Angela Parrat	AP	Director of Digital Transformation

Item No	Agenda Item	Action
<b>DHIC 12/11/001</b>	<b>Welcome &amp; Introduction</b>  The Committee Chair (CC) welcomed everyone to the Public meeting and confirmed the meeting was quorate.	
<b>DHIC 12/11/002</b>	<b>Apologies for Absence</b>  Apologies for absences were noted.  <b>The Committee resolved that:</b> a) The apologies were noted.	
<b>DHIC 12/11/003</b>	<b>Declarations of Interest</b>  <b>The Committee resolved that:</b> a) No Declaration of Interest were noted.	
<b>DHIC 12/11/004</b>	<b>Minutes of the Meeting Held 13<sup>th</sup> August 2024</b>  The committee accepted the minutes from 13 <sup>th</sup> August 2024 as a true and accurate record.  <b>The Committee Resolved that:</b> a) The Minutes of the Meeting held on the 28 May 2024 were confirmed as a true and accurate record.	
<b>DHIC 12/11/005</b>	<b>Action Log – Following the Meeting held on 13<sup>th</sup> August 2024</b>  2 actions on the action log were both completed.  <b>The Committee Resolved that:</b> a) The Action Log was discussed and noted.	

<b>DHIC</b> <b>12/11/006</b>	<b>Chair's Action taken since the last Committee Meeting</b>  No chairs actions taken since 13 <sup>th</sup> August 2024.  <b>The Committee Resolved that:</b> a) There were no Chair's Actions taken since the last meeting.	
<b>Items for Review and Assurance</b>		

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DHIC  
12/11/007

## Digital Roadmap and work programme update

The DDHI provided an update on the digital road map and work programme, highlighting the approval of the investment case for the digital foundations programme, which included a £466k investment over 12 months to develop a digital programme business case. He highlighted the following points:

- A glossary was needed due to the use of acronyms to ensure clarity
- Progressing with work for all staff to have a 365 license
- The 12-month plan has commenced and the team is in the process of finding a partner to help with the programme business case. The focus is on delivering a clear trajectory with costs and plans to achieve digital maturity

The CC was pleased to see the use of digital services / software provided by the Microsoft suite. This investment was needed but savings were still required.

The IMLA recently visited the MH unit in UHL and was surprised that not all staff had access to tablets and noted this need to be improved and was pleased to hear of the progress being made.

The DDHI noted there needed to be a cultural shift and the EDPC was supporting this to encourage digital progress throughout the UHB. He added that AI was continuing to progress and the governance of this needed to be addressed and would raise this with the Execs.

The HDSM highlighted the following points:

- CAV UHB made an effort around DHI
- The progress in sharing information with local authorities and the importance of integrated care records.
- We need to be closer to the priorities of the work we do
- We have a structure for the work we do and the work is scored to show the impact against the UHB
- We have a growing mechanism around our control of programmes

The DDHI noted:

- We have the priorities update and the priorities should reflect
- Appendix 1 shows where CAV UHB are on some of the programmes
- MC noted the regional shared viewer is our integrated view across care and was being run through a programme called digital care region
- This has been worked on for the last 2 years

The IMLA questioned about sharing information about neurodiversity with Cardiff local authority and asked if this was that also being shared with the Vale?

The HDSM responded that the Vale is at a different point of involvement in the programme. They are eager to integrate the information into their new social care solution, which will replace the current WCCIS product that is being phased out. Once the new vendor is in place, the information will be shared appropriately with the Vale.

The DDHI noted that overall, the update emphasized the importance of securing funding, addressing infrastructure needs, and driving digital transformation to improve healthcare delivery.

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	<p><b>The Committee Resolved that:</b></p> <p>a) The Digital Roadmap and Work Programme Update was noted.</p>	
<p><b>DHIC</b> <b>12/11/008</b></p>	<p><b>Corporate Digital Risk Register</b></p> <p>The DDHI explained that the two risks discussed in the previous meeting have been removed from the risk register. He added that the top risk remains cybersecurity, with a score of 20. Despite ongoing mitigation efforts, the risk level remains high due to the constantly evolving threat landscape.</p> <p>The CC was aware of the issues and threats and the geo political situation was increasing the threats on a daily basis. He wanted the public to be aware of the constant work and the cyber threat towards to health board.</p> <p><b>The Committee resolved that:</b></p> <p>a) The Corporate Digital Risk Register was reviewed and noted.</p>	
<p><b>DHIC</b> <b>12/11/009</b></p>	<p><b>IG Data Compliance</b></p> <p>The HIG highlighted the following points:</p> <ul style="list-style-type: none"> <li>• The IG dept resourced to 5 WTE with the new EMD as the Caldicott Guardian</li> <li>• 153 incidents between July – September 2024 with only 1 of the breaches reported to ICO</li> <li>• FOI Compliance increased to 94% from 90% in the previous period, with a slight decrease in the number of requests.</li> <li>• Medical records requests dropped to 317 requests per month but compliance remained at 32%</li> <li>• NIAS monitoring – National issues were resolved, and monitoring resumed in September. Letters were sent to those potentially breaching internal policy.</li> <li>• Mandatory Training Compliance dropped to 73%, which may impact the IG toolkit standard and some research studies. Efforts are being made to address this issue.</li> </ul> <p>The EMD noted there wasn't just mandatory governance training and this was something that needed assistance to help drive forward.</p> <p>The IMLA suggested it would be helpful to understand what specific steps were taken following the report to the ICO and how it was followed up to ensure were minimising the risk or reoccurring? She noted there hadn't been any shift in mandatory training in relation to medical / dental?</p> <p>The DDHI explained all incidents were reviewed and if there was any likelihood of a breach we would automatically inform the ICO and they support the transparency that CAV UHB demonstrate and are often asked to share further work we are doing.</p> <p>The HIG noted that few incidents were serious enough to be reported to the ICO. He added that most breaches were due to human error, such as sending letters to the wrong address. Training alone may not mitigate these issues, and internal procedures need to be strengthened.</p> <p>The IMLA raised concern around the breaches and understood that mandatory training wouldn't address the breaches but the teams need to be made aware of the risks.</p> <p>The CC viewed mandatory training as important as it raises the importance of responsibility for staff members who are handling data.</p> <p><b>The Committee resolved that:</b></p> <p>a) The IG Data Compliance was reviewed and noted.</p>	

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<p><b>DHIC</b> <b>12/11/010</b></p>	<p><b>Digital Services KPI</b></p> <p>The SITSE presented and highlighted the following points:</p> <ul style="list-style-type: none"> <li>• There was an increase in the number of overall incidents and requests, highlighting the demand for support and increased use of the self-service portal</li> <li>• The average duration for resolving requests and incidents had decreased, indicating improved efficiency</li> <li>• The service desk saw a significant increase in demand but has managed to reduce resolution times, showing maturity in handling issues</li> <li>• In October, 4197 requests were opened, with 2657 closed, leaving 718 open. For incidents, 1523 were opened, with 1374 closed. The average resolution time for incidents is three to four days</li> <li>• The cost of equipment had reduced due to spending cuts, but an increase is expected with the need for Windows 11 devices.</li> <li>• Automation was implemented for new account requests, significantly reducing processing time to within two hours.</li> </ul> <p>The DDHI noted that it was good to see the improved performance and we would be adding 2100 new users within CAV UHB to give all staff members access to an account over the next month or 2.</p> <p>The IMLA asked what the difference was between an incident &amp; a request?</p> <p>The SITSE confirmed an incident was a problem and a request could be something such as installing a printer.</p> <p>The IMLA asked if cyber security &amp; data protection would be included in training?</p> <p>The DDHI confirmed all staff will need to comply and we will make it clear on what the expectation is.</p> <p><b>The Committee Resolved that:</b></p> <p>a) The Committee received, reviewed and noted the Avanti service desk tool</p>	
<b>Items for Approval / Ratification</b>		
<p><b>DHIC</b> <b>12/11/011</b></p>	<p><b>Information Governance Policy</b></p> <p>No items to discuss.</p> <p><b>The Committee Resolved that:</b></p> <p>a) Received and approved the recommended changes to the Information Governance Policy</p>	
<b>Items for Noting and Information</b>		
<p><b>DHIC</b> <b>12/11/014</b></p>	<p><b>Minutes: Digital Directors Peer Group</b></p> <p>The minutes from the digital director peer group was noted.</p> <p><b>The Committee Resolved that:</b></p> <p>a) The Committee noted the minutes of the Digital Directors Peer Group from June &amp; July 2024.</p>	
<b>Agenda for Private Digital &amp; Health Intelligence Meeting</b>		
<p><b>DHIC</b> <b>12/11/016</b></p>	<ul style="list-style-type: none"> <li>• Caldicott Guardian Update</li> <li>• <i>Cyber Security Update (including performance metrics)</i></li> <li>• <i>Digital Investment Case</i></li> </ul>	
<p><b>DHIC</b> <b>12/11/017</b></p>	<p><b>Any Other Business</b></p> <p>No Other Business was discussed.</p>	
<p><b>DHIC</b> <b>12/11/018</b></p>	<p><b>Items to bring to the attention of the Board / Committee</b></p>	

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	<b>Date &amp; Time of next Meeting:</b> Tuesday 11 <sup>th</sup> February 2025 at 9am via MS Teams	
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Report Title:	2024/25 Capital Programme update and 2025/26 Draft Capital Plan		Agenda Item no.	2.1 / 2.2
Meeting:	Digital & Infrastructure Committee	Public	√	Meeting Date: 11 <sup>th</sup> February 2025
		Private		
Status (please tick one only):	Assurance	√	Approval	Information
Lead Executive:	Director of Finance			
Report Author (Title):	Director of Capital, Estates and Facilities			

## Main Report

### Background and current situation:

The purpose of this report is to provide the Committee with an update on the Health Board's Capital Programme 2024/25 and provide a draft capital programme for 2025/26, which is in the process of being reviewed. The report will also describe the process by which schemes will be prioritised given the limited resource available.

### Capital Programme 2024/25

The UHB receive an annual Capital Resource Limit (CRL) which defines the funding available for both All Wales Capital Schemes, which have been approved through a Business Case Process, and the UHB Discretionary Capital allocation.

The initial 2024/25 CRL allocation identified All Wales Capital of £16.07m and £13.654m Discretionary Capital. The latest CRL, as issued by WG, dated 28<sup>th</sup> January 2025 indicates a CRL of £49.429m, which includes £13.654m Discretionary Capital Funding, £35.775m Capital Projects with Approved Funding.

Within the financial year, the UHB has been fortunate to receive an additional £29.455m of WG capital funding, as set out in the table below.

Date	Description of Funding Awarded	2024/25 (m)	2025/26 (m)
05 Jul 2024	Backlog Maintenance	4.434	
13 Jun 2024	Grant offer letter for the Decarbonisation Programme (REFIT)	3.820	
09 Jul 2024	Diagnostic Equipment 2024-25	2.498	
18 Oct 2024	Enabling Project Work – Cardiff and Vale UHB Estate	0.750	
23 Oct 2024	Year End Funding October 2024	7.401	
03 Dec 2024	Pentyrch Branch Surgery Development 2024-26	0.400	4.900
03 Dec 2024	Diagnostic & Medical Equipment 2024-25	2.282	
10 Dec 2024	Digital Equipment 2024-25	0.730	
13 Dec 2024	Roof Works at University Hospital Llandough	0.477	
20 Dec 2024	Roof Works at University Hospital Wales 2024-25	0.200	
15 Jan 2025	Year End Funding January 2025	4.867	
22 Jan 2025	Year End Digital Funding January 2025	0.480	
31 Jan 2025	Next Generation Sequencer All Wales Genomics Service – January 2025	1.116	
	<b>Total Additional Funding</b>	<b>29.455m</b>	<b>4.900m</b>

As can be seen from the table above, a significant proportion of the additional funding was awarded in Q3, which limits some opportunities to target some of the priority areas identified by the UHB, although this year the release of the funding was early enough to allow some essential roof replacement schemes to progress. It should be noted that all of the additional funding has to be

spent by the end of March 2025, which places significant pressure on procurement, Capital, Estates and Facilities, Clinical Engineering and DH&I.

The CRL is a live document which is updated as business cases are approved, national funded programmes are identified, cash flows for projects are adjusted and when slippage funding is awarded. The UHB have a statutory obligation to deliver the CRL by the end of the financial year and as such level of funding requires close monitoring and governance arrangements to inform the decision making process. Detailed reports prepared by the Director of Capital, Estates and Facilities (CEF) providing information relating to cost and programmes are provided for consideration by the Health Board Capital Management Group at their monthly meetings which is chaired by the Executive Director of Finance and includes both the Chief Operating Officer and the Executive Director of Therapies along with representatives from a number of other departments.

The latest CMG report presented at the meeting held on 20<sup>th</sup> January 2025, is attached (Appendix 1) for members of the Committee to review the level of information contained therein and provide comment if it is considered that additional detail would be of benefit. The report includes a comprehensive matrix in Appendix 5 which details all of the current schemes that are being developed and managed by CEF and provides a scheme risk rating with the 'high risk' projects brought forward into the main body of the report for discussion and/or decision by the CMG.

The project risk rating is determined by the anticipated outturn cost against the approved budget/budget cost, progress against the accepted programme, benefits to improve the delivery / quality and/or any potential impact to patient services.

The report also includes extracts of correspondence received in the reporting period from WG in relation to funding approval / potential availability of funding via alternative streams.

### Draft Capital Programme 2025/26

The UHB have been advised that the Discretionary Capital allocation for 2025/26 will be £17m an increase of £2.129m compared to the previous financial year with the current projected 'All Wales Capital' allocation £9.784m.

A draft Discretionary Capital Programme has been prepared with the key elements shown in the table below:

Description		Budget Allocation
<b>WG Discretionary Allocation</b>	<b>17.00</b>	
Lift Upgrade Programme – over commitment in 25/26		(0.087)
Tertiary Tower Electrical Infrastructure		1.062
RISP Programme - Digital		0.82
Decarbonisation Programme (Refit) - over commitment in 25/26		(0.200)
Enabling Project Work – Condition survey		0.344
Targeted Estates Fund (30% contribution)		1.700
UHW Ward C1 Refurbishment for Cardiology		3.200
Capitalisation of Salaries (Project delivery staff)		0.865
Revenue to Capital		1.015
Estate Statutory Compliance		2.800
Backlog Estate		1.000
Backlog Digital		0.500
Backlog Medical Equipment		1.000
UHW Lift 8 & 9 Replacements		0.042
Project Initiation Enquiries (small works during the year)		0.100
Contingency		1.000
Unallocated Funding		2.577
<b>Total</b>		<b>17.000</b>

The budget figures shown in brackets indicate schemes that over committed in 2024/25 and absorbed an amount of slippage associated with other schemes which are adding funding to the 2025/26 funding.

As can be seen from the table the amount of unallocated funding available to meet the aspirations of the Clinical and Service Boards is circa £2.5m, which will be a significant challenge.

### Prioritisation Process

The UHB have adopted the WG prioritization template to determine how best to allocate the limited funding available but also to identify the schemes that will be developed through the design and tender stage to ensure that the HB can react quickly should WG make available additional funding through the financial year.

The table below shows the schemes submitted by the respective Boards for consideration. Appendix 2, the full schedule, provides the committee with information the objectives, criteria and scoring used to complete the process.

Clinical Board	Capital Prioritisation 2025/26	£m
<b>PCIC</b>	ECC – Urgent Treatment Centre Barry	
	ECC – Safe @ Home @ St Davids	
	Immunisation relocation (from Rookwood)	
<b>CD&amp;T</b>	Physiotherapy UHW (Linked to Medicine Plan Lakeside)	
	St Mary’s Pharmacy/UHL Aseptic Suite	
<b>Children &amp; Women</b>	Jungle Ward	
	ICNNS team relocation	
<b>Mental Health</b>	Estates transformation (phased plan in development)	
<b>Surgery</b>	Regional Ophthalmology in UHL	
	POAC ( linked with Medicine plan Lakeside)	
	3D Printing	
<b>Specialist Services</b>	Additional Cath Labs	
	WICIS	
	ALAS Relocation (potentially part of Rookwood Disp)	
<b>CEF</b>	Estate Rationalisation (Monmouth & Glamorgan House)	
<b>Digital</b>	Resource for PC replacement Windows 11 ‘roll out’	0.230
	Wifi Cabling ( non Clinical areas)	1.958
<b>Corporate</b>	Bed Replacement Programme	2.951

The outcome of the prioritisation process will be considered via the appropriate internal governance process prior to being presented to the Board for approval.

### Targeted Estates Fund

WG have in recent years recognized the need to provide ‘ring fenced’ funding to invest in estate infrastructure and for a number of years provided funding through the Estates Funding Advisory Board (EFAB) and the UHB has benefitted from this scheme. Whilst the EFAB scheme has been discontinued, WG have replaced it with the Targeted Investment Fund (Targeted Estates Fund TEF) which will provide HB’s across Wales with a NHS total of £40m for both 2025/26 and 2026/27.

Regan Nikki  
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The table below identifies the split against the categories which will be part of a detailed application process managed through NHS Wales Shared Services Partnership – Specialist Estates Services (NWSSP-SES) with final sign off by Welsh Government.

Category		2025-26 £m	2026-27 £m
1	Infrastructure - All Risks	18	18
2	Fire Safety	5	5
3	Mental Health	5	5
4	Decarbonisation	6	6
5	Infection Prevention Control	3	3
6	Decontamination	3	3
	<b>Total</b>	<b>40</b>	<b>40</b>

As per the process for EFAB, the Welsh Government's contribution to approved projects through TEF will be 70% with organisations required to support 30% out of discretionary capital.

The new TEF scheme will operate in the same way as the previous EFAB scheme in so much that the UHB submits bids for schemes and if these are approved will be required to commit 30% of the costs from its own Discretionary Capital programme. The UHB have identified several schemes and if all were approved would be required to provide £2.2m to support the projects. The UHB have allocated £1.7m in its draft capital plan as it is unlikely that all bids will be supported by WG.

Following a review of its risk registers and discussions with service leads the UHB submitted bids across all categories including:

Summary of C&V Application Bid	Potential C&V Funding			C&V Dis Cap Contribution	
	Infrastructure	2.937	3.272	6.209	0.881
Fire Safety	0.875	0.525	1.400	0.263	0.158
Mental health	0.350	0.140	0.490	0.105	0.042
Decarbonisation	2.173	0.890	2.973	0.652	0.267
Infection Prevention Control	0.230	0.380	0.610	0.069	0.114
Decontamination	0.810	0.590	1.400	0.243	0.177
<b>Overall Total</b>	<b>7.375</b>	<b>5.797</b>	<b>13.082</b>	<b>2.212</b>	<b>1.739</b>

#### Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

- The UHB has been awarded with a considerable amount of additional capital funding in Q3 of the financial year, to be delivered by the end of the current financial year. Many of which have been designed internally by the capital team.
- The continued use of the prioritisation framework to ensure that the proposed schemes are ranked fairly, resulting in the best outcome of the UHB and its delivery of patient care.
- The Targeted Estates Fund provides an opportunity to address some of the estates issues across the UHB and whilst it relies on a significant contribution from its discretionary allocation reduces the overall risk profile

## Recommendation:

The Committee is requested to:

- a) **NOTE:** the information provided on the current position of the Health Board's 2024/25 Capital Programme
- b) **NOTE:** Appendix 1, Capital Management Group report - 20<sup>th</sup> January 2025, including the appendices and detailed information which sets out the schemes included in the 2024/25 capital programme.
- c) **NOTE:** the number of 'high risk' schemes and the decisions presented to the group for consideration, all of which were supported at the meeting.
- d) **SUPPORT:** the proposed prioritisation process to allocate the limited resource available and develop projects in readiness should WG release additional funding during the financial year
- e) **SUPPORT:** the bids submitted for funding from the WG Targeted Estates Fund and **NOTE,** the allocation of funding identified in the draft capital programme for 2025/26.

## Link to Strategic Objectives of Shaping our Future Wellbeing:

*Please tick as relevant*

1. Reduce health inequalities	√	6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	√	7. Be a great place to work and learn	√
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	√
4. Offer services that deliver the population health our citizens are entitled to expect	√	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	√
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	√

## Five Ways of Working (Sustainable Development Principles) considered

*Please tick as relevant*

Prevention		Long term	√	Integration		Collaboration		Involvement	
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## Impact Assessment:

*Please state yes or no for each category. If yes please provide further details.*

Risk: Yes

Inability to deliver the growing demand for genomic testing

Safety: No

Financial: Yes

Increase in revenue offset by savings realized from reduced consumable costs

Workforce: No

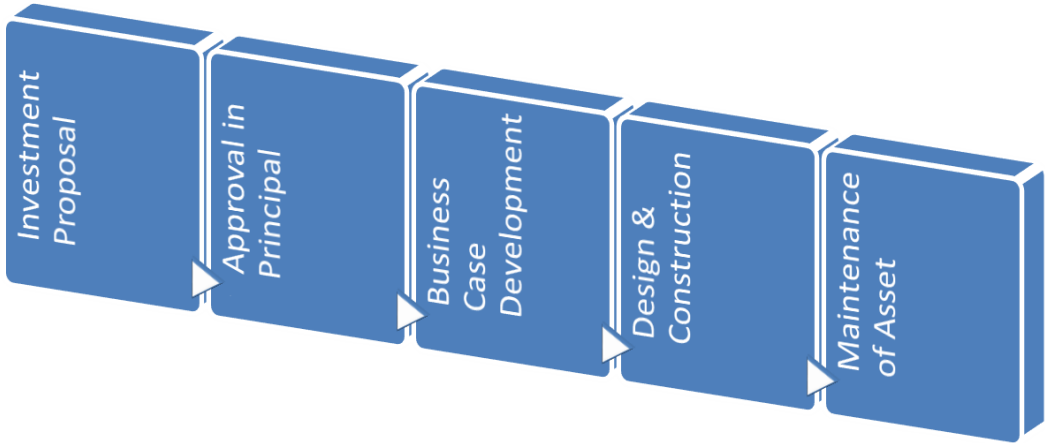
Legal: Yes

Statutory obligations require investment and the lack thereof can lead to exposure to risk and legal challenge.	
Reputational: No	
Socio Economic: No	
Equality and Health: Yes	
Increased capacity to meet demand	
Decarbonisation: Yes	
Although not been specifically, new equipment installed will be more energy efficient.	
<b>Approval/Scrutiny Route:</b>	

Regan Nikki  
10/02/2025 10:16:53

# Appendix 1

## Directorate of Planning Capital, Estates & Facilities Strategic & Service Planning



## Capital Management Group Report Monday 20<sup>th</sup> January 2025

Regan, Nikki  
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<b>Appendix 3 – Additional Slippage Funding</b>	
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### 3.1 Executive Summary

The purpose of the report is to provide the Capital Management Group with an update on the Health Boards Capital Programme.

The report includes details on the current status of each of the key projects within the programme.

A detailed schedule of projects (Appendix 5) is included which identifies key dates, progress and issues/risk affecting delivery.

The report also highlights any issues which may require escalation to resolve, be it with the respective Clinical Boards or Senior Leadership Board.

The Capital Resource Limit (CRL) as issued by Welsh Government (WG) (Page 19) dated 27<sup>th</sup> December 2024 indicates a CRL of £44.024 which includes £13.654m Discretionary Capital Funding (Group A), £30.370m Capital Projects with Approved Funding (Group B). There are no Forecast Capital Projects without Approved Funding. A financial report will be provided by the Head of Capital Finance.

#### 2025/26 CRL and Targeted Estates Fund

The UHB has received correspondence from WG, confirming the revised discretionary allocations for 2025/26 financial year, as set out below.

**Revised Discretionary Allocations** – an increase has been agreed from a total of £83.791m to £100m per year across Wales. The revised allocations have been developed in consultation with NHS Wales Shared Services Partnership and have considered age and risks across the estate. The revised allocation for Cardiff & Vale University Health Board is as follows:

Organisation	Allocation for 2024-25	Revised Allocation	Additional for 2025-26
Cardiff & Vale University Health Board	£14.871m	£17.000m	£2.129m

Furthermore, following the success of the Estates Funding Advisory Board (EFAB), WG agreed that a Targeted Investment Fund (Targeted Estates Fund) is to be continued with an NHS total of £40m for both 2025/26 and 2026/27.

An extract of the letter is included below, with the full letter available to view in Appendix 2 of the report. This has been accepted by the UHB with a signed copy returned to WG.

As part of the scheme prioritisation and proposals for submission, which are set out in Agenda item 4, CEF have undertaken a review of the items included on the risk register, rating 20 & above for infrastructure and 16 & above for all other categories. As part of the review process, CEF have engaged with colleagues from Fire Safety, Mental Health Services and IP&C to determine the areas that would benefit most from the available funding to improve the estate and patient safety environment.

The table below identifies the split against the categories which will be part of a detailed application process managed through NHS Wales Shared Services Partnership – Specialist Estates Services (NWSSP-SES) with final sign off by Welsh Government.

Category		2025-26 £m	2026-27 £m
1	Infrastructure - All Risks	18	18
2	Fire Safety	5	5
3	Mental Health	5	5
4	Decarbonisation	6	6
5	Infection Prevention Control	3	3
6	Decontamination	3	3
	<b>Total</b>	<b>40</b>	<b>40</b>

As per the process for EFAB, the Welsh Government's contribution to approved projects through TEF will be 70% with organisations required to support 30% out of discretionary capital.

The UHB has received four letters of funding approval within the reporting month, which relate to:

- Development of Pentyrch Branch Surgery 2024-26 - £5,300,000
- Diagnostic & Medical Equipment 2024-25 - £2,282,000
- Digital Equipment 2024-25 - £730,000
- Roof Replacement, Bethan Ward & East 8 - £0.477m

These have been accepted by the UHB and are included on the current CRL.

### Additional Slippage Funding

Prior to the 2024 Christmas period, WG requested submission of a schedule of equipment which could be procured within the current financial year. Following discussions with DH&I, Clinical Engineering and Procurement, the UHB submitted a schedule with a total cost of £6.573m.

Specialty	Amount
Medical Equipment	2,126,269
Estates	533,271
Digital	963,000
Beds	2,951,000
	<b>6,573,540</b>

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The UHB received a request on the 9<sup>th</sup> January 2025 to confirm that they could accept the funding of £4.867m for facilities, medical equipment and diagnostic equipment (advised by NWSSP) with the potential of a further £0.963m funding identified as part of Digital Priorities Investment Fund (DPIF). The schedule did not include any funding for bed replacement. The full schedule, detailing the funding offer is included in Appendix item 3

## **Welsh Government Prioritisation Process**

WG have concluded the first stage of the All Wales prioritisation process and have issued a letter of the outcome to the UHB indicating that;

*'In terms of Cardiff & Vale University Health Board's proposals, the focus as part of the second phase of the plan is for the following business cases to be explored further:*

- *ITU expansion and refurbishment.*
- *Hybrid/Major Trauma Theatres at University Hospital of Wales*
- *Review of BMT*

*For the avoidance of doubt this letter is not a project approval, this is an endorsement to discuss and progress next steps in terms of business case submission or development (depending on the level of maturity in the process).'*

The full letter is available in appendix 4


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### 3.1.1 Project Update


The projects below have been extracted from the schedule (Appendix 5) and are those, generally, identified as high risk, although where a decision is required or the scheme may be of concern some medium risk schemes may be included.

The following schemes, whilst identified as high / medium risk, have been removed from the summary below as there has been no change in the reporting period;


- UHL Theatre Development
- CRI SARC Redevelopment
- Wellbeing Hub ay Park View
- Eastern Vale Wellbeing Hub
- CRI Redevelopment Scheme – Overall site
- CRI Safeguarding works and MEP


<b>Project:</b> Vascular Hybrid & MTC Theatres	Development of a Vascular Hybrid Theatre to support the Vascular Network Clinical Model. In addition, the development of a Theatre to support the MTC Service.		
<b>Matrix Ref:</b> 1.1a	<b>Approved Budget (OBC)</b> £33.54m	<b>Anticipated Outturn Cost (FBC)</b> £40.6m	<b>Variance</b> £
<b>Funding WG</b>	<b>Contingency</b> £ N/A	<b>Committed to Date</b> £N/A	<b>Balance</b> £ N/A
<b>Comment</b>	<p>Following CMG support in November 2024, the UHB have re-engaged the supply chain partner to progress the design review and market testing exercise.</p> <p>CEF met with Siemens and Willmott Dixon who are working on the layout changes, based on the equipment change. It is anticipated that this will conclude by the 17th January 2025. Following which, the SCP will undertake the design changes and provide a cost, subject to fee agreement which will enable market testing.</p> <p>This scheme may require further review as part of any proposed development of Haematology/BMT and ITU.</p>		
<b>Status</b> FBC	<b>Stage Completion</b> December 2022	<b>Revised Completion</b> July 2025	
	It is anticipated that the revised Full Business Case will be presented to UHB Board in July 2025.		
<b>Risk Status</b>		Significant programme delays and increase in outturn figure which could potentially put the scheme, at risk, subject to the availability of All Wales Capital Funding.	
<b>Decision Required</b>	No decision required at this time		


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<b>Project:</b> Haematology / BMT at UHW	Relocation of B4H to meet JACIE Accreditation recommendations following the outcome of the inspection in 2017.		
<b>Matrix Ref:</b> 1.1c	<b>Approved Budget</b> £N/A	<b>Anticipated Outturn Cost</b> £N/A	<b>Variance</b> £N/A
<b>Funding</b> WG	<b>Contingency</b> £N/A	<b>Committed to Date</b> £N/A	<b>Balance</b> £N/A
<b>Comment</b>	<p>WG issued a response to the UHB advising that the proposed scheme, which includes CCRH and Research and Development was deemed unaffordable. However, the need to address the recommendations for JACIE accreditation are recognised by WG who have visited the existing facility to understand that there is no opportunity to remodel the existing footprint to meet the standards required.</p> <p>WG officials have confirmed that they would attend a meeting with the JACIE Accreditation Team whilst they are undertaking their site audit to re-iterate their support to provide an appropriate facility.</p> <p>WG have confirmed that the scheme is supported as part of the All Wales prioritisation process. WG have requested the UHB to revisit the business case to identify a solution for Haematology / BMT only.</p>		
<b>Status</b> SOC	<b>Contract Completion</b> August 2023		<b>Revised Completion</b>
<b>Risk Status</b>		The UHB are anticipating a re-visit from the Accreditation body, JACIE in Q2 - 2025. The project team and clinical leads are assessing the potential implications of losing JACIE Accreditation as there is no firm commitment to improving the clinical environment since the last inspection.	
<b>Decision Required</b>	No decision required at this time		


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<b>Project:</b> Critical Care Expansion	Development of a Business Justification Case to provide a fit for purpose facility which meets HTM standards and identified requirement for additional bed capacity for critical care patients and to comply with the FICM report (Faculty of Intensive Care Medicine)		
<b>Matrix Ref:</b> 1.1d	<b>Approved Budget</b> £210,000	<b>Anticipated Outturn Cost</b> £241,942.38	<b>Variance</b> £N/A
<b>Funding</b> Discretionary Capital	<b>Contingency</b>	<b>Committed to Date</b>	<b>Balance</b>
<b>Comment</b>	<p>The revised Project Mandate was approved at CMG in November 2024 &amp; SLB in December 2024. CEF have since met with the end users on 9th January 2025.</p> <p>A Healthcare Planner will be appointed, via procurement, to support with the revised schedule of accommodation and business case, based on the revised project mandate, prior to re-engaging with the SCP.</p> <p>The additional budget required to develop the SOC has been approved by CMG as part of the slippage discussions.</p> <p>This scheme may require further review as part of any proposed development of Haematology/BMT and Hybrid &amp; MTC Theatres.</p>		
<b>Status</b> BJC	<b>Contract Completion</b> January 2024	<b>Revised Completion</b> TBC	
<b>Risk Status</b>		Delay to the programme as a result of the revised project mandate and standing down the design team.	
<b>Decision Required</b>	No decision required at this time		


<b>Project:</b> Refurbishment of Mortuary	Refurbishment of the mortuary facility at UHW to meet the requirements contained with the Human Tissue Authority recommendations		
<b>Matrix Ref:</b> 1.1e	<b>Approved Budget</b> £3.385.000.00	<b>Anticipated Outturn Cost</b> £4,309,024.62	<b>Variance</b> £924,024.62
<b>Funding</b> Welsh Government	<b>Contingency</b> £1,022,679.52	<b>Committed to Date</b> £940,743.24	<b>Balance</b> £81,936.28
<b>Comment</b>	<p>The main contractor issued a revised programme, Rev10, which indicates construction completion on the 3rd March 2025 with contract completion on the 14th March 2025. The Project Manager challenged the reason for the revision and has concluded that this is justifiable. Rev10 has been accepted.</p> <p>The 'Flexmort' temporary body store facility is in situ at the Rookwood Hospital site and UHW.</p>		
<b>Status</b> Construction	<b>Contract Completion</b> October 2024	<b>Revised Completion</b> March 2025	
<b>Risk Status</b>		Programme delays impacting on the capacity for body storage during the winter months	
<b>Decision Required</b>	No decision required at this time		


<b>Project:</b> Diagnostic Equipment	Email correspondence received from WG for potential 4no new diagnostic machines, to be delivered in the current financial year 2024/25.		
<b>Matrix Ref:</b> 1.1g	<b>Approved Budget</b> £2.498m	<b>Anticipated Outturn Cost</b> £2.498m	<b>Variance</b> £0
<b>Funding WG</b>	<b>Contingency</b> £N/A	<b>Committed to Date</b> £N/A	<b>Balance</b> £N/A
<b>Comment</b>	<p>UHL CAVOC (2 units) have commenced and are on programme for completion on the 14th February 2025.</p> <p>L10 (UHL) the tenders have been received and are being evaluated</p> <p>GF10 (UHW) the tender was returned on 10/01/2025 and are being evaluated</p> <p>The tenders for both the equipment and the associated fit out works have now been received and evaluated and an underspend of £0.442m has been identified. The UHB have requested that this underspend be utilised to replace the roof above Radiology room L10 at UHL and to support the urgent repair of the UHL CT scanner which was damaged during the recent electrical issues experienced at UHL. The discussions with WG have been positive and at the time of writing, the UHB is awaiting confirmation of the proposal.</p>		
<b>Status Mobilisation</b>	<b>Contract Completion</b> March 2025	<b>Revised Completion</b> TBC	
<b>Risk Status</b>		The risk rating has been reduced as the procurement issues have been resolved	
<b>Decision Required</b>	To support the request to utilise the identified underspend of £0.442m to replace the roof above Radiology room, L10 UHL, and to support the urgent repair of the UHL CT Scanner which was damaged during the recent electrical issues at UHL.		


