

Public Digital & Infrastructure Committee

Tue 12 August 2025, 09:00 - 10:20

Virtual - MS Teams

Agenda

09:00 - 09:05 **1. Standing Items** 5 min

1.1. Welcome & Introductions

David Edwards

1.2. Apologies for Absence

David Edwards

1.3. Declaration of Interest

David Edwards

1.4. Minutes of the meeting on 27th May 2025

David Edwards

 1.4 - Draft DHIC Public Minutes 27.05.25.pdf (9 pages)

1.5. Action Log following the Committee Meeting held on 27 May 2025

David Edwards

 1.5 - Digital & Infrastructure Actions following 27.05.2025.pdf (1 pages)

1.6. Committees Chairs Actions

David Edwards

09:05 - 09:30 **2. Infrastructure (09:05 - 09:30)** 25 min

2.1. Estates Risk Register

Geoff Walsh

 2.1 - Estate Infrastructure and Risk (1).pdf (9 pages)

 2.1a Estate Infrastructure and Risk.pdf (14 pages)

2.2. Strategic Priorities for 2025/26

Catherine Phillips / David Thomas

Verbal Update

09:30 - 10:00 **3. Digital (09:30 - 10:00)** 30 min

3.1. Digital Roadmap and work programme update

Regan Nikki
11/08/2025 14:13:11

David Thomas

3.1 Public Digital Infrastructure AP August 2025.pdf (11 pages)

3.2. Corporate Digital Risk Register

David Thomas

3.2 - Digital Risk Register Cover Paper.pdf (2 pages)

3.2a - DHI Combined Risk Register MASTER July '25 (1).pdf (6 pages)

3.3. IG Data Compliance

James Webb

3.3 - IG compliance paper DI 0825.pdf (7 pages)

10:00 - 10:00 4. Items for Approval / Ratification

0 min

4.1. No Items

10:00 - 10:05 5. Items for Noting and Information

5 min

5.1. Minutes: Digital Directors Peer Group

5.1 - Digital Directors' Peer Group DT1.pdf (2 pages)

5.1a - Peer Group meeting notes - 06.05.25 - appendix 1.pdf (8 pages)

5.1b - Peer Group meeting notes - June '25 - appendix 2.pdf (9 pages)

5.1c - Peer Group meeting notes - July '25 - appendix 3.pdf (10 pages)

10:05 - 10:05 6. Agenda for Private Digital & Infrastructure Committee Meeting

0 min

- *Cyber Security*
- *Caldicott Guardian*
- *Digital Transformation Review Board Self Assessment*
- *Community & Mental Health System (PARIS) Replacement*

10:05 - 10:05 7. Review of the Meeting

0 min

10:05 - 10:05 8. Date & Time of next Meeting

0 min

Tuesday 11th November 2025 at 9am via MS Teams

10:05 - 10:05 9. Declaration

0 min

To consider a resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest [Section 1(2) Public Bodies (Admission to Meetings) Act 1960]

Regan, Nikki
11/08/2025 14:13:11

Minutes of the Public Digital & Health Intelligence Committee Meeting Held On 27 May 2025 Via MS Teams

To view a recording of the meeting: <https://youtu.be/4Yy0nuIDEiE>

Chair:		
David Edwards	DE	Independent Member – Information Communication & Technology (IM-ICT)
Present:		
Susan Lloyd-Selby	SLS	Independent Member – Local Authority (IM-LA)
Rachna Upadhya	RU	Independent Member – General (IM-G)
In Attendance:		
Suzanne Rankin	SR	Chief Executive Officer
David Thomas	DT	Director of Digital & Health Intelligence
Matt Phillips	MP	Director of Corporate Governance
Catherine Phillips	CP	Executive Director of Finance
James Webb	JW	Head of Information Governance & Cyber Security
Angela Parratt	AP	Director of Digital Transformation
Gavin Evans	GE	Project Manager Electrical Discretionary Capital
Mark Wardle	MW	Chief Clinical Information Officer
Tony Ward	TW	Head of Discretionary Capital
Geraldine Johnston	GJ	Interim Director of Operations - Community Services
Observers		
Bevan Howells	BH	NHS Graduate Management Trainee
Secretariat		
Rachel Chilcott	RC	Corporate Governance Officer
Apologies		
Geoff Walsh	GW	Director of Capital, Estates & Facilities
Paul Bostock	PB	Chief Operating Officer

Item No	Agenda Item	Action
D&IC 27/05/001	<u>Welcomes & Introductions</u> The Committee Chair (CC) welcomed everyone to the Public meeting and confirmed the meeting was quorate.	
D&IC 27/05/002	<u>Apologies for Absence</u> Apologies for absences were noted. The Committee resolved that: a) The apologies were noted.	
D&IC 27/05/003	<u>Declarations of Interest</u> The Committee resolved that: a) No Declaration of Interest were noted.	
D&IC 27/05/004	<u>Minutes of the Meeting Held 11th February 2025</u> The committee accepted the minutes from 11 th February 2025 as a true and accurate record, pending a few amendments. The Committee Resolved that:	

	a) Subject to the amendments, the Minutes of the Meeting held on the 11 th February 2025 were confirmed as a true and accurate record	
D&IC 27/05/005	<p><u>Action Log – Following the Meeting held on 11th February 2025</u></p> <p>There were no actions at present.</p> <p>The Committee Resolved that:</p> <p>a) The Action Log was discussed and noted.</p>	
D&IC 27/05/006	<p><u>Chair’s Action taken since the last Committee Meeting</u></p> <p>No chairs actions taken since the previous meeting.</p> <p>The Committee Resolved that:</p> <p>a) There were no Chair’s Actions taken since the last meeting.</p>	
Items for Review and Assurance - Infrastructure		
D&IC 27/05/007	<p><u>Capital Programme Plan 2025/26</u></p> <p>The Head of Discretionary Capital (HDC) took the report as read and highlighted the following points:</p> <ul style="list-style-type: none"> • <u>Capital Resource Limit and Amendments:</u> <ul style="list-style-type: none"> ○ The UHB benefitted from an additional £2.129m this year with a revised discretionary capital allocation of £17m. ○ A Targeted Estates Investment Fund (TEF) was introduced as a continuation of the Estate Facilities Advisory Board (EFAB) scheme, which was a two-year scheme where discretionary capital funded 30% of the allocation. ○ TEF funding was split into fire, infrastructure, decarbonisation, mental health, infection prevention and control, and decontamination. ○ They were awarded a total of £11m - £3.3m from their contribution and £7.7m from the Welsh Government (WG). • <u>WG All Wales Prioritisation Process:</u> <ul style="list-style-type: none"> ○ CAVUHB had submitted 23 bids for acute community and primary care projects – WG funded three business cases (ITU expansion and refurbishment, hybrid / major trauma theatres at UHW, and BMT review) • <u>UHB Discretionary Capital Prioritisation Process:</u> <ul style="list-style-type: none"> ○ They underwent a rigorous selection process with strategic, operational, and capital planning ○ The Capital Management Group (CMG) approved commitments highlighted in Table 3, including digital infrastructure, Windows 11, Wi-Fi upgrade, medical records, and CD&T refurbishment at St Mary’s ○ They had forecasted an overcommitment of £0.497m against the current available allocation, to be managed throughout the year. • <u>Draft Capital Programme 2024/25:</u> <ul style="list-style-type: none"> ○ The draft programme was detailed in Table 4 – with UHW C1 cardiology relocation being a priority with a £3.14m commitment. The table included a £1m contingency and £100k for project initiation requests. ○ The draft capital programme for 2025-26 was endorsed by the CMG and Senior Leadership Board (SLB). The CMG would monitor and develop schemes to ensure the statutory obligations were met. <p>The Executive Director of Finance (EDF) explained that the capital plan had also been reviewed by the Finance & Performance (F&P) Committee, which agreed on the plan and finances before going to the UHB Board.</p> <p>The EDF noted that it was important to understand elements like the targeted estates funds and digital infrastructure backlog, and how they related to risks within the Board Assurance Framework (BAF).</p>	