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<b>Project:</b> UHW Ward Block Roof Replacement	Development of a Business Justification Case to seek capital investment to replace the ward block roof at UHW following the major roof leaks, impacting on patient areas due to significant deterioration of the materials and failure of small repairs over the period.		
<b>Matrix Ref:</b> 1.1h	<b>Approved Budget</b> £ TBC	<b>Anticipated Outturn Cost</b> £ TBC	<b>Variance</b> £ N/A
<b>Funding</b> WG	<b>Contingency</b> £ N/A	<b>Committed to Date</b> £ N/A	<b>Balance</b> £ N/A
<b>Comment</b>	<p>Cambria have been identified as the preferred supplier. The UHB are progressing the procurement process for the surveys to commence.</p> <p>A Healthcare Planner is to be appointed to support the development of the BJC</p> <p>To deliver this project, scaffolding will need to be erected from ground for the full seven storeys of the ward block. It is proposed that the Public Health banner encouraging no smoking is installed following the completion of the works and the removal of the scaffolding</p>		
<b>Status</b> BJC	<b>Contract Completion</b> TBC	<b>Revised Completion</b> N/A	
<b>Risk Status</b>		Whilst some remedial works has been undertaken there is evidence of corrosion of the roof covering which could cause water ingress which would impact upon patient areas with the increased level and frequency of rainfall.	
<b>Decision Required</b>	<b>To delay the installation of the 'No Smoking' banner</b>		


<b>Project:</b> UHW Main Water Replacement	Development of a Business Justification Case to seek capital investment to replace the main water supply to the UHW following a recent number of major water leaks at the site which has impacted on patient areas.		
<b>Matrix Ref:</b> 1.1i	<b>Approved Budget</b> £ TBC	<b>Anticipated Outturn Cost</b> £ TBC	<b>Variance</b> £ N/A
<b>Funding</b> WG	<b>Contingency</b> £ N/A	<b>Committed to Date</b> £ N/A	<b>Balance</b> £ N/A
<b>Comment</b>	<p>HMV Fusion have submitted their information to the UHB which is being reviewed.</p> <p>A Healthcare Planner is to be appointed to support the development of the BJC</p>		
<b>Status</b> BJC	<b>Contract Completion</b> TBC	<b>Revised Completion</b> N/A	
<b>Risk Status</b>		The risk rating reflects the potential significant disruption to patient services in the event of a mains water pipe failure, during the development of a business justification case	
<b>Decision Required</b>	No decision required at this time		

<b>Project:</b> Enabling Project Work – UHB Estate	Enabling project work at UHW & UHL sites. Funding provision in 2024-25 is connected to the future plans of the UHB, contained in the Future Hospitals Programme. Information of the survey works will allow the UHB to develop an understanding of the estate requirements in order to form service delivery options		
<b>Matrix Ref:</b> 1.1j	<b>Approved Budget</b> £0.750m	<b>Anticipated Outturn Cost</b> £0.750m	<b>Variance</b> £ N/A
<b>Funding WG</b>	<b>Contingency</b> £ TBC	<b>Committed to Date</b> £ TBC	<b>Balance</b> £ N/A
<b>Comment</b>	<p>Currie &amp; Brown Construction and cost management consultants have been appointed to undertake the works.</p> <p>The UHB met with Currie &amp; Brown where it was agreed to commence with the UHW Outpatients Department (OPD). This will provide the necessary information to develop a programme business case for the refurbishment of the OPD.</p> <p>As a result of the late start to the project, it is likely that there will be slippage of £500k, which will be required to be managed across the 2024/25 capital programme with repayment back into the scheme as part of the discretionary capital commitments in 2025/26.</p>		
<b>Status</b> Mobilisation	<b>Contract Completion</b> March 2025	<b>Revised Completion</b> N/A	
<b>Risk Status</b>		The risk reflects the potential cashflow issues by year end.	
<b>Decision Required</b>	<b>The approval to include the repayment of funding from the 2025/26 discretionary capital programme to support the project completion</b>		


<b>Project:</b> Lakeside Wing – Phase 1 Cardiology	Reconfiguration of the North area to create a suitable environment for medical beds, including the installation of a pod system, vacuum system and medical air, to release B2Link.		
<b>Matrix Ref:</b> 1.2b	<b>Approved Budget</b> £2.97m	<b>Anticipated Outturn Cost</b> £2.97m	<b>Variance</b> £ N/A
<b>Funding WG</b>	<b>Contingency</b> £ TBC	<b>Committed to Date</b> £ TBC	<b>Balance</b> £ N/A
<b>Comment</b>	Construction commenced, as of 9 <sup>th</sup> December 2024, however the works to phase 1 will be delayed by approximately 2 weeks, due to the late delivery of the Air Handling Plant. The contractor has indicated that the overall construction programme will be met with completion anticipated 28 <sup>th</sup> March 2025.		
<b>Status</b> Construction	<b>Contract Completion</b> March 2025	<b>Revised Completion</b> N/A	
<b>Risk Status</b>		The risk rating reflects the challenging timescales to confirm a project cost and delivery of phase 1 in the current financial year.	
<b>Decision Required</b>	No decision required at this time		


<b>Project:</b> B2 Link – Phase 1 Cardiology	Refurbishment works in B2Link to enable the transfer of Gynaecology Services from C1		
<b>Matrix Ref:</b> 1.2b(i)	<b>Approved Budget</b> £0.07m	<b>Anticipated Outturn Cost</b> £ 0.07m	<b>Variance</b> £0
<b>Funding WG</b>	<b>Contingency</b> £ TBC	<b>Committed to Date</b> £ TBC	<b>Balance</b> £ TBC
<b>Comment</b>	<p>CEF are considering progressing the works whilst the area is occupied to achieve spend and completion in the current financial year.</p> <p>CEF project lead to meet with the clinical board lead to discuss and agree a programme to progress these works</p>		
<b>Status</b> Mobilisation	<b>Contract Completion</b> March 2025	<b>Revised Completion</b> N/A	
<b>Risk Status</b>		The risk rating reflects the challenging timescales to confirm a project cost and delivery of phase 1 in the current financial year. In addition, the scheme is dependent upon the completion of LSW (1.2b – as above)	
<b>Decision Required</b>	No decision required at this time		


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<b>Project:</b> C1 Cardiology 1.2b(ii)	Refurbishment of C1 to allow the relocation of C3 to C1 to release capacity for ITU expansion.  This is the final phase of the overall Cardiology Scheme		
<b>Matrix Ref:</b> 1.2b	<b>Approved Budget</b> £TBC	<b>Anticipated Outturn Cost</b> £3.5m	<b>Variance</b> £ N/A
<b>Funding</b> Discretionary Capital	<b>Contingency</b> £ N/A	<b>Committed to Date</b> £ N/A	<b>Balance</b> £ N/A
<b>Comment</b>	<p>The scheme was originally tendered in August 2024 with the expectation that the works would be undertaken in the 2024/25 financial year. However, as a result of the need to progress with the remodelling of the Lakeside Wing ward areas, and the increased specification required to provide a facility which will be used for the longer term, the C1 works could not progress as planned.</p> <p>In addition, the funding allocated for C1 was invested in the Lakeside Wing remodelling.</p> <p>The draft capital plan for 2025/26 has been considered by CMG, SLB, F&amp;P Committee and Board and the development of C1 for Cardiology was approved for funding from the discretionary capital programme. To mitigate any increase in cost due to the delay in progressing the scheme, the contractor has confirmed that the original tender cost will be maintained, subject to the receipt of a purchase order within this financial year, 2024/25.</p> <p>The placing of an early order would allow the contractor to procure long leading items and be ready to commence the works at the start of the new financial year. In addition, this would allow the UHB to expend slippage monies in this financial year, associated with All Wales Capital Schemes which would need to be re-provided from the discretionary capital programme in 2025/26, thereby reducing the impact on the budget.</p> <p>The anticipated cost for the scheme is £3.5m, 2025/26 F/Y.</p>		
<b>Status</b> Tender	<b>Contract Completion</b> TBC		<b>Revised Completion</b> N/A
<b>Risk Status</b>		The amber rating reflects the risk to the potential uplift of the tender figure as a result of the delay to the commencement of works	
<b>Decision Required</b>	<b>CMG are asked to support the placing of an order with the preferred contractor to allow early order and support the financial position moving forward.</b>		


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<b>Project:</b> Aroma Concourse UHW	The extension of the existing Aroma outlet into the adjacent unit for the relocation of Bwyd Blasus to provide a 24/7 catering service, benefitting patients, staff and visitors		
<b>Matrix Ref:</b> 1.2c	<b>Approved Budget</b> £0.5m	<b>Anticipated Outturn Cost</b> £0.5m	<b>Variance</b> £ N/A
<b>Funding</b> Discretionary Capital	<b>Contingency</b> £ N/A	<b>Committed to Date</b> £ N/A	<b>Balance</b> £ N/A
<b>Comment</b>	The tenders have been received and evaluated. The preferred supplier has been identified and procurement paperwork is being progressed.  Construction commencement is anticipated early February 2025		
<b>Status</b> Mobilisation	<b>Contract Completion</b> TBC March 2025		<b>Revised Completion</b> N/A
<b>Risk Status</b>		Time allowance to complete the scheme in the current financial year	
<b>Decision Required</b>	No decision required at this time		


<b>Project:</b> SPAR Relocation UHL	Relocation of the SPAR to a vacant unit which will have more space for self-service tills. Will also facilitate the development of a larger area in Aroma for patient, staff and visitor catering services.		
<b>Matrix Ref:</b> 1.2d	<b>Approved Budget</b> £0.1m	<b>Anticipated Outturn Cost</b> £0.1m	<b>Variance</b> £ N/A
<b>Funding</b> Discretionary Capital	<b>Contingency</b> £ N/A	<b>Committed to Date</b> £ N/A	<b>Balance</b> £ N/A
<b>Comments</b>	A proposed design is being developed along with an equipment schedule. There is potential to procure the equipment in the current financial year.  Despite suppliers lack of interest in providing retail services at UHL when the initial expressions of interest were sought, M&S have recently approached the UHB, requesting consideration given to a proposal for them to provide a food outlet at UHL similar to that provided at UHW.  The initial proposal has been reviewed by CEF and appear to be favourable. However, in line with good practice, it has been agreed to issue an expressions of interest via procurement to allow any other retail outlets an opportunity. M&S will be advised of the process and will therefore be in a position to submit a proposal formally.		
<b>Status</b> Design	<b>Contract Completion</b> TBC		<b>Revised Completion</b> N/A
<b>Risk Status</b>		Time allowance to complete the scheme in the current financial year	
<b>Decision Required</b>	CMG are asked to support the proposed way forward and the issuing of Expressions of Interest		


<b>Project:</b> Denbigh House Closure	Phase 1 of the Estate Rationalisation Programme at UHW. The relocation of Occupational Health & Health and Safety Training to WH to allow the isolation of all services		
<b>Matrix Ref:</b> 1.2d	<b>Approved Budget</b> £1.161m	<b>Anticipated Outturn Cost</b> £1.161m	<b>Variance</b> £ N/A
<b>Funding</b> WG	<b>Contingency</b> £ N/A	<b>Committed to Date</b> £ N/A	<b>Balance</b> £ N/A
<b>Comments</b>	<p>The tenders for Woodland House, Occupational Health and H&amp;S, were issued 17th December 2024, with a return date of 17th January 2025.</p> <p>A programme for the works to the Boardroom and relocation of the staff facilities, including microwaves etc has been requested.</p> <p>The tenders associated with the works at UHW have been received and are being evaluated to enable works to be progressed in this financial year.</p>		
<b>Status</b> Mobilisation	<b>Contract Completion</b> March 2025		<b>Revised Completion</b> N/A
<b>Risk Status</b>		Time allowance to complete the scheme in the current financial year	
<b>Decision Required</b>	No decision required at this time		


<b>Project:</b> Lift Upgrade Programme	The modernisation of nineteen passenger lifts located throughout UHW																				
<b>Matrix Ref:</b> 2.0a	<b>Approved Budget</b> £9.302m	<b>Anticipated Outturn Cost</b> £9.302m	<b>Variance</b> £ N/A																		
<b>Funding</b> Welsh Government	<b>Contingency</b> £396,000	<b>Committed to Date</b> £46,652.90	<b>Balance</b> £349,347.10																		
<b>Comments</b>	<p>Lift 15 has now been taken out of service for refurbishment.</p> <p>Notifiable asbestos has been identified in lift 2 &amp; 13 which has resulted in a circa 1 week delay to the completion of the lifts.</p> <table border="1"> <thead> <tr> <th>Lift No</th> <th>Taken out of Service</th> <th>Handover to UHB</th> </tr> </thead> <tbody> <tr> <td>2</td> <td>19/09/2024</td> <td>21/03/2025 (10/03/2025)</td> </tr> <tr> <td>6</td> <td>30/09/2024</td> <td>17/03/2025</td> </tr> <tr> <td>13</td> <td>07/10/2024</td> <td>21/03/2025 (12/03/2025)</td> </tr> <tr> <td>22</td> <td>14/10/2024</td> <td>11/03/2025</td> </tr> <tr> <td>15</td> <td>January 2025</td> <td>28/05/2025</td> </tr> </tbody> </table>			Lift No	Taken out of Service	Handover to UHB	2	19/09/2024	21/03/2025 (10/03/2025)	6	30/09/2024	17/03/2025	13	07/10/2024	21/03/2025 (12/03/2025)	22	14/10/2024	11/03/2025	15	January 2025	28/05/2025
Lift No	Taken out of Service	Handover to UHB																			
2	19/09/2024	21/03/2025 (10/03/2025)																			
6	30/09/2024	17/03/2025																			
13	07/10/2024	21/03/2025 (12/03/2025)																			
22	14/10/2024	11/03/2025																			
15	January 2025	28/05/2025																			
<b>Status</b> Construction	<b>Contract Completion</b>		<b>Revised Completion</b>																		
<b>Risk Status</b>		The risk rating has reduced as the contractor has commenced work and a detailed programme received.																			
<b>Decision Required</b>	No decision required																				


<b>Project:</b> Tertiary Tower Electrical Upgrade	A Business Justification Case was approved by Welsh Government to deliver a long term solution for the electrical infrastructure in the Tertiary Tower following loss of power.		
<b>Matrix Ref:</b> 2.0b	<b>Approved Budget</b> £2.379m	<b>Anticipated Outturn Cost</b> £2.379m	<b>Variance</b> £ N/A
<b>Funding</b> WG	<b>Contingency</b> £167,000	<b>Committed to Date</b> £0	<b>Balance</b> £167,000
<b>Comment</b>	<p>The enabling works have commenced and are ongoing to facilitate the main onsite works, including operation to fire exit. Groundworks to commence as the next activity.</p> <p>This scheme was designed in-house, and following the contractors appointment, a number of requests for information (RFI's) were raised and in particular relating to the structural design. As a result, a comprehensive design review was undertaken and it has identified a number of shortcomings in the original proposal, including the buildability of the scheme which required the re-design of the main steelwork to allow sufficient space for construction. This has identified the need for an additional plant room the house the new high voltage transformer.</p> <p>The proximity of the rooftop plantroom to the adjacent tower blocks requires a 2 hour fire rating, and whilst the cladding originally proposed indicated that they were compliant, the detailing of the cladding would require laboratory testing to ensure building and regulation compliance. Consequently, it was proposed that a concrete deck be constructed to ensure fire integrity.</p> <p>The changes to the structural design and in particular the location of the main columns, has resulted in the need to relocate the gas cylinder store related to the PETIC scanner.</p> <p>A paper will be presented at the next CMG meeting which will provide a comprehensive description of the issues and associated costs including works, fees etc. however, early indications are that the estimated overspend could be circa £612k, inclusive of VAT. There are options to mitigate some of the cost, which include an underspend on non works cost and professional fees, which could reduce the impact by £316k and therefore the additional funding requirement would be £296k.</p> <p>The delays referred to above, has also resulted in an underspend against WG funding of circa £700k which will need to be managed across the financial years as this will need to be re-provided from the discretionary capital programme in 2025/26.</p>		
<b>Status</b> Construction	<b>Contract Completion</b> November 2024		<b>Revised Completion</b> April 2025
<b>Risk Status</b>		Red risk rating reflects the potential loss of power in the event of failure and projected overspend	
<b>Decision Required</b>	<b>CMG are asked to support the re-provision of the circa £700k funding from discretionary capital in 2025/26.</b>		


<b>Project:</b> Maternity Lifts 8&9	The refurbishment of Maternity Lifts 8&9 due to multiple breakdowns in a high risk area.		
<b>Matrix Ref:</b> 2.1a	<b>Approved Budget</b> £42,000	<b>Anticipated Outturn Cost</b> £42,000	<b>Variance</b> £ N/A
<b>Funding</b> Discretionary Capital	<b>Contingency</b> £	<b>Committed to Date</b> £	<b>Balance</b> £
<b>Comments</b>	<p>More notifiable asbestos has been identified during removal of the bedplate, which would not have been visible during surveys. This has subsequently been removed appropriately.</p> <p>Handover of Lift 9 is now scheduled 21<sup>st</sup> February 2025 (3<sup>rd</sup> February 2025) Lift 8 will then commence on the 24<sup>th</sup> February 2025 (3<sup>rd</sup> February 2025) and complete on the 28<sup>th</sup> March 2025.</p>		
<b>Status</b> Construction	<b>Contract Completion</b>	<b>Revised Completion</b> March 2025	
<b>Risk Status</b>		The risk rating reflects the impact of loss of either of the lifts to access the maternity unit	
<b>Decision Required</b>	No decision required		


<b>Project:</b> UHL Boundary Wall	Surveys and re-construction of the collapsed boundary wall at UHL		
<b>Matrix Ref:</b> 2.1c	<b>Approved Budget</b> £TBC	<b>Anticipated Outturn Cost</b> £TBC	<b>Variance</b> £ N/A
<b>Funding</b> Discretionary Capital	<b>Contingency</b> £	<b>Committed to Date</b> £	<b>Balance</b> £
<b>Comments</b>	<p>The UHB have received the structural pack from Cambria in preparation for tender which will be issued in February 2025.</p> <p>The UHB have received enquiries from local residents regarding the proposals to undertake the works to re-instate the boundary wall as it runs alongside a public footpath.</p>		
<b>Status</b> Design	<b>Contract Completion</b> N/A	<b>Revised Completion</b> N/A	
<b>Risk Status</b>		There is a potential risk of more of the boundary wall failing. Reputational risk.	
<b>Decision Required</b>	No decisions required		

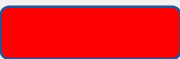
<b>Project:</b> UHW Substation 2A	The replacement of essential and non-essential switchboards following faults identified during Operation POET 2023		
<b>Matrix Ref:</b> 2.2a	<b>Approved Budget</b> £1.970m	<b>Anticipated Outturn Cost</b> £1.970m	<b>Variance</b> £ N/A
<b>Funding</b> WG	<b>Contingency</b> £	<b>Committed to Date</b> £	<b>Balance</b> £
<b>Comment</b>	<p>The scheme is behind programme due to the late delivery of the transformer.</p> <p>Electrical isolation meetings have been established and it has been agreed to re-commence the project team which oversees Operation POET to ensure that communications between CEF and clinical operational teams is maintained as a number of the isolations will have significant impact on key departments.</p>		
<b>Status</b> Construction	<b>Contract Completion</b> March 2025	<b>Revised Completion</b> March 2025	
<b>Risk Status</b>		A number of electrical shutdowns required which will affect patient areas.	
<b>Decision Required</b>	No decisions required		

<b>Project:</b> BMS Upgrade	All outstations are obsolete which means loss of control should outstation fail. A 4-year replacement programme is planned with critical areas to be addressed first.		
<b>Matrix Ref:</b> 2.3f	<b>Approved Budget</b> £0.462m	<b>Anticipated Outturn Cost</b> £0.462m	<b>Variance</b> £ N/A
<b>Funding</b> WG (EFAB)	<b>Contingency</b> £	<b>Committed to Date</b> £	<b>Balance</b> £
<b>Comment</b>	Works have commenced at UHW with 2 controllers fitted. There are a further 37 to be completed by the end of March 2025.		
<b>Status</b> Construction	<b>Contract Completion</b> March 2025	<b>Revised Completion</b> March 2025	
<b>Risk Status</b>		The Building Management System will become inoperable should the outstation at UHW / UHL fail. The risk rating has recently been reduced from high risk as a programme has been received and accepted, albeit, CEF require support from digital colleagues to complete the upgrade	
<b>Decision Required</b>	No decisions required		


<b>Project:</b> Main Chiller Plant UHW	Replacement of the main chiller plant at UHW which has been identified as a priority due to the age and parts now becoming obsolete		
<b>Matrix Ref:</b> 2.5a	<b>Approved Budget</b> £1,091,115	<b>Anticipated Outturn Cost</b> £1,091,115	<b>Variance</b> £ N/A
<b>Funding</b> WG (Backlog 2024)	<b>Contingency</b> £	<b>Committed to Date</b> £	<b>Balance</b> £
<b>Comment</b>	The old equipment has been removed and theatres are currently operating on temporary plant.		
<b>Status</b>	<b>Contract Completion</b> March 2025	<b>Revised Completion</b> N/A	
<b>Risk Status</b>		Potential loss of temporary plant	
<b>Decision Required</b>	No decisions required		

<b>Project:</b> HSDU Chiller Plant	Replacement of the HSDU ventilation and chiller plant which has been identified as a priority due to the age and has been included on the risk register for some time.		
<b>Matrix Ref:</b> 2.5b	<b>Approved Budget</b> £1,015,029	<b>Anticipated Outturn Cost</b> £1,015,029	<b>Variance</b> £ N/A
<b>Funding</b> WG (Backlog 2024)	<b>Contingency</b> £	<b>Committed to Date</b> £	<b>Balance</b> £
<b>Comment</b>	<p>The scheme commenced as per the programme, 6th January 2025. During the works the roof was identified for the need for replacement which has been funded by WG.</p> <p>In order to progress this work, a 5 week period of non production will be required which will result in alternative provision for HSDU products. CEF and the end users are working together to agree acceptable mitigation to allow completion of the scheme by the end of the financial year.</p>		
<b>Status</b> Construction	<b>Contract Completion</b> March 2025	<b>Revised Completion</b> N/A	
<b>Risk Status</b>		The risk has increased to amber as the facility at UHW will need to be shut down for 5 weeks	
<b>Decision Required</b>	No decisions required		

<b>Project:</b> UHW Water Mains - Valves	An interim solution to the overall water mains replacement scheme (1.1i). The installation of additional valves will allow areas to be isolated, in the event of a major water burst, which will mitigate the risk of lack of water supply to patient areas.		
<b>Matrix Ref:</b> 2.5e	<b>Approved Budget</b> £0.750m	<b>Anticipated Outturn Cost</b> £TBC	<b>Variance</b> £ N/A
<b>Funding</b> WG (Backlog 2024)	<b>Contingency</b> £	<b>Committed to Date</b> £	<b>Balance</b> £
<b>Comment</b>	HMV fusion have provided a specification to enable the UHB to produce the relevant tender documentation for issue by the procurement team w/c 13th January 2025		
<b>Status</b> Construction	<b>Contract Completion</b> March 2025	<b>Revised Completion</b> N/A	
<b>Risk Status</b>		Pipework failures which UHB are unable to isolate locally which could impact upon the availability of water for patients	
<b>Decision Required</b>	No decisions required		

<b>Project:</b> UHW AVSU Replacement			
<b>Matrix Ref:</b> 2.5f	<b>Approved Budget</b> £0.300m	<b>Anticipated Outturn Cost</b> £TBC	<b>Variance</b> £ N/A
<b>Funding</b> WG (Backlog 2024)	<b>Contingency</b> £	<b>Committed to Date</b> £	<b>Balance</b> £
<b>Comment</b>	This scheme is not progressing as funding has been vied to support other schemes. A letter is being issued to NWSSP SES to confirm		
<b>Status</b> Construction	<b>Contract Completion</b> March 2025	<b>Revised Completion</b> N/A	
<b>Risk Status</b>		The AVSU replacement will remain a risk identified on the CEF register	
<b>Decision Required</b>	<b>Approval of the use of funding identified to be used to support alternative high risk projects where the tender costs submitted have been in excess of the budget allowance and approved funding. This scheme will be included on the targeted estates funding submission.</b>		

Regan Nikki  
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<b>Project:</b> Boiler Replacement Programme	Replacement of a number of boilers across various sites supplying the heating and domestic hot water to the facility due to the age of the equipment and replacement parts now becoming obsolete		
<b>Matrix Ref:</b> 2.6b	<b>Approved Budget</b> £0.495m	<b>Anticipated Outturn Cost</b> £0.495m	<b>Variance</b> £ N/A
<b>Funding WG (Backlog 2024)</b>	<b>Contingency</b> £	<b>Committed to Date</b> £	<b>Balance</b> £
<b>Comment</b>	(i) CHfW Phase 1 – Tenders returned, awaiting procurement report (ii) UHL Ward 7 & 8 – Commenced works onsite (iii) Hamadryad Hospital - A temporary boiler has been provided whilst a more permanent solution is identified, as temporary electrical heaters were insufficient to provide adequate heating for patients and staff during the recent cold weather. The permanent solution will require a detailed design works to include the installation of new flues, removal of asbestos and associated fire precaution works. CEF are considering the suitability of a externally located packages boiler house, which could be re-utilised if services transferred to other sites in the near future.		
<b>Status</b> Construction	<b>Contract Completion</b> March 2025	<b>Revised Completion</b> N/A	
<b>Risk Status</b>		Loss of heating and hot water resulting in the temporary relocation of staff and patient services until the temporary boiler is installed.	
<b>Decision Required</b>	No decisions required		

### Discretionary Capital, Estate Compliance and Assurance

Due to unexpected technical issues, on this occasion, the detailed information for estate compliance and energy and performance is unavailable. However, the group are assured that there are no major issues to raise.

### 3.1.2 Project Initiation Enquiries (PIE's)

The Director of Operational Planning and Director of CEF have agreed that this proposed scheme is a high priority to ensure the continuation of patient care in a high-risk environment.

**PR0202 Ambulatory Care Cubicle** – requests the reconfiguration of the Ambulatory Care unit on the B1-C1 link corridor to enable the achievement of critical JACIE (BMT) and QPIDS (Immunodeficiency) accreditation by providing suitable facilities to isolate Haematology and Immunology patients.

A JACIE-compliant additional segregation cubicle and dedicated washroom will be required in the ambulatory care unit to achieve this.

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The full request is available to view below which highlights the benefits including meeting accreditation, improved patient experience, service quality and reducing patient concerns in addition to avoiding reputational damage with regards to a JACIE re-visit.



PR0202 Ambulatory  
Care Cubicle Jan 202

CEF have attended site and undertaken a survey of the area and have agreed the scope of the works with the Directorate Manager. A cost estimate is being prepared for consideration but this works will need to be undertaken under the Emergency Works category to achieve completion by the end of the financial year. There is insufficient time to design and tender competitively.

### 3.1.3 Decisions Required

The following decisions, items a-g, have been extracted from the 'project update' above, with item 'h' relating to the Project Initiation Enquiry. CMG are asked to:

- a) **Diagnostic Equipment** – support the request to utilise the identified underspend of £0.442m to replace the roof above Radiology room, L10 UHL, and to support the urgent repair of the UHL CT Scanner which was damaged during the recent electrical issues at UHL.
- b) **UHW Ward Blook Roof Replacement** – support the delay to the installation of the 'No Smoking' banner, following completion of the works and removal of the scaffolding
- c) **Enabling Project Work UHB Estate** - approval to include the repayment of funding from the 2025/26 discretionary capital programme to support the project completion.
- d) **C1 Cardiology** - support the placing of an order with the preferred contractor to allow early order and support the financial position moving forward.
- e) **SPAR Relocation** - support the proposed way forward and the issuing of Expressions of Interest
- f) **Tertiary Tower Electrical Resilience Upgrade** - support the re-provision of the circa £700k funding from discretionary capital in 2025/26.
- g) **UHW AVSU Replacement** - approve of the use of funding identified to support alternative high risk projects where the tender costs submitted have been in excess of the budget allowance and approved funding. This scheme will be included on the targeted estates funding submission.
- h) **PR0202 Ambulatory Care Cubicle** – support that this scheme be progressed, as a priority, via emergency works to achieve completion in the current financial year.