	<p>The CC asked whether the original selection process for prioritisation primarily focused on estates risks, or whether there were other criteria involved.</p> <p>The HDC responded that it covered strategic service planning, operational planning, and capital planning.</p> <p>The Independent Member – Local Authority (IM-LA) asked where the lead responsibility sat for monitoring the spend against these projects throughout the year.</p> <p>The EDF responded with the following:</p> <ul style="list-style-type: none"> • The F&P Committee managed the finances and monitored performance against the plan and reported it up to the Board. • The D&I Committee focused on managing the infrastructure risks (both estates and digital) to prevent breakages or outages. Their role was to connect and report on these risks concisely to the Board. • They would continue to progress important schemes and address emerging risks with WG funding, either through business justification cases or by utilising slippage, which was nearly as much as their capital programme the previous year (£20-25m). • They had improved planning for slippage and determined the best use of funds with the CMG and SLB. • This Committee should balance service operational and risk priorities. <p>The Independent Member – General (IM-G) asked about the risks of the £1m contingency within the plan and asked for more clarity on the £0.497m over commitment.</p> <p>The EDF responded with the following:</p> <ul style="list-style-type: none"> • They anticipated accessing slippage later in the year to manage a small overcommitment. This approach ensured they did not underfund or underspend. If all planned money was spent, the overcommitment would come from contingency, which would be a concern. • Plan B involved more slippage from their programme or WG's, balancing the need to access slippage money for critical tasks. • The £1m contingency was for unforeseen estates issues, rather than digital. The contingency covered unexpected breakdowns due to the backlog of maintenance risks. If any contingency remained, it would be spent like slippage money. <p>The Committee Resolved that:</p> <p>a) The content of the paper and in particular the prioritisation process undertaken for the 2025/26 draft capital plan was noted.</p>	
<p>D&IC 27/05/008</p> <p style="transform: rotate(-45deg); font-size: small;">Regan, Nikki 11/08/2025 14:13:11</p>	<p><u>Estates Risk Register</u></p> <p>The HDC presented the report and highlighted the following:</p> <ul style="list-style-type: none"> • They currently carried 59 risks rated 20+, 106 risks rated 15-20, and 65 risks rated between 12-15. • High-risk categories included high voltage load shedding equipment, roof deterioration on multi-story ward blocks, and fume cabinets with insufficient asset identification. • They had 19 risk registers across their service board and covered estates, capital and major infrastructure risks • They were working with the Corporate Governance team to utilise the AMaT system to consolidate and manage risks • Many high-level risks would be addressed this year, including ongoing internal drainage replacement • Regular meetings were held with the compliance team to review 	

	<p>and update risk registers</p> <ul style="list-style-type: none"> • Backlog maintenance currently stood at £175m • WG funding provided for a comprehensive condition survey of the estate, which focused on condition and space utilisation, to be completed in the next few months. <p>The Director of Corporate Governance (DCG) explained the following:</p> <ul style="list-style-type: none"> • The corporate risk register would be presented at the following UHB Board, but CEF risks were included as a separate appendix due to the length compared to other clinical boards. • This highlighted the organisation’s situation and the thoroughness of CEF’s risk management. • The switch to the AMaT system would enable cross-referencing of risks between clinical boards and CEF. <p>The IM-LA asked whether this was an improving or deteriorating situation compared to the previous year.</p> <p>The HDC responded that there were fewer risks due to EFAB funding over the past two years, which addressed several issues. However, due to the age of the infrastructure, new risks occasionally arise.</p> <p>The EDF suggested bringing the condition survey back to the D&I Committee. They should start by reviewing the highest risks (rated 25) and work down and incorporate the BAF and risk register into these discussions. She suggested reviewing 15 risks at a time to manage the significant infrastructure risks effectively.</p> <p>The CC referred to the recent substation issue at Heathrow which caused a shutdown and asked whether there were any lessons the organisation could learn, specifically around substation closures and decision-making.</p> <p>The DCG responded that he had recently discussed a potential exercise between a cyber-attack and a power outage with Matt Temby who was responsible for emergency planning in the organisation.</p> <p>The HDC responded that they were unsure of the specifics around the Heathrow incident. However, when they did the Operation POET (the shutdown of all electrical systems and backup checks) in 2023, it highlighted many problems. One high risk identified was high voltage load shedding, which was now a priority with funding secured. Major shutdowns like POET helped to check system resilience and help to apply for government funding to address gaps.</p> <p>The CC asked whether they tested decision-making as part of these exercises.</p> <p>The EDF responded that Operation POET simulated an annual planned electricity shutdown which included decision-making processes. However, what the DCG described was an unplanned event which was simulated by the Emergency Planning group. They needed to combine both approaches to answer the question around decision-making.</p> <p>The Committee resolved that:</p> <ol style="list-style-type: none"> A) The ongoing work being undertaken by CEF to establish all critical and high risks associated with the UHB estate was noted; B) The processes introduced by CEF for monitoring and managing the risks included on its departmental and Service Board risk registers were noted; C) The work undertaken through the ‘Critical Risk’ to further inform the estate and infrastructure risk register was noted. 	
<p>D&I 27/05/009</p>	<p><u>Pentyrch Transport Task & Finish Group – Final Report</u></p> <p>The Interim Director of Operations - Community Services (IDO-CS) took the</p>	

	<p>report as read and presented slides to the Committee, and highlighted the following:</p> <ul style="list-style-type: none"> • The Pentyrch Surgery, a branch of Llandaff surgery, was currently in a portacabin unsuitable for modern healthcare. A new site was identified at Rhydlafer Drive, about 2 miles from the current location. • Following concerns raised by residents and the Community Health Council / CHC (now Llais) around access, a Task & Finish Group was set up in October 2023. • The group engaged with community representatives and the Community Transport Association to understand transport needs and explore options. • An independent survey was conducted at the request of the community groups and modelled the potential demand of those who would have difficulty accessing the services. • Nine transport options were considered, and two viable options were identified: a Community Transport Scheme relying on volunteers, and a taxi service. • Llais provided feedback on the report where they outlined that the relocation of the surgery was appropriate but acknowledged the concerns of the community. • The report was submitted to the Pentyrch Surgery Development Project Team, and the option supported was to provide a taxi service for a 12-month period to determine demand. • A Comms & Engagement sub-group had been established to develop the process to access the taxi service, monitor, and evaluate. <p>The CC suggested having both the volunteer service and the taxi service for when the volunteers were unavailable.</p> <p>The IDO-CS responded that to determine the need for the service, a taxi service would be introduced for 12 months. If there was not a significant demand, then progressing with a volunteer option may work.</p> <p>The Chief Executive Officer (CEO) thanked the team for their work.</p> <p>The EDF highlighted the importance of understanding the real demand for taxi services before implementing a more economical and community-integrated facility. This approach was a great test for modeling services on a viable and economic scale, whilst meeting the population's needs.</p> <p>The CC queried if they discovered early on that there was a broader demand for the taxi service than expected, then they would not need to wait the full 12 months.</p> <p>The IDO-CS responded that the subgroup would monitor the demand and make decisions accordingly.</p> <p>The Committee Resolved that:</p> <ul style="list-style-type: none"> A) The report and recommendations were noted B) The approach to factoring in engagement into an Infrastructure Programme was noted. 	
Items for Review & Assurance – Digital		
<p>D&IC 27/05/010</p> <p style="transform: rotate(-45deg); font-size: small;">Regan, Nikki 11/08/2025 14:13:11</p>	<p><u>Digital Roadmap and Work Programme Update</u></p> <p>The Director of Digital Transformation (DDT) presented the report and slides, and highlighted the following:</p> <ul style="list-style-type: none"> • Digital Foundations was a five-year programme with annual business justification cases submitted for WG funding. • Current digital maturity was low, which required a pragmatic approach with a tight scope. 	

	<ul style="list-style-type: none"> • Over 25 workshops were in progress which focused on developing the digital roadmap. • The Year 1 Investment Cases agreed and the capabilities were highlighted – six business justification cases would be going in in the first year. • Investments aimed to improve clinical outcomes, safety and quality, and attract top talent by creating a modern, technically able environment • There was emphasis on quantifiable improvements such as reducing mortality, improving clinical safety, and driving quality improvement • Timeline – they would write cases from July to September, internal socialisation from September to October, and then pursue acceptance and investment through prioritisation through the WG Infrastructure Investment Board • A timeline of future capabilities anticipated was presented. They would be preparing for a national electronic health record solution by 2030. • Additional highlights included - all staff were funded for Microsoft 365 licenses, significant investment in Wi-Fi over an 18-month programme, and the business case for Connecting Care. <p>It was agreed by the DDHI that future reports would include timelines to provide the Committee with assurance and updates on different programmes of work.</p> <p>The DDHI explained that they would not wait to harness the benefits of existing systems whilst they prepared for the electronic health record implementation. Many initiatives were already in progress to enhance their digital maturity. They had finalised their digital foundations business case and were now identifying gaps in their workforce’s digital literacy.</p> <p>The DDT noted that their efforts aimed to resolve clinical frontline operational issues. This year’s cases were being developed by a mixed group and were well received as they addressed real-life issues.</p> <p>The IM-LA asked whether Electronic Prescribing and Medicines Administration (EPMA) had gone live in Q1 in wards B5 and T5, and how was progress going.</p> <p>The Chief Clinical Information Officer (CCIO) noted that there were several issues related to network connectivity and clinical safety concerns with the application’s performance, but they had been resolved. They were now in a two-week stability period to ensure everything worked correctly before going live. He was confident they would meet the plan for June.</p> <p>The Committee Resolved that:</p> <ul style="list-style-type: none"> • The Digital Roadmap and Work Programme Update was noted. 	
<p>D&IC 27/05/011</p>	<p>Corporate Digital Risk Register</p> <p>The DDHI highlighted the following:</p>	

	<ul style="list-style-type: none"> • They were currently reviewing their risks as they transitioned to the AMaT system. • Some national programme risks such as those related to the laboratory system (LIMS) and radiology were not reflected in their local risk register but were being mitigated by Digital Health and Care Wales (DHCW). • Cybersecurity remained their top risk and required constant vigilance. • Another concern was the national business case for connecting care, which may not meet their needs for mental health and critical care solutions. This had been escalated for further discussion. <p>The Committee resolved that:</p> <p>a) The progress and updates to the Risk Register report was noted.</p>	
<p>D&IC 27/05/012</p>	<p><u>Information Governance (IG) Data Compliance</u></p> <p>The HIGCS presented the report and highlighted the following:</p> <ul style="list-style-type: none"> • The paper provided updates on key information governance performance indicators • The IG department remained short-staffed with five whole time equivalents (wtes). • From January 2025 – April 2025, 171 UHB IG-related incidents were reviewed, with two breaches reported to the ICO. • Freedom of Information compliance remained at 92% with 61 requests per month. • Medical record requests compliance had increased to 32%, though still below acceptable levels. • For non-health records, they were compliant with 44 out of 52 requests. • Through their National Intelligent Integrated Audit Solution (NIAS), they continued to monitor those accessing records inappropriately, working closely with People Services. • Training compliance had dropped to 70%. <p>The DDHI explained that the target for IG mandatory training was 85%, and they were currently below that. This issue was being addressed at individual clinical board executive review meetings, with an emphasis on ensuring staff had adequate time for training. IG training impacted research applications and incident reporting to the ICO.</p> <p>It was suggested that future reports should include hotspots and trends within the organisation on where mandatory IG training was low.</p> <p>The CC asked whether there was a correlation between the areas of low uptake of training and the incidence of simulated phishing attacks.</p> <p>The HIGCS responded that he would look into whether there was a correlation.</p> <p>The CC asked whether they were experiencing lengthy delays in processing the subject access requests, or whether they were only just missing the targets.</p>	

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	<p>The HIGCS responded that their backlog was not very large given the number of requests received. The average processing time was about 40 days against a target of one calendar month.</p> <p>The IM-G asked for more clarity about the issue of inappropriate access to notes, specifically how they were tracking this and the repercussions for those found to be accessing notes inappropriately.</p> <p>The HIGCS responded that accessing records inappropriately was a criminal offense and all allegations were treated seriously and quickly. The process starts with an initial assessment by the line manager to determine the severity. Some breaches caused minimal harm (e.g. accessing one's own records). If there was no legitimate purpose and evidence of disclosure to a third party, it led to a HR investigation, reporting to the Independent Commissioner, and potentially involving the police.</p> <p>The IM-G asked how they tracked these breaches.</p> <p>The HIGCS responded that they used BIAS monitoring software to identify potential suspicious activity. Due to the size of the organisation, there are many false positives, so they had to employ a targeted approach. Each month, several staff members were reviewed and spoken to regarding inappropriate access. They also received anonymous complaints about potential breaches.</p> <p>The Committee resolved that:</p> <p>a) The series of updates relating to significant IG issues were received and noted.</p>	
	Items for Approval / Ratification	
D&IC 27/05/013	<i>No items</i>	
	Items for Noting and Information	
D&IC 27/05/014	<p>Minutes: Digital Directors Peer Group</p> <p>The minutes from the Digital Director Peer Group were noted.</p> <p>The Committee Resolved that:</p> <p>a) The minutes of the Digital Directors Peer Group from 4th February 2025 were noted.</p>	
D&IC 27/05/015	<p>Committee Annual Report 2024/25</p> <p>It was suggested that the Committee Annual Report be revisited to check accuracy for quoracy and attendance.</p> <p>The CC thanked everybody who had contributed over the year.</p> <p>The Committee Resolved that:</p> <p>A) The Committee Annual Report 2024/25 was noted, pending minor amendments.</p>	
D&IC 27/05/016	<p>C&VUHB Digital Transformation Review - Final Project Brief Issue</p> <p>The DDHI explained that the digital transformation review had not yet been given a start date. Although the draft output was expected by July 2025, this assumed an April start, which had not been confirmed by Audit Wales. The findings would potentially be presented at the following Committee.</p>	

	The Committee Resolved that: A) The update was noted.	
	<u>Agenda for Private Meeting</u>	
D&IC 27/05/017	<ul style="list-style-type: none"> • Caldicott Guardian Update • Cyber Security Update 	
	<u>Any Other Business</u>	
D&IC 27/05/018	<i>No Other Business was discussed.</i>	
	Items to bring to the attention of the Committee	
D&IC 27/05/019	<u>Date & Time of next Meeting:</u> <i>Tuesday 11th August 2025 at 9am via MS Teams</i>	

Regan Nikki
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Action Log

Public Digital & Infrastructure Committee

Update for meeting 12th August 2025
(Following the meeting held on 27th May 2025)

MINUTE REF	SUBJECT	AGREED ACTION	DATE BY	LEAD	STATUS/COMMENT
Actions					
D&IC 27/05/008	Estates Risk Register	For the condition survey and highest 15 risks in turn to be worked through at each Committee to manage and understand the significant infrastructure risks effectively.	12/08/2025	Geoff Walsh	COMPLETED <i>Added to the Forward Plan as a standing item.</i>
D&IC 27/05/010	Digital Roadmap and Work Programme Update	For future reports to include timelines to provide the Committee with assurance and updates on different programmes of work.	12/08/2025	David Thomas / Angela Parratt	<i>To be included in future reports.</i>
D&IC 27/05/012	IG Data Compliance	For future reports to include hotspots and trends within the organisation on where mandatory IG training is low.	12/08/2025	James Webb	<i>To be included in future reports</i>
D&IC 27/05/015	Committee Annual Report	For the Annual Report to be amended.	12/08/2025	Corporate Governance Officer	
Actions referred to Board / Committees					
Actions referred FROM Board / Committees					

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Report Title:	Estate Infrastructure & Risk Register		Agenda Item no.	2.1
Meeting:	Digital & Infrastructure Committee	Public	✓	Meeting Date: 12 th August 2025
		Private		
Status <i>(please tick one only):</i>	Assurance	Approval	Information	✓
Lead Executive Title:	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 Digital & Infrastructure Committee with an overview of the current estate infrastructure including:

- The risk register, highlighting the current position and any specific changes that have developed in the reporting period
- Progress on the UHB estate enabling assessment project
- Update on the electrical infrastructure works and the plans for the 2025 operation 'POET' exercise
- Progress on the capital programme and confirmation of any additional funding received within the reporting period

Risk Management & Current Status

Capital Estate and Facilities currently manage 18 departmental risk registers which feed into the CEF Master Risk register (embedded below), which incorporates those risks across the service board which are >15 and into, the corporate risk register, >20.

Risk workshops are undertaken on a quarterly basis to review all risks and adjust the rating accordingly.

The >20 risk register is forwarded to Corporate Governance bi-monthly and any additional >20 risks reported to the Operational, Health and Safety Group meeting quarterly.

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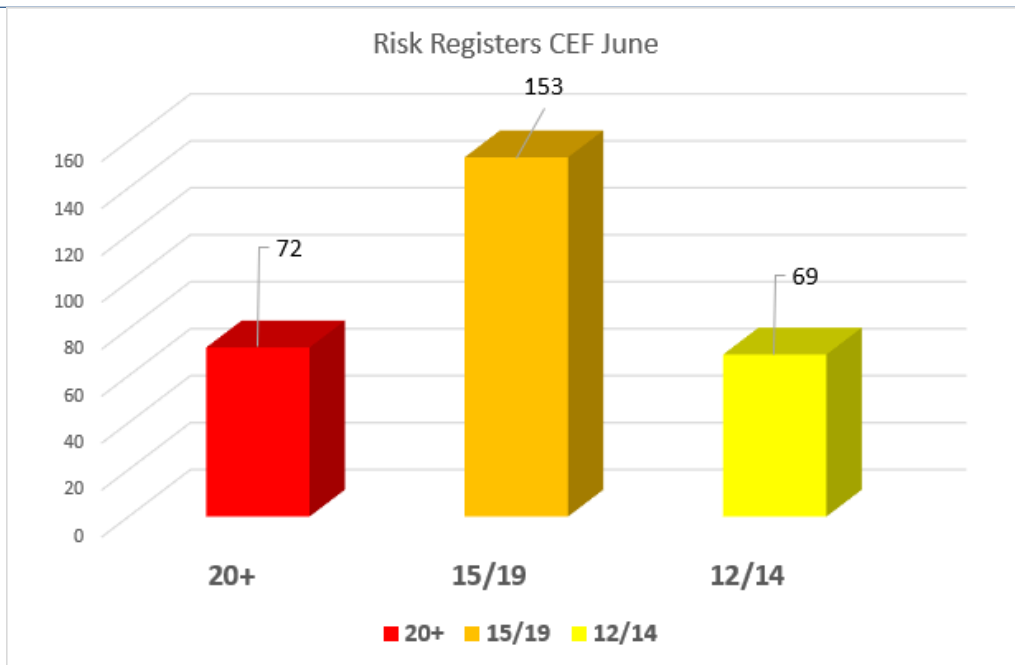


Table 1

Table 1 above, indicates the total number of estate and infrastructure risks that we currently manage.



Master Risk Register Aug 2025.xl

if unable to open, this Risk register is attached as appendix 1

Estate Enabling Assessment Project

A comprehensive assessment of the condition of the estate is fundamental to enable the UHB to develop a strategy for the maintenance of its current assets and to inform and support the development of business cases for future developments.