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### 3.1.4 CRL Statement 2024/25

Cardiff & Vale		Comments
Capital Resource Limit (CRL)	<b>2024/25 Capital Resource Limit (CRL) - 27th December 2024</b>	<b>2024/25</b>
		<b>£m</b>
	<b>1) DISCRETIONARY CAPITAL FUNDING [A]</b>	<b>13.654</b>
	<b>2) CAPITAL PROJECTS WITH APPROVED FUNDING [B]</b>	<b>30.370</b>
	Efab - Infrastructure	2.255
	Efab - Fire	0.655
	Efab - Decarbonisation	0.480
	Urgent Replacement of Interventional Neuroradiology Equipment at University Hospital of Wales	1.840
	Electrical Infrastructure, Tertiary Tower Block at UHW	1.249
	Mortuary Refurbishment, UHW	3.923
	Lift Refurbishment and Upgrade, UHW	2.158
	Diagnostic Equipment	0.540
	Electronic Switchgear, UHW	0.568
	Replacement Boiler, University Hospital Llandough	0.273
	Sanctuary Provision for Children and Young People	0.010
	Backlog Maintenance 2024-25	4.434
	Diagnostic Equipment 2024-25	2.498
	Decarbonisation funding - Solar Canopy Car Park	3.822
	TDSi security system	0.008
	Funding for Enabling Project Work – Cardiff & Vale UHB's Estate	0.750
	Year End Funding – October 2024	6.471
	Whitchurch Hospital asset transfer to Velindre NHS Trust	-7.800
	Microbiology lab based in UHW Transfer from PHW	0.018
	Roof Works at University Hospital Llandough	0.477
	Diagnostic and Medical Equipment 2024-25	2.282
	Digital Equipment - December - 2024-25	0.730
	Pentyrch Branch Surgery Development 2024-26	0.400
	HSDU Roof Works at University Hospital of Wales	0.200
	DPIF	
	DPIF - Digital Medicines Transformation Portfolio	0.389
	DPIF - RISP	0.566
IRCF		
IRCF - Well Being Hub, Park View	1.174	
<b>3) NEW/RENEWAL IFRS16 LEASES [C]</b>	<b>1.769</b>	
IFRS16 - Tranche 1 2024-25	0.570	
IFRS16 - ALAS Service Premises	1.199	
<b>TOTAL CRL [D = A+B+C] (Approved Funding)</b>	<b>45.793</b>	
<b>4) FORECAST CAPITAL PROJECTS/LEASES WITHOUT APPROVED FUNDING</b>		
Commercial Research Delivery Wales (CRDW) Equipment Call 2024-25	0.058	
<b>5) Sub Total Forecast Capital Projects Without Approved Funding [E]</b>	<b>0.058</b>	
<b>6) Total Potential CRL if all Funding Approved [F=D+E]</b>	<b>45.851</b>	
Capital Cash Limit	<b>Capital Cash Limit</b>	<b>2024/25</b>
		<b>£m</b>
	<b>Total APPROVED CRL (Excluding Leases) (A+B)</b>	<b>44.024</b>
	<b>1) Capital Cash Limit 2024/25 [A]</b>	<b>44.024</b>
	<b>Cash Drawn Down:</b>	
	Capital Cash Drawdown 1st April 2024	10.000
	Capital Cash Drawdown 1st May 2024	4.000
	Capital Cash Drawdown 1st June 2024	2.000
	Capital Cash Drawdown 1st July 2024	2.080
	Capital Cash Drawdown 1st August 2024	2.000
Capital Cash Drawdown 1st September 2024	1.000	
Capital Cash Drawdown 1st October 2024	3.000	
Capital Cash Drawdown 1st November 2024	1.500	
Capital Cash Returned 2nd December 24 - HB returning £7.8m due to receiving Whitchurch Hospital asset transfer to Velindre NHS Trust cash receipt from invoice payment to reduce month end cash balance.	-7.800	
Capital Cash Drawdown 2nd December 24	4.000	
<b>2) Total Capital Cash Drawn Against Limit 2024/25 [B]</b>	<b>21.780</b>	
<b>3) Balance of Capital Cash Limit Available 2024/25 [C = A-B]</b>	<b>22.244</b>	

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## 3.2 Major Capital Projects Business Case Development

The UHB currently has 27 approved schemes funded from the 'All Wales' Capital Programme, all of which are in Group 2, which are projects with approved funding. There are no schemes in group 4, forecast capital projects without approved funding.

The schedule below provides a summary of the business cases which will require UHB Board approval, prior to submission to WG, and the anticipated dates of presentation. There has been movement in month. CEF are engaging with the Corporate Governance team to ensure inclusion for consideration in the agenda setting.

The full schedule of business cases which shows their current status is available in Appendix 6 of the report

	Description	Reporting location				Date of UHB Board
		CMG	Investment Group	Senior Leadership Board	Finance Committee	UHB Board
						Jul-25
<b>Park View Wellbeing Hub</b>	Full Business Case - for Approval to submit to Welsh Government	21/04/2025	07/05/2025	15/05/2025	21/05/2025	31/07/2025
<b>Critical Care Expansion UHW</b>	Business Justification Case - for Approval to submit to WG	TBC	TBC	TBC	TBC	TBC
<b>CRI Safeguarding works (including MEP/ Infrastructure)</b> (Phase 1 of CRI Redevelopment)	Full Business Case - for Approval to submit to WG	TBC	TBC	TBC	TBC	TBC

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	Description	Reporting location				Date of UHB Board
		CMG	Investment Group	Senior Leadership Board	Finance Committee	UHB Board
<b>UHW Vascular Hybrid Theatre &amp; MTC Theatres - Revisited &amp; Remarketed 2024/25</b>	Full Business Case - for Approval to submit to WG	TBC	TBC	TBC	TBC	TBC
<b>Haematology / BMT</b>	Revised Strategic Outline Case to only include Haem / BMT, as per outcome from the SOC submitted to WG in Aug 2023	TBC	TBC	TBC	TBC	TBC
<b>UHW Mains Water Replacement</b>	Business Justification Case - for Approval to submit to WG	TBC	TBC	TBC	TBC	TBC
<b>UHW Ward Block Roof Replacement</b>	Business Justification Case - for Approval to submit to WG	TBC	TBC	TBC	TBC	TBC
<b>Ophthalmology / Cataract Operating relocation to UHL</b>	Business Justification Case - for Approval to submit to WG	TBC	TBC	TBC	TBC	TBC

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## 3.3 Letters of Approval

### Pentyrch Branch Surgery Development 2024-26

Ian Gunney  
Deputy Director, Capital, Estates & Facilities  
Cyfarwyddiaeth Cyllid/Finance Directorate  
Grŵp Iechyd, Gofal Cymdeithasol a'r Blynyddoedd  
Cynnar / Health, Social Care and Early Years Group  
Llywodraeth Cymru/Welsh Government



Llywodraeth Cymru  
Welsh Government

Mrs Suzanne Rankin  
Chief Executive  
Cardiff & Vale University Health Board  
Headquarters Building, University Hospital of Wales  
Heath Park  
Cardiff  
CF14 4XW

Our Ref: MA/JMHSC/10838/24  
Date 03 December 2024

Dear Suzanne,

#### **Award of Capital Funding to Cardiff & Vale University Health Board in respect of Funding for the Pentyrch Branch Surgery Development 2024-26**

##### **1. Award of Funding**

- (a) We are pleased to inform you that funding of up to £5,300,000 (*Five Million, Three Hundred Thousand Pounds*) ("the Funding") is awarded to you for the Purposes (as defined in Condition 4(a)).
- (b) The Funding relates to the period 1 April 2024 to 31 March 2026 and must be claimed in full by 31 March 2026 otherwise any unclaimed part of the Funding will cease to be available to you.
- (c) This letter shall become effective on the date of signature evidencing acceptance by you as set out in the acceptance page below.
- (d) If you have any queries in relation to this award of Funding or the Conditions, please contact the Welsh Government Official who will be happy to assist you.

##### **2. Statutory Authority**

- (a) This award of Funding is made on and subject to the Conditions and under the authority of the Cabinet Secretary for Health, and Social Care, one of the Welsh Ministers, acting pursuant to functions transferred under section 58a of the Government of Wales Act 2006.

##### **3. Interpreting these Conditions**

Any reference in these Conditions to:

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## **SCHEDULE 1 The Purposes**

The Purpose is to make available £5.300m (including VAT) of capital funding to Cardiff & Vale University Health Board (CVUHB) for Pentyrch Branch Surgery Development.

The funding provision will enable the creation of a new purpose built development on the Council-owned Land between A4119 & Rhydrafar Drive which will provide a 21st century healthcare solution for the current patients of the Pentyrch Branch Surgery.

The Well-being of Future Generations (Wales) Act 2015 provides the framework for sustainable development in Wales. The Act gives a legally-binding common purpose –the seven well-being goals and details the way in which specified public bodies must work to improve the well-being of Wales. Further information on the Act can be found here <https://gov.wales/well-being-future-generations-wales-act-2015-guidance>.

The Welsh Government has set out its contribution to the well-being goals through the setting of its well-being objectives as published in *Prosperity for all – the national strategy (2017)*. In delivering the Purpose of the Funding you should consider the opportunities to deliver changes that can contribute to the delivery of the Government's well-being objectives but with the overriding aim of widening economic prosperity by:

- Looking to the long term;
- Taking an integrated approach;
- Involving a diversity of the population in the decisions that affect them;
- Working with others in a collaborative way to find shared sustainable solutions;
- Understanding the root causes of issues to prevent them from occurring.

Your use of the Funding must (where reasonably practicable) meet the Welsh Government's current agenda for sustainable development and the environment.

Please report any community benefits achieved by you through your use of the Funding and/or any third party procured by you in connection with the Purposes using the Welsh Government's Community Benefits Measurement Tool. A copy of the Measurement Tool is available at [www.prp.wales.gov.uk/toolkit/](http://www.prp.wales.gov.uk/toolkit/).

**Evaluation requirements associated with the provision of this funding are identified within schedule 3.**

For further information, please refer to the current NHS Infrastructure Capital Guidance.

Regan, Nikki  
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## Diagnostic and Medical Equipment 2024-25

Ian Gunney  
Deputy Director, Capital, Estates & Facilities  
Cyfarwyddiaeth Cyllid/Finance Directorate  
Grŵp Iechyd, Gofal Cymdeithasol a'r Blynyddoedd  
Cynnar / Health, Social Care and Early Years Group  
Llywodraeth Cymru/Welsh Government



Llywodraeth Cymru  
Welsh Government

Mrs Suzanne Rankin  
Chief Executive  
Cardiff & Vale University Health Board  
Headquarters Building, University Hospital of Wales  
Heath Park  
Cardiff  
CF14 4XW

Our Ref: MA/JMHSC/10953/24  
Date 03 December 2024

Dear Suzanne,

### **Award of Capital Funding to Cardiff & Vale University Health Board in respect of Diagnostic and Medical Equipment 2024-25.**

#### **1. Award of Funding**

- (a) We are pleased to inform you that funding of up to £2,282,000 (*Two Million, Two Hundred and Eighty-Two Thousand Pounds*) ("the Funding") is awarded to you for the Purposes (as defined in Condition 4(a)).
- (b) The Funding relates to the period 1 April 2024 to 31 March 2025 and must be claimed in full by 31 March 2025 otherwise any unclaimed part of the Funding will cease to be available to you.
- (c) This letter shall become effective on the date of signature evidencing acceptance by you as set out in the acceptance page below.
- (d) If you have any queries in relation to this award of Funding or the Conditions please contact the Welsh Government Official who will be happy to assist you.

#### **2. Statutory Authority**

- (a) This award of Funding is made on and subject to the Conditions and under the authority of the Cabinet Secretary for Health, and Social Care, one of the Welsh Ministers, acting pursuant to functions transferred under section 58a of the Government of Wales Act 2006.

#### **3. Interpreting these Conditions**

Any reference in these Conditions to:

Regan Nikki  
10/02/2025 10:16:53

**SCHEDULE 1  
The Purposes**

The Purpose is to make available **up to £2.282m (including VAT)** of capital funding to Cardiff & Vale University Health Board for the purpose of Diagnostic and Medical Equipment 2024-25.

The funding will be used to provide the following (see schedule below). **Any deviations from this approved list must be approved by Welsh Government.**

<b>Description</b>	<b>Value £m</b>
OCT - Topcon triton plus x2	0.120
Visual Fields machine	0.022
Visual Fields machine x 2	0.044
MS 39 OCT	0.060
Corvis ST x2	0.080
OCT-A x 2	0.140
Slit lamp -SL130 x 3	0.015
Yag laser	0.014
Tomey Ultrasound B Scanner x2	0.060
IOL Master 7000	0.060
BX 900 Slit Lamp	0.020
Brandon astralite ALE10 (100 K-Lux) ceiling mounted light	0.015
Optos ultra widefield retinal imaging - Silverstone	0.145
examination chair slit lamp	0.014
Ancillary equipment to commission UHL ophthalmology	0.076
Anal Laser	0.085
Choledochoscope 3mm/ 5mm	0.078
High Resolution Manometry machine	0.030
NEOPROBE	0.032
TORS	0.051
Hip arthroscopy table	0.102
Operating lights Blue & Green theatres	0.020
Karl Storz Flexible Video Cystoscope HD-View x4	0.066
Microscope	0.040
Cryostat Machine	0.036
Paediatric endoscopy scopes x 4	0.184
US Scanner Paracentesis	0.010
Endoscopy stack to support on call	0.140
Multimodality inter-operative monitoring	0.117
Echo US machine	0.135
Leica Staining Platform x2	0.237
Siemens peripheral MRI Coil	0.034
<b>Total</b>	<b>2.282</b>

Regan, Nikki  
10/02/2025 10:16:53

## Digital Equipment 2024-25

Ian Gunney  
Deputy Director, Capital, Estates & Facilities  
Cyfarwyddiaeth Cyllid/Finance Directorate  
Grŵp Iechyd, Gofal Cymdeithasol a'r Blynyddoedd  
Cynnar / Health, Social Care and Early Years Group  
Llywodraeth Cymru/Welsh Government



Llywodraeth Cymru  
Welsh Government

Mrs Suzanne Rankin  
Chief Executive  
Cardiff & Vale University Health Board  
Headquarters Building, University Hospital of Wales  
Heath Park  
Cardiff  
CF14 4XW

Our Ref: MA/JMHSC/11131/24  
Date 10th December 2024

Dear Suzanne,

### **Award of Capital Funding to Cardiff & Vale University Health Board in respect of Digital Equipment 2024-25.**

#### **1. Award of Funding**

- (a) We are pleased to inform you that funding of up to £730,000 (*Seven Hundred and Thirty Thousand Pounds*) ("the Funding") is awarded to you for the Purposes (as defined in Condition 4(a)).
- (b) The Funding relates to the period 1 April 2024 to 31 March 2025 and must be claimed in full by 31 March 2025 otherwise any unclaimed part of the Funding will cease to be available to you.
- (c) This letter shall become effective on the date of signature evidencing acceptance by you as set out in the acceptance page below.
- (d) If you have any queries in relation to this award of Funding or the Conditions please contact the Welsh Government Official who will be happy to assist you.

#### **2. Statutory Authority**

- (a) This award of Funding is made on and subject to the Conditions and under the authority of the Cabinet Secretary for Health, and Social Care, one of the Welsh Ministers, acting pursuant to functions transferred under section 58a of the Government of Wales Act 2006.

#### **3. Interpreting these Conditions**

Any reference in these Conditions to:

Regan Nikki  
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**SCHEDULE 1  
The Purposes**

The Purpose is to make available **up to £0.730m (including VAT)** of capital funding to Cardiff & Vale University Health Board for the purpose of Digital Equipment 2024-25.

The funding will be used to provide the following (see schedule below). **Any deviations from this approved list must be approved by Welsh Government.**

<b>Description</b>	<b>Value £m</b>
Production Server Storage	0.300
Core Networking Upgrades	0.250
Wi-Fi Improvements	0.180
<b>Total</b>	<b>0.730</b>

The Well-being of Future Generations (Wales) Act 2015 provides the framework for sustainable development in Wales. The Act gives a legally-binding common purpose –the seven well-being goals and details the way in which specified public bodies must work to improve the well-being of Wales. Further information on the Act can be found here <https://gov.wales/well-being-future-generations-wales-act-2015-guidance>.

The Welsh Government has set out its contribution to the well-being goals through the setting of its well-being objectives as published in *Prosperity for all – the national strategy (2017)*. In delivering the Purpose of the Funding you should consider the opportunities to deliver changes that can contribute to the delivery of the Government’s well-being objectives but with the overriding aim of widening economic prosperity by:

- Looking to the long term;
- Taking an integrated approach;
- Involving a diversity of the population in the decisions that affect them;
- Working with others in a collaborative way to find shared sustainable solutions;
- Understanding the root causes of issues to prevent them from occurring.

Your use of the Funding must (where reasonably practicable) meet the Welsh Government’s current agenda for sustainable development and the environment.

Please report any community benefits achieved by you through your use of the Funding and/or any third party procured by you in connection with the Purposes using the Welsh Government’s Community Benefits Measurement Tool. A copy of the Measurement Tool is available at [www.prp.wales.gov.uk/toolkit/](http://www.prp.wales.gov.uk/toolkit/).

**Evaluation requirements associated with the provision of this funding are identified within schedule 3.**

For further information, please refer to the current NHS Infrastructure Capital Guidance.

Regan Nikki  
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## Roof Replacement at UHL

Ian Gunney  
Deputy Director, Capital, Estates & Facilities  
Cyfarwyddiaeth Cyllid/Finance Directorate  
Grŵp Iechyd, Gofal Cymdeithasol a'r Blynyddoedd  
Cynnar / Health, Social Care and Early Years Group  
Llywodraeth Cymru/Welsh Government



Llywodraeth Cymru  
Welsh Government

Mrs Suzanne Rankin  
Chief Executive  
Cardiff & Vale University Health Board  
Headquarters Building, University Hospital of Wales  
Heath Park  
Cardiff  
CF14 4XW

Our Ref: MA/JMHSC/10953/24  
Date 13th December 2024

Dear Suzanne,

### **Award of Capital Funding to Cardiff & Vale University Health Board in respect of Roof Works at University Hospital Llandough**

#### **1. Award of Funding**

- (a) We are pleased to inform you that funding of up to £477,000 (*Four Hundred and Seventy Seven Thousand Pounds*) ("the Funding") is awarded to you for the Purposes (as defined in Condition 4(a)).
- (b) The Funding relates to the period 1 April 2024 to 31 March 2025 and must be claimed in full by 31 March 2025 otherwise any unclaimed part of the Funding will cease to be available to you.
- (c) This letter shall become effective on the date of signature evidencing acceptance by you as set out in the acceptance page below.
- (d) If you have any queries in relation to this award of Funding or the Conditions please contact the Welsh Government Official who will be happy to assist you.

#### **2. Statutory Authority**

- (a) This award of Funding is made on and subject to the Conditions and under the authority of the Cabinet Secretary for Health, and Social Care, one of the Welsh Ministers, acting pursuant to functions transferred under section 58a of the Government of Wales Act 2006.

Regan Nikki  
10/02/2025 10:16:53

Under the authority of the Cabinet Secretary for Health and Social Care, one of the Welsh Ministers.

### **SCHEDULE 1 The Purposes**

The Purpose is to make available **up to £0.477m (including VAT)** of capital funding to Cardiff & Vale University Health Board for the purpose of Roof Works at University Hospital Llandough.

The funding will be used to support additional roof repairs including asbestos removal on Bethan Ward and Ward East 8 at University Hospital Llandough.

The Well-being of Future Generations (Wales) Act 2015 provides the framework for sustainable development in Wales. The Act gives a legally-binding common purpose – the seven well-being goals and details the way in which specified public bodies must work to improve the well-being of Wales. Further information on the Act can be found here <https://gov.wales/well-being-future-generations-wales-act-2015-guidance>.

The Welsh Government has set out its contribution to the well-being goals through the setting of its well-being objectives as published in *Prosperity for all – the national strategy (2017)*. In delivering the Purpose of the Funding you should consider the opportunities to deliver changes that can contribute to the delivery of the Government's well-being objectives but with the overriding aim of widening economic prosperity by:

- Looking to the long term;
- Taking an integrated approach;
- Involving a diversity of the population in the decisions that affect them; □ Working with others in a collaborative way to find shared sustainable solutions; □ Understanding the root causes of issues to prevent them from occurring.

Your use of the Funding must (where reasonably practicable) meet the Welsh Government's current agenda for sustainable development and the environment.

Please report any community benefits achieved by you through your use of the Funding and/or any third party procured by you in connection with the Purposes using the Welsh Government's Community Benefits Measurement Tool. A copy of the Measurement Tool is available at [www.prp.wales.gov.uk/toolkit/](http://www.prp.wales.gov.uk/toolkit/).

**Evaluation requirements associated with the provision of this funding are identified within schedule 3.**

For further information, please refer to the current NHS Infrastructure Capital Guidance.

Regan Nikki  
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## APPENDIX 1 - NOTES - WELSH GOVERNMENT CAPITAL REVIEW MEETING, SEPTEMBER & NOVEMBER 2024



24-09-11 CV CRM  
Notes September 20



24-11-06 CV CRM  
Notes November 20

## APPENDIX 2 - 2025/26 CRL and Targeted Estates Fund

Ian Gunney  
Deputy Director, Capital, Estates & Facilities Cyfarwyddiaeth  
Cyllid/Finance Directorate  
Grŵp Iechyd, Gofal Cymdeithasol a'r Blynyddoedd Cynnar /  
Health, Social Care and Early Years Group  
Llywodraeth Cymru/Welsh Government



Llywodraeth Cymru  
Welsh Government

Mrs Suzanne Rankin  
Chief Executive  
Cardiff & Vale University Health Board  
Headquarters Building  
Woodland House  
Maes-y-Coed Road  
Cardiff CF14 4HH

3<sup>rd</sup> December 2024

Dear Suzanne,

### **NHS - All Wales Capital Prioritisation – Capital Plan (core requirements)**

I am writing to provide an update on the NHS prioritisation work to date and provide early notice of approval by the Cabinet Secretary for Health & Social Care to core elements of the plan.

Over the last 12 months, officials have worked with cross government representatives to undertake a detailed review and analysis of investment requirements as set out by NHS organisations. An output from this work is the development of a capital plan but it is important to recognise the lack of long-term funding certainty which will likely impact how this plan is progressed.

### **Phase 1 – Core Capital Plan**

To prepare for the 2025-26 Financial Year, an early decision has been taken so that core activities can be commenced which are set out below: -

**Revised Discretionary Allocations** – an increase has been agreed from a total of £83.791m to £100m per year across Wales. The revised allocations have been developed in consultation with NHS Wales Shared Services Partnership and have considered age and risks across the estate. The revised allocation for Cardiff & Vale University Health Board is as follows:

Organisation	Allocation for 2024-25	Revised Allocation	Additional for 2025-26
Cardiff & Vale University Health Board	£14.871m	£17.000m	£2.129m

**Targeted Estates Fund (TEF)** – It has been agreed that a targeted investment fund is continued following the success of the Estates Funding Advisory Board. An NHS Wales total of £40m per year has been agreed for both 2025-26 and 2026-27 which is to be targeted at a range of activities highlighted through the prioritisation process.

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The table below identifies the split against the categories which will be part of a detailed application process managed through NHS Wales Shared Services Partnership – Specialist Estates Services (NWSSP-SES) with final sign off by Welsh Government.

Category		2025-26 £m	2026-27 £m
1	Infrastructure - All Risks	18	18
2	Fire Safety	5	5
3	Mental Health	5	5
4	Decarbonisation	6	6
5	Infection Prevention Control	3	3
6	Decontamination	3	3
<b>Total</b>		<b>40</b>	<b>40</b>

As per the process for EFAB, the Welsh Government's contribution to approved projects through TEF will be 70% with organisations required to support 30% out of discretionary capital.

### **Equipment and Diagnostic Replacement Programme**

To support waiting times, sustainability and fragility in the system, it has been agreed that £15m per year will be prioritised over 2025-26 and 2026-27 to support an equipment and diagnostic replacement programme. Officials will be instructing NWSSP to review its NHS Wales Major Equipment Investment Strategy and engage with organisations in respect of priorities. The principle of the funding has been agreed with the Cabinet Secretary for Health and Social Care and further work is now required as to how the programme will be targeted which will be subject to more detailed advice.

### **Next steps**

Given the need to plan, it has been agreed that the core activities set out in this letter are formally established as soon as possible. The amended discretionary figure set out will be included in the formal approval letter scheduled to be issued in early 2025. The other parts of the plan linked to TEF and Equipment and Diagnostics will now be implemented through NWSSP-SES, with recommendations to be shared and signed off by the Welsh Government. NWSSP-SES will be in touch with the relevant guidance and supporting information in relation to the programmes of work in due course.

For clarity, this letter sets out the approach to be taken for the initial core part of the plan with work required to finalise those scheme specific proposals outside of core activities as set out above. Officials appreciate that this may be frustrating, but with further work being undertaken centrally on the draft budget for 2025-26, various scenarios are still being worked through. A paper was taken to Infrastructure Investment Board at the end of November and I arranged for a short catch up with capital teams on 26<sup>th</sup> November to discuss options as part of this work. Clearly there are a range of pressures to balance including consideration of the latest backlog

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maintenance figure which is now reported at £1.35billion, so it is inevitable that difficult decisions will need to be made.

I trust the above letter provides a helpful update on this challenging piece of work and confirms some of the points raised in the presentation with the Chief Executive's meeting earlier today (3 December).

Yours sincerely



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**Ian Gunney**

Deputy Director, Capital, Estates & Facilities – Finance Directorate  
Health & Social Services Group

cc. Director of Finance  
Director of Planning

Regan, Nikki  
10/02/2025 10:16:53

## APPENDIX 3 – Additional Funding 2024/25

Scheme	Amount	
Air Conditioning Units - 15	0.105	
Boilers - 10	0.130	
UPS - 1	0.100	
Ward Kitchens - 1	0.196	
Brainlab Server	0.048	
Skull base Navigation system	0.126	
Pelican Philips central station replacement	0.017	
Philips Modules Phase 1	0.262	
Adult ITU Drager Ventilators phase 1	0.198	
Standalone Dental treatment chairs	0.037	
Radiology Reporting workstation	0.085	
Flat lifting devices PCIC	0.037	
MUSE ECGs for Medicine	0.048	
Sonosite Ultrasound Equipment x2	0.113	
Omnicell replacement Pharmacy	0.071	
Replacement Mobile X-Ray Units x4 at UHW	0.344	
Nerve Monitor for Endocrine surgery	0.026	
Ultrasound Machine for EU	0.047	
ECU UHL Philips central station replacement	0.027	
Dental treatment cart for treating patients for oral health care CLESTA CART	0.036	
Replacement Samsung Mobile Unit Detector	0.048	
ECMO - Cardiac Surgery	0.210	
Echocardiography machine for critical care	0.036	
Dental intra oral x-ray phosphor plate scanner	0.031	
DSA Contrast injector	0.020	
IVUS Vascular US system	0.054	
NORS bone saw	0.058	
Water Unit for Metals, Laboratory equipment	0.014	
Replacement of US sterilisers	0.085	
Rainbow Philips central station replacement	0.015	
Island Philips central station replacement	0.015	
Owl/Gwdhiw Philips central station replacement	0.017	
Electric Vans for estates x 2	0.060	
Linen master movers x 3	0.100	
Patient Baths St Barrucs x 2	0.023	
Macerators x 10	0.058	
Rational Ovens x 4	0.050	
Ward based regen trolleys x 8	0.064	
Hobart Dishwasher	0.017	
Under counter dishwashers x 8	0.042	
Merry Chefs x 12	0.082	
Cooking Boiler	0.013	
Freestanding mixer x 2	0.018	
Brat Pan	0.006	
Mobile DR unit x6	0.576	Via NWSSP
Mobile C-Arm unit	0.102	Via NWSSP
Mobile C-Arm unit	0.102	Via NWSSP
GE MRI Upgrade	0.101	Via NWSSP
GE MRI Upgrade	0.145	Via NWSSP
GE MRI Upgrade	0.145	Via NWSSP
GE MRI Upgrade	0.145	Via NWSSP
GE MRI Upgrade	0.145	Via NWSSP
GE CT Upgrade	0.360	Via NWSSP
	<b>4.867</b>	
203 laptops & 1,267 desktops	0.963	

Regan Nikki  
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## APPENDIX 4 - WG Prioritisation Process

Ian Gunney  
Deputy Director, Capital, Estates & Facilities Cyfarwyddiaeth  
Cyllid/Finance Directorate  
Grŵp Iechyd, Gofal Cymdeithasol a'r Blynyddoedd Cynnar /  
Health, Social Care and Early Years Group  
Llywodraeth Cymru/Welsh Government



Llywodraeth Cymru  
Welsh Government

Mrs Suzanne Rankin  
Chief Executive  
Cardiff & Vale University Health Board  
Headquarters Building  
Woodland House  
Maes-y-Coed Road  
Cardiff CF14 4HH

9<sup>th</sup> January 2025

Dear Suzanne,

### **NHS - All Wales Capital Prioritisation – Capital Plan (Scheme Specific Elements)**

Further to my letter of 3<sup>rd</sup> December, I am writing to provide an update on the second element of the NHS prioritisation work, relating to the scheme specific part of the plan.

Organisations will be aware that it has always been the intention of the Capital Prioritisation process to provide clarity on support for scheme specific proposals where business cases can be developed for consideration. The second phase of the capital plan has concentrated on organisational priorities and has been considered by the NHS Infrastructure Investment Board, Executive Directors Team of the Health, Social Care and Early Years group and been endorsed by the Cabinet Secretary for Health & Social Care.

You have already been notified of the core part of the capital plan, which includes an increase to discretionary allocations, the establishment of a Targeted Estates Fund (guidance published on 17<sup>th</sup> December 2024), a diagnostic equipment programme and additional capital digital funding – common themes across most organisations prioritisation proposals.

Due to the well-rehearsed future funding challenges, this second phase only enables a relatively small number of the 182 proposals submitted across Wales to progress. It is important to note that the additional capital which has been identified through the 2025-26 draft budget has allowed this element of the plan to be developed.

In terms of Cardiff & Vale University Health Board's proposals, the focus as part of the second phase of the plan is for the following business cases to be explored further:

- ITU expansion and refurbishment.
- Hybrid/Major Trauma Theatres at University Hospital of Wales
- Review of BMT (see below)

Regan, Nikki  
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Whilst the Haematology / BMT Cancer Research and Complex specialist oncology case has been identified for further discussion, and was initially deemed unaffordable, a recent site visit with your team has identified the possibility of reviewing the solution along with the other two schemes. As such, officials have asked for the proposed solution linked to these cases at the University Hospital Wales to be reframed and options around a single business case to be explored.