The UHB with funding support provided by WG procured a contract to progress this essential review with the site surveys well advanced and the draft report due for completion in the Autumn of 2025.

The project is being undertaken in 3 tranches, those being UHW, UHL and Community assets. The surveys include assessments of the building fabric, Mechanical and Electrical infrastructure, functional suitability and a drone survey to assess the integrity and condition of roofs and guttering's etc.

The report will provide an assessment of the residual life of each of the elements, a cost to remediate and a risk factor, which will likely increase the number of risks that are currently managed by CEF and specifically estates.

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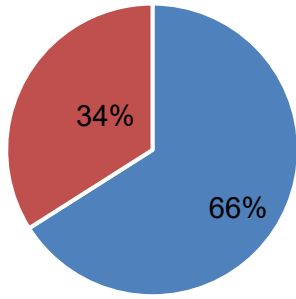


An example of one particular risk that was previously unknown was the condition of the roof above the theatre plant room. The image above shows significant deterioration in the copper roof covering, with some areas completely corroded. Whilst it is possible to undertake remedial works to repair the worst of the problems, there is clearly a risk associated with the condition of the entire roof, which is above the main theatre complex.

The PIE charts below indicate progress made on the site surveys which as can be seen has progressed well and it is anticipated will be completed by the end of August 2025, which will inform the report. All information gathered is also being uploaded on the UHB asset management system 'MiCAD' which enables CEF to interrogate the information which will support the development of the annual capital programme, monitor the backlog maintenance profile and inform the ongoing estates risk management.

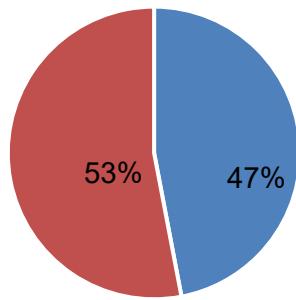
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FABRIC SITE SURVEYS



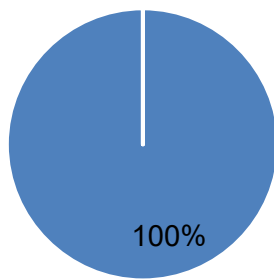
- Fabric Site Survey Completed
- Fabric Site Not Completed

M&E SITE SURVEYS



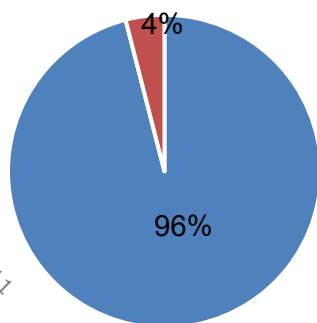
- M&E Site Survey Completed
- M&E Site Not Completed

FS & SU SITE SURVEYS



- FS AND SU Site Survey Completed
- FS AND SU Not Completed

DRONE SITE SURVEYS



- Drone Site Survey Completed
- Drone Not Completed

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Operation 'POET'

In 2023 the UHB undertook a 'Power Outage Electrical Test' on the UHW site designed to test the resilience of the electrical infrastructure, emergency generators and control systems. In addition, the exercise was an opportunity for the wider organisation, to review and test the business continuity plans under simulated controlled conditions. The detailed planning undertaken in preparation for the event has, been well documented.

It was agreed that operation 'POET' would become an annual exercise which was extended to include UHL in 2024.

The exercises are again in the planning for 2025, with the UHL exercise scheduled for 19th September 2025 and UHW 17th October 2025. The project team who oversee the planning works necessary and the exercise (s) have been meeting to review the lessons learnt from previous exercises to ensure that all actions have been reviewed and any implemented as necessary.

An outcome from the initial exercise undertaken at UHW in 2023, the failure of a main switch panel was identified. This panel supplies, theatres, PHW laboratories etc. and with funding support from WG the panel has been replaced and the supplies transferred from the existing panel to the new is being undertaken. These works are extremely complex and has required significantly more detailed planning than operation 'POET' as cables must be, disconnected, jointed and transferred to the new panel.

Much of the works have been undertaken 'out of hours' as supplies to the areas are lost during the period with no emergency back up provision and no opportunity to re-instate quickly once the cable is cut. These individual isolations have, in some circumstances, taken up to 12 hours and the level of planning undertaken by the clinical operational teams, capital and estates, DH&I and clinical engineering cannot be underestimated.

The project is due for completion on 6th September 2025, following which it will be necessary to undertake further systems testing ahead of Operation 'POET' scheduled for October 2025.

Capital Programme

The Capital Resource Limit (CRL) as issued by Welsh Government (WG) dated 12th May 2025 indicates a CRL of £33.690m which includes £14.317m Discretionary Capital Funding (Group A), £19.373m Capital Projects with Approved Funding (Group B).

CRL

Regan, Nikki
11/08/2025 14:13:11

Description	Funding		
	Major Capital	Discretionary Capital	O'Turn
	£k	£k	£k
Major Capital			
Lift Upgrade (BJC)	(4,213)		(4,213)
Tertiary Tower Infrastructure	(1,270)		(1,270)
Decarbonisation funding - Solar Canopy Car Park	(2,394)		(2,394)
Pentyrch Surgery	(4,735)		(4,735)
Funding for Enabling Project Work – Cardiff & Vale UHB's Estate	(332)		(332)
TEF - Fire	(876)		(876)
TEF - Infrastructure	(2,959)		(2,959)
TEF - Decarbonisation	(450)		(450)
TEF - Mental Health	(352)		(352)
TEF - Infection Prevention Control	(461)		(461)
TEF - Decontamination	(811)		(811)
DPIF (EPMA)	(520)		(520)
Major Capital Total	(19,373)	0	(19,373)
Discretionary Capital & Sale of Properties			
Discretionary Capital Allocation		(14,317)	(14,317)
Discretionary Capital & Sale of Properties Total	0	(14,317)	(14,317)
Unapproved			
Unapproved Total	0	0	0
Total Funding	(19,373)	(14,317)	(33,690)

Capital Programme

Description	Expenditure		
	Major Capital	Discretionary Capital	Total
Major Capital Construction			
Lift Upgrade (BJC)	4,201		4,201
Tertiary Tower Infrastructure	1,270		1,270
Decarbonisation funding - Solar Canopy Car Park	2,394		2,394
Pentyrch Surgery	4,735		4,735
Enabling Project Work – Cardiff & Vale UHB's Estate	344		344
CRI Car Park Enabling		140	140
Rollover 24/25		539	539
Target Estate Fund			
TEF - Fire	876		876
TEF - Infrastructure	2,959	45	3,004
TEF - Decarbonisation	450		450
TEF - Mental Health	352		352
TEF - Infection Prevention Control	461		461
TEF - Decontamination	811		811
Discretionary Capital Construction			
Cardiology Relocation (C1 UHW)		3,260	3,260
Digital			
RISP Programme		82	82
DPIF (EPMA)	520		520
WEDINOS		50	50
	19,373	4,116	23,489

Annual Commitments:			
UHB Capitalisation of Salaries		700	700
UHB Director of Planning Staff		165	165
UHB Revenue to Capital		1,015	1,015
Business Cases funded via Discretionary Capital			
ITU Refurbishment (BJC)		75	75
Roofs UHW (BJC)		40	40
UHL Ophthalmology To Deliver The BJC		100	100
Water BJC		40	40
Transport Hub UHW		42	42
Statutory Compliance:			
Fire Risk Works		200	200
Asbestos		400	400
Gas infrastructure Upgrade		300	300
Legionella		450	450
Electrical Infrastructure Upgrade		150	150
Ventilation Upgrade		500	500
Electrical Backup Systems		250	250
Upgrade Patient Facilities		350	350
Dedicated Team		200	200
Backlog Estates		500	500
CHP UHW		500	500
Backlog IM&T		500	500
WiFi Cabling		774	774
Windows 11 Rollout		500	500
Medical Records Scanners		350	350
Backlog Medical Equipment		1,000	1,000
PIE Requests		100	100
Contingency		1,000	1,000
Unallocated funding			0
	0	10,201	10,201
Total Commitment	19,373	14,317	33,690

The contingency allocation of £1m has been reduced following approval by the CMG for works to A5 to accommodate the extension of the dialysis system at a cost of £87k inclusive of VAT. There has been a request for urgent works to replace a control hub for the MRI at UHL, which was damaged following a leak of the chilled water system supply the MRI. The cost of the damage is estimated at £150k inclusive of VAT and will require retrospective approval from CMG as the waiting list for patients requiring the service is affected.

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

- The capital programme for 2025/26 was approved by the UHB Board at its meeting in May 2025.
- Capital Management Group will continue to monitor the development of the schemes and manage the spend profile accordingly to ensure that the UHB meet their statutory obligation to WG and deliver the CRL within the agreed parameters by the end of the financial year.
- The CE risk registers are reviewed on a monthly basis by the CEF Assurance, Safety & Compliance team with a Risk workshop held quarterly with department leads to review all risks above 15.

Appendices (please note which appendices accompany this report – do not embed)

Appendix 1 - 2.1a Estate Infrastructure and Risk

Recommendation:

The Digital & Infrastructure Committee is requested to:

- a) **NOTE:** the approach by CEF to manage and review risk across its portfolio and the progress made on the delivery of the Estates Condition assessment
- b) **SUPPORT:** the delivery of the capital programme and the changes approved by CMG
- c) **SUPPORT:** the plan to undertake operation 'POET' at UHW and UHL as planned

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please place an "X" in the below boxes as relevant.

 <p>Putting People First</p> <p>1.</p> <p>Click the objective above to view more detail.</p>	<input checked="" type="checkbox"/>	 <p>Providing Outstanding Quality</p> <p>2.</p> <p>Click the objective above to view more detail.</p>	<input checked="" type="checkbox"/>
 <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>	<input checked="" type="checkbox"/>

Five Ways of Working (Sustainable Development Principles) considered

Please place an "X" in the below boxes as relevant

P r e v e n t i o n	<input checked="" type="checkbox"/>	Long term	<input checked="" type="checkbox"/>	Integration	Collaboration	Involvement
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Quality Impact Assessment Completed?:

Please place an "X" in the below boxes as relevant. Any queries, please contact Alexandra.scott3@wales.nhs.uk

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

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

Risk: Yes

Lack of capital funding to deliver the scheme has implications on clinical service delivery.

Safety: No

Financial: Yes

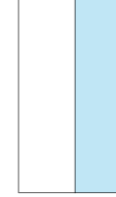
As above. The UHB will continue engagement with Welsh Government to determine and potential additional funding available

Workforce: No	
Legal: Yes	
Statutory obligations require investment and the lack thereof can lead to exposure to risk and legal challenge	
Reputational: Yes	
The UHB's ability to reduce waiting times and deliver services in an appropriate setting being cognisant of patient's privacy and dignity.	
Socio Economic: No	
Equality and Health: Yes	
Increasing the overall reliability of the Lifts will ensure clinical staff are able to appropriately perform intensive clinicals activities.	
Decarbonisation: Yes	
Although not been specifically, new equipment installed will be more energy efficient.	
Approval/Scrutiny Route (please note anywhere else this paper has been before):	
Capital Management Group	
Senior Leadership Group	
Finance Committee	
UHB Board	

Regan, Nikki
11/08/2025 14:13:11

Risk Ref.	Strategic Objective	Date risk added	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					
Estates																						
2	UHL	22/05/2019	Issue: New theatre block at UHL. Component failure star delta control obsolete parts in all AHUs. Risk: Failure of AHU. Impact: loss of provision due to equipment air handling equipment not working resulting in procedures being delayed or moved.	GW	4	5	20	Equipment is currently being maintained to a reasonable standard. Plans in place to fit direct drives to all systems under the refit scheme	Some parts are maintained in stock at the current time	4	5	20	some theatres are more at risk than others dependent on the age of the equipment.	Some parts but becoming few and far between	Equipment needs converting to direct drive units which will alleviate the issue. DD units have now been fitted under the refit program which mitigates the risk	Mark Branch		3	1	3	21/12/2022. 11/04/2025 - Score change after review - Likelihood now = 5. (IR & CR change)	
18	UHL-wide - LGF areas	15/11/2019	Issue: Fire doors identified as requiring replacing due to condition of doors not meeting fire requirements. Risk: fire doors non compliant. Impact: door will not perform in accordance with standards in the event of fire thus not containing the spread of fire and putting patients staff and visitors at risk	GW	5	4	20	Door inspected weekly as part of a PPM by estates staff	Inspection results recorded	5	4	20	Doors identified as not been compliant LGF Central link doors 237 x 2, LGF PLANT ROOM 3 No 143 x 2, LGF Dental No 14 x 2, LGF Medical Records No 317 new doors required, LGF Pembroke 330, 341N, 341, 343, 345, 346, 360 all require replacing, LGF Lakeside No 317 x 2, 359, 330, 331, 335A, LGF Outpatients rear exit doors.	Delays in carrying out the replacement of non compliant doors	Quotation required for replacement doors in line with fire legislation requirements - Fire doors have been reclassified around the C&V estate, New PPM to reflect this	ASAP	Estates	5	1	5	21/12/2022	
23	UHL	15/03/2020	Risk/Issue: 8 Block canopy with the underside rotten and coming apart. Risk to patients and public safety		4	4	16	Temporary scaffolding is in place	PG to request quotations to repair / make safe	4	4	16	Ongoing issue at present	Quotation required to clean and remove the canopy	ASAP		3	1	3	21/12/2022 - 11/04/2025 - Score amended and increased due to health hazard. (IR & CR change)		
26	Admin	19/05/2022	Lack of staffing resources in critical positions in particular MSE and management positions will provide an extremely challenging position with regards delivering the service required to all areas and 3rd party SLAs. Risk: inability to provide a service to maintain compliance. Impact: deteriorating estate and failure to comply with agreed SLAs to third parties. Failure to maintain compliance could result in the failure of critical systems which will effect patient services such as theatres	GW	4	4	16	Advertisements are out to try and recruit in critical and areas and bring the team back up to full strength. Some interviews have taken place but interest is poor with potential candidates of a poor quality in most areas	Recruitment advertisements and agencies. Job description and interview records	4	4	16	Response to recruitment is poor, some candidates applying do not have the requisite competence and experience. Tradesman working in the MSE field are able to earn far more than the salaries typically offered by the health board. Estates are currently bringing in external contractors to cover critical areas which is extremely costly	Very difficult to encourage the right candidates to apply and recruitment process is slow resulting in the departing working in extremely trying conditions	Decisions required around banding of key positions to encourage the right people for recruitment	Senior executives / GW / SG / Estates management	ASAP	5	2	10	21/12/2022	
28	LGF Oxygen pipework corroded	29/07/2022	Risk/Issue: Due to water leaking from above it has now become coated with calcified and adhered to the pipework which will corrode the pipework and risk of loss of oxygen to the hospital - which will have major impact on patient care.	GW	4	4	16	No Control specified - investigation into looking for alternate route and plan to replace section of pipework.	Whilst the pipework remains undisturbed then should be reasonable to say it is secure without cutting away the build up and risk any damage.	4	4	16	Review current system around the site to provide back up without total loss to site.		IF/IS/PG	31-Dec-22	4	1	4	21/12/2022		
29	LGF Main Gas pipework corroded	29/07/2022	Risk/Issue: Due to water leaking from above it has now become coated with calcified and adhered to the pipework which will corrode the pipework and risk of loss of gas to the hospital - which will have major impact on patient care.	GW	4	4	16	No Control specified - investigation into looking for alternate route and plan to replace section of pipework.	Whilst the pipework remains undisturbed then should be reasonable to say it is secure without cutting away the build up and risk any damage.	4	4	16	Review current system around the site to provide back up without total loss to site.		IF/IS/PG	31-Dec-22	4	1	4	21/12/2022		
30	LGF Obsolete PRV & GAUGES	18/06/2022	Risk/Issue: Medical Gas safety PRV, equipment and Gauges unable to test and carry out inspection or change. Obsolete equipment and currently out of compliance with overdue inspection.	GW	5	4	20	No specific control for this equipment, only visual inspection.	Checks on the equipment.	5	4	20	Possibility of manifold back up and alternate supplies for certain gases.	Unable to isolate equipment supplying critical parts of the hospital.	plan in place to incorporate the difficulties in changing obsolete and live working safety valves and obsolete PRV /GAUGES whilst maintaining the med gas supplies	IF/IE/IS/PG All MGPS Aps	31-Dec-22	4	1	4	21/12/2022	
31	Water pipework supply to hospital	18/06/2022	Risk/Issue: 12" and 6" water pipework to/from main boilerhouse that runs below floor level where LGF access to Dental building is sited in LGF tunnel. Pipework is rusted due to years of submersed with water, unsure of pipe wall thickness.	GW	4	4	16	No specific control for this equipment, only visual inspection.	Continued checks, but if pipe wall cracks then water pressure will be significant and risk to person in area.	4	4	16	Plan to inspect and look to reroute/replace these sections of pipework.	Plan to inspect and look to reroute/replace these sections of pipework.	JE/ESVR	30-Jun-23	4	1	4	21/12/2022		
42	Lifts - Comms	07/10/2022	Risk/Issue: Lift auto dialler system is currently operated on analog system. This will be phased out end of 2023. Affecting emergency autodialler system	GW	4	4	16	Digital GSM system to be used and new systems available as a replacement - trial to be implemented	Assuming this will be phased out approach to the system, therefore time to manage the upgrade of each lift system.	4	4	16	Working with current lift contractor to plan change and trial.	Until trial complete unsure if suitable over all floor levels and building blind spots for remote system. Using a GSM and SIM card needs managing to keep in credit	Estates Building team/ Capital.	31-Dec-23	4	1	4	21/12/2022		
44	Boilers	10/10/2022	Risk/Issue: No 1 & 3 boilers - Obsolete parts for the control panel for the two main boilers. Which is more likely not to be able to source a replacement part, which cannot be repaired. This would cause the boilers to fail and cause the loss of central heating, hot water and steam supply.	GW	5	4	20	To look to source the availability of new or second hand parts for the Deep Sea Controller.	To continue to look for available parts	5	3	15	3 months for new EST installation for new control panel. (Has order been placed?) Relying on Temporary boiler and feasibility into using old Rockwood Steam & Hot Water boiler	Any delays in ordering new panels or specification for new design panel. (10 weeks delivery time for new equipment)	To get a quotation to install two new control panels for the two main boilers. Parts now obsolete and none available anywhere. NEW burner and control required	Mark Branch/Gareth Simpson	31-Dec-23	5	1	5	21/12/2022	