For the avoidance of doubt this letter is not a project approval, this is an endorsement to discuss and progress next steps in terms of business case submission or development (depending on the level of maturity in the process).

There are a few aspects of the plan which we are seeking to develop further, including the expansion of the equipment replacement programme outside of strict diagnostics into areas of areas of treatment such as linear accelerators. This opportunity is only made available due to the non-recurrent funding identified through the draft budget. At this point, it is assumed that the budget will revert to the 2024-25 baseline.

Officials appreciate that you will be managing a range of pressures, but the prioritisation work was always going to mean difficult decisions need to be made. It is hoped that by clarifying what has been identified in the capital plan for Cardiff & Vale University Health Board, this will help you manage your own plans and expectations. For the avoidance of doubt, all other proposals fall outside of the scope of the capital plan at this point in time.

The prioritisation work will clearly need to form part of ongoing work over time. There are other strands of work being taken forward by planning colleagues for example, which will be important in framing clinical services strategies and the financial impact of delivering these in the future. It is also important to note that larger scale proposals linked to a new hospital programme continue to be highlighted as unaffordable and will require a Cabinet level discussion in due course.

I trust the above letter clarifies the second phase of the capital plan and provides helpful direction in terms of the schemes identified as part of it.

Yours sincerely,



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**Ian Gunney**

Deputy Director, Capital, Estates & Facilities – Finance Directorate  
Health & Social Services Group

cc. Director of Finance  
Director of Planning

Regan, Nikki  
10/02/2025 10:16:53

APPENDIX 5 - CAPITAL DEVELOPMENT SCHEDULE								13/01/2025
Item	Executive Lead	Project Name	Status	Budget	Key Dates	Risk Status	Comments	Contract Status
<b>1.1 ALL WALES CAPITAL PROGRAMME</b>								
<b>a</b>	Executive Director of Planning	<b>UHW Vascular Hybrid Theatre &amp; MTC Theatres</b> Development of a Vascular Hybrid Theatre to support the Vascular Network Clinical Model. In addition the development of a Theatre to support the MTC Service.	FBC	£33.5m inc. equipment (OBC Figure)  £46m FBC anticipated outturn	Re-tender process January 2025  Revised FBC May 2025 Board for approval	<b>R</b>	CEF met with Siemens and WDC who are working on the layout changes by the 17th January 2025 based on the equipment change. Following which, the SCP will undertake the design changes and provide a cost, subject to fee agreement which will enable market testing.	contract documents will be prepared following Ministerial approval
<b>b</b>	Executive Director of Planning	<b>UHL Theatre Development</b> To enable the replacement of the existing theatres 5 and 6 within CAVOC UHL. The replacement theatres will be large, laminar flow theatres in line with recommendations made by the BOA	OBC	£23.548m (SOC) Current projected outturn cost £37.5m	Scrutiny responses returned to WG 08/11/2023	<b>R</b>	Review design options for meeting BOA requirements in conjunction with Ophthalmology proposal	The contract notice no.1 for the SCP & PM have been signed. The CA was appointed via SBS Framework and the relevant agreement is signed. Order for SCP remains outstanding. CEF are in discussion with procurement.
<b>c</b>	Executive Director of Planning	<b>Haematology / BMT Development at UHW</b> Relocation of B4H to meet JACIE Accreditation recommendations following the outcome of the inspection in 2017. Provision of Advanced Cell Therapy is included in the Haematology Facility	SOC	£95k to deliver SOC (£75k original tender)	WG Infrastructure Investment Board 29th February 2024	<b>R</b>	High risk due to the existing facilities not meeting current JACIE Standards  WG issued a response to the UHB advising that the proposed scheme, which includes CCRH and Research and Development was deemed unaffordable. However, the need to address the recommendations for JACIE accreditation are recognised by WG who have visited the existing facility to understand that there is no opportunity to remodel the existing footprint to meet the standards required.	Service level agreement with BDP to deliver the SOC.

Regan Nikki  
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Item	Executive Lead	Project Name	Status	Budget	Key Dates	Risk Status	Comments	Contract Status
d	Executive Director of Planning	<p><b>Critical Care Expansion</b></p> <p>Development of a Business Justification Case to provide a fit for purpose facility which meets HTM standards and identified requirement for additional bed capacity for critical care patients and to comply with the FICM report (Faculty of Intensive Care Medicine)</p> <p>This scheme may require further review as part of any proposed development of Haematology/BMT and Hybrid &amp; MTC Theatres.</p>	BJC	£180k initial budget design team £35k HCP	<p><b>Project Mandate to SLB March 2024 - supported</b></p> <p>BJC to CMG anticipated January 2025 BJC to UHB Board anticipated March 2025</p>	R	<p>The revised Project Mandate was approved at CMG in November 2024 &amp; SLB in December 2024.</p> <p>CEF have since met with the end users on 9th January 2025.</p> <p>A Healthcare Planner will be appointed, via procurement, to support with the revised schedule of accommodation and business case, based on the revised project mandate, prior to re-engaging with the SCP.</p> <p>The additional budget required to develop the SOC has been approved by CMG as part of the slippage discussions.</p>	<p>Health Care Planner on NHS Ts &amp; Cs</p> <p>SLA signed by both parties, changes required to the contract data in line with the case</p> <p>Contracts are being prepared for Stride Treglown</p>
e	Executive Director of Planning	<p><b>Refurbishment of Mortuary</b></p> <p>Options to be developed for refurbishment of the existing mortuary or develop a new build in line with the Human Tissue Authority (HTA) recommendations following the latest inspection report.</p>	Construction	£3.057m	<b>Construction commencement 8th January 2024</b>	R	<p>The main contractor issued a revised programme, Rev10, which indicates construction completion on the 3rd March 2025 with contract completion on the 14th March 2025. The Project Manager challenged the reason for the revision and has concluded that this is justifiable. Rev10 has been accepted.</p> <p>The flexmort temporary body store is now in situ.</p> <p>The risk is associated with the programme delay and the need for body store capacity during the winter pressures</p>	Contracts for the appointment of the SCP, Tilbury Douglas, have been signed by both parties
f	Chief Operating Officer	<p><b>Interventional Radiology Suites</b></p> <p>Replacement of corroded IR machines and works to be undertaken to improve the environment to mitigate reoccurrence.</p>	Construction	£7.2m (original approved figure) £5.1m (anticipated outturn)	<p><b>Construction commencement 17th June 2024</b></p> <p>Start on site 24th June 2024</p> <p>Phase 1 handover 11th November 2024 Phase 2 Commence 2nd January 2024</p>	A	<p>Phase 1 is now in operation. Phase 2 has commenced as per programme. The existing equipment of suite 1 (phase 2) has been removed with works scheduled to be complete by the end of March 2025.</p> <p>The risk remains with the service operating with one machine for the duration and the potential implications if failure is realised.</p>	Awaiting signatures on the contract from relevant parties

Regan Nikki  
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Item	Executive Lead	Project Name	Status	Budget	Key Dates	Risk Status	Comments	Contract Status
g	Chief Operating Officer	<p><b>Diagnostic Equipment</b></p> <p>Email correspondence received from WG for potential 4no new diagnostic machines, to be delivered in the current financial year 2024/25.</p>	Mobilisation	£2.498m	<p>CAVOC construction commencement 16th December 2024</p> <p>Completion 14th February</p>	R	<p>UHL CAVOC (2 units) have commenced and is on programme for completion on the 14th February 2025.</p> <p>L10 (UHL) tender have been received and are being evaluated</p> <p>GF10 (UHW) tender returned 10/01/2025</p> <p>There is an opportunity to utilise an underspend on £442k to replace the roof above Radiology Room L10 at UHL and to support the urgent repair of the CT scanner which was damaged during recent electrical issues at UHL. CMG are being asked to consider supporting the request at their meeting in January 2025.</p> <p>The risk rating reflects the potential cashflow issues by year end spend.</p>	
h	Executive Director of Finance	<b>UHW A Block Roof Replacement</b>	Tender	TBC	<b>Anticipated programme to be confirmed</b>	R	<p>Cambria have been identified as the preferred supplier. The UHB are progressing the procurement process for the surveys to commence.</p> <p>Decision to postpone the installation of the PH 'No Smoking' banner until after the scheme</p> <p>A Healthcare Planner is to be appointed to support the development of the BJC</p> <p>The risk rating has been increased as the water ingress is becoming more regular and widespread.</p>	Awaiting the procurement report
i	Executive Director of Finance	<b>UHW Main Water Replacement</b>	Scoping	TBC	<b>Anticipated programme to be confirmed</b>	R	<p>HMV Fusion have submitted their information to the UHB which is being reviewed.</p> <p>A Healthcare Planner is to be appointed to support the development of the BJC</p> <p>Risk rating increased due to an increase number of significant mains water pipe failures.</p>	

Regan Nikki  
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Item	Executive Lead	Project Name	Status	Budget	Key Dates	Risk Status	Comments	Contract Status
j	Executive Director of Finance	<p><b>Enabling Project Work - UHB Estate</b></p> <p>Enabling project work at UHW &amp; UHL sites. Funding provision in 2024-25 is connected to the future plans of the UHB, contained in the Future Hospitals Programme. Information of the survey works will allow the UHB to develop and understanding of the estate requirements in order to form service delivery options</p>	Scoping	£0.750m		R	<p>The UHB met with Currie &amp; Brown where it was agreed to commence with the UHW Outpatients Department (OPD). This will provide the necessary information to develop a programme business case for the refurbishment of the OPD.</p> <p>A late start to the project has resulted in likely slippage of £500k which will need to be managed over the financial year. CMG have been asked to support the decision to include the repayment of funding into 2025/26.</p>	The contracts are being processed
<b>1.2 PRIORITISATION SCHEMES</b>								
a	Executive Director of Planning	<p><b>Links Building Demolition - CRI / Reinstatement of Car Park</b></p>	Construction	£0.577m	Construction commencement anticipated January 2025	G	<p>Survey of potential explosives to be undertaken urgently.</p> <p>The contract for this element of works is being finalised for issuing to the contractor.</p>	The contract documents have been signed by both parties
b	Chief Operating Officer	<p><b>Lakeside Wing (North) Phase 1 - Cardiology</b></p> <p>Reconfiguration of the North area to create a suitable environment for medical beds, including the installation of a pod system, vacuum system and medical air, to release B2Link.</p>	Construction	£2.97m	<p>Construction commencement 9th December 2024</p> <p>Completion 28th March 2025</p>	A	<p>Construction commenced, as of 9th December 2024, however the works to phase 1 will be delayed by approximately 2 weeks, due to the late delivery of the Air Handling Plant. The contractor has indicated that the overall construction programme will be met with completion anticipated 28th March 2025.</p>	Contracts signed by both parties
b (i)	Chief Operating Officer	<p><b>B2Link - Phase 1 Cardiology</b></p> <p>Refurbishment works to enable the transfer of Gynaecology Services from C1</p>	Mobilisation	£0.07m	Construction commencement TBC	R	<p>CEF are looking to progress the works whilst the area is occupied to achieve spend and completion in the current financial year.</p> <p>CEF project lead to meet with the clinical board lead to discuss and agree a programme to progress these works</p> <p>The risk rating reflects the challenging timescales to confirm a project cost and delivery of phase 1 in the current financial year. In addition, the scheme is dependent upon the completion of LSW (1.2b – as above)</p>	Contracts signed by both parties

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Item	Executive Lead	Project Name	Status	Budget	Key Dates	Risk Status	Comments	Contract Status
<b>b (ii)</b>	Chief Operating Officer	<b>C1 Cardiology</b> Refurbishment of C1 to allow the relocation of C3 to C1 to release capacity for ITU expansion	Tender	£3.5m	2025/26 scheme	<b>A</b>	The scheme was originally tendered in August 2024 however, not progressed in the current financial year. The main contractor has advised that they would be supportive of holding the tender price, subject to an early order in the current financial year. CMG are asked to consider the proposal	
<b>c</b>	Executive Director of Finance	<b>Aroma Concourse UHW</b> Capital investment for the extension of the existing Aroma outlet into the next unit for the relocation of Bwyd Blasus to provide a 24/7 catering service, benefitting patients, staff and visitors. Part of a cost reduction savings plan	Mobilisation	£0.500m	Construction commencement early February 2025	<b>R</b>	Tenders received and evaluated. The preferred supplier has been identified and procurement paperwork is being progressed.  The high risk reflects the time allowance to complete the scheme in the current financial year	Contracts are being prepared
<b>d</b>	Executive Director of Finance	<b>SPAR Relocation UHL</b> Relocation of the SPAR to a vacant unit which will have more space for self service tills. Will also facilitate the development of a larger area in Aroma for patient, staff and visitor catering services.	Design	£0.100m		<b>R</b>	A proposed design is being developed along with an equipment schedule. There is potential to procure the equipment in the current financial year.  CMG decision required on the issuing of an Expressions of Interest via procurement to ensure a fair process is followed for all retail outlets  The risk reflects time allowance to complete the scheme in the current financial year	

### 1.3 ESTATE RATIONALISATION - To allow the closure and demolition of what were originally staff accommodation blocks at UHW

<b>a</b>	Executive Director of Finance	<b>Phase 1 - Denbigh House Closure</b> The relocation of Occupational Health & Health and Safety Training to WH to allow the isolation of all services	Mobilisation	£1.161m	Construction commencement TBC	<b>R</b>	The tenders for WH Occupational Health and H&S are scheduled to be returned on 17th January 2025. A programme for the Boardroom and relocation of staff facilities has been requested  The risk reflects the timescales for completion	Contracts are signed by both parties
<b>b</b>	Executive Director of Finance	<b>WEQAS Relocation</b>	Feasibility	TBC	Proposal to CMG February 2025	<b>G</b>	Site surveys and assessments have been undertaken. A paper is being drafted for February 2025 CMG to provide an update and progress to date with anticipated funding required	

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Item	Executive Lead	Project Name	Status	Budget	Key Dates	Risk Status	Comments	Contract Status
<b>c</b>	Executive Director of Finance	ALAS Relocation	Feasibility	TBC	Anticipated programme to be confirmed	<b>G</b>	Feasibility study required to identify suitably available premises to accommodate an integrated site approach	
<b>d</b>	Executive Director of Finance	IM&T to the SAC Building - UHW Works to be undertaken at the SAC building to consolidate IM&T services, following relocation of part of the team to the Lakeside Offices during COVID	Tender	£0.120m	Tender issue w/c 6th January 2025	<b>G</b>	The tenders are prepared for issuing.	
<b>1.4</b>	<b>SHAPING OUR FUTURE WELLBEING (SOFW) Health and Wellbeing Centres</b>							
<b>a</b>	Executive Director of Planning	CRI SARC Redevelopment	OBC	45.8m	OBC submitted to WG 21 June 2022	<b>R</b>	This is part of the WG capital priority process	SCP/PM/CA contract docs for OBC development have been completed.
<b>b</b>	Executive Director of Planning	Wellbeing Hub @ Park View	FBC	£21.4m	Submission of document to UHB March 2025 FBC to UHB Board anticipated July 2025	<b>A</b>	The SCP is preparing for market testing. The team continue to meet the July 2025 Board to consider the approval of the FBC for submission to WG.	The SLA for the cost advisor is complete. Contracts are in place for the SCP/PM/CA
<b>c</b>	Executive Director of Planning	Eastern Vale Wellbeing Hub	OBC	£11.553m	Dates to be confirmed	<b>R</b>	Little progress has been made on the scheme and a firm decision by the UHB is required to confirm development of the scheme on the Cogan site prior to any further spend commitment.	When the UHB receive approval of the fees from WG revised contract documentation will be issued.
<b>d (i)</b>	Executive Director of Planning	CRI Redevelopment Scheme - Overall Site	OBC	£130.251m (OBC)	OBC submitted to WG 03/08/2022	<b>R</b>	This is part of the WG capital priority process	The contract for the CA remains with Procurement to complete
<b>d (ii)</b>	Executive Director of Planning	CRI Safeguarding works (including MEP)	FBC	£45.987m	Revised FBC potential dates TBC	<b>R</b>	No further update following the previous report	The FBC contracts cannot be issued without OBC approval but we are progressing as a variation to the OBC contract so the risk is minimal.
<b>e</b>	Executive Director of Planning	Pentyrch Third Party Development	Mobilisation	£5.5m	Construction commencement to be confirmed	<b>G</b>	The procurement report is completed, awaiting sign off	The procurement report is completed, awaiting sign off

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Item	Executive Lead	Project Name	Status	Budget	Key Dates	Risk Level	Comments	Contract Status
<b>2.0 BUSINESS CASE DEVELOPMENT</b>								
a	Executive Director of Finance	<b>Lift Refurbishment Programme</b> Modernisation of nineteen passenger lifts located throughout UHW	Construction	£9.302m	<b>Lift 2 - 19/09/2024 - 21/03/2025</b> Lift 13 - 07/10/2024 - 21/03/2025 Lift 6 - 30/09/2024 - 17/03/2025 Lift 22 - 14/10/2024 - 11/03/2025 Lift 15 - January 2025 -28/05/2025	A	Lift 15 - taken out of service 20th January 2025 Lift 2 & 13 Delayed due to asbestos. Lift 2 & 13 completion is now scheduled 21st March 2025. Lift 6 & 14 are on programme  The risk rating has reduced as the contractor has commenced work and a detailed programme received.	The contracts are completed and signed by both parties
b	Executive Director of Finance	<b>Tertiary Tower Electrical Resilience Upgrade</b> Long term solution to electrical infrastructure in the Tertiary Tower	Construction	£2.2m	<b>Construction to commence on site January 2024</b>	R	The enabling works have commenced and are ongoing to facilitate the main onsite works, including operation to fire exit. Groundworks to commence as the next activity. Circa £700k underspend identified on the scheme. CMG decision to support the reprovision of funding from 2025/26. A paper is being drafted for Feb 2025 CMG to provide a comprehensive overview on the issues  Red risk rating reflects the potential loss of power in the event of failure and projected overspend	Contract is signed with the contractor. SBS for Cost Advisor, Project Manager and Supervisor
<b>2.1 OTHER SCHEMES</b>								
a	Executive Director of Finance	<b>Maternity Lift - No.8&amp;9</b>	Construction	£0.3m budget £0.42m tender return figure	<b>Lift 9 handover to UHB 21st February 2025</b> Lift 8 commence 24th February 2025 Lift 8 complete 28th March 2025	R	More notifiable asbestos has been identified during removal of the bedplate, which would not have been visible during surveys. This has been removed. Lift 9 handover 21st February 2025 with Lift 8 commencing on the 24th February 2025.  The risk rating reflects the impact of loss of either of the lifts to access the maternity unit	NEC shortform contract have been completed

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Item	Executive Lead	Project Name	Status	Budget	Key Dates	Risk Level	Comments	Contract Status
<b>b</b>	Executive Director of Finance	<b>Community Addictions Unit @ CRI</b> Following Executive walkaround it has been arranged for a condition survey to be undertaken to assess any works necessary to bring the premises back up to an acceptable standard	Construction	£0.250m	Phase 2 completion w/c 20th January 2025  Phase 3 commencement early February 2025 to complete by end of March 2025	<b>G</b>	Phase 2 works are on programme to complete January 2025  Phase 3 is scheduled to commence early Feb 2025	
<b>c</b>	Executive Director of Finance	<b>UHL Boundary Wall</b>  Surveys and re-construction of the collapsed boundary wall at UHL	Design	TBC	<b>Tender issue w/c 3rd February 2025</b>	<b>R</b>	The UHB have received the structural pack from Cambria in preparation for tender which will be issued in February 2025. Local residents have raised enquiries regarding the proposals to replace the wall  The risk rating reflects the potential risk of more of the wall failing & reputational risk	
<b>d</b>	Executive Director of Finance	<b>Jungle Ward - CHFw</b>  Charitable funding has been raised to improve the condition of Jungle Ward, which was phase 1 of the CHFw which opened in 2005, and to ensure that the area is suitable for the children that are cared for on the ward which has changed over time.	On Hold	£0.650m	<b>Design completion 9th December 2024</b> Tender issue 16th December 2024 Tender return 23rd January 2025 Anticipated mobilisation 6th February 2025 Anticipated construction 19th February - 8th May 2025	<b>G</b>	CEF have progressed the design as far as possible. The end user has requested changes which are yet to be received. CEF wait further instruction	
<b>e</b>	Executive Director of Finance	<b>RO - UPS</b> Identified as an essential requirement during the Operation POET exercise to ensure continuation of Patient Services during a potential loss of power	Tender		<b>Tender return 24th January 2025</b>	<b>A</b>	The tender return is scheduled on the 24th January 2025 which also includes maternity, which was identified as a significant risk during Operation POET	

## 2.2 Schemes brought forward from 2023/24

<b>a</b>	Executive Director of Finance	<b>UHW Substation 2A -Electronic Swithgear</b>  Sub2A - Replacement of essential and non-essential switchboards following faults identified during Operation POET 2023	Construction	£1.970m	<b>Construction completion 31st March 2025</b>	<b>R</b>	The scheme is behind programme due to the late delivery of the transformer.  Electrical isolation meetings have been established and it has been agreed to re-commence the Operation POET project team for improved communications with the clinical and operational teams affected by he planned isolations  The risk rating reflects the number of electrical shutdowns required which will affect patient areas.	PO number generated Contracts are in place
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Item	Executive Lead	Project Name	Status	Budget	Key Dates	Risk Level	Comments	Contract Status
<b>2.3 Estates Funding Advisory Board (EFAB) 2023/24 - 2024/25 (Year 1 &amp; Year 2)</b>								
<b>a</b>	Executive Director of Finance	<b>UHW Foul Drainage</b> Ongoing issues with foul drainage leaks. A programme has been proposed to replace the drainage in A, B & C block. Over a 2 year period it is anticipated that 46% of the installation will be complete.	Construction	£1.516m £1.271m Y1 £0.245m Y2	<b>Construction commenced 04/12/2023</b>	<b>G</b>	12 of the 19 risers in ward areas are planned for this current financial year.  Additional works which are funded by WG have been instructed and will allow more replacements in year. 19 of the 42 will be complete by March 2025.	Contracts are signed by both parties
<b>b</b>	Executive Director of Finance	<b>UHW Main Switchgear</b> The main distribution boards in the ward blocks at the UHW are past their useful life. Replacement parts are obsolete.	Construction	£1.067m £0.533m yr 1 £0.534m yr 2	<b>Construction Commencement 28th October 2024</b>  Completion 21st March 2025	<b>G</b>	The scheme is on programme, however, there are a number of electrical shutdowns required. The main works are scheduled to commence in w/c 28th October 2024.	Contracts are signed by both parties
<b>c</b>	Executive Director of Finance	<b>UHW Fire Alarm Upgrade</b> The UHW site is experiencing an increasing number of unwanted fire signals and this can be attributed to a number of factors, one of which the age of the existing fire alarm system that was installed over twenty five years ago. The fire panels are obsolete and it is increasingly difficult to locate spare parts for the panels and detection devices.	Construction	£1.1m £0.5m yr 1 £0.6m yr 2	<b>Construction commencement 9th September 2024</b>  Construction completion end of January 2025	<b>G</b>	This phase of the scheme is progressing to programme	Contracts are signed by both parties
<b>d</b>	Executive Director of Finance	<b>UHL Fire Alarm Upgrade</b> The HB has been upgrading the existing Gent fire alarm system throughout the Llandough Hospital site in stages over a number of years. We are at the stage where we are ready to replace all field devices and reprogramme the system across the site. This will reduce unwanted fire signals and provide easier identification of alarm calls.	Construction	£0.250m £0.15m Y1 £0.1m Y2  £0.183m return for Y1	<b>Construction commencement 30th September 2024</b>  Construction completion end of January 2025	<b>G</b>	This phase of scheme is progressing to programme	Contracts are signed by both parties
<b>e</b>	Executive Director of Finance	<b>BMS Upgrade</b> All outstations are obsolete which means loss of control should outstation fail. 4 yr programme of replacement planned, critical areas first.	Construction	£0.793m £330k yr1 £462k yr2	<b>Construction commencement 2nd December 2024</b>  Completion 31st March 2025	<b>A</b>	Works have commenced at UHW with 2 controllers fitted. There are a further 37 to be completed by the end of March 2025.  The Building Management System will become inoperable should the outstation at UHW / UHL fail. The risk rating has recently been reduced from high risk as a programme has been received and accepted, albeit, CEF require support from digital colleagues to complete the upgrade	Contracts are signed by both parties

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Item	Executive Lead	Project Name	Status	Budget	Key Dates	Risk Level	Comments	Contract Status
<b>2.4 Estates Funding Advisory Board (EFAB) 2024/25 (Year 2 only)</b>								
a	Executive Director of Finance	<b>Cause &amp; Effect</b> Due to continued upgrading / refurbishment of the Hospital there is now a need to upgrade the Cause & Effect in line with the whole hospital philosophy	Construction	£0.1m Y2	Construction commenced September 2024	A	A meeting is scheduled with the Head of Fire Safety and contractor w/c 13th January 2025 to agree the plan.	Contracts are signed by both parties
b	Executive Director of Finance	<b>Fire Stopping</b> Inspection of the existing fire compartmentation is required to ensure fire compartmentation integrity is maintained.	Construction	£0.05m Y2	Construction commenced August 2024 Construction completion March 2025	G	Phase 1 CHfW - Completed 3 of the 15 Main Theates have been completed. Works are ongoing with additional areas requiring fire stopping.	Contracts are signed by both parties
c	Executive Director of Finance	<b>UHW Main Medical Air Plant</b> UHW Main Air Plant installation is non complinat with HTM02-01 and is difficult to maintain as the components are bespoke items which are not specified for medical gas systems, no medical gas certification is available.	Construction	£0.355m	Construction Commencement 6th January 2025	G	Works commenced as per the programme on the 6th January 2025 and is scheduled to complete in March 2025	Contracts are signed by both parties
d	Executive Director of Finance	<b>UHW Ambulatory Medical Air Plant</b> UHW Main Air Plant installation is non complinat with HTM02-01 and is difficult to maintain as the components are bespoke items which are not specified for medical gas systems, no medical gas certification is available.	Construction	£0.446m	Construction Commencement 6th January 2025	G	As per item C above	
e	Executive Director of Finance	<b>Ventilation Plant Maternity</b> The AHU serving dept are passed it's useful life, does not comply to HTM standards and not providing the required air changes.	Construction	£0.285m	Construction commenced 2nd December 2024 Completion 31st March 2025	G	On programme. The existing plant has been removed and enabling works have commenced in preparation for the installation of the new plant following delivery.	PO raised Contracts are signed by both parties
<b>2.5 Backlog Maintenance (Additional Funding from WG 2024/25)</b>								
a	Executive Director of Finance	<b>UHW Main Chiller Plant</b>	Construction	£1.091m	Construction Commenced December 2024 Completion 28th March 2025	A	The old equipment has been removed, theatres are currently operating on temporary plant.	Contracts are signed by both parties
b	Executive Director of Finance	<b>HSDU Ventilation &amp; Chiller</b>	Construction	£1.015m	Construction Commencement 6th January 2025	R	The scheme commenced as per the programme, 6th January 2025. During the works, the roof have identified the need for replacement which has been funded by WG. The risk has increased to amber as the facility at UHW will need to be shutdown for 5 weeks	Procurement report is being developed

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Item	Executive Lead	Project Name	Status	Budget	Key Dates	Risk Level	Comments	Contract Status
<b>c</b>	Executive Director of Finance	<b>UHW Continuation of Foul Drainage System Replacement</b>	Construction	£0.500m	Programme TBC	<b>G</b>	Part of the overall programme	A new contract and PO required for the additional works
<b>d</b>	Executive Director of Finance	<b>CAVOC Chillers</b>	Construction	£0.500m	<b>Construction Commencement 6th January 2025</b>	<b>G</b>	The scheme commenced as per the programme, 6th January 2025. CEF are working with the service on the phasing.	Procurement report is being developed
<b>e</b>	Executive Director of Finance	<b>UHW Water Mains - Valves</b> Interim solutions to the overall water mains replacement in 1.1i	Tender	£0.750m	<b>Tender issue January 2025</b>	<b>R</b>	HMV fusion have provided a specification to enable the UHB to produce the relevant tender documentation for issue by the procurement team w/c 13th January 2025	
<b>f</b>	Executive Director of Finance	<b>UHW AVSU Replacement</b>	Tender	£0.300m	<b>Tender return 11th November 2024</b>	<b>R</b>	This scheme is not progressing as funding has been vied to support other schemes. A letter is being issued to NWSSP SES to confirm. CMG decision required.	
<b>g</b>	Executive Director of Finance	<b>UHW Hot Water Valve Replacement</b>	Design	£0.075m	<b>Anticipate updated costs 29th November 2024</b>	<b>G</b>	The priority areas are to be confirmed from recent inspections as part of the critical risk and single points of failure review	Gareth to update
<b>h</b>	Executive Director of Finance	<b>UHW Roof Upgrade (Lift Plant Rooms)</b> UHW Lift shaft roof B Block & C Block	Completed	£0.150m	<b>Construction commencement w/c 28th October 2024</b>  Construction completion 20th December 2024		B Block complete C Block to complete w/c 9th December 2024	Procurement report is being developed
<b>i</b>	Executive Director of Finance	<b>UHW Secondary Hot Water Plate Heat Exchanger</b>	Design	£0.250m	<b>Tender issue 13th December 2024</b>  Tender return 13th January 2025	<b>A</b>	This scheme is not progressing as funding has been vired to support other schemes. A letter is being issued to NWSSP SES to confirm	
<b>j</b>	Executive Director of Finance	<b>UHL AVSU and Oxygen Transfer over to new oxygen lines</b>	Tender	£0.200m	<b>Tender issue end of October 2024</b>  Tender return 11th November 2024	<b>G</b>	A procurement report is being drafted to enable the scheme to commence	
<b>k</b>	Executive Director of Finance	<b>UHB Fire Doors</b>	Tender	£0.200m	<b>Tender issue 20th December 2024</b>  Tender return 20th January 2025	<b>G</b>	Continuing to survey a number of sites to enable the tender package to be prepared.	

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Item	Executive Lead	Project Name	Status	Budget	Key Dates	Risk Level	Comments	Contract Status
<b>I</b>	Executive Director of Finance	Fire Doors	Tender	£0.100m	Tender issue 20th December 2024 Tender return 20th January 2025	<b>G</b>	As above	
<b>2.6 Priority Schemes / Slippage Funding 2024/25</b>								
<b>a</b>	Executive Director of Finance	<b>Foul Drainage Upgrade UHW - further funding</b> Additional funding identified to progress the scheme further	Tender	£0.165m	Tender complete	<b>G</b>	Extension to the original programme	Contracts are signed by both parties
<b>b</b>	Executive Director of Finance	<b>Boiler Replacement - CHfW Phase 1</b>	Tender	£0.495m	Tender return 20th December 2024	<b>G</b>	The tenders have been returned, awaiting RFA	
<b>b (i)</b>	Executive Director of Finance	<b>Boiler Replacement - Ward 7 &amp; 8 UHL</b>	Construction	As above (2.6b)	Construction commencement 8th January 2025	<b>G</b>	The scheme has commenced as per the programme.	
<b>b (ii)</b>	Executive Director of Finance	<b>Boiler Replacement - Hamdryad</b> Replacement of the main boiler supplying the heating domestic hot water to the facility due to the age of the equipment and replacement parts now becoming obsolete	Tender	As above (2.6b)	Anticipated programme TBC	<b>R</b>	Temporary boiler in place whilst a more permanent solution is identified. The permanent solution will require a detailed design works to include the installation of new flues, removal of asbestos and associated fire precaution works. CEF are considering the suitability of a externally located packages boiler house, which could be re-utilised if services transferred to other sites in the near future. The risk rating reflects loss of heating and hot water resulting in the temporary relocation of staff and patient services until the temporary boiler is installed.	
<b>c</b>	Executive Director of Finance	<b>Air Conditioning Units</b> 26 units have been identified that require immediate replacement	Tender	£0.182m	Tender return 17th January 2025	<b>G</b>	Tenders are scheduled to be returned as per the programme	
<b>d</b>	Executive Director of Finance	<b>Fire Compartmentation</b> Fire compartmentation of theatres has been surveyed and identified breaches in fire compartmentation. Continuation of works that have commenced	Tender	£0.060m	Tender complete	<b>G</b>	Fire instruction	

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Item	Executive Lead	Project Name	Status	Budget	Key Dates	Risk Level	Comments	Contract Status
e	Executive Director of Finance	<b>A6 UHW Ward Kitchen</b> Full refurbishment of the area to meet EHO compliance, following inspections	Tender	£0.250m	Tender return 22nd January 2025	G		
e (i)	Executive Director of Finance	<b>Minor Refurbishment of UHW Ward Kitchen</b> 4 areas require minor refurbishment, including walls and flooring. These areas are A7, B7, B4H & C6	Construction	As above	Construction Commencement January 2025	G	C6 commenced 6th January 2025 B7 commenced 13th January 2025 B4H order has been raised	
f	Executive Director of Finance	<b>UPS Replacement</b> Replacement 12 UPS now nine years old end of life currently not compliant with HTM N+1, Critical Care Areas	Tender	£0.221m	Tender issue 13th December 2024 Tender return 13th January 2025	G	Tenders returned as per the programme for evaluation	
g	Executive Director of Finance	<b>Tower Block 1 Fire Alarm Upgrade</b> Fire alarm panels are obsolete	Mobilisation	£0.111m	Anticipated programme TBC	G	VEAT process is complete. CEF are preparing the contract to enable the scheme to commence	
h	Executive Director of Finance	<b>CHFV Cold Water Tank</b> Replacement as beyond repair	Design	£0.015m	Anticipate updated costs 29th November 2024	G	Updated quotation required	Gareth to update
i	Executive Director of Finance	<b>Pharmacy Dumb Waiter Lift</b> Replacement of control panel as failed and obsolete	Design	£0.025m	Anticipate updated costs 29th November 2024	G	Updated quotation required	Gareth to update
k	Executive Director of Finance	<b>CFPU Controls (Walk in Freezer - UHL)</b> Replacement as end of life	Tender	TBC	Tender to be issued end of January 2025	G	Quotation received, awaiting review ahead of CFPU	
l	Executive Director of Finance	<b>Resurfacing of Car Park UHW (Vanguard)</b> Resurfacing to provide a suitable condition and surface following the removal of the Vanguard Unit	Construction	£0.150m	Construction Commencement 13th January 2025	G		
m	Executive Director of Finance	<b>CRI Car Park Upgrade</b>	Design	£0.050m	Anticipated programme TBC	G	Approved to commence at CMG Sub Group, proceeding through the internal governance structure	
n	Executive Director of Finance	<b>General Resurfacing / Tarmac Repairs</b>	Completed	£0.150m			Complete	Complete

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Item	Executive Lead	Project Name	Status	Budget	Key Dates	Risk Level	Comments	Contract Status
<b>2.7 Roof Replacement Programme / Prioritised Schemes</b>								
<b>a</b>	Executive Director of Finance	<b>UHW Pharmacy Roof</b> Flat roof single ply has passed it's useful life and requires replacement	Construction	£0.300m	Completion 31st March 2025	G		
<b>b</b>	Executive Director of Finance	<b>UHL Physio Roof</b> Flat roof single ply has passed it's useful life and requires replacement	Tender	£0.280m	Tender return 22nd January 2025	G		
<b>c</b>	Executive Director of Finance	<b>UHL Pot Wash Roof</b> Flat roof single ply has passed it's useful life and requires replacement	Design	£0.120m	Tender issue 20th January 2025	G		
<b>d</b>	Executive Director of Finance	<b>UHW Heulwen Roof</b> Flat roof single ply has passed it's useful life and requires replacement	Design	£0.120m	Tender issue 27th January 2025	G		
<b>e</b>	Executive Director of Finance	<b>UHW Concourse Gutters</b> Re-lining of box section gutters required	Mobilisation	£0.090m	Construction commence 20/01/2025	G		
<b>f</b>	Executive Director of Finance	<b>UHW Pembroke House</b> Flat roof single ply has passed it's useful life and requires replacement	Design	£0.120m	Tender issue 20th January 2025	G		
<b>g</b>	Executive Director of Finance	<b>UHW Ward Block A Roof</b> Pitched roof is showing signs of deterioration, replacement required	Design	£0.6000m	Tender issue 7th February 2025	G		
<b>h</b>	Executive Director of Finance	<b>UHW Maternity Roof - 2nd Floor</b> Flat roof single ply has passed it's useful life and requires replacement	Mobilisation	£0.020m	Construction commence 20th January 2025	G		

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Item	Executive Lead	Project Name	Status	Budget	Key Dates	Risk Level	Comments	Contract Status
<b>i</b>	Executive Director of Finance	<b>UHW CHfW Octopus X-Ray</b> Flat roof single ply has passed it's useful life and requires replacement	Design	£0.150m	Tender issue	<b>G</b>		
<b>j</b>	Executive Director of Finance	<b>UHW Suite 16 - OPD</b> Flat roof single ply has passed it's useful life and requires replacement	Design	£0.250m	Tender issue 27th January 2025	<b>G</b>		
<b>k</b>	Executive Director of Finance	<b>UHL East 8 Ward Roof</b> Replacement of felt and battend, re-use existing tiles	Design	£0.218m	Tender issue 20th January 2025	<b>G</b>		
<b>l</b>	Executive Director of Finance	<b>UHL Bethan Ward</b> Replacement of felt and battend, re-use existing tiles	Tender	£0.260m	Tender Return 22nd January 2025	<b>G</b>		
<b>m</b>	Executive Director of Finance	<b>HSDU Roof Replacement</b>	Tender	TBC	TBC	<b>G</b>	Tender package is being developed for issue	

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## APPENDIX 6 – BUSINESS CASE SCHEDULE

Scheme	Description	Reporting location				Date of UHB Board	Welsh Government							
		CMG	Investment Group	Senior Leadership Board	Finance Committee		UHB Board	Submitted to WG	Scrutiny Grid issued to UHB	Scrutiny Grid returned to WG	Presentation at Scrutiny Committee	Presentation at IIB	Recommendation issued to the Minister	Ministerial Approval
<b>May-22</b>														
<b>CRI SARC Redevelopment</b>	Outline Business Case - for Approval to submit to WG	18/04/2022	04/05/2022		25/05/2022	26/05/2022	23/06/2022	27/07/2022	08/11/2022	N/A	15/12/2022	TBC		Included in WG prioritisation process
<b>Jul-22</b>														
<b>CRI Redevelopment Scheme</b>	Outline Business Case - for Approval to submit to WG	18/07/2022	01/06/2022		27/07/2022	28/07/2022	03/08/2022	04/11/2022	17/02/2023					Included in WG prioritisation process
<b>UHW Vascular Hybrid Theatre &amp; MTC Theatres</b>	Full Business Case - for Approval to submit to WG	17/10/2022	02/11/2022		16/11/2022	24/11/2022	13/12/2022	24/01/2023	02/03/2023	N/A	27/07/2023			Remarketed tested 2024/25 following design review with Siemens equipment
<b>May-23</b>														
<b>UHL Theatre Development</b>	Outline Business Case - for Approval to submit to WG	19/12/2022	18/01/2023		25/01/2023	30/05/2023	13/07/2023	13/10/2023	08/11/2023					Included in WG prioritisation process
<b>Jul-23</b>														
<b>Haematology / BMT &amp; Advanced Cell Therapy</b>	Strategic Outline Case - for Approval to submit to WG and continue with the combined Outline Business Case and Full Business Case	17/07/2023	05/07/2023	13/07/2023	19/07/2023	27/07/2023	02/08/2023	13/10/2023	08/11/2023		29/02/2024			Business Case to be revisited to include Haem/BMT only
<b>Jul-25</b>														
<b>Park View Wellbeing Hub</b>	Full Business Case - for Approval to submit to Welsh Government	21/04/2025	07/05/2025	15/05/2025	21/05/2025	31/07/2025								
<b>Critical Care Expansion UHW</b>	Business Justification Case - for Approval to submit to WG	TBC	TBC	TBC	TBC	TBC								
<b>CRI Safeguarding works (including MEP/ Infrastructure) (Phase 1 of CRI Redevelopment)</b>	Full Business Case - for Approval to submit to WG	TBC	TBC	TBC	TBC	TBC								
<b>UHW Vascular Hybrid Theatre &amp; MTC Theatres - Revisited &amp; Remarketed Tested 2024/25</b>	Full Business Case - for Approval to submit to WG	TBC	TBC	TBC	TBC	TBC								
<b>Haematology / BMT</b>	Revised Strategic Outline Case to only include Haem / BMT, as per outcome from the SOC submitted to WG in Aug 2023	TBC	TBC	TBC	TBC	TBC								
<b>UHW Water Mains Upgrade</b>	Business Justification Case - for Approval to submit to WG	TBC	TBC	TBC	TBC	TBC								
<b>UHW Ward Block Roof Replacement</b>	Business Justification Case - for Approval to submit to WG	TBC	TBC	TBC	TBC	TBC								
<b>Ophthalmology / Cataract Operating relocation to UHL</b>	Business Justification Case - for Approval to submit to WG	TBC	TBC	TBC	TBC	TBC								

# APPENDIX 2

**Objective 1** – Ensure quality, safety and operational sustainability of health and careservices, prioritising areas with the greatest health and care needs, reducing inequalities to facilitate high standards of care.  
**Objective 2** – Support the shift in focus towards prevention by providing more integrated services, in convenient and accessible settings for the population to take more responsibility for their own health & wellbeing.  
**Objective 3** – Transform services through innovation, technology, and improved ways of working, to delivery more efficient processes to support resilience, improved experience & outcomes  
**Objective 4** – Deliver value for money by increasing the efficiency and quality of the estate, while improving the effectiveness of services for the population and workforce, targeting investment in long term priorities, aligning to environmental strategies, whilst minimising nugatory spend.

Scheme Overview	Scheme Cost Estimate	Key Benefits	Critical Implications of not Progressing	Alternative options (Phase/delay, another solution)	Prioritisation score /50					Total Score /100
					Fit with Prorities & Policy/25	Clinical Impact/20	VfM/16	Stat Compliance & Risk /13	Equity & Community /13	
<b>PCIC</b>										
ECC - Urgent Treatment Centre Barry										
ECC - Safe@Home St Davids										
Immunisation relocation (part of Rookwood site)										
<b>CD&amp;T</b>										
Physiotherapy UHW (linked to medicine plans)										
St Mary's Pharmacy / UHL Aseptic Suite										
<b>Children &amp; Women</b>										
Jungle Ward (Charity funded)										
ICNNS team relocation										
<b>Mental Health</b>										
Estates transformation (phased plan in development)										
<b>Medicine</b>										
Lakeside Wing move inpatient wards - inc. plan for physio / poac										
<b>Surgery</b>										
Regional Ophthalmology UHL										
POAC (linked to medicine plans)										
3D printing (to check)										
<b>Specialist Services</b>										
Additional Cath labs										
WICIS (to check)										
ALAS relocation (part of Rookwood Sale)										
<b>CEF</b>										
Estate Rationalisation (Monmouth & Glamorgan)										
<b>Digital</b>										
Resource for PC replacement - Windows 11 roll out										
WiFi cabling rollout	1.988m									
<b>Corporate</b>										
Bed replacement programme										
<b>Prioritisation Criteria</b>										
Prioritisation Criteria	Weighted score	Prioritisation Criteria Definitions								
Fit with Priorities and Policy		How does the proposal link back to Welsh Government priorities and key policies (e.g. A Healthier Wales, Wellbeing of Future Generations Act)? How does the proposal demonstrate integrated health and social care? Are we seeing demonstration of regional or all Wales working? If not, are there specific reasons why the proposal is only based in a single NHS organisations?								
Clinical Impact		Demonstrable impact on the health of the population served, with high health improvement potential and innovation shown in the processes or actions to gain the impact. How does the proposal demonstrate impact upon health gain, reduced waiting times, reduced length of stay etc and how confident are the organisation in being able to successfully deliver these clear around the baseline for which improvement would be assessed against benefits? Is the organisation clear around the baseline for which improvement would be assessed against								
Value for money (VfM)		How would the organisation ensure the project would deliver benefits proportionate to the level of investment? Are we seeing value in terms of economy, effectiveness, and efficiency? How does the project positively impact on the revenue position of the organisation? How quickly would there be payback from the proposed investment?								
Statutory Compliance and Risk (SCR)		Severity of risk of closing services within the near future due to not meeting statutory requirements, and is this evidenced (e.g., fire notices)? OR Severity of risk of not replacing service.								
Equity & Community		where people of highest health need are targeted first; how would this scheme support the local community and wider health and care service models to ensure health inequalities are reduced? How does this link to demographic characteristics of population or legacy health impacts (e.g., mining communities).								
Wider Benefits and Climate Change		The wider distribution and impact of benefits of investment beyond the clinical definition (e.g., reduce carbon emissions, improve staff and patient working and clinical environments). How will the organisation look to maximise decarbonisation benefits?								

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Report Title:	Digital Roadmap and work programme update		Agenda Item no.	3.1	
Meeting:	Digital & Infrastructure	Public	X	Meeting Date:	11 <sup>th</sup> February 2025
		Private			
Status:	Assurance	X	Approval	Information	X
Lead Executive:	Director of D&HI				
Report Author:	Director of Digital Transformation				

## Background and current situation:

### 1 Update on IMTP priorities with status

**Appendix 1** (below) provides an update on IMTP priorities and their status since the November 2024 Committee (DHIC) meeting. It describes good progress on a number of fronts and explanation where there are or may be challenges.

Planning work for 25/26 IMTP continues with the organization as it works through its priorities. Some 24/25 priorities are multi-year e.g. EPMA, RISP, LIMS, Digital Maternity.

### 2 Shaping our Future Digital Services

#### 2.1 Digital Foundations Investment Case

Recruitment has completed for the two key posts that enable this work, both are internal appointments. Handover has taken longer than expected as backfill recruitments and secondments had to be advertised and agreed. These other resources have now also been appointed and handover is ongoing. Mobilisation of the Digital Foundations programme has commenced but with a later start than November.

Procurement processes are underway for the external support that is needed and Clinical Board presentations have started. A range of clinical and non-clinical staff are being identified to support this work and will be instrumental in informing it.

The Director of Digital and Health Intelligence and other Executives have held discussions with colleagues in Welsh Government and NHS Wales Executive to help ensure this work continues to be supported as reported in November 2024.

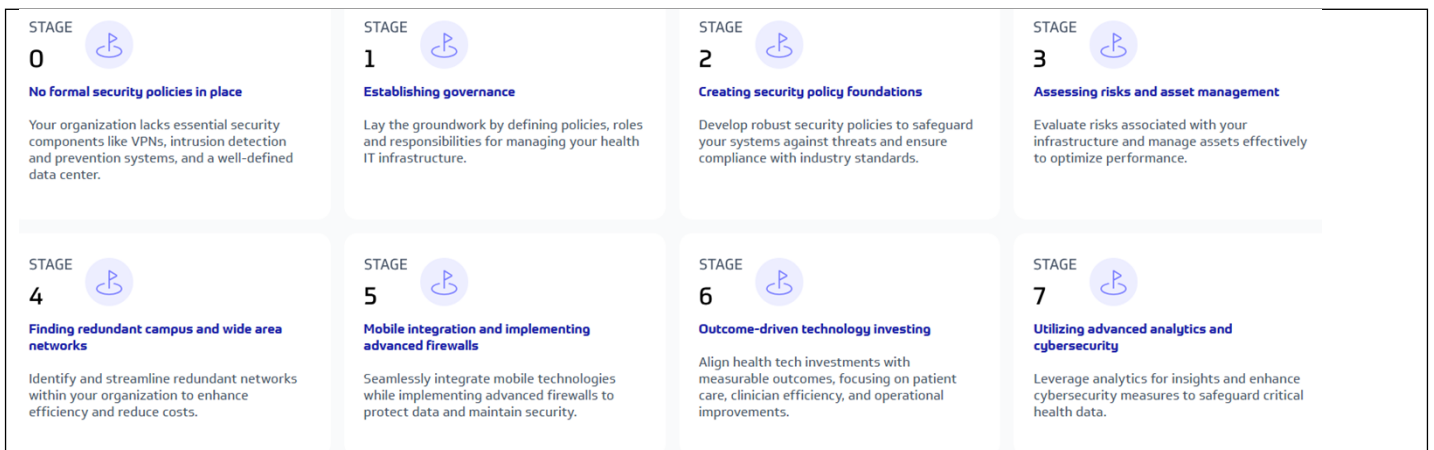
A key deliverable is to raise our digital maturity from HIMSS Level 1 (EMRAM)<sup>1</sup> to HIMSS Level 3. CAV was assessed against the EMRAM standard designed for acute settings in 2023 as part of an all Wales UHB assessment, which focusses on the electronic medical record and digital capabilities we can give to clinical (and non-clinical) colleagues.

As part of Digital Foundations, we believe we should also complete the infrastructure equivalent Infrastructure Adoption Model INFRAM<sup>1</sup> assessment, as this gives us a guide to the underpinning infrastructure we need to support those capabilities, not just during the 5 year Digital Foundations horizon but beyond in support of our aspirations to become a learning health and care system.

#### Extract from HIMSS site

The newly modernized INFRAM focuses on five key domains that drive measurable contributions to the value and outcomes of healthcare organizations: cybersecurity, adoption, sustainability, performance, and outcomes.

<sup>1</sup> <https://gkc.himss.org/news/himss-launches-modernized-infrastructure-adoption-model-support-global-digital-health>



There are national discussions about all UHB using the same approach and we are hopeful this work will complete within our timeline.

Additionally, CAV, like all Wales UHBs agreed to adopt the All Wales Infrastructure Programme outputs which guide (for example) cloud adoption, wide area networks and so on. These will be embedded into our work.

## 2.2 Reducing postage costs/digitizing post

CAV is looking to improve efficiencies across its' corporate non-clinical services and has identified opportunities to improve patient communications.

This is one of the potential business cases listed for the Digital Foundations work however, CAV spends a significant amount of money on external post. An internal task and finish group has been established under the leadership of the Director Digital & Health Intelligence to identify the potential to reduce postage expenditure spend in-year, and on a recurrent basis, in support of the UHBs financial efficiency requirements.

The move to the use of second-class post for routine letter and appointments has been implemented. Services are also capturing the e-mails and mobile numbers for patients so that they can be contacted via e-mail or SMS in future. This will result in a speedier communication method and will improve the quality and completeness of data on our systems in advance of further digital systems being implemented e.g. electronic health records.

## 2.3 Welsh Emergency Care Dataset (WECDS) compliance and Emergency Unit workstation (EUWS) replacement

Affordability of the optimum and preferred solution is challenging in the current financial climate. Executives are discussing this early February following an assessment of options presented by clinical and digital colleagues.

## 2.4 Digital roadmap progress

Most of the roadmap is part of Digital Foundations however progress is being made with some items as previously reported e.g.

- Extended WIFI in support of IMTP priorities such as Welsh Nurse Care Record, EPMA programmes as well as existing programmes such as Scan4Safety.
- One roadmap item has been fully achieved which is that all CAVUHB staff now have Microsoft Licences and access to corporate communications and where needed applications. This was also a pre-requisite for WNCR and EPMA.

### 3 Resources

As part of the UHB response to financial pressures, D&HI is looking to reshape some services in line with all clinical boards. Whilst D&HI is anyway under-resourced, we are not the only directorate with such pressures and the need for cost reduction across the board is fully recognised. This will result in delays in our ability to respond hence the strength of our digital front door approach so that we track and prioritise what we work on, mindful of the organisations' priorities.

### 4 Tactical Activity Update on work programme since November 2024

#### Digital Services Management:

- The absorption of Palliative care services who previously used the National CANISC solution remains high priority. Good progress has been made through January, with agreed changes to both WCP and the in-house PMS solutions being made within January, trained within February and launched ahead of March'25 deadline for the turning off CANISC. Additionally Paediatric Palliative Care services are being offered access to similar facility to provide uniformity across CaV involved Palliative delivery. One key remaining concern is in regards to the reporting from these teams, which is being agreed within January.
- Progress on G.P booking solution (via Black Pear viewer and a CaV inhouse M365 booking facility) has challenging work undertaken in Dec'24 and Jan'25. CaV will be the exemplar for Wales in achieving this 'view' and 'update' into G.P records for cluster based uHB staff. The solution launches in late January.
- Progress on DCR (Digital Care Region) has been buoyant with Neuro-Diversity launching their use of the regional Shared Care Viewer in late November'24, and VCRS (Vale CRS) launching in February'25.
- EPMA remains a central delivery, with significant technical design and interfacing works being concluded in February'25, for a Go/No Go decision on 25<sup>th</sup> February.

#### Analytics Team

- The CAVs Analytics Team, in collaboration with Cardiff University's School of Mathematics successfully published in Frontiers in Disaster and Emergency Medicine Journal with their peer-reviewed study, Mathematical Methodology for Defining a Frequent Attender within Emergency Departments.
- The CAV Analytics Team are meeting (29-Jan-2025) with a select group of people in CAV with an initial focus of radiology and how to embrace the fast-changing domain of AI machine learning.
- The CAVs Analytics Team Inflammatory Bowel Disease project analysed 12 years of data and trends in service demand and outcomes identifying 1) undiagnosed patients, 2) those diagnosed but not accessing care, and 3) regular attendees. These findings will be presented at a Wales National Conference this month with plans to share methods with other health boards. Further work will be to identify cancer cases and potential links to lack of intervention.

#### Digital Operations Team

- **Network Team** - VRF networking improvements, Building Management Controllers over 400 throughout UWH. Solar Installations on numerous roofs throughout CAVUHB.
- **Telecom Team** - Continued VOIP and systems upgrades. Replacement of older telecoms switches to integrated data switches.

- **Server Team** - Production Storage implementation and RDS 2 deployment.
- **Support Teams** - Mobile device improvements including; SCCM improvements and a number of M365 updates and changes.

**Digital Service Transformation – Development**

- **WRAPPER** (Welsh referral, activity and patient pathway enterprise repository) – Phase 2 is on hold while pall care is completed. Phase 2 is not essential for switch off Mitigations are in place to give time to deliver without impacting the Canisc switch off or service provision. Current focus is on addressing WRAPPER referencing the full PMS demographics data to prevent duplicate registrations.

**Business Intelligence**

- The BI team have been developing data products and associated dashboards to replace Lightfoot viewers in 6 Goals and Emergency Unit.
- Launched a University Hospital Llandough dashboard which is being used by both managers and clinicians to monitor and challenge end to end flow performance. Its successful use has prompted a request for an equivalent UHW dashboard.
- Phase 2 of the Frailty Pathway dashboard has been released – allows identification and comparison of those who do and don't follow a frailty pathway.
- Development of a GIRFT report to visualise key metrics is under development – initially for general Surgery but to be followed by other specialties.

**Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:**



**Recommendation:**

The Board/Committee (*delete as appropriate*) are requested to:

- a) Note progress updates

**Link to Strategic Objectives of Shaping our Future Wellbeing:**

<https://shapingourfuturewellbeing.com/>

 <p><b>Putting People First</b></p> <p>1.</p> <p>Click the objective above to view more detail.</p>		 <p><b>Providing Outstanding Quality</b></p> <p>2.</p> <p>Click the objective above to view more detail.</p>	
 <p><b>Delivering in the Right Places</b></p> <p>3.</p> <p>Digital Foundations and the digital roadmap are core to the achievement of this strategic objective</p>		 <p><b>Acting for the Future</b></p> <p>4.</p> <p>Click the objective above to view more detail.</p>	

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**Five Ways of Working (Sustainable Development Principles) considered**

Prevention	Long term	Integration	Collaboration	Involvement
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**Quality Impact Assessment Completed?**

Yes – (please provide completed QIA document)	No – (Please provide reasoning, e.g. not required)
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**Impact Assessment:**

Risk: Yes/No (delete as appropriate)

*Please include the detail of any Risk Assessments undertaken when preparing and considering the content of this report and, where appropriate, the nature of any risks identified. (If this has been addressed in the main body of the report, please confirm)*

Safety: Yes/No

*Are there any Staff or Patient safety implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)*

Financial: Yes/No

*Are there any financial implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)*

Workforce: Yes/No

*Are there any Workforce implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)*

Legal: Yes/No

*Are there any legal implications that arise from the content and proposals contained within this report? If so, has advice been sought and what was the outcome? (If this has been addressed in the main body of the report, please confirm)*

Reputational: Yes/No

*Are there any reputational risks associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)*

Socio Economic: Yes/No - **Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: [The Socio-economic Duty: guidance | GOV.WALES](#)**

*The Socio-Economic Duty is designed to encourage better decision making, ensuring more equal outcomes. Do the proposals within this report contain strategic decisions, such as setting objectives and the development of services. If so has consideration been given to how the proposals can improve inequality of outcome for people who suffer socio-economic disadvantage? Please include detail. (If this has been addressed in the main body of the report, please confirm)*

**Equality and Health: Yes/No**

*Equality Health Impact Assessments (EHIA) are typically undertaken when developing or reviewing Health Board strategies, policies, plans, procedures or services. Do the proposals contained within the report necessitate the requirement for an EHIA to be undertaken? If so, please include the detail of any EHIA undertaken or the plans are in place to do so. (If this has been addressed in the main body of the report, please confirm)*

**Decarbonisation: Yes/No**

*There are a number of ways by which carbon emissions can be avoided through the operations of CVUHB.*

*These include:*

- A focus upon preventing ill health in our population*
- Saving energy or increasing throughput.*
- Value based healthcare. Being prudent by not over-treating/intervening. Avoid delivering low-value interventions*
- Patients empowered to manage their conditions, utilising See on Symptoms and Patient Initiated follow ups to reduce unnecessary outpatient appointments.*
- Service delivery in the most appropriate setting, e.g. in a community setting rather than an acute setting.*
- Reducing waste – for example use non-sterile gloves only when needed, manage use-by dates to avoid throwing out good products, recycle and reuse.*

*Does the subject matter of your paper risk any of the above not being achieved?*

**Welsh Language: Yes/No**

*Consideration should be given to potential impact on the Welsh language, including the following key aspects:*

- More than just words: Does the report align with the More than just words strategy, ensuring Welsh-speaking patients can access services in their preferred language, and supporting active offer and bilingual care?*
- Accessibility and compliance: Ensure key information is bilingual and that the report meets the Welsh Language Standards for communication, signage, and patient materials.*
- Patient understanding and safety: Could English-only content impact Welsh speakers' comprehension in critical areas like consent and medication instructions, potentially affecting safety?*
- Staffing and resources: Does the report address the need for Welsh-speaking staff or bilingual resources to deliver equitable care?*

*Does the subject matter of your paper risk any of the above not being achieved?*

**Approval/Scrutiny Route (please note anywhere else this paper has been before):**

**Committee/Group/  
Exec**

**Date:**

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10/02/2025 10:16:53*

## 5 APPENDIX 1

Key	CAV perspective on local implementation
Red	Off track
Amber	Going or slightly off track
Green	On track
Blue	National programme

Project/programme	Description	Update	Nov 24 status	Feb 25 status
e-Triage	<p>This is a 12 month pilot funded by the national 6 Goals programme.</p> <p>This introduces electronic triage into the emergency department</p>	E-triage is now in business as usual and being managed by the service. No further updates.		
Regional shared care record (for the purposes of direct care)	<p>A regional partnership board programme</p> <p>To support the delivery of integrated care in integrated multi-agency teams between Cardiff and The Vale Councils and CAVUHB. Relevant information shared via a summary care view</p>	<ul style="list-style-type: none"> <li>• Summary Care Viewer deployed to live for Neurodevelopmental services pilot.</li> <li>• Vale Community Resource Service pilot go-live scheduled for Feb 2025 – on track subject to Regional Digital Board approval</li> <li>• Project to share CAVUHB urgent care and child at risk data between HB and LA's progressing.</li> <li>• Scale deployment and regional single sign-on to the summary care viewer requires re-hosting in the cloud. Environment procured and design workshops about to commence.</li> <li>• New project initiated to deliver Future Care Plans between CAV GP practices and NHSWAST. Form developed and in UAT.</li> </ul> <p>Risk: Funding of core team only extended to end of 07/25</p>		
Connecting Care (previously WCCIS2)	<p>A national programme managed by DHCW</p> <p>To replace the Welsh Community Care Information System (WCCIS). In relation to community and mental health services. This national DHCW led programme has submitted a revised business case for Welsh Government. CAV with all other UHB has contributed to this work</p>	<p>CAVuHB developing OBC to procure a single Mental Health and Community Health system to replace Paris by 2028 using the London Procurement Partnership route to market. National WG funding support is anticipated.</p> <p>CAV remains fully supportive of the intention for all HB's and LA's to procure new systems with the support of DHCW and WG</p>		

		<p>Commenced work with DHCW on the national Integrated Care Record program – a national shared care record. The UHB is represented on the national steering group.</p> <p>There is discussion nationally about how funding for a business case should be divided equitably between UHBs and DHCW as all parties will need to invest resource in building such a case. At this time, UHB contributions are not proposed to be funded.</p> <p>Only quarter 1 funding has been received from WG leaving CAV regional partnership board (RPB) carrying the financial risk for regional staff.</p>		
WRAPPER (Welsh referral, activity and patient pathway enterprise repository) MDT management	<p>A joint CAV and DHCW project as part of the Canisc replacement programme.</p> <p>This project delivers functionality to WRAPPER that enables cross-organisational booking and data sharing between health Boards for Cancer MDT management purposes</p>	<p>Phase 1 complete</p> <p>Phase 2 (outbound) – April 25/May 25 – Unlikely to be ready for planned switch off in March 2025 of Canisc based on time for joint testing cycle experienced in Phase 1.</p> <p>Phase 2 is on hold while pall care is completed. Phase 2 is not essential for switch off. Mitigations are in place to give time to deliver without impacting the Canisc switch off or service provision.</p> <p>Current focus is on addressing WRAPPER referencing the full PMS demographics data to prevent duplicate registrations.</p>		
Scan4Safety	<p>A national NWSSP patient safety initiative that supports inventory and stock management as well as compliance with the medical device bill for implantable devices</p> <p>It will trace NHS patients and their treatments, manage medical devices and monitor products used in procedures</p>	<p>Cardiology implementation complete.</p> <p>Short Stay Surgical Unit (SSSU) implementation has started with theatre 2 live and theatre 7 in the pre-implementation stage.</p> <p>SSSU on target to have all theatres live by April 2025 to move into Mains theatres</p>		
Safe@Home	<p>A multi-agency 6 Goals initiative that supports care of people in community settings rather than convey where appropriate</p>	<p>Phase 1 of the programme is supported using the community and mental health application PARIS</p> <p>Phase 2 is yet to be agreed through a business case. D&amp;HI have noted full costs to the CaV planning team. No change since November report</p>		
PROMS (patient reported outcome measures)	<p>PROMS are a part of the CAV and National Value in Health Programmes. PROMs support improved quality, safety and experience of care for patients and promote health equality to patients by reducing unwarranted variation in care.</p>	<p>Promptly has become the preferred PROMs provider for Wales with all Health Boards and Velindre already under contract with them and with Powys progressing towards Promptly as their provider.</p>		

	PROMs are collected digitally - the platform is offered to all clinical services across CAV	18 services are currently being migrated across to Promptly by end February, with plans to onboard around 48 services during 2025.		
NHS Wales app	A national programme, all development goes through the National Digital Services to patients and public (DSPP) programme managed by DHCW.  CAV is live with the NHS App in all GP practices with feature sets varying by practice.	Awaiting the start of the Public Comms campaign. This was delayed due to development of Welsh Identity Verification Service and confirmation that Business Case for next Financial Year was approved.  Initial Planned Care discovery work completed, and pilot features designed.  Public Comms delayed due to above. Tentative plan is spring/summer 2025.  Discovery work well underway for Planned Care features, and Project Board created.		
Welsh Nurse Care Record  More information can be found <a href="#">here</a>	WNCR is a solution that digitises nursing documentation, allowing nursing staff to complete assessments digitally using both desktop/laptop and Health Board mobile devices  CAV WNCR is currently live in all medical wards at UHL, St David's Hospital and Barry Hospital and 25% of wards in UHW. We have in excess of 200 iPad's, laptops and COWs configured and being used for the application on the inpatient wards.	WiFi improvements, Mobile Device Configuration and Business Continuity Solution Installation have delayed wider roll out  A Business Continuity (BC) solution has been accepted by Cyber and signed off by DDHI. Work in progress.  The availability of ISE Licenses have allowed us to configure iPad's for use and thus progress with the roll out and we expect all in-scope wards to be using WNCR by Spring 2025.		
Digital Dictation and Transcription	Digital Dictation and transcription available to all Clinical staff within Cardiff and Vale UHB.	Contract award – awaiting update		
Electronic prescribing and medicine administration	This programme is in collaboration with NerveCentre (supplier) and DHCW. The system will be used in all patient settings across the UHB and will improve patient safety.  Business case agreed by Welsh Government in Q1 2024	Go Live March 2025. Programme due to be completed by end of financial year 2025/26.  Rollout decision dependent on WiFi improvements works and development work regarding PAS common demographics.  Awaiting funding confirmation for 25/26.		
Welsh Intensive Care Information System (WICIS)	A national programme managed by DHCW, to be implemented locally  Introduces electronic observations at the bedside in intensive care	This is currently in review given the position of some health boards decision to implement.  WG has commissioned an external review of the product to evaluate feasibility of implementing a more basic system.		