3 x Additions
167,168,169 +20



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44A	Boilers - Parts	18/08/2023	Risk/Issue: No 3 boiler -in Conjunction with RR E44 Steam Boilers 1 & 3 - obsolescence of parts- Control issues / failures with Boilers 1 & 3) Boiler 3 Control circuit is now unreliable, whole control circuit has encountered failures of control (Boiler Modulation /control) over the last month (Aug 23) -Parts are unavailable to buy or fit, (to reduce the risk of failures). UHL does not have the temporary boiler, this was removed due to the installation of new boiler 2, which is incomplete, increasing the failure Risk	GW	5 4 30	Look to source New control system required for Boiler 3	UHL relying on local company to nurse boiler 3 to continue operation	Boiler 1 has same control obsolescence but not the same current level of failures	lead time for replacement 4 months		Mark Branch	30-Oct-23	5 3 15	23/08/2023				
44B	Boilers - Parts	18/08/2023	Boiler number 1 - The Alpha-link burner controller is now confirmed obsolete for the burner and boiler; all critical spare parts are now currently obsolete and no longer be able source even in the second-hand market. If one of the parts fail to breakdown or if this controller powers down there is a high risk that the controller will not be able to function and power back up. The boiler will out of action and will not produce steam or hot water. Cochran has carried out a survey condition report and confirmed the - The Alpha-link burner controller & Burner is now obsolete controllers need replacing. This Boiler is now very unreliable and constantly breaking down.	GW	5 4 30	Look to source New control system required for Boiler 1	To look and seek costs to replace for a new controller panel.		lead time for replacement 4 months		Mark Branch	30-Oct-23	5 3 15	23/08/2023				
45	Main Hydrotherapy Pool	14/1/2022	Risk/Issue: Main hydrotherapy pool steam heating system pipework and calorifier are currently in very poor state and preventing pool operations for patients.	GW	4 4 16	To replace with new PHE system and replace all pipework and associated safety equipment for the steam and water supplies.	To source and replace u/s parts for immediate action, but may will monitor constantly to ensure continuous operation.	System and equipment is so old and poor condition, then this poses as high risk due to what could fall next on the system.	If any further faults or equipment issues may occur.	To get a quotation to install new PHE system and replace all pipework including safety equipment.	Paul George	31-Mar-23	4 1 4	21/12/2022				
49	Lift AE	07/12/2022	Risk/Issue: With no Authorising Engineer assigned to Lifts, we are unable to appoint Lift APs and carry out Audits on Lift condition & management systems etc	GW	4 5 20	Reliant on training that has been provided at Eastwood Park. Lift engineer to manage the lift system.	No incidents recorded and system managed to correct standard using OTIS contractor & BES inspection.	System managed as trained but not appointed formally	Do not follow the HTM standard and authorisation process, hence not compliant	To research and obtain quotes for service of a Lift AE.	Paul George	31-Mar-23	4 1 4	21/12/2022				
51	Heating	07/12/2022	Risk/Issue: 30 radiators not working in Barry hospital and requires investigation and further works to follow on.	GW	4 4 16	Temporary heating in place and new pump unit required and on order, awaiting delivery.	Temperatures not too low currently, but complaints will follow.			Further action to checks pumps are working correctly, flush radiator thermostats as required.	Mark Branch	31-Dec-22	4 1 4	21/12/2022				
52	Heating	07/12/2022	Risk/Issue: China stores heating and pump station not working and causing issues to ward areas.	GW	4 4 16	Temporary heating in place to reduce effect of system not working	Temperatures low currently, but complaints to follow.	Not sustainable and requires full repair.		Source spares and carry out full repair - Ensure routine inspection conducted.	Chris Watts	31-Dec-22	4 1 4	21/12/2022				
53	Heating UHW	14/12/2022	Risk/Issue: General heating issues to various areas due to zero degree temperatures.	GW	4 4 16	Temporary and portable heating in place to reduce effect of system not working	Temperatures low currently, complaints and estates dealing with issues as best they can with resources and equipment.	Not sustainable and requires full repair. Look for longer term solution with backlog maintenance to replace equipment to ensure reliability.		Source spares and carry out full repair - Utilise & apply for backlog maintenance funding to repair and/or replace equipment. PPM to be reconfigured to check and test heating system prior to winter period.	Chris Watts	28-Feb-23	4 1 4	21/12/2022				
54	Heating UHL	14/12/2022	Risk/Issue: General heating issues to various areas due to zero degree temperatures.	GW	4 4 16	Temporary and portable heating in place to reduce effect of system not working	Temperatures low currently, complaints and estates dealing with issues as best they can with resources and equipment.	Not sustainable and requires full repair. Look for longer term solution with backlog maintenance to replace equipment to ensure reliability.		Source spares and carry out full repair - Utilise & apply for backlog maintenance funding to repair and/or replace equipment. PPM to be reconfigured to check and test heating system prior to winter period.	Chris Watts	28-Feb-23	4 1 4	21/12/2022				
55	BMS/Control	14/12/2022	Risk/Issue: General issues with IT ports and BMS/IT system. The ports become locked and no system communications over the network and affects plant and control functions.	GW	5 4 20	Contact IT department to reset the port, but can take too long for this process to be resolved.	Can operate valves, pumps and vents annually but not ideal and this will add additional pressures to the already stretched estates team.			Record all events and timeline from issued raised to issue resolved by IT.	Chris Watts	31-Mar-23	4 1 4	21/12/2022				
56	Services & Infrastructure	14/12/2022	Risk/Issue: General site mains water services due aged infrastructure and risk of failure. Each year we experience pipe failures and requires excavation works to repair.	GW	5 4 20	Most repairs can be completed within 48 hours depending on location of the leak and a water bowser can be hired to provide water supply.	Currently only short duration with water turned off for repair to minimise disruption to services and areas affected.				Chris Watts	31-Mar-23	5 1 5	21/12/2022				
57	Services & Infrastructure	14/12/2022	Risk/Issue: NGT 11KV incoming supply to Llandough and position of the 2 feeder circuit breakers and the bus section with no alternative incoming supply if bus section failed.	GW	5 3 15	Reconfigure the 11KV board to provide resilience and/or an interconnector between HYC and UHL substations.	No major failure to date, but major planning and inconvenience to hospital during NGT maintenance. Also if circuit breaker failed.					31-Dec-24	5 1 5	21/12/2022				
58	Community Barry	14/12/2022	Risk/Issue: Drainage problems where they keep backing up. We constantly call Wales environmental out to unblock the drains. Patients do stick hand paper towels down the toilet.	GW	4 5 20	The drains are checked on a weekly basis. Camera survey carried out, but contractor has reported the underlying problem is the drains may need re-benching.	Unfortunately this is only a short term solution.	We need access to the internal manholes we should then be able to unblock them more efficiently, but this causes problems with patients because any raised edging around the manhole could cause a trip hazard.	Unable to maintain their circuit breakers without power loss to A&E/EU area.	No records of maintenance on HV or LV switchgear and non compliant with HSE guidance on annual functional switching of	Meeting with TSF flooring contractor at BARRY Hospital to see if a solution can be devised.	Mark Branch	31-Mar-23	3 1 3	21/12/2022 - 11/04/2025 - Still risk although current managed under PPM, score amended and increased to 20. (IR & CR change)	Yes	Dave Evans	
61	UHW	04/01/2023	Risk/Issue: LV Bus Coupler "out of phase" in Sub 2 with HV & LV phase shift. This prevents this circuit breaker being used to link two sides of the main LV switchboard and prevents maintenance and use in an emergency	GW	4 4 16	SSE have been to carry out tests and see what is the problem and how to correct, but nothing moved with SSE due to company rebranded and contract.	The system is stable and no issues to date and circuit breaker maintained.					Paul George	31-Dec-23	3 1 3	20/01/2023 - 11/04/2025 - Issue around maintenance and requires full power shutdown. Score amended and 15/03/2023	Yes	Paul George	
62	Building Fabric	13/01/2023	Risk/Issue: Roof leak, which has caused the roof joists to rot (now in a dangerous state). Pictures were attached. Estates, Block 17 area - Flat roof above old plantroom/subway corridor.	GW	4 4 16	The area has been cordoned off. Please note if anyone steps onto the upstand detail - (They will fall through).	None specified	None specified	None specified			Dave Evans	30/06/2023	4 1 4	15/03/2023			
63	Services	13/01/2023	Risk/Issue: Pumps (80WJ125) are now obsolete, failures of plant could result in risk of no heating/hot water. Estates, Calorifier room (adj to boiler house)-Calorifier plant room.	GW	4 4 16	In the process of ordering two complete pump units. These can only be ordered from spares and built up, as complete units are obsolete.	Looking at compatibility and availability of different pumps, availability and the resulting modifications that will be required to fit and run system.	None specified	None specified		Jody Shepperd	30/06/2023	4 1 4	15/03/2023				
67	Ventilation	05/04/2023	Risk/Issue: Theatres AHU's Plant Room West side rooftop UHL T1-T4. Several failures of AHU parts 20+ years old OEM manufacturer installed parts and have recent failures w/e 02/04/23. Failures affecting theatre lists.	GW	4 4 16	15/11/2019	List of parts sourced to carry out urgent repairs. Extensive list of parts obtained that will need renewing - quotes for renewals/upgrades.	None specified	None specified		Jody Shepperd	31/05/2023	4 1 4	31/05/2023				
67	MCPSS	10/05/2023	Risk/Issue: Medical gas Terminal Units (2nd Fix) all obsolete spares require major shutdown to renew. All Terminal Units (1st & 2nd Fix). When was was referred med gas TU's were not updated on these two wards.	GW	5 4 20	Portable units available if required (currently not required).	Medical gases in this area only have a few minor issues but plan to undertake high hazard work is required sooner rather than later to renew all TU's to be able to maintain and ensure continuity on these wards.	None specified	None specified	Suggest carry out a full survey of all TU's on site and compile a full list of obsolete parts so this can be planned and ensure all TU's are compliant via replacement or retro conversion kit.	Jody Shepperd	30/06/2023	4 1 4	01/06/2023				