National laboratory systems replacement (LIMS)	A national programme managed by DHCW, implemented locally  Go Live for CAVUHB is now planned for August 2025.	This is progressing and is being managed by the relevant clinical board (CD&T via their internal teams)		
National radiology system replacement	A national programme managed by DHCW, implemented locally  Go Live for CAV is planned 2026	The RISP business case has been approved; the programme is led by DHCW with an expected implementation date for Cardiff & Vale UHB at Feb 2026.		
Digital Cellular Pathology	A national programme to fully digitise and improve laboratory workflow, creating digital slides	A national business case is in the process of being considered by individual health boards. This was agreed for CAV UHB at the July Board meeting		
Digital Maternity Cymru	The national procurement program is being closed down. Individual health boards to procure their own solution	A national programme framework remains in place. Within Cardiff & Vale, the implementation of the new maternity system is on track to be in by April 2025. The team are committed to continue working with the National Digital Maternity Programme.		

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Format of the Workbook	<b>COMPLETING THE RISK REGISTER</b>
	<b>Risk assessment prior to them being added to the Risk Register</b>
	<b>Risk</b>
	<b>Strategic</b>
	<b>Date Risk Added:</b> Please enter in the format dd/mm/yyyy.
Accepted or Closed Risks  Once risks are removed or accepted they should be cut and	<b>Risk</b>
	<b>Descriptio</b>
	<b>Executive</b>
	<b>Initial Risk</b>
	<b>Controls:</b>
	<b>Assurance</b>
	<b>Current</b>
	<b>Gaps In Control:</b> These are controls which are required to reduce the risk but which are curr
	<b>Actions:</b> This is a bulleted list of the actions needed to provide/increase/improve controls or
	<b>Who</b> is leading on these actions and <b>When</b> are they expected to be achieved?
<b>Target</b>	
<b>Review Date:</b> The Risk Management and Board Assurance Framework Strategy (UHB 470) d	
<b>Assurance Committee:</b> For assurance purposes a UHB Board Committee should be assigned	

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rently absent or only partially effective.  
r to provide assurance of control effectiveness.

escribed the required review periods.  
l for any risks escalated to the Corporate Risk Register.

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RISK REGISTER TEMPLATE

CLINICAL BOARD/CORPORATE DIR/CORPORATE

SPECIALITY/DEPARTMENT:

Digital & Health Intelligence

Risk Ref.	Strategic Objective	Date risk added dd/mm/yyyy	Risk	Exec Lead	Initial Risk Rating			Controls	Assurances	Current Risk Rating			Gaps in Control	Gaps in assurance	Actions	Who	When	Target Risk Rating			Date of next review	Assurance Committee
					Consequence	Likelihood	Total			Consequence	Likelihood	Total						Consequence	Likelihood	Total		
A4/0023	8	06.08.2011	<b>Cyber Security</b> - Due to prevailing national and international Cyber Security threats there is a risk that the Health Board's IT infrastructure could be compromised resulting in prolonged service interruption and potential impacts on the safety of patients due to an inability to access electronically stored	Director of Digital and Health Intelligence	5	4	20	<p>The UHB has in place a number of Cyber security precautions. These include the following:</p> <ul style="list-style-type: none"> <li>- The implementation of additional VLAN's and/or firewalls/ACL's</li> <li>- Segmenting and an increased level of device patching.</li> <li>- The use of Monitoring and Vulnerability Software</li> <li>- Health Board wide Mandatory Cyber Security Training and Phishing Campaigns.</li> </ul>	<p>Regular Cyber Security updates that review the Health Board's preparedness for a cyber attack and the controls in place are undertaken in the following forums:</p> <ul style="list-style-type: none"> <li>- at fortnightly Operational Cyber Group Meetings</li> <li>- at monthly Cyber Security Meetings</li> <li>- at each private and public Digital Health and Intelligence Committee</li> </ul> <p>An Assessment of the Health Board's Cyber Assessment Framework was undertaken in January 2022 with 4 Critical Priority Areas and 6 Significant/Moderate Priority Areas recommended.</p>	5	4	20	<p>Additional resources is required to fully implement recommended areas of best practice.</p> <p>Completion of mandatory Cyber Security training is below the required level.</p>	<p>The requirements to address the resourcing of Cyber Security Management have been acknowledged in an approved but unfunded UHB Business Case. (May 2022: Successful business case bid made to BCAG to ensure appointment of dedicated Cyber resources. Roles are currently being advertised and recruited to. Global cyber threat increase in response to events in Ukraine. Implementation of NIS Regulations provides powers to WG to penalise organisations who are non-compliant with fines up to £17m or 4% of turnover. Jan 2023 - We have successfully appointed a Cyber Security Manager and we anticipate a start date mid February. One of their main priorities will be to implement the improvement action plan</p> <p>May 2023 update - Cyber Security Manager post to be re-advertised. Second phishing simulation email sent to all staff in March 2023. New malware incident SOP developed.</p> <p>July 2023 update: IT Security Officer appointed and due to commence in post August 2023. This post will support the UHB with its NIS compliance and allow the cyber analysts to prioritise security monitoring. Further work is being done to the Cyber Security Manager role to achieve a higher banding before re-advertising</p> <p>September 2023 update: IT Security Officer in post. This allows the Cyber Security Analysts to concentrate on proactive monitoring. A number of Cyber Security awareness sessions delivered by the IT Security Manager have been presented to a number of platforms, including HIF and Digital Coordinators groups.</p> <p>January 2024 update: Cyber Security Manager now re-banded and currently being advertised. This new post will operational lead the Cyber team strengthen the UHB's cyber security posture. A further phishing simulation was launched in October to continue raising cyber security awareness. In February, we also promoted 'vishing' training to all staff.</p> <p>May 2024 update: New Cyber Security Lead appointed and due to start 14th May 2024. Priorities include further deployment of CAV assessment to assist with NISD compliance.</p> <p>July 2024 update: Progress made with developing a combined Information Asset Register and Business Impact Assessment to be sent out to all services. This will be used to centrally log all assets and identify and assess critical systems. The DR plan is also under review.</p> <p>Oct '24: Cyber team fully recruited and focused on updating the cyber action plan</p> <p><b>Jan'25: New Secure Web Gate Way currently being deployed across the organisation to further secure our internet interface and provide the UHB better control</b></p>	Head of IG & Cyber Security	August 2022 Ongoing	5	3	15	01.07.2022	Digital Health Intelligence Committee	
A4/0025	8	10.07.1905	<b>WCCIS2 (Connected Care):</b> The National procurement appears intent to procure a basic/limited product for Mental Health services. Drivers for this include BCU asking for 'limited/out of the box' products to move them off paper and 20yr old solutions. An immaturity of awareness	DT	4	4	16	<p>CaV, ABuHB and SBuHB have noted that further work is required on requirements for them to be acceptable to the Health Board. This has been challenges as 'delay' by the DHCW team.</p> <p>The risks here are:</p> <ol style="list-style-type: none"> <li>1. Wales selects an immature product for MH which CaV cannot 'drop back' too, given our advanced position on PARIS.</li> <li>2. The Business case does not support the CaV costs of migration from PARIS to AN OTHER solution in 2026-2028 (if CaV do decide to move to an alternate product)</li> </ol>	4	2	8	<p>uHB level involvement to bring assurance to CaV concerns is required.</p>	<p>May '24: David Thomas and Mark Cahalane to continue to work closely with the National Programme Team and with fellow Directors of Digital to influence Wales into a more matured thinking about the adoption of the CaV PARIS product for Wales.</p> <p>Mark Cahalane and Tim Evans (Programme manager for WCCIS2) to work on the Business Case for WCCIS2, contributing to the National rework on this.</p> <p>Jul '24: National business case unacceptable for CaV, as it excluded the costs for data migration from anything but the failed 'Care Director' solution in Wales (thus CaV would be asked to absorb the DMig costs of having been successful with PARIS since 2025). 4 Local Authorities have now formally divorced themselves from this National programme, with a letter due to WG from Digital Directors asking for 'regional governance' to be implemented (inc. budgets/funding) via the RPB.</p> <p>Oct'24: Directors of Digital are due to consider a response to DHCW letter challenging the time that customers (HB) require to develop suitable requirements. An ask now exists from HBs to establish a co-ordinated sub group of the DoDs to progress these deliverables at a pace co-produced between HBs.</p> <p><b>Jan'25: Increasing numbers of HBs have determined to step away from the DHCW National procurement framework to go to market via the LPP framework. These include BCU, AB and CaV. As such, the Connecting Care programme is being closed. Connecting Care resource is being moved onto the 'Integrated Care Record' (ICR) programme. The CaV uHB now face a choice of providers to replace our 20yrs old PARIS solution, however, with the closure of Connecting Care, the funding sought from WG will have to be progressed by the uHB. A uHB Business case is under development for draft in March/April'25.</b></p>	Head of Digital Services Management				0				

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8	19.02.2018	Data Quality High level risk - core business activities potentially compromised as a result of weaknesses in assurance framework in areas listed below: Absence of Standard Operating Procedures to administer	DT	0	Further re-ignoration of the role out of COM2 will increase clinically validated data. Updates and training programme scheduled for mental health and our partners in order to address issues identified in recording and reporting compliance with parts 2 and 3 of the mental health measures. New dashboard release will expose greater amount of data to users, in a more user friendly way, enabling validation by relevant clinicians. Data quality group has established a work plan to improve quality and completeness of data and how it is presented.	3	3	9	Data Quality Group needs to be refocussed. It is currently not meeting due to IG staffing pressures. Sept 20 Data Quality will be addressed via the new governance arrangements - specifically the Analyst Channel Programme Board; plans to establish this board in October 2020. Jan 2021: the Analyst Channel Programme board is holding its inaugural meeting in February, chaired by a clinician. Jan '23 - CAV UHB position made clear in a written response to the Senedd's sub committees relating to the adoption of the WCCIS' system May '23: Little progress with data strategy writing however, data quality should begin (and can be done in parallel) at the point of collection e.g. systems need to have checks in place when recording data (system enhancements) July '23: Data Improvement Group has wide representation across the Clinical Boards and is focussing on completion of full baseline to identify all data sources Sept '23: The Data Improvement Group have setup interviews with people who can help document known data quality issues and potential improvements. This will form part of the data improvement roadmap Jan 2024: This work is being absorbed into the Data Insights development work looking at current and future data insights provision with work to produce a data strategy by Qtr 2 24/25. May '24: Data Insights Programme Board established to review and oversee the Data Improvements and data strategies work which supports data requirements. Jul '24: The newly established Data Insights Programme Board will review this risk at the next board meeting on 24-Jul-2024 2pm Oct '24: Data strategy being developed to capture the data quality requirements <b>Jan '25: Data strategy development being led by CIO and will be reviewed via digital governance structures in Q1 FY 25/26</b>	Head of Architecture and Analytics					0
8	28.09.2015	Risk: <b>Accessibility of data:</b> UHB does not have an ability to access and use the data it requires to carry out its full range of statutory obligations and enable delivery of our strategy and IMTP. . Specific risks - lack of access to GP data and the UHB's data residing in NWIS supplied applications (e.g. WCRS, WRRS) Consequence - inability to deliver	DT	0	Approach identified to work with C&V GPs to share data across care sectors to inform improvement and to gain a better understanding of need, demand and the capacity available to meet it. National data repository programme will provide access to tools and expertise	3	3	9	National Architectural design group and interoperability group being set up in line with Once for Wales agreement and WG Informatics statement of intent should provide medium term solution. HB taking forward data acquisition programme in line with the development of the electronic care record. May 2021: in support of information sharing outside of direct care purposes, agreement has been reached with WAST and Cardiff Council (Social Services) for data to be shared; a similar request to include GP data is currently being considered by the Wales GPC/DHCW. Jan '23 - Digital Care Record Group scoped out a work plan for delivering the sharing of information - initially for the "Looked After Children" utilising the LDR. May '23: Digital Care Region has scoped out a work plan to create a patient identity management service to enable the safe sharing of patient records between health and social care. A proof of concept was recently developed and is now in the testing phase. Jul '23. DHCW have released in beta 2x APIs (for testing) to access their national documents repository and consumption of their reference data service. The Regional Partnership Board (Digital Care Region) have approached a company called Blackpear who can facilitate the accessing of GP data. Prehab to rehab team and Local Data Resource team are in talks with ViPC to facilitate the accessing of GP data. Sept '23: To date DHCW have released a total of four national beta APIs 1) reference data 2) demographics 3) documents 4) diagnostic results for review and testing by HBS. The Regional Partnership Board Digital Care Region Shared Cared Record continues to make progress with testing to be complete end of September. There will also be several months effort to work through the IG considerations of sharing the data. Jan 2024: We have started work with DHCW API management team to understand the WRRS API so that we can help Richard Davies (Cardiff and Vale UHB - Anaesthetics) with yearly lab bloods data and Robert McLeod (Cardiff and Vale UHB - ENT) to check if MRI skull scans have been carried out. Jul '24: The newly established Data Insights Programme Board will review this risk at the next board meeting on 24-Jul-2024 2pm. '24: DHCW has recently updated that the WRRS API release will now be pushed back 9 months to Jan 2025, therefore pausing the previous project updates Oct '24: Data Insights Programme Board recommended the risk be reviewed and updated to reflect the digital roadmap plans <b>Jan '25: Work continues to increase the accessibility of data to enable the service to make data driven decisions. The Information Team are developing Power BI dashboard replicas of the Lighfoot dashboards as part of the Lighfoot transition plan. Using a modern technology such as Power BI enables the service to securely access their dashboards anywhere in the world using any network. As part of the five year digital strategy work progresses to ingest data from many existing and new systems into the LDR, with the latest ingest of data being EPMA, which will take several weeks</b>	Head of Architecture and Analytics					0
8	28.09.2015	<b>Clinical Records Risk:</b> Clinical records are not joined up across disciplines, care settings or geographical boundaries resulting in incomplete and out of date patient information. Summary information is not routinely shared across systems. Differing local service models which are also going through a period of significant change	DT	0	UHB architectural design to be reviewed to consider local data repository for bringing together in a usable way clinical information held in numerous clinical systems. UHB working through a programme to implement once for Wales requirements for data and technical interoperability standards.	3	3	9	National prioritisation for NWIS to open up the national data repositories. Jan 2020: NDR & CDR workshops to understand the technical roadmap this will be picked up via the national IT infrastructure review being undertaken in Feb / March 2020 . The new governance model supporting the Digital strategy delivery will address via the clinician channel programme board, which is being established in October 2020. Jan 2021: The clinician channel programme board has been established and will drive direction and priorities for the NDR/LDR in CAV. May 2021: All Digital strategy channel programme boards established and led by a senior clinician, overseeing the delivery of the CAV Digital Strategy roadmap plans. Jan ' 23: CAV LDR now live, data started to be ingested, albeit to support mostly operational reporting. Low head count in LDR stifling pace of delivery, in particular the development of a summary record shared across multiple domains. May '23: The LDR workload has been steadily increasing overtime to a point where customers are unhappy with the support and pace of delivery. Currently there are 28 projects WIP (1,620 days of effort to complete), 4 projects on-hold (120 days of effort to complete) and 41 projects on the backlog (1,980 days of effort to complete). The resource to carry out these projects are 2 x WTE and 2 x 0,5 WTE, which is impeding the pace of delivery and support Jul '23. A consultancy company that provides enterprise architecture services is helping to document and design the future UHB landscape. The data improvement group will be interviewing 5x services to determine how they use systems (or paper) in their daily workflows. Their responses will be analysed to determine the wider architectural work. Sept '23: The data improvement working group is supporting the mapping out of all patient data captured across the UHB in all formats. The output of this work will inform the enterprise architecture plans for supporting the timely sharing of data across different systems, services and organisations at a system wide level. Jan 2024: The data quality working group have conducted several interviews with various parts of the organisation to determine how they use data and in what systems. The group will meet on 12-feb-2024 to review these findings and set the next objectives. The Digital Care Region demonstrated at the 1st regional board meeting, a proof of concept website combining health and social care data into a single record, which was well received, next steps are to introduce more data, this time for looked after children. May '24: work continues with Digital Care Region with go live imminent once a decision his made where to service will be hosted. DHCW update two weeks ago, the WRRS API has been pushed 9 months to Jan 2025 since what they developed did not perform well when tested.. Jul '24: The newly established Data Insights Programme Board will review this risk at the next board meeting on 24-Jul-2024 2pm Oct '24: Data Insights Programme Board recommended the risk be reviewed and updated to reflect the digital roadmap plans <b>Jan '25: Local Data Repository plans are being developed to support the data insights requirements of the organisation, for sign off at Data Insigntr Programme Board in Q2 FY 25/26</b>	Head of Architecture and Analytics					0

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A2/0004	8	13.12.2013	Insufficient Resource: The delivery of the IM&T Strategic Work plan is based on the UHB being able to ensure that the IM&T Department is appropriately resourced to manage infrastructure and deliver projects. All benchmarking information indicates that the UHB is significantly under resourced in this area. Consequenc	DT			0		2	4	8		<p>Jan 2021: Discretionary capital allocation for Digital has been restored to £500K for 20/21. The UHB is also actively engaged with Welsh Government in undertaking a review of National Infrastructure requirements as part of the plans to increase Digital investment in Wales. In addition the Digital infrastructure 5 year sustainability plan has been updated to ensure that highest priority risks are addressed first with any available funding. The D&amp;HI directorate has also been successful in gaining in excess of £1m additional revenue funding from the UHB for 20/21 and there are bids being considered for recurring additional revenue.</p> <p>May '23: Digital investment challenges to be discussed in private session of DHIC on 30.05.23. Governance changes proposed to manage the process of sequencing to be in place by July 2023.</p> <p>July '23: Digital roadmap and Digital Information Programme proposals presented and discussed at Board on 27.07.23. Agreement that investment cases should feed into the long term financial plan (DDHI &amp; EDOF to action)</p> <p>Sept '23: outlined investment cases developed which will be presented to the UHB Investment Group in November 2023.</p> <p>Jan'24: Proposal developed and presented to CMG in December 2023. 'Case for Investment' setting out the request for capital monies in 2024/25 to develop the business case for longer term investment. Being reviewed at February 2024 CMG meeting.</p> <p>May '24: Internal case developed for consideration at the Investment Group in early summer which supports the Digital Foundation OBC in accessing capital funds through the All Wales Capital Programme for 2025/25.</p> <p>Oct'24: Investment case successful in funding short term roles to develop the programme business case and make the case for achieving the digital foundations priorities.</p> <p><b>Jan 2025: Digital Foundations business case works has commenced with non-recurrent investment for back-filling the Director of Transformation and a solutions/enterprise architect in place to progress this work.</b></p>	Director of D&HI					0
A3/0110	8	13/12/201	Server Infrastructure The IM&T Department is actively implementing a vFarm infrastructure that significantly reduces costs whilst dramatically increasing resilience of Server Systems. However, the cost savings are to the Health Board as a whole and	DT			0		4	2	8		<p>Jan 2023: Servers, racking and UPS devices have all been purchased. We are waiting for electrical work to be completed in Woodland House and UHL to implement. This action is currently sat with CAV CEF.</p> <p>May '23: Installation of the new additional Disaster Recovery locations is pending. This is due to Capital, Estates and Facilities electrical work still being outstanding. This work is planned for June and July 2023. When complete there will be DR Infrastructure located at UHL and Woodland House.</p> <p>July 2023: Electrical work has been completed within CRI and Woodland with UPS devices and new racks commissioned. UHL is planned for mid Aug due to complexity. The first DR and secondary production equipment is planned to be installed in Woodland House in late Aug 23. Sept 2023: Woodland House electrical work completed, planned network connectivity upgrades in Oct will allow the DR/Backup site to be used. UHL electrical work and UPS installation delayed by CEF due to other commitments. Planned for completion by the end of Sept 2023.</p> <p>Jan 2024: Electrical work has been completed and A/C units installed. Servers and Services will be moved in a phased approach to UHL and Woodland House Q2/3 2024/25. April 2024: Still on plan as per Jan 2024 update. July 2024: Still on plan as per Jan 2024 update.</p> <p>Oct '24: Work required to take place at UHL to bring it up to spec before we can start moving servers and services to it. The RISP project will be improving the A/C and potentially the network connectivity to the site but further work is required on physical security and environmental monitoring.</p> <p><b>Jan 2025: Electrical work has been completed by CEF in Woodland House. A small virtual environment has been installed in WH running secondary production backups and some archiving. RISP funding has been approved, although not yet been approved by the project team for A/C work in UHL. Until this work is complete, we are unable to move servers or services to UHL.</b></p>	Head of Digital Operations					0
	8	16.02.2018	UHB Standard Data Processing Risk: obligations and accountabilities relating to the way data is handled are not formalised Consequence: the UHB could suffer detriment and/or have difficulties applying remedies against a	DT			0		4	2	8		<p>Procurement are greatly assisting process by referring all issues involving data sharing to the corporate IG department.</p> <p>September 2022: Procedures improved via the IG Working Group whereby new data requests for data sharing are reviewed and actioned in a consistent manner.</p> <p>January 2023 update: IG Dept due to provide a presentation to the Procurement Dept January 2023 on requirements to ensure IG and cyber security are satisfied when third parties are enlisted.</p> <p>May 2023: No further update Jul '23: Digital Care Region has scoped out a work plan to create a patient identity management service to enable the safe sharing of patient records between health and social care. A proof of concept was recently developed and is now in the testing phase.</p> <p>Sept '23: No further update Jan '24: work progressing in developing a data strategy to support the Data Insights plan to address completeness and quality of data in our clinical systems. July '24: Data Strategy is being developed and has been shared at the Data Insights Programme Board in June, led by the CClO.</p> <p>Oct'24: A roadmap to develop data insights reporting, modelling and analysis, is being produced to support the data strategy ambitions.</p> <p><b>Jan 2025: Procurement continue to make IG aware of new projects. However, suppliers are now more commonly exploiting a loophole in this process by offering services for free. By targeting UHB staff directly, suppliers are able to bypass Procurement and IG. This has led to staff disclosing identifiable health data without UHB awareness or governance and outside of any legal contract. This has been confirmed as a deliberate approach by at least one private supplier, who has then sought to exploit this loophole by creating a UHB dependency on their product, from which point it will be possible to monetise any dependency.</b></p>	Director of D&HI					0

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8	28.09.2015	Risk:- <b>Non compliance with Data Protection &amp; Confidentiality Legislation</b> - the UHB's progress in taking forward the action plan to reduce the risk of non compliance following the ICO's assessment of our 'reasonable assurance'	DT	0	Clinical Board assurance and co-ordinated mitigation of risk being developed via quality and safety meetings. Ownership and community of practice anticipated to develop across IAOS/IAAs from this. GDPR awareness being used to ensure Leaders and asset owners are reminded of existing requirements and mandatory nature of the asset register. Options for enabling messaging in compliance with legislation has been considered by clinical and executives on a number of occasions, and UHB close to agreement.	4	2	8	Restructuring of IG department will increase amount of expert resource. Resolution of long term absence will also increase available expertise and resource to support GDPR plan, and manage the operational requirements on the corporate department. Ongoing implementation of GDPR/ICO action plan. The Information Governance team have developed a work plan to review and update all outstanding policy and procedure documents in the CDF and these are scheduled to be complete by December 2020. Implementing the action plan will reduce the risk, May 2021: policies are being reviewed and an update will be reported to DHIC in June 2021. January 2023 update: There continues to be a decrease following targeted comm in the number of staff accessing own and family records (80% & 75% respectively) May 2023 update: Ongoing work tackling inappropriate access to clinical systems with access to own and family records reduced by 76% and 85%. July '23: IG Mandatory training for Cardiff and Vale staff continues to increase. NIAS compliance has improved as a result of awareness raising September 2023 update: IG Mandatory training now at 76% across the workforce. NIAS monitoring continues with over >750 letters sent to staff on behalf of the Caldicott Guardian regarding inappropriate access. January 2024 update: The Information Governance Dept is focusing on a number of proactive tasks that are outstanding. Once in place, the risk of GDPR non-compliance will reduce. These will be completed by Qtr 22 24/25. May 2024 update: Work commenced to identify appropriate IAO & IG champions. July 2024 update: Progress made with developing a combined Information Asset Register and Business Impact Assessment to be sent out to all services. This will be used to centrally log all assets and identify and assess critical systems. Oct '24: No update Jan'25: No update	Head of IG & Cyber Security				0
		<b>Risk of CAVUHB Video Consultation Programme</b> The attend Anywhere (AA) contract ends on 30th September 2024, with no safe video consultation option available for Clinical Services by the cut-	DT	4	T. A clinical/corporate risk assessment has been drafted with input from all services that utilise VC and would be negatively affected by 01 eventuality, with the intention to elevate this to the COO once completed. CAVUHB VC team have been exploring other platform options and are in touch with Procurement to gain clarity on process and timelines should this option develop. CAVUHB VC team have engaged with CAVUHB M365 team, IG and Cyber in regards to the Microsoft Teams Classic option and the feedback is it may be viable, but not within the current timeframe of cut off, but with more time it could be a possibility. The VC team is actively engaging with the Procurement team to explore alternative options	0	0	0	<b>C O M P L E T E D</b> May '24: 1. Collaboration with Clinical Services to further assess impact of no VC after 30th September 2024. 2. Finalise with sign off on exit strategy document for all possible eventualities, including process maps for VC team and CB actions. 3. Obtain confirmation from TEC Cymru and WG in terms of strategy on how to proceed, whether at a national level or local level and on programme budget allocation.. 4. Liaise with Procurement to obtain clarity on procurement options for a potential local solution. 5. To elevate programme status and current risk to Director of Finance local meeting. 6. For Clinical Boards to elevate to Executive team as part of QS&PE due process. Jul '24: 1. Management Exec responsible for 'outpatient improvement' group to work with the Digital team on embedding this into culture and practice of the uHB. No contact has been made to date (prompts issued to Paul Bostock). 2. MS Teams continues to look too clunky for cutting over from Attend Anywhere from Dec'24 onwards. 3. Other market entrants are being assessed as they are identified. None yet fulfil the AA remit at a cheaper price. 4. September Man Exec will receive an updated paper from Digital (Head of DSM Mark Cahalane). This is <i>likely</i> to note that CaV should maintain Attend Anywhere with CBs buying from a procurement framework via IVANTI, and recharged on a monthly basis per user. Oct'24: Investment group agreed to financially supporting the transition of AA to T-Pro. A Project Manager is being recruited. Procurement of the new solution is in progress, aiming to implement in Qtr 4 24/25. Jan'25 - Risk to be closed down - CaV have procured T-Pro solution and recruited a permanent project manager for this tool. Implementations commence from February'25.	Head of Digital Services Management				
8	16.02.2018	Risk: <b>IG policies and procedures</b> are not up to date/do not cover all relevant areas. Procedures are not aligned to relevant national policies. Consequence: Lack of clarity in terms of how the UHB	DT	0	Update: Controlled document framework requirements delayed due to resource constraints - Integrated IG policy is live and covers a number of existing policies.	3	2	6	Restructuring of IG department will increase amount of expert resource. Investment in training will also increase available expertise to support the review of policies. A formal review of policies and procedures is underway as per risk #7. May 2022: Controlled documents are reviewed and action plans for refresh or updates are routinely captured and reported on at each DHIC meeting. May 2023 update: 10 policies/procedures/guidelines updated and presented to Feb 2023 DHIC. A further two documents currently in the process of being reviewed/updated. July 2023 update: The Records Management Policy has been updated and is being brought to DHIC in August 2023. Additionally, the Records Management Procedure and Transportation of Casenotes and PII Procedure have been updated. September 2023 update: Records Management Policy ratified by DHIC in August 2023. Also approved were the Records Management Procedure and Transportation of Casenotes and PII Procedure. January 2024 update: Overarching Information Governance Policy being presented to DHIC (February 2024) with proposed changes. May 2024 update: Information Governance Policy approved and available to staff. Oct '24: Review of all policies and procedures being led by the Corporate team to determine which require updating, deletion or re-writing. Jan'25: No update	Head of IG & Cyber Security				0
8	01.10.2018	<b>Effective Resource utilisation</b> :With an increasingly restricted resource, the UHB requires assurance that digital effort is expended in the most benefits laden workload. Benefits based prioritisation requires	DT	0	Establishment of a formalised corporate prioritisation mechanism based on benefits and corporate drivers for change.	4	1	4	Jan 2023: A PM for the DFD project has been employed until Mar 23. The project has come to a partial completion awaiting recruitment of a dedicated staff member to assist with request triaging. May 2023: A new Head of Digital Services Management post has been created and new PMO team and function as well as process has been agreed by the CAVUHB Senior Digital Management team. July '23: Digital Advisory Board established as group representing all Clinical Boards focussed on prioritisation of work requests. Sept 2023: Change Management is currently being piloted by the Digital Operations teams (Starting with the Server Team) Sept 2023. Deployment to the rest of Digital Operations is expected by Oct/Nov 2023. Jan 2024: After a successful pilot and test within the Server Team, other Digital Operations teams are using the new Change Management Process with a view to deploy to the wider Digital teams Q2/3 2024. May 2024: A more formalised Digital Change Management process has been agreed. The first CAB meeting is planned for late This will agree the ToR and SOPs going forward. Planned to be fully implemented by Q3 2024 July 2024: DSM in place, alongside TDA and CDA governance components. 'Benefits management' (July-Aug'24) and 'Resource Management' (Sept-Dec'24) are due to be embedded into MSPa tooling within 2024/25 Oct '24: No update Jan 25: Formal Change Control has not been fully implemented within CAV Digital due to long term sickness of the designated Change Manager. An alternative resource is currently being sought and is expected to be in role by Q1 FY 25/26.	Head of Digital Operations				0

Regan Nikki  
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**Accepted or Closed Risks**

Risk Ref.	Strategic Objective	Date risk added (to original risk register)	Risk	Exec Lead	Initial Risk Rating		
					Consequence	Likelihood	Total
Risk Ref.	Strategic Objective	Date risk added dd/mm/yyyy	Risk	Exec Lead	Consequence	Likelihood	Total
A5/0013	8	13.12.2013	<p><b>Software End of Life Implications</b> The UHB is at risk because its PCs require upgrading to Windows 10 due to support ending for Windows 7 in January 2020. There are potentially significant issues with compatibility with applications systems in use both Nationally and within the HB specifically. The UHB has circa 11,000 devices (laptops and PCs) that require operating systems upgrade; of these, 5,500 will additionally require either replacement or physical hardware upgrade.</p>	DT			

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A3/0104	8	13.12.2013	<p><b>End of Life Infrastructure (access devices)</b> Each year a number of access devices (PC's , laptops, netbooks etc.) fall in to the category of being end of life. The Health Board's clinical and business needs requires continued and expanding use access devices. This infrastructure has a maximum lifespan of typically 5 years and then requires replacement.</p>	DT	
	8	02.02.2018	<p><b>Governance arrangements</b> for overseeing and challenging NWIS are weak. There is insufficient transparency, blurred lines of accountability and they lack a clear set of priorities  Consequences: The significant resource we provide to NWIS is not optimally used to support the UHB in delivering its statutory</p>	DT	

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Controls	Assurances	Current Risk rating			Gaps in Control	Gaps in assurance	Actions	Who
		Consequence	Likelihood	Total				
Initial Risk Rating		Controls	Assurances	Current Risk rating			Gaps in Control	Gaps in assurance
Likelihood	Total			Consequence	Likelihood	Total		
	0	update 02/08/19: Microsoft will offer extended support on Windows 7 as part of the all Wales MS 065 contract recently negotiated and in place for all NHS organisations in Wales. This will provide support for Windows 7 PCs, beyond 2020.		4	0	0		

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		There is an impact to Business and Clinical Systems because of the age of the hardware and clinical/business application software - replacement relates to the availability of resources and departmental agreement/priorities.						
		UHB is engaged with WG and NHS peers to take forward the recommendations of the WAO review of NWIS with a view to addressing the						
	0		3	0	0			
	0		3	1	3			

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When	Target Risk rating			Accepted or Closed?	Date accepted/ closed	Rationale	Review date (if applicable)
	Consequence	Likelihood	Total				
Actions	Who	When	Target Risk rating			Date of next review	Assurance Committee
			Consequence	Likelihood	Total		
<p>Jan 2022 update: The UHB Device estate has increased significantly to 14000 partly as a result of home working. There now remain less than 900 devices to upgrade or replace. Completion target is March 2022.</p> <p>May 2022 - The CAV UHB workstation estate (11,000+ devices) have been replaced,</p>	Head of Digital Operations				0		

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<p>May 2022: The CAV UHB workstation estate (11,000+ devices) have been replaced, upgraded or removed as part of the Windows 10 Programme .</p> <p><b>Sept 2022: This item can be marked as completed /closed. The CAV workstation estate has been replaced and therefore will not</b></p>	<p>Head of Digital Operations</p>				<p>0</p>		
<p>CAV involvement in National programme activities and Governance review. Opportunity to influence the new SHA replacing NWIS via</p>	<p>Director of D &amp; HI</p>				<p>0</p>		

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Report Title:	Corporate Digital Risk Register		Agenda Item no.	3.2	
Meeting:	Digital & Infrastructure Committee Meeting	Public	X	Meeting Date:	11 <sup>th</sup> February 2025
		Private			
Status:	Assurance	Approval	Information	X	
Lead Executive:	<b>Director of Digital and Health Intelligence</b>				
Report Author:	<b>Director of Digital and Health Intelligence</b>				

**Background and current situation:**

The joint IMT Risk register is a combined register consisting of digital / Information Governance and Information / Performance risks.

**Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:**

There are currently 13 joint IMT/IG risks identified on the report:

1 x Risk remains in red status with a score of 20 which is:

- Cyber Security

1 x Risk has moved from amber status to yellow with a score of 8 reduced from 12

- WCCIS replacement procurement programme

1 x Risk has been brought to its conclusion and can be removed.

- Risk of CAV UHB Video Consultation

10 x Risks remain in yellow status with scores between 8 and 9 and these are:

- Outcome Measures
- Data Quality
- Data availability (Accessibility of Data)
- Clinical Records Incomplete
- Insufficient Resource – Capital & Revenue
- Server Infrastructure
- UHB Standard Data Processing
- Non-Compliance with data protection legislation
- Governance framework (IG policies and procedures)
- Effective resource utilisation

**Recommendation:**

The Board/Committee are requested to:

NOTE progress and updates to the Risk Register report.

Regan  
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16:53

Link to Strategic Objectives of Shaping our Future Wellbeing:

<https://shapingourfuturewellbeing.com/>

 <p><b>Putting People First</b></p> <p>1.</p> <p>Click the objective above to view more detail.</p>	 <p><b>Providing Outstanding Quality</b></p> <p>2.</p> <p>Click the objective above to view more detail.</p>
 <p><b>Delivering in the Right Places</b></p> <p>3.</p> <p>Click the objective above to view more detail.</p>	 <p><b>Acting for the Future</b></p> <p>4.</p> <p>Click the objective above to view more detail.</p>

Five Ways of Working (Sustainable Development Principles) considered

Prevention	x	Long term		Integration		Collaboration	x	Involvement	
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Quality Impact Assessment Completed?

<p>Yes – (please provide completed QIA document)</p>	<p>No – (Please provide reasoning, e.g. not required)</p>
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Impact Assessment:

Risk: Yes
Safety: Yes
Financial: Yes
Workforce: Yes
Legal: Yes
Compliance with regulatory requirements
Reputational: Yes
Equality and Health: Yes/No
Decarbonisation: Yes
Green UT and digital solution that support greater virtual working
Welsh Language: Yes/No
Approval/Scrutiny Route (please note anywhere else this paper has been before):
Committee/Group/Exec
Date:

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21/2025 10:16:53

Report Title:	Information Governance Data Compliance		Agenda Item no.	3.3
Meeting:	Digital & Infrastructure Committee	Public	x	Meeting Date: 11 <sup>th</sup> February 2025
		Private		
Status:	Assurance	x	Approval	Information
Lead Executive:	Director of Digital & Health Intelligence			
Report Author:	Head of Information Governance & Cyber Security			

### Background and current situation:

This report considers key information governance issues considered by the responsible Executive Director, Senior Information Risk Owner (SIRO) and Data Protection Officer (DPO). Specifically, it provides information on the following areas of Information Governance within Cardiff and Vale University Health Board (the UHB).

- Information Governance (IG) Staffing levels and capacity
- Data Protection Act - Serious Incident Summary and Report
- Freedom of Information Act - Activity and Compliance
- Data Protection Act (DPA) - Subject access requests (SAR)
- Compliance monitoring/National Integrated Intelligent Auditing Solution (NIAS)

Each individual report contains specific details relevant to the subject area, and includes updated information since the previous report to the Digital Health Intelligence Committee (DHIC) on how the UHB has complied with the obligations of each piece of legislation that satisfy the information governance requirements.

The UHB is required to ensure that it complies with all the legislative requirements placed upon it. In respect of Information Governance, the relevant legislation which largely impacts on this work are the Data Protection Act 2018 (DPA), UK General Data Protection Regulation (UK GDPR) and the Freedom of Information Act 2000 (FOIA).

Quarterly reports are produced for the DHIC to receive assurance that the UHB continues to monitor and action breaches of the UK GDPR/DPA 2018, FOI requests and that subject access requests (SAR) are actively processed within the legislative time frame that applies and, that any areas causing concern or issues are identified and addressed.

### ASSESSMENT

#### 1. Information Governance Staffing Levels and Capacity

Information Governance staffing levels remain stable but continue to struggle with the current workload.

The staffing structure is as follows:

- David Thomas, Director of Digital and Health Intelligence is the Senior Information Risk Owner
- Dr Richard Skone is the Caldicott Guardian
- James Webb is the Data Protection Officer
- The Information Governance Department is currently resourced at 5 WTE.

## **2. Data Protection Act – Serious Incident Report**

**Date reported: October 2024 to December 2024**

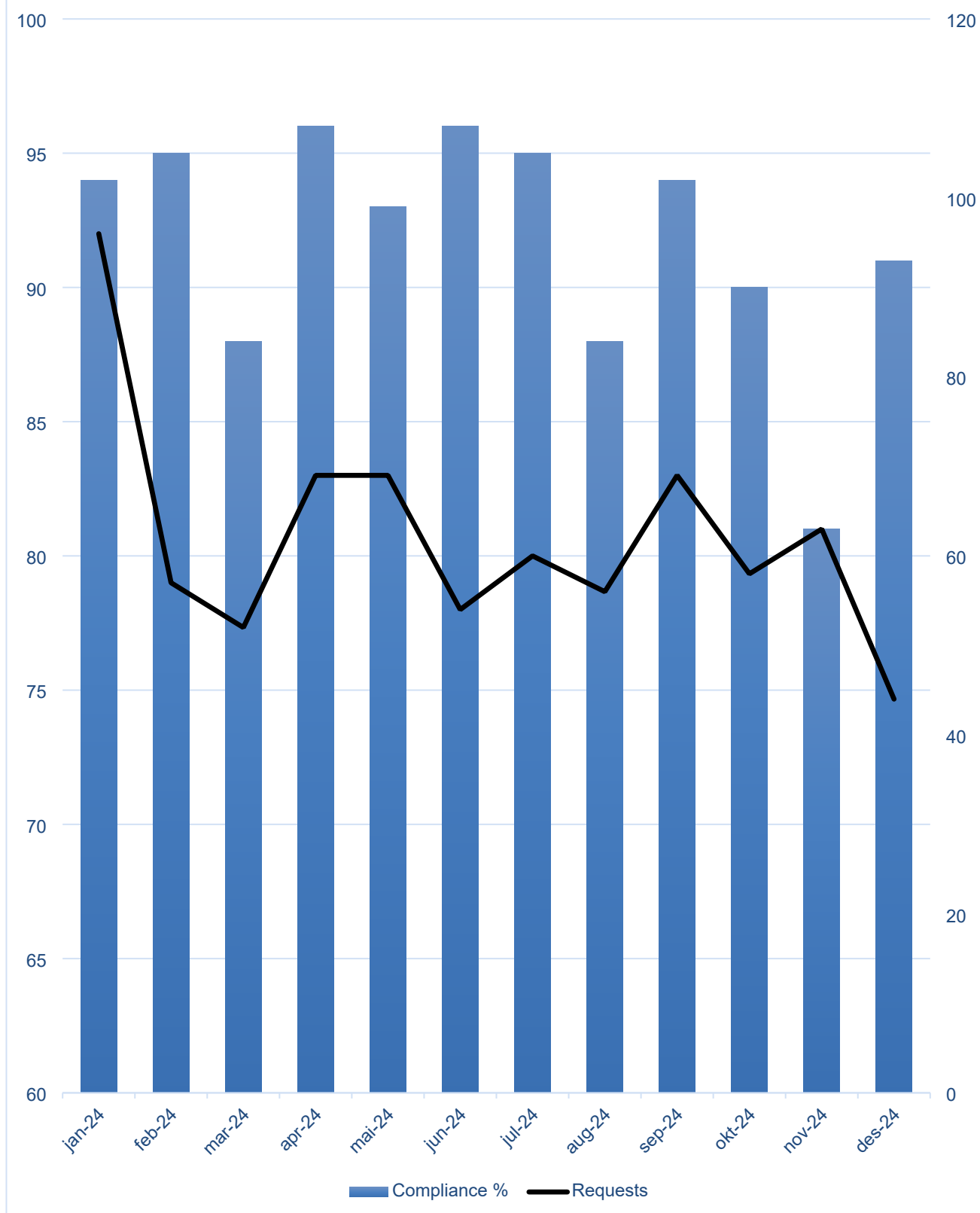
Between October 2024 and December 2024, the Information Governance Department have reviewed a total of 108 (36 per month) information governance related incidents reported via the UHB's Datix reporting solution. On average, for the last 12 months, the Information Governance Department has reviewed approximately 47 incidents per month. Of these breaches reviewed during this recent period, three breaches met the threshold to be reported to the Information Commissioner's Office (ICO). Additionally, two concerns have been reported to ICO directly by data subjects, regarding the UHB's handling of their personal data.

## **3. Freedom of Information Act**

FOI compliance percentage for the last rolling 12 months against the 20-working day deadline is demonstrated as follows:

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## Freedom of Information Requests



The average number of FOIs received during the last 12 months remains at 62 requests per month and average compliance has decreased to 92% (from 94 %).

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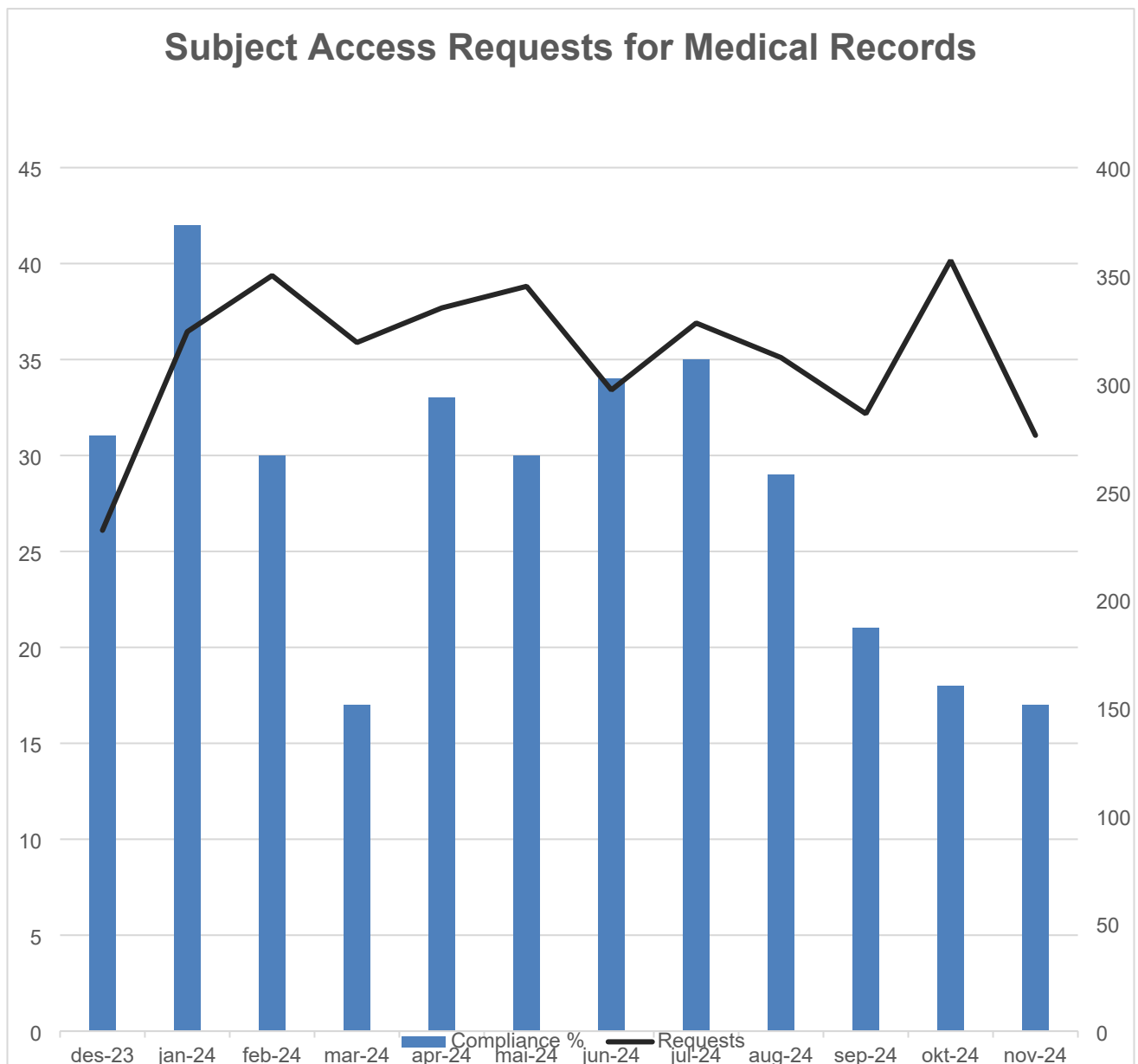
A link to the UHBs FOI disclosure log can be found below. This provides a link to every FOI the UHB publishes online. In the event that requests are made for the same information, the UHB is able to signpost requestors to this log.

<https://cavuhb.nhs.wales/about-us/governance-and-assurance/freedom-of-information/disclosure-log/>

#### 4. Subject Access Requests Processed

##### 4.1 Health Records requests

Medical Records SAR compliance percentage for the last rolling 12 months against the one-month deadline is demonstrated as follows:



Compliance remains a cause of concern, averaging 28% per month (a further reduction from 32% since the last committee) over the last rolling 12 months. During this time an average of 313 requests have been submitted each month (a decrease from 317).

## 4.2 Non-Health Records

A total of 39 subject access requests submitted for non-health records were received between September 2024 & November 2024. 38 requests (97%) have been complied with, within the legislated timeframe.

## 5. Compliance Monitoring/NIIAS

Since January 2022, the UHB has sent out a total of 1000 letters to staff who have been identified by the UHB's instance of the National Intelligent Integrated Audit Solution (NIIAS), based on a process approved by Management Executive.

These letters form part of an approach which also includes a wide-reaching and targeted comms program of work. Further detail will be provided in the private committee agenda.

## 6. Information Governance Mandatory Training

Overall UHB Information Governance training compliance is currently 72% and is broken down by Clinical Boards as follows.

Clinical Board	Assignment Count	Achieved	Compliance
All Wales Genomics Service	343	298	84%
Capital, Estates & Facilities	1467	1215	83%
Children & Women Clinical Board	2475	1848	75%
Clinical Diagnostics & Therapeutics Clinical Board	2653	2027	76%
Corporate Executives	1051	819	78%
Medicine Clinical Board	2123	1392	66%
Mental Health Clinical Board	1613	1070	66%
Primary, Community Intermediate Care Clinical Board	1199	895	75%
Specialist Services Clinical Board	2243	1539	69%
Surgical Services Clinical Board	2460	1533	62%
<b>UHB</b>	<b>17627</b>	<b>12627</b>	<b>72%</b>

The figure represents a 1% drop in overall completeness since figures were provided to the last Committee.

The UHB has submitted the 2024/25 IG Toolkit assessment. As advised at the last committee, given the mandatory training compliance rate across the UHB, the minimum standard will not be met. However, given this is the UHB's first submission, the Confidentiality Advisory Group (CAG) have accepted our submission which was accompanied with our agreed action plan.

Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

- Information Governance resource remains unchanged since the last committee meeting.
- 108 information governance related incidents reviewed between October 2024 & December 2024.
- 3 data breach since the last committee has been reported to the Information Commissioner's Office.
- Freedom of Information compliance slightly decreased to 92% for last 12 rolling months.
- Access to Health Records compliance reduces to 28%. The number of requests over the last 12 months has dropped to 313.
- Following technical resolution with NIIAS, the Information Governance Department continues to send letters to staff who breach data access policy.
- Information Governance mandatory training across the UHB has dropped to 72%.


**Recommendation:**

The Board/Committee (*delete as appropriate*) are requested to:

- a) RECEIVE and NOTE a series of updates relating to significant Information Governance issues

**Link to Strategic Objectives of Shaping our Future Wellbeing:**

<https://shapingourfuturewellbeing.com/>

 <p>Putting People First</p> <p>1.</p> <p>Click the objective above to view more detail.</p>	 <p>Providing Outstanding Quality</p> <p>2.</p> <p>Click the objective above to view more detail.</p>
 <p>Delivering in the Right Places</p> <p>3.</p> <p>Click the objective above to view more detail.</p>	 <p>Acting for the Future</p> <p>4.</p> <p>Click the objective above to view more detail.</p>

**Five Ways of Working (Sustainable Development Principles) considered**

Prevention		Long term		Integration		Collaboration		Involvement	
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**Quality Impact Assessment Completed?**

Yes – ( <i>please provide completed QIA document</i> )	No – ( <i>Please provide reasoning, e.g. not required</i> )		
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**Impact Assessment:**

Risk: Yes/No (delete as appropriate)

*Please include the detail of any Risk Assessments undertaken when preparing and considering the content of this report and, where appropriate, the nature of any risks identified. (If this has been addressed in the main body of the report, please confirm)*

Safety: Yes/No

*Are there any Staff or Patient safety implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)*

Financial: Yes/No

*Are there any financial implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)*

Workforce: Yes/No

*Are there any Workforce implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)*

Legal: Yes/No

*Are there any legal implications that arise from the content and proposals contained within this report? If so, has advice been sought and what was the outcome? (If this has been addressed in the main body of the report, please confirm)*

Reputational: Yes/No

*Are there any reputational risks associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)*

Socio Economic: Yes/No - **Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: [The Socio-economic Duty: guidance | GOV.WALES](#)**

*The Socio-Economic Duty is designed to encourage better decision making, ensuring more equal outcomes. Do the proposals within this report contain strategic decisions, such as setting objectives and the development of services. If so has consideration been given to how the proposals can improve inequality of outcome for people who suffer socio-economic disadvantage? Please include detail. (If this has been addressed in the main body of the report, please confirm)*

Equality and Health: Yes/No

*Equality Health Impact Assessments (EHIA) are typically undertaken when developing or reviewing Health Board strategies, policies, plans, procedures or services. Do the proposals contained within the report necessitate the requirement for an EHIA to be undertaken? If so, please include the detail of any EHIA undertaken or the plans are in place to do so. (If this has been addressed in the main body of the report, please confirm)*

Decarbonisation: Yes/No

*There are a number of ways by which carbon emissions can be avoided through the operations of CVUHB.*

*These include:*

- *A focus upon preventing ill health in our population*
- *Saving energy or increasing throughput.*
- *Value based healthcare. Being prudent by not over-treating/intervening. Avoid delivering low-value interventions*
- *Patients empowered to manage their conditions, utilising See on Symptoms and Patient Initiated follow ups to reduce unnecessary outpatient appointments.*

- *Service delivery in the most appropriate setting, e.g. in a community setting rather than an acute setting.*
- *Reducing waste – for example use non-sterile gloves only when needed, manage use-by dates to avoid throwing out good products, recycle and reuse.*

*Does the subject matter of your paper risk any of the above not being achieved?*

Welsh Language: Yes/No

*Consideration should be given to potential impact on the Welsh language, including the following key aspects:*

- *More than just words: Does the report align with the More than just words strategy, ensuring Welsh-speaking patients can access services in their preferred language, and supporting active offer and bilingual care?*
- *Accessibility and compliance: Ensure key information is bilingual and that the report meets the Welsh Language Standards for communication, signage, and patient materials.*
- *Patient understanding and safety: Could English-only content impact Welsh speakers' comprehension in critical areas like consent and medication instructions, potentially affecting safety?*
- *Staffing and resources: Does the report address the need for Welsh-speaking staff or bilingual resources to deliver equitable care?*

*Does the subject matter of your paper risk any of the above not being achieved?*

**Approval/Scrutiny Route (please note anywhere else this paper has been before):**

Committee/Group/Exec

Date:

Regan, Nikki  
10/02/2025 10:16:53

Report Title:	<b>Digital Directors' Peer Group</b>		Agenda Item no.	5.1	
Meeting:	Digital & Infrastructure Committee Meeting	Public	X	Meeting Date:	11 <sup>th</sup> February 2025
		Private			
Status:	Assurance	Approval		Information	X
Lead Executive:	Director of Digital & Health Intelligence				
Report Author:	Director of Digital & Health Intelligence				

### Background and current situation:

The creation of the Digital Directors' peer group in 2021 replaced the previous Digital Delivery Leadership Group meeting which came into existence in 2020 following the dissolution of the National Information Management Board which had been focused on providing an overview of information and IM&T issues nationally.

The establishment of the peer group brings Digital in line with other professions in the NHS in Wales (eg Directors of Finance peer group, Directors of Planning peer group) and is a welcome development.

Assurance is provided by the discussion and exchange of views and updates on a wide range of digital related issues via the regular monthly meetings comprising board-level leads for digital from across all NHS Wales organisations, including Welsh Government's Chief Digital Officer and members of DHCW's executive team.

### Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

The attached minutes of the last three meetings held in November 2024, December 2024 and January 2025 provide an update on the scope and range of discussions on digital matters impacting on all NHS Wales organisations.

CAV UHB is represented by the Director of Digital and Health Intelligence (the Director of Digital Transformation acts as deputy when necessary).

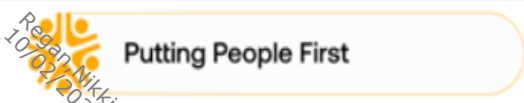

### Recommendation:

The Committee are requested to NOTE the minutes of the last meetings as follows:

- a) Minutes of Meeting – 5<sup>th</sup> November 2024 (Appendix 1)
- b) Minutes of Meeting – 3<sup>rd</sup> December 2024 (Appendix 2)
- c) Minutes of Meeting – 14<sup>th</sup> January 2025 (Appendix 3)

### Link to Strategic Objectives of Shaping our Future Wellbeing:

<https://shapingourfuturewellbeing.com/>

 <p>Putting People First</p>	 <p>Providing Outstanding Quality</p>
<p>1.</p> <p>Click the objective above to view more detail.</p>	<p>2.</p> <p>Click the objective above to view more detail.</p>



Delivering in the Right Places

3.

Click the objective above to view more detail.



Acting for the Future

4.

Click the objective above to view more detail.

Five Ways of Working (Sustainable Development Principles) considered

Prevention		Long term	x	Integration	x	Collaboration	x	Involvement	x
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Quality Impact Assessment Completed?