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72	MHSOP	27/06/2023	Risk/Issue: Several water pumps are in plantroom A&B Twin sets, 1 half of twin set in u/s. Pumps are OEM fitted from building opening and now obsolete.	GW	4 4 16	None Specified	Quotations obtained are available as stock items from suppliers. Prices between £2000 & £4000 per unit depending on which pump set. (2 plant room A + plant room B). Spacers would have to be fitted (quoted for, due to obsolescence and pump sizes different).	4 4 16	None specified	None specified	None specified	Jody Shepperd	27/06/2023	4 1 4	31/07/2023
74	West 1, Bed 10	04/07/2023	Risk/Issue: OXY broken hit by bed (not leaking), these are obsolete, no spares available for GEM 10 only new GEM shield avail. MR 194650.	GW	4 4 16	None Specified	Advised ward sister that at present, estates are unable to repair, requires full medgas shutdown on entire ward to renew 1st & 2nd fix TU's which are obsolete.	4 4 16	None specified	None specified	None specified	Jody Shepperd	04/07/2023	4 1 4	31/07/2023
75	Plant Room 4B	07/07/2023	Risk/Issue: Chilled water system, Grundfos TPD pumps Twin pump sets 5.5kw - running on a single motor on 2X units - Medical records and Outpatients department + mechanical seal failure on med records uni.	GW	4 4 16	None Specified	Plant room checks, water catchment to maintain some flow to med records area.	4 4 16	Failed pumps on MRC+ OP pump set + replacement pump sets are obsolete, only option are to up size which will need pipework adjustments.	None specified	None specified	Chris Watts	04/07/2023	4 1 4	31/07/2023
76	CHW Phase 2 Plant room	07/07/2023	Risk/Issue: Main CIAT Chiller, replacement X6 EBM Papst fan assemblies units on chiller circuit No2.	GW	5 4 20	None Specified	3 out of 8 fans working on circuit No1: 3 out of 4 on circuit No2, removed 3 of faulty fans from circuit No1 and replaced the 3 working from circuit No2. Circuit No1 is larger system running on single point of failure. Due to chilled circuit being on roof plant room, any temporary chiller options would be very challenging, but not impossible.	5 4 20	Parts availability 6-8 weeks	None specified	None specified	Chris Watts	04/07/2023	4 1 4	31/07/2023
77	Autoclave Pathology Labs	11/07/2023	Risk/Issue: New Autoclave machine @ Pathlabs, steam demand for new one, is too high to run both autoclaves, this is interrupting normal operational services (if both are running during same cycle of demand, both will fail).	GW	5 3 15	None Specified	Can only run one at a time, due to advice from Auxilliam, to ensure autoclave cycles don't fail.	4 4 16	None specified	None specified	None specified	Mark Branch	31/12/2023	4 1 4	31/07/2023
78	Diesel Storage Tanks	11/07/2023	Risk/Issue: All diesel fuel tanks to be NDT tested, fire risk (highly combustible fuel in large volumes) for diesel Generators etc (Aging tanks also, how old they might be?). Also environmental issues I tanks fail. (Potential All Sites with diesel storage tanks).	GW	5 3 15	None Specified	All tanks are banded (have they been tested/inspected).	4 4 16	None specified	None specified	None specified	Paul George/Jody Shepperd	31/12/2023	4 1 4	31/07/2023
79	Plantrooms	14/07/2023	Risk/Issue: Water coming through main plant room rooves, running down flues. Water then running onto boilers/electrical plant, cowl fitted incorrectly daylight visible. The risk is this will cause severe damage to plant/loss of power and heating.	GW	5 4 20	None Specified	I have put this on the risk register ASAP, also a water catchment device fitted in the plant room above Dental (fitted by Andrew Hefferman).	4 4 16	None specified	None specified	None specified	Dave Evans	31/07/2023	4 1 4	31/07/2023
80	Lift 54 - Tenova	21/07/2023	Risk/Issue: Lift control PCB has failed and spares now obsolete and no other spares from overseas.	GW	4 4 16	Will attempt to repair PCB but not guaranteed as a temporary/interim measure to keep lift in service.	Unable to provide assurances due to no available spares, but if PCB can be repaired then will reduce risk as a temporary measure. Currently 2 lifts in building for the short term continued service.	4 4 16	Unsure if the PCB can be repaired due to age.	Reliant on PCB repair.	To try and repair PCB to have lift temporarily reinstated and source a new control panel to replace existing to provide reliability of lift.	Paul George	31/01/2024	4 1 4	31/08/2023
81	Plant Room E7/8	19/07/2023	Risk/Issue: Central Heating Boilers - There are 4 obsolete central heating boilers with a lifespan over 25 years. It has been recommended that the boiler is to be replaced. We no longer can get parts for repairs. This would be considered a cost pressure and seek for additional funding to support the renewal of plant.	GW	4 4 16	None Specified	To look to replace all the boilers before the heating is to be turned back on.	4 4 16	If parts are obsolete a breakdown will result in loss of service. If second lift breakdown then puts additional pressure in the building service.	None specified	None specified	Mark Branch	31/01/2024	4 1 4	31/08/2023
82	Plant Room E7/8	19/07/2023	Risk/Issue: Hot Water Boilers - The secondary boiler has completely failed, the heat exchanger has split and the gas valve non-repairable. The primary boiler has also failed, it has been reported the main display mal function.	GW	5 4 20	None Specified	To put a temporary boiler or uick replacement boiler.	4 4 16	None specified	None specified	None specified	Mark Branch	31/01/2024	4 1 4	31/08/2023
83	staffing	19/07/2023	Risk/Issue: There is a shortage management of MSE Manager Mechanical X1 MSE Manager Electrical X1, Electrical Team Leader X1, Electrical engineer X1. We only have 2 electrical engineers and 1 electrical supporting the Team leader's role until the role is fulfilled. Which is causing limited resources to deliver a service and demands.	GW	4 4 16	None Specified	To seek from UHW in case large issues or any AP assistance. Estates operations Manager will manage on the shop floor.	4 4 16	None specified	None specified	None specified	Mark Branch	31/01/2024	4 1 4	31/08/2023
84	Microbiology Department	21/07/2023	Risk/Issue: The DB Board located in the Microbiology Department has a MCB board which is 25 years over which we no longer purchase MAC replacements. This would be an added cost pressure to get this upgraded.	GW	4 4 16	None Specified	We will seek to get a quotation to a replacement MCB board, this may need to be passed to Capital.	4 4 16	None specified	None specified	None specified	Mark Branch	31/01/2024	4 1 4	31/08/2023
85	Estates_Boltonhouse	24/07/2023	Risk/Issue: Crack in brick work external & internal, crack from ground level to wall plate. The risk is, this is structural & brickwork above the (top window could be loose)? Please note we believe that this has been like this for a long time, but it is now highlighted.	GW	5 4 20	None Specified	I have contacted ET&S construction, he is arranging for a structural engineer to attend site.	5 4 20	None specified	None specified	None specified	Mark Branch	31/01/2024	5 1 5	31/08/2023
89	Main Roof - Entrance	28/07/2023	Risk/Issue: Damaged/loose solar panel, (it could fall & cause injury). This has to be looked by the electrician team. (Outside main entrance of Barry Hospital-Main Roof).	GW	4 4 16	None Specified	I have escalated this to estates management (see picture attached).	4 4 16	None specified	None specified	None specified	Dave Evans	31/07/2023	4 1 4	31/07/2023
90	Roof Leak West 8	28/07/2023	Risk/Issue: Main roof leaking, there are cracked/ damaged tiles around solar panels. Estates are not able to repair - Ext. Specialist contractor required (Roofing contractors will not move solar panels due to liability issues)	GW	4 5 20	None Specified	Bed moved away from leak area on ward-	4 5 20	None specified	None specified	None specified	Dave Evans	28/07/2023	4 2 8	28/08/2023
90	Roof Leak West 8	13/11/2023	Risk/Issue: Main roof leaking into ward area, there are cracked/ damaged tiles around solar panels. Estates are not able to repair - Ext. Specialist contractor required (Roofing contractors will not move solar panels due to liability issues) room 02-01-123, beds 5-8 West 8 - Charles Radcliffe Leaking Velux and several roof leaks throughout ward in patient/staff areas	GW	4 5 20	None Specified	buckets emptied by staff as and when	4 5 20	None specified	None specified	None specified	Dave Evans		4 2 8	31/12/2023