Yes – (please provide completed QIA document)		No – (Please provide reasoning, e.g. not required)	
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Impact Assessment:

Risk: No

Safety: Yes

Financial: No

Workforce: Yes

Legal: No

Reputational: Yes

Socio Economic: Yes

Equality and Health: Yes

Decarbonisation: No

Welsh Language: No

Approval/Scrutiny Route (please note anywhere else this paper has been before):

Committee/Group/Exec	Date:

Regan Nikki  
10/02/2025 10:16:53

## Directors of Digital Peer Group Meeting Draft Notes

<b>Date of Meeting</b>	Tuesday 5 November 2024
<b>Time of Meeting</b>	9.30 – 4.30pm
<b>Meeting Venue</b>	Board Room, 1st Floor, DCHW, Ty Glan-Yr-Afon, 21 Cowbridge Road East, Cardiff CF11 9AD / MS Teams
<b>Chair</b>	Anthony Tracey

<b>PRESENT:</b> V=Virtual		<b>APOLOGIES:</b>	<b>GUESTS:</b>
Paul Solloway ABUHB	PS	Stuart Morris (CTMUHB)	Lee Mullin (DHCW)
Nancy Pickering	NP	Dylan Roberts	Carwyn Lloyd-Jones (DHCW)
Sion Jones BCUHB	SJ	Jonny Sammut	
David Thomas CVUHB	DT	Claire Madsen	
Ifan Evans DHCW	IE	Neil Jenkins	
Sam Lloyd DHCW	SL		
Anthony Tracey HDUHB	AT		
Carl Taylor VNHST	SR		
Vicki Cooper PTHB V	JH		
Matt John SBUHB	MJ		
Iain Bell PHW (part)	IB		
David Mason-Hawes VNHST	DMH		
Lauren Harkins WG	LH		
Sophie Barton WNHSC	SB		
Kate Mackenzie VUNHST	KM		
Sian Richards	SR		
Mike Emery WG	ME		
Vicki Cooper (PTHB)	VC		
Helen Thomas DHCW	HT		
Claire Osmundsen-Little DHCW	COL		
David Owen (PTHB)	DO		
Sam Hall (DHCW)	SH		
Robert Bleasdale (CTMUHB)	RB		

<b>ITEM</b>	<b>DISCUSSION</b>	<b>ACTION</b>
1) Previous Meeting Notes and Matters Arising (Chair)	AT chaired the meeting, and apologies were noted as above. The action log was updated, and previous meeting notes approved.	
2) DHCW Cloud Migration Business Case	<b>DHCW Cloud Migration Business Case</b> <i>Moving to next session on 3 December due to time.</i>	

<p>Carwyn Lloyd-Jones (DHCW)</p>		
<p>3) Microsoft 365 contract negotiation options</p> <p>Carwyn Lloyd-Jones (DHCW)</p>	<p><b>Microsoft 365 contract negotiation options</b></p> <p>CLJ shared slides (paper 3) with background information and agreement commitments.</p> <p><b>Options:</b></p> <ul style="list-style-type: none"> <li>• Exit agreement – Each health board purchases their own licenses independently</li> <li>• Move All Wales agreement to DTA24</li> <li>• Negotiate new EA for July 25</li> <li>• Or 2 extension options</li> <li>• Extend by 12 months June 26</li> <li>• Extend by 24 months to June 27</li> </ul> <p><i>Pricing slide is within paper 3.</i></p> <p><b>Recommendation:</b>  Current agreement is best price for 25/26.  Extension in June 25 for 1 year.  Prepare for renewal (June 26)  <i>Roadmap for preparation in paper 3.</i></p> <p>Group discussion:  Pros/cons around 1- or 2-year extension  CLJ explained 2 years isn't recommended as no deal bargaining power.</p> <p>Term of the new EA – can negotiate – try get a 5 year, however usually 3 years.</p> <p>Group discussed – having more time to do the prep work for renewal, considering 1 or 2 years.</p> <ul style="list-style-type: none"> <li>• CLJ has advised to do the 1 year for bargain power.</li> </ul> <p>Group queried, when/how will Microsoft give us the proposal.</p> <p>Group agreed that it is important to work as one voice.</p> <ul style="list-style-type: none"> <li>• It should be seen as a value and sustainability answer not just a technology answer – Group agreed it would be best to have a session with WFD to drive value in improving technology.</li> <li>• Value in digital as an enabler – as a group demonstrate this.</li> <li>• Credit in 25/26, the VAT held 4 years ago – HMRC are looking into this – (COL has slides).</li> </ul> <p>Further group discussion:</p> <ul style="list-style-type: none"> <li>• Timing of negotiations; The previous negotiation took 6-8 months – meaning 1 year extension would require immediate action.</li> </ul>	

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	<ul style="list-style-type: none"> <li>• Considered: Co-pilot, extension of copilot – reached out to MS, if group committed to 1000 license - (350k, would get 10% back in adoption support)</li> </ul> <p><b>Group agreements and summary</b>  To reinvestigate the license group  5 percent increase take back to DoFs  VAT further discussion – (do we use some for copilot – further discussion)  Wider discussion to be had with WFD – what office 365 should do.  1 year extension  Clear plan required on how we will deliver in the time scale. Need 4-5 months minimum to health boards.</p> <p><b>Action</b>  Send a note to DoFs – ‘DoDs have looked at all options and it has been assessed at Digital Directors peer group meeting – we are extending for 1 year.’  COL to formalise the recommendation into a letter to DoFs.</p>	
<p>4) Trust Marque/Livingstone</p> <p>Carwyn Lloyd-Jones/Trust Marque</p>	<p><b>Trust Marque/Livingstone</b>  Livingstone shared a presentation on manage and optimize software and cloud.</p> <p>Purpose - To look at requirements for user profiles.</p> <ul style="list-style-type: none"> <li>• Goal is to take it to public sector.</li> <li>• They look at independent users and organisations</li> </ul> <p><i>Presentation includes:</i>  Statistics of present figures and future.  Target schedule of activity.  Roles, communication and engagement expectations.</p> <p><b>Group discussed:</b></p> <ul style="list-style-type: none"> <li>• Impact against control</li> <li>• Savings – based on deployment of what can be seen today.</li> <li>• Over provisioned staff against what we have utilised.</li> <li>• 440k a year on licensing on disabled accounts – we can improve efficiency.</li> <li>• Don’t over provision through the life of the contract</li> <li>• In contrast, transformative action, ensure those users work differently and utilise the features - Livingstone look at ways of working</li> <li>• Group don’t have the capacity to agree between them on 13000 profiles, is this something that can be done within the health boards.</li> <li>• Demonstrating that they have optimised their usage - Terms of reference for the group – describe the profiles and analyse whether it sits in value and sustainability.</li> <li>• The group expressed that they would like Livingstone to bring specific examples of value gained from the investment as they did not include this in their presentation.</li> <li>• Livingstone stated 16-month plan</li> <li>• Livingstone can identify where we are not getting value from.</li> <li>• Livingstone stated they bring value on negotiation.</li> </ul>	

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	<ul style="list-style-type: none"> <li>• Group discussed – comparisons in doing it themselves against cost of Livingstone doing this.</li> <li>•</li> </ul> <p><b>Next steps:</b></p> <ul style="list-style-type: none"> <li>• Livingstone come back to us with a formal proposal</li> <li>• Livingstone to work on the objections.</li> <li>• Further conversation for DoDs to have with MS as one voice. Intent of the service is to have one voice.</li> <li>• <b>Further discussion – 3 December around agreement or not with majority. Proportionate discussion around what each health board is already paying.</b></li> </ul>	
<p>5) WG Update Mike Emery/Lauren Harkins</p>	<p><b>WG Update</b> <i>ME shared a presentation on WG update.</i></p> <ul style="list-style-type: none"> <li>• Digital summit – Postponed</li> <li>• Planning framework 25/26 - working to get key tasks in – high level planning letter in next 4 weeks.</li> <li>• Expectations for more technical guidance – will list for more details.</li> <li>• IQDP's – feedback, reflections - Still working through finance structures and allocations and how they work.</li> <li>• Governance Review – commissioned by CX of NHS Wales/DG HSSG - Lead by Tracey Brehenny – WG director</li> <li>• DG will chair going forward from January</li> <li>• Core areas – investment panel, skills and capacity, architecture and maturity</li> <li>• DDs Board on Thursday 7<sup>th</sup> Nov <ul style="list-style-type: none"> <li>- Diagnostics, and intensive care</li> <li>- National programmes and developments</li> </ul> </li> <li>• Slot on lessons learnt at next DoDs meeting</li> <li>• Deep Dive National Immunisation framework vaccination programme</li> <li>• Connecting Care – Social care submitting business case.</li> <li>• Maternity – National procurement has gone live, deployment model, and national standards</li> <li>• Procurement allows flexibility</li> <li>• EHR Event, 12<sup>th</sup> November – to get feedback on where they are in the market.</li> <li>• What good looks like – identity in technical guidance</li> <li>• IQFDP – Group gave their feedback. Overall feedback – it was a good opportunity.</li> <li>• Briefing paper – IB to circulate</li> <li>• Forum national programmes to bring together – ME to go back to DDAP board, to share minutes – ME to run through key headlines.</li> </ul>	
<p>6) Connect Care Update</p>	<p><b>Connecting Care Update</b></p>	

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<p>Lee Mullin (DHCW)</p>	<p>Presentation shared to the group:</p> <ul style="list-style-type: none"> <li>• Connecting care work streams, forward view</li> <li>• Workstream: Care Director Exit</li> <li>• Workstream: Community and Mental Health Services</li> <li>• Unlikely to process procurement until January providing health boards sign off functional requirements</li> </ul> <ul style="list-style-type: none"> <li>- They are seeking guidance from health boards</li> <li>- They are ready to progress, awaiting direction from health boards</li> <li>- Current delays are the group approval</li> <li>- All health boards put frameworks in place – sign off functional requirements.</li> <li>- WG requested letter from each health board</li> </ul> <p><b>Actions</b></p> <ul style="list-style-type: none"> <li>- All DoDs to email LH and copy in Sandra and Lee with where you are with mental health community and shared care record (position statement)</li> <li>- They created the first draft for shared care records.</li> <li>- All DoDs to review these documents and come back with any feedback.</li> <li>- Sandra to check the documents have been sent – project brief and terms of reference. – comments due back by end of November.</li> <li>- Lee to hold an engagement session in due course.</li> </ul>	
<p>7) AOB</p>	<p>Matters Arising (AOB):</p> <ul style="list-style-type: none"> <li>• Cyber exercise – IB to share the material.</li> <li>• 12<sup>th</sup>/13<sup>th</sup> – EHR afternoon,</li> <li>• 13<sup>th</sup> – MS should have sent an invite individually – needs to be taken to the event or will be refused access to the building</li> <li>• Next DoDs session – EHR Ifan Evans</li> <li>- Specific conversation needs to be had on 3<sup>rd</sup> December – EHR Roles and responsibilities workshop for national programmes.</li> <li>• WG haven't issued policy statement, WG need a national business case.</li> </ul> <p><b>RISP update</b></p> <ul style="list-style-type: none"> <li>- Accountants working out impact of potential delay</li> <li>- Revised costing affecting SLA's – COL to share SLA – delays in SLA sign offs meaning bringing deadline forward to end of March. – COL to circulate time frames.</li> <li>• IE - Digital maturity steering group recommendations:</li> </ul>	

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	<ul style="list-style-type: none"> <li>- HIMSS EMRAM assessment a year from now.</li> <li>- Requires a commitment to using HIMSS EMRAM</li> <li>- To do this by targeting areas where they can level up by analysing attainment against EMRAM 'baseline' assessment</li> <li>- Target areas to boost attainment</li> <li>- Target opportunities to boost attainment – are there other opportunities.</li> </ul> <p>Group comments about standardising, a consistent approach to it all.</p> <p><b>SR</b></p> <ul style="list-style-type: none"> <li>• Email on the Cansic decommissioning</li> <li>• Next board beginning of December.</li> <li>• Looking at March for the next</li> </ul> <ul style="list-style-type: none"> <li>- <b>Governance discussion to be had at the next meeting</b></li> <li>- Gartner have a potential offer for NHS Wales to enable additional membership. - January meeting</li> </ul>	
	End of meeting.	
<b>Next Meeting: 9.30am Tuesday 3 December, Board Room, 1st Floor, DCHW, Ty Glan-Yr-Afon, 21 Cowbridge Road East, Cardiff CF11 9AD</b>		

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**MEETING NOTES**

**Date: Tuesday, 3<sup>rd</sup> December 2024**

**Time: 9:30am – 3pm**

**Location: Welsh Blood Service, Talbot Green**

**Attendance**

**Digital Directors Present**

<b>Initials</b>	<b>Name</b>
CT	Carl Taylor (VNHST)
COL	Claire Osmundsen-Little (DHCW)
JK	Jenny Keen (DHCW) – V
IE	Ifan Evans (DHCW)
MJ	Matt John (SBUHB) - V
NJ	Neil Jenkins (NWSSP)
SR	Sian Richards (HEIW) – Chair
SM	Stuart Morris (CTMUHB)
PS	Paul Solloway (ABUHB) - V
DR	Dylan Roberts – V
VC	Vicki Cooper (PTHB) - V
CLJ	Carwyn Lloyd-Jones (DHCW) – V
HB	Harriet Baker (WNHSC)
DT	David Thomas (CVUHB) - V
SL	Sam Lloyd (DHCW) – V
ST	Sandra Taylor – DHCW – V
CL	Claire Latham - DHCW – V
ME	Mark Edwards – V

**External Speakers**

<b>Initials</b>	<b>Name</b>
HM	Heidi Morris (DHCW) - V
NB	Nitin Baby (DHCW) - V
LH	Lauren Harkins (Welsh Government) - V
MF	Mark Fallon – Gartner V

Agenda Item	Discussion	Action
<b>Part A – Welsh Government &amp; NHS Welsh Government &amp; NHS COOs, WG &amp; invited guests/NHS Executive</b>		
<b>1.</b>	<p><b><u>Welcome, Apologies of Absence, Previous Notes Approval &amp; Action Log</u></b></p> <p><b><u>Previous Notes Approval</u></b> Approved</p> <p><b><u>Action Log</u></b> Meeting with Microsoft 365 and finalising current contract and revised costs and Director of Finance for 1 year extension due to increase in prices and transparency. CLO Expected paper by tomorrow. Share with group</p> <p>Microsoft VAT claim 30-day response and ask for feedback. NHS Scotland and NHS England also reviewing their own. Reclaim managed by DHCW but decision needed if this is w Dir of Fi or DoD/Chair of DoD peer group? PS share paper with reclaim figures.</p>	
<b>2.</b>	<p><b><u>DHCW Cloud Migration Business Case - Carwyn Lloyd-Jones</u></b></p> <ul style="list-style-type: none"> <li>• An overview of the cloud business case was presented key points included</li> <li>• Cloud by default unless case not to</li> <li>• Shortlisted case options listed with Option 2 preferred costs shown in slides including funding breakdown capital and revenue. Option 2 has been presented to Welsh Government.</li> <li>• Costs over 10yr can be predicted as Cloud rather than on premises. Benefits also include carbon footprint and performance improvements.</li> <li>• Workforce upskilling already considered and appreciates support to DCHW. For DODs to consider and support and what individual Health Boards/Trust require for collaborative work with DHCW.</li> <li>• LH – minister priority to get EHR case. Consistent cloud choice across Health Boards/Trusts.</li> <li>• Suggested that it would be beneficial to keep architecture and technology choices separate.</li> <li>• Moving now gives flexible option to scale up and down. Contract for data centre 1 expires April 2026 as Welsh Government don't allow extensions in contracts.</li> <li>• Summary: Broad agreement with case.</li> </ul> <p><b>Action:</b> CLJ share business case and presentation with group for understanding and any questions/comments.</p> <p><b>Future agenda item:</b> transparency of investment digital and data from WG to where other than DHCW? – SM to take forward/IE raised. Poss strategy discussion</p>	<b>001 - CLJ</b>
<b>3.</b>	<p><b><u>Shared Care Records (SCR) / Integrated Care Record (ICR) - Dylan Roberts/Sandra Taylor /Jenny Keen/Claire Latham</u></b></p> <ul style="list-style-type: none"> <li>• Title may be changing to Integrated Care Record (ICR)</li> </ul>	

	<ul style="list-style-type: none"> <li>• Steering groups established. If not represented to let DR know</li> <li>• Compiling user stories and stakeholders to deliver user needs</li> <li>• Engagement Plan shared with steering group <ul style="list-style-type: none"> <li>○ Raise awareness of SCR is benefit.</li> <li>○ Engaging and collaboration – listening to feedback. Regular progress update meetings and questionnaire reviews are beneficial.</li> <li>○ Engagement Plan with individual Health Boards/Trusts presented in slides.</li> </ul> </li> <li>• Engagement is opportunity to determine what information is required. Identify key information rather than all care setting information. Data will be current but as system matures there may be more information drawn from other</li> <li>• Questionnaires identify need and solidify evidence. MVP this will build shared infrastructure and integrate different systems.</li> <li>• Clarification: NDR is the data. SCR is how people access the record. Looking to develop a slide explaining the relationship.</li> <li>• LH – any data policy/legislative required and consideration for timescale. Will link project time with Welsh Government contact if required. Minister has views so please consider and feedback to be provided by LH to team.</li> <li>• Keep consideration of project and user needs. NHS England architecture different to Welsh NHS to be aware in planning.</li> <li>• LH - Ministers agreeing Governance of the programme across Local Authorities, Health and SCR. Due for comment by Friday 6<sup>th</sup> December.</li> </ul> <p><b>Summary:</b> welcome attendance engagement to build requirements and TOR/scope/NDR clarification feedback to DR and ST within the week.</p> <p><b>Action:</b> Presentation to be shared after meeting</p>	002 - JK
4.	<p><b><u>Alder Hey Cyber attack – Mark Edwards DHCW</u></b></p> <ul style="list-style-type: none"> <li>• NHS England Alder Hey and Wirral separate nonrelated cyber-attacks.</li> <li>• Adler Hey Teaching hospital – significant impact to Clinics. Cause: Lack of Remote Multi Authorisation (MFA). access. No evidence of data stolen.</li> <li>• Alder Hey Children’s Trust – effected minor way. <ul style="list-style-type: none"> <li>○ BCHB declared incident as precaution measure due to close working.</li> <li>○ No clinical impact.</li> <li>○ Data was illegally stolen and published online.</li> <li>○ Not confirmed if Welsh patient data was stolen.</li> <li>○ Working with National Crime Agency (NCA)</li> <li>○ Responsibility has been claimed and confirmed by NCA.</li> </ul> </li> <li>• Project is ongoing to enforce the remote access users to MFA.</li> <li>• Looking at junior doctors, pharmacists for example of staff groups who haven’t applied MFA</li> <li>• Remote MFA compliance to board report <ul style="list-style-type: none"> <li>○ Different process examples provided by Health Boards</li> <li>○ LH – happy to take to minister to decide that Remote MFA compliance report is escalated. Can amend and include in CAF.</li> </ul> </li> </ul>	

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	<p>Decision can be made quickly once all information has been provided by CRU</p> <p><b>Action:</b> ME contact LH and share with DODs for information</p> <ul style="list-style-type: none"> <li>○ Consideration for consequences of making decisions and impact upon users. Would/Should decision be made nationally or locally?</li> <li>● Dylan Roberts – could be more of a Cyber Update instead of annual to 6 monthly. SR – Consistency is key across HB to ensure security and governance.</li> </ul> <p>Summary: Benefit of a forum to discuss other issues before escalating to DODs due to lack of resources to make a priority. ME and SL explore appetite for national discussion: discussion topics e.g. Remote MFA, passwords etc. Further recommendation and how it links to Digital governance structures required.</p>	003 – ME
5.	<p><b>INFRAM Digital Maturity Assessment -</b></p> <ul style="list-style-type: none"> <li>● A overview was provided of the proposal to conduct a INFRAM assessment For all Health Boards and Trusts in NHS Wales</li> <li>● DCHW signed up and starts in January 2025 and engagement. Expected to take 10 weeks.</li> <li>● 6–9-month time scale for 2 or 3 Health Boards/Trusts to achieve within requirements (depending on resource availability to implement). Which order Health Board/Trust is implemented TBC.</li> <li>● No ongoing commitment to CISCO or obliged to buy in afterwards.</li> <li>● Audit provides consistent and central point for information. ME clarified that the outcomes will be ownership of the Health Board/Trust and can use as see fit.</li> <li>● IE – Aim to start in March 2025 earliest due to resources availability.</li> <li>● SR – could this help us understand infrastructure locally or nationally</li> <li>● DR – happy to do as value to BCUHB to demonstrate gap in EHR business case.</li> <li>● Value of everyone committing and outputs are also transparent. Need to agree how outputs are shared and taken forward.</li> <li>● VC - raised some concerns of the assessment taking place in Powys and would need to understand benefits and outcomes before agreeing to proceed.</li> </ul> <p>LH – would like to see value and keep open conversation when it works for everyone. Benefit would inform national architecture work and funding.</p> <p><b>Action:</b> LH to ask Ian Gunney to share with DODs HB capital understand exercise.</p> <p><b>Summary:</b> Agree in principle with some concerns for details of process. Any further conversations can be held offline with ME who can assist. Implementation approach/programme and consistency of approach TBC.</p> <p><b>Action:</b> Mark Edwards to share presentation</p>	
6.	<p><b>Connecting Care – Report on digital and data standards in mental health and social care - Bethany Paines-Chumbley, Heidi Morris, Nitin Baby</b></p> <p>Reschedule for another agenda</p>	

<p>7.</p>	<p><b>AOB</b>  <b>Gartner CFC Agreement - Mark Fallon</b></p> <ul style="list-style-type: none"> <li>• 12-18m for new Enterprise Agreement</li> <li>• Sam Lloyd – be beneficial to do centrally rather than individually to determine functionality and strengthen position for renewal.</li> <li>• Gartner also offering contract provision</li> <li>• PS – would support for user profiling for 365 as end user doesn't meet needs? MF – profiling would suggest broader Gartner support. Cfc would be focused on commercial aspects and if you are getting best use for price.</li> <li>• Cost: <ul style="list-style-type: none"> <li>○ Price starting point is the proposed offer</li> <li>○ Fixed price basis option</li> <li>○ Success Fee would be calculated with any savings made.</li> </ul> </li> <li>• COL – Understanding needs and model and then using Gartner support/expertise to determine best price and use with Microsoft</li> </ul> <p><b>Summary:</b> MF happy to take any further questions outside of the meeting</p> <ul style="list-style-type: none"> <li>• PS – Gartner has a different approach to Livingstone. Consideration needed in service model.</li> <li>• DR – welcome clarity of who is point of contact for this work and roles/responsibilities in time for EA due to timescales. CLO – DCHW leading but need to understand needs and options, commercial deal and user needs.</li> </ul> <p><b>Summary:</b> agreement in principle to getting support for the profile work and potential support for commercial negotiations.  <b>Action:</b> provide time plan and provide updates to peer group in Jan  <b>Action:</b> share presentation</p> <p><b>NSMB Demographics CHANGED Intensive Care Letter – Paul Solloway</b></p> <ul style="list-style-type: none"> <li>• LH – letter saying report addresses learning but project is to ensure the £2.2m is enough. Are NHS Wales clear on what they would like and if the budget will be enough? If not, what does that look like? PS – Challenge is nursing and clinical staff IE – letter being discussed at CMT. WG believe safe and deployable but ensuring HBs implement it.</li> <li>• SM – took it to Exec yesterday. CTM seeking clarification on a number of points if they need to pick the programme up as programme was not continued at CTM.</li> <li>• CLO – workshops in Jan and inform if opportunity for roll out can be started.</li> <li>• Matt John – clear what WG want to happen. Clinical risk and financial implications and should get behind.</li> <li>• LH – several letters from ASCOM for FOI intensive care report to be released to the listed contributor's deadline by 10<sup>th</sup> Jan.</li> </ul> <p><b>Microsoft 2011</b></p> <ul style="list-style-type: none"> <li>• CLO – 5 key themes are consistent for discussions?</li> </ul> <p><b>Action:</b> add to January agenda</p> <ul style="list-style-type: none"> <li>• SM – works well timing with Service Plans</li> </ul>	<p>004 – SL 005 – MF</p> <p>006 – HB</p>
<p>8.</p>	<p><b>AOB</b>  <b>Action:</b> IMDP Invite January - CLO</p>	<p>007 - HB</p>

**Details of next meeting:**

The next **DODs Peer Group meeting** will be taking place on **Tuesday, 14<sup>th</sup> January 2024** via **Microsoft Teams or Venue TBC**

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**MEETING NOTES**

**Date: Tuesday, 14<sup>th</sup> January 2025**

**Time: 9:30am – 3pm**

**Location: Microsoft Teams**

**Attendance**

<b>Digital Directors Present</b>	
<b>Initials</b>	<b>Name</b>
AT	Anthony Tracey (H DUHB) – Chair
COL	Claire Osmundsen-Little (DHCW)
IB	Iain Bell (PHW)
EG	Elin Griffiths (Velindre)
MJ	Matt John (SBUHB)
NJ	Neil Jenkins (NWSSP)
SR	Sian Richards (HEIW)
SM	Stuart Morris (CTMUHB)
PS	Paul Solloway (ABUHB)
DR	Dylan Roberts (BCUHB)
VC	Vicki Cooper (PTHB)
HB	Harriet Baker (WNHSC)
DT	David Thomas (CVUHB)
SL	Sam Lloyd (DHCW)

<b>External Speakers</b>	
<b>Initials</b>	<b>Name</b>
BS	Ben Sission (Gartner)
NM	Nicola Mckenna (Gartner)
CD	Cheryl Doran (Gartner)
NC	Nathan Couch (Audit Wales)
DG	Darren Griffiths (Audit Wales)
TJ	Tomos Jones (Audit Wales)

<b>Agenda Item</b>	<b>Discussion</b>	<b>Action</b>
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**Part A – Welsh Government & NHS Welsh Government & NHS COOs, WG & invited guests/NHS Executive**

<p>1.</p>	<p><b><u>Welcome, Apologies of Absence, Previous Notes Approval</u></b></p> <p><b><u>Previous Notes Approval</u></b> Approved</p>	
<p>2.</p>	<p><b><u>Microsoft 365 Enterprise Agreement renewal</u></b></p> <p>SL provided an update:</p> <ul style="list-style-type: none"> <li>• Extension of EA to June 2026</li> <li>• Pricing from trust mark – 50% increase in price. Priority to reduce cost so looking for additional support to work towards this and what are core requirements. Sound investment in resources to support this work would pay off due to the increase in cost.</li> <li>• Livingstone – satisfactory background work completed. 2 stages to engage – 1: clear evidence base for requirements. 2: contractual negotiations with MS for best price. No obligation to use stage 2 once stage 1 completed.</li> <li>• Livingstone will run workshops where they’ll establish list of core requirements. Support needed with DODs</li> <li>• DR – key is input and clear expectations from Livingstone workshops and the person spec/skill set and commitment requirements to ensure this is completed successfully. Next year budget – do we account for the price increase to provide cost pressures for boards/Directors of Finance (DOF). Provides consistency across boards. SL – should be resolved in time but free to include SM – want v need: could be tricky to provide consistency across Wales.</li> <li>• COL – welcome clear requirements from DODs. Chief execs would welcome copilot/AI for workforce productivity supports value. HMRC prevented Scotland for the VAT recovery claim unsure impact on Wales. Deputy DOFs want to look at MS contract spend and licencing and drive for value which is what we’re also trying to do. Digital finance forum to look at digitals end and technical skills/awareness. Agile business case and business case log for investments. Growing insight into national products and cost.</li> <li>• PS – Important that Livingstone speak to staff how they use 365 to understand use. DOFs important not to have short memories as 365 saved us in pandemic and how it transformed how NHS Wales works.</li> <li>• SR – bring it IMTPs as strategic piece of work with focus on the workforce productivity angle</li> </ul> <p><b>Summary:</b> Peer Group is in support. we need to be clear what we want to get out of it so ensure Livingstone work is completed to the best level.</p>	
<p>3.</p>	<p><b><u>Health Protection digital system</u></b></p> <p>AT - Support needed business case – how do we assist you as other health organisations? 4 nations important reflecting on experiences from the pandemic.</p> <p>SM – support of the identified need. How do we get this onto the priority list and raise priority for Welsh Gov and Health Boards.</p>	

	<p>IB – for priority benefits: having a system that scales and work with Welsh Gov and mentioned in response to pandemic enquiry. If WG decide not to fund it they need to feedback that back to the enquiry.</p> <p>SL – offer of connections in Public Health England if required</p>	
<p>4.</p>	<p><b><u>Value Approach within Digital</u></b></p> <p><b>Feedback chief exec information sharing</b> – held by NHS Exec. Created a professional opportunity to shape direction and felt appetite of Chief Execs.</p> <p>Objective: collective view going forward to create priorities by Execs to shape responses to productivity and strategic direction. Key areas of focus: digital and capital infrastructure. Digital: having right infrastructure and right systems in place. How do you define national/regional and adopt digital in teams, funding for service going forward.</p> <p>AT – good to have time to discuss. Narrative shift needed when speaking to DOFs/Execs around digital infrastructure and how the group can steer E.G. investment does not spend How can we support the workforce directions</p> <p>SM – felt the same and great learning opportunity for execs</p> <p>SR – how do we become a digital mature organisation? Big transformation piece and change in culture. Could do research into how this can be done and included in development programmes. SM – highlighted areas for improvement – paper still exists and wider piece around maturity is needed.</p> <p>PS – how we respond as collective to planning guidance recently issued. Pieces of work included and if done collectively or locally – needs to be discussed at some point. AT – likely to be a mix of locally and nationally but identify what. Collective narrative key.</p> <p>SR – IMTP like to Scottish model and competency framework.</p> <p>COL – keen to see the next steps and outcomes</p> <p><b>NHS Wales Financial Planning – PRESENTATION REQUESTED</b></p> <p>COL – Harvard experience and Demark learning – 31<sup>st</sup> 9am-10am. Share slides in advance.</p>	
<p>5.</p>	<p><b><u>Gartner</u></b></p> <p>Would like to introduce f2f for workshops, analyst briefings, can be specific to Wales and also UK wide. Coming weeks Wales based contact for Gartner – account manager, face to face events.</p> <p>Slide 8 – cost is per organisation</p> <p>SM – in terms of relationship and team response with Gartner? CD – framed it as change and invest in leadership team. Gartner licences investment in the people to achieve the goals.</p>	

	<p>SL – uses Gartner in DHCW. Process of change happening now and access to expertise and input in Gartner has significant impact.</p> <p>SM – how do we make sure Gartner is complimentary with other organisations with similar issues (ref SLIDE 6). NM – working on a local level but also attending peer groups as national input and space to come together.</p> <p>PS – working on a business case and AI exec session with Gartner. Great feedback provided and welcome national working</p> <p>COL – uses Gartner with a finance perspective. Independent sounding board and analysts providing networking opportunities.</p> <p>AT – feedback to BS post meeting. Case studies from COL, SL, DR would be useful. NM – offer of contribution to IMTP to evidence Gartner input</p> <p>IB – would want to ensure support provided is specific and not generic service</p> <p>COL – DOFs looking to use them. Need to demonstrate pay back and how the organisation would like to use Gartner.</p> <p>DT – CVUHB don't use Gartner currently. Would understand relationship DOD or wider agenda. Further discussion needed</p> <p>SL – Gartner arrangements – available across a few items rather than time restricted specific item. Useful to have.</p>	
<p>6.</p>	<p><b><u>Audit Wales: Digital Deep Dive</u></b></p> <p>Proposed objectives for digital transformation review Review will also look at WG support and digital transformation supported</p> <p>PS – Who is sponsor of audit work? Digital workforce isn't set up the same across all organisations. Concern for timing of audit in the year. DG – not WG sponsor this is independent piece of work. Decade since the last piece of work was done last. Digital workforce – will take into consideration with benchmarking and take forward for development purposes. Timeline – recognise the time and pressures organisations find. Will be flexible as review rolls out.</p> <p>SR – 12 organisations, NHS Exec included? As service transformation is run by NHS Exec. Would be interesting element and included. DG – hosting organisations part of scoping.</p> <p>DT – outputs of the work. Will it be shared with 12 organisations as could be helpful? DG – individual public reports (on website) published include responses to recommendations and can also share all 12. Exploring national thematic piece of work highlighting key enablers/barriers to share with WG.</p> <p>SM – factor in IMTP reviews and drive for digital transformation</p>	

	<p>DR – do you have people involved who have experience in digital audits. DG – supported by auditors who have the skillset and specialist members of staff who have competed digital audits previously.</p> <p>IB – governance point for NHS Exec. Challenging for combined response and possible follow up offline. Getting this through the board in timeline could be the challenge DG – don't expect formal board meeting to endorse the self-assessment, just ensuring through other means they have sight and endorse the position of the organisation.</p> <p>COL – As a peer group think how are we going to respond and interpret the audit.</p> <p>SR – all digital working of whole organisation. Define scope would be helpful. DG – high level review and will finalise the scope further</p> <p>AT - language conservation around calling it 'digital transformation'. Encourage transformation with digital assistance</p> <p>NC – offer to attend another month to provide updates</p>	
7.	<p><b>AOB</b></p> <p>AT</p> <ul style="list-style-type: none"> <li>• PSBA incidents. COL – invite to group to present to inform DODs risk reports</li> <li>PS – PSBA 3 in development so good to present to group the improvements</li> </ul> <p>DR</p> <ul style="list-style-type: none"> <li>• TPP – Single supplier currently. Working with CTM for Mental Health. Provide overview of capabilities, how they work would that encourage bids – <b>20-30mins at February peer group.</b></li> </ul> <p>SR</p> <ul style="list-style-type: none"> <li>• Decommissioning CANISS timeline 2<sup>nd</sup> week of April. Some awareness of concern: reporting, testing. Good progress though. strategic DCHW commissioned an Ideal Health review and recommendations so working with programme team to identify.</li> </ul> <p>PS</p> <ul style="list-style-type: none"> <li>• WICSS workshops set up but some health boards missing? AT - Short notice so clinical teams unable to attend. HDUHB – 5 nominees DT- CVUHB 6 nominees. SM - CTM – 3 nominees.</li> <li>• Single Record Management Board – concern of experience of impact on timelines and being aligned with latest version. Strategic position? SL – planning in early stages and will provide updates</li> </ul> <p>SL</p> <ul style="list-style-type: none"> <li>• Bid to Welsh Government for funding for Cancer Network.</li> </ul>	
<b>Details of next meeting:</b>		
The next <b>DODs Peer Group meeting</b> will be taking place on <b>Tuesday 4<sup>th</sup> March 2025</b>		

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