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93/93 Cont.	LV Substation 2A	21/08/2023	Risk/Issue: Auto Changeover system - On loss of power to LV sub A1 panel, ACB failed to take secondary supply system (SPS generator backup) ACB failed to take load on 3 separate attempts of testing - on all occasions ACB fired through Gaps in control - Unable to test generators on-load (monthly test) as per HTM 06-01 requirement. Failure to provide on distribution strategies standby generators resilience of N+1 automatically. Switch Panelboard in Sub 2A - Air Circuit breaker (ACB) make/model common to both panels A1 & A2	GW	4 5 20	None Specified	LVAP action plan include - Electrical team providing ongoing weekly checks/ BMS alarmsto shift pager is being investigated, feasibility to provide early warning of changeover failure. Emergency SOP in place with all electrical team's shift teams - manual switching of ACB - restoring secondary supply to high risk areas (risk in delay of time to attend minimum time of 5/10 minutes maximum time of 40 minutes) potentially without power for this duration. Mitigation of attendance timeline lift support system is covered by uninterruptible power supplies (UPS systems) up to 60 minutes (can vary on loading will affect duration). Panel board coverage - include life support areas, main theatres, pre-operation, post-operation, ITU Home Office Essential Areas, Essential Public Health Wales laboratories. Investigations on the ACB completed by a specialist electrical contractor, with report of direct replacement part being obsolete & un-servicable.	4 5 20	None specified	None specified	Chris Watts	29/07/2023	5 2 10	29/08/2023
94	Central Plant room 1st room	04/08/2023	Risk/Issue: 2 Boilers unservicable out of 6 - Possibility of losing heating or hot water, affecting clinics and patient care (leaking flue affected PCB's)	GW	4 5 20	None Specified		4 5 20	Leak diverted / temporary fix until Flue repair has been carried	None specified	None specified		04/08/2023	05/09/2023
95	SGE Steam Pipework	22/08/2023	Risk/Issue: Steam pipework supplying Cardiff University Sir Geraint Evans Building is deteriorating and risk to services and steriliser operation.	GW	4 4 16	None Specified	None Specified	4 4 16	None Specified	None specified	None specified		22/08/2023	05/09/2023
96	Perimeter/Boundary/Fence	22/08/2023	Risk/Issue: UHL Perimeter and Boundary wall has become damaged and fallen in certain areas and acts as boundary between C&V and Residents.	GW	4 4 16	None Specified	None Specified	4 4 16	None Specified	None specified	To arrange and conduct a survey of the boundary wall to obtain an overall condition report		22/08/2023	05/09/2023
99	CHW Phase 1 CWST	23/08/2023	Risk/Issue: Tank 31 is leaking and caused damage to the LATCH area below the plant room. Attempts to seal the leak but with no success, therefore require a replacement CWST.	GW	4 5 20	The CWST has been isolated, drained and taken out of use due to the continuous leaking. Controls have been adjusted to control the system.	The second tank is providing water into the building.	4 4 16	This is only a temporary measure and a second tank requires replacement.	The second tank in use is of the same age and possibility this could leak.	To replace the CWST or both tanks, but could be replaced with smaller capacity tanks.		23/08/2023	23/09/2023
103	Sigma Out station	01/09/2023	Risk/Issue: Sigma Outstations at UHW, Obsolete - no spares available for critical areas- Cardiff University JBOS Department AHU's	GW	4 4 16		Nursing and manually controlling	4 4 16	Spares unavailable in the event of failure	Spares unavailable in the event of failure / unable to monitor 24hr and adjust as / if required		Chris Watts	20-Sep-23	01/10/2023
104	Sigma Out station	01/09/2023	Risk/Issue: Sigma Outstations at UHW, Obsolete - no spares available for critical areas- Main Theatre AHU's	GW	4 4 16		Nursing and manually controlling	4 4 16	Spares unavailable in the event of failure	Spares unavailable in the event of failure / unable to monitor 24hr and adjust as / if required		Chris Watts	20-Sep-23	01/10/2023
105	Flourescent Lamps Obsolete	01/09/2023	Risk/Issue: Flourescent lamps - April 2024 - Lamps become obsolete. Will introduce slip trip and fall risks when lamp fail	GW	4 4 16	Changing light fittings one at a time as they fail	Changing light fittings one at a time as they fail to LED	4 4 16	Spares unavailable in the event of failure - time in being able to change if large number of failures occur & stock health board keep.	Fitting cost £50 plus labour to change, but being done as and when they fail, hundreds of these obsolete lamps in use		Mark Branch		
106	Heating & CHW Boilers	01/09/2023	Risk/Issue: Central Plant room 1st Floor - 2 Boilers out of 6 not working - possibility of loss of heating and hot water -clinics could close - cause, leaking boiler flue / roof (Water ingress has damaged Circuit boards)	GW	4 5 20	Leak has been diverted	Contractors contacted to provide quotes	4 5 20	Leak still present	only 4 out of 6 boilers working		Mark Branch		
107	Flu / Roof leaks	31/08/2023	Risk/Issue: Multiple Main Roof leaks and around Flu's, slips/trips/falls. Leaks close to elect equipment	GW	5 3 15	Catchment system set up	Contractors contacted to provide quotes - passed to KD	5 3 15				Karen Doyle		
108	Main RCMA Catch area	01/09/2023	Risk/Issue: Two leaks Main Roof Aroma UHL around Lanterns/sky lights, slips/trips/falls.	GW	4 4 16	Tarpaulins set up to cover	Contractors contacted to provide quotes - passed to KD/MB	4 4 16				Mark Branch		
110	Diabetes resource Unit	08/09/2023	Risk/Issue: Cracked and loose ceiling plaster	GW	4 4 16	Above landing on only stair case - only access to 1st floor - to monitor		4 4 16	further investigation required as to whether lath and plaster ceiling, repair or scaffold until repair possible?			Mark Branch		
111	Main Chiller Pipework	08/09/2023	Risk/Issue: External supply and return main chiller plant pipework is severely corroded for 2 metres in length, where lagging is missing. Estimate 3mm thickness has corroded on pipe thickness. (behind DSS10 HV S/S)	GW	5 4 20	Monitor condition until planned replacement	No assurances due to level of thickness deterioration to date.	5 4 20	Unknown detail of pipework and duration exposed to the elements.	Suggest inspect further sections to check overall condition of pipework	Both sections of the corroded 2 metre length of supply and return pipework needs to be replaced.	Estates, tbc	2023/24	
113	Lifts HV & LV Sub Doors	09/09/2023	Risk/Issue: Both DSS4 Maternity HV substation double doors and LV switchroom single door are made fro slatted wooden doors and rotten, damaged and not secure for the location of the HV/LV substations.	GW	5 4 20	Monitor condition until planned replacement	Due to the risk off not solid fixing and loose fitting plus possible barring open the doors and into the HV/LV rooms No assurances. No issues to date but high possibility	5 4 20		Obtain quotes and replace asap.	Replace both sets of doors to metal/steel type with secure fixing and locks, with CLIQ key system.	P George	2023/24	
113	Lifts HV & LV Sub Doors	16/09/2023	Risk/Issue: Both lifts have no back up generator or other power supply in the event of power outage. This causes major issues with normal volume of people traffic for outpatients, staff and visitors etc.	GW	4 4 16	Lifts are maintained but no alternative power supply to lifts in an emergency when power loss.	If power was lost for long period of time then a temporary supply could be installed to allow business continuity.	4 4 16	Not permanent solution and resilience to service.	Not permanent solution.	Invest in generator/essential supply or install emergency back up chargeover for 1 lift.	Paul George	31/12/2024	31/11/2023

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114	Lift 4B&G-4B&G	16/09/2023	Risk/Issue: Both lifts have no back up generator or other powersupply in the event of power outage. This cause major issues with normal volume of people traffic for outpatients, staff and visitors etc. From car park high floor levels and not able to park in disabled section.	GW	4 4 16	Lifts are maintained but no alternative power supply to lifts in an emergency when power loss.	If power was lost for long period of time then a temporary supply could be installed to allow business continuity.	4 4 16	Not permanent solution and resilience to service.	Not permanent solution.	Invest in generator/essential supply or install emergency back up changeover for 1 lift.	Paul George	31/12/2024	4 1 4	31/11/2023	
115	House 54-56	20/09/2023	Risk/Issue: House 54-56 roof leaks causing ceiling collapses, mould / damp and slips/trips and fall hazards - affecting most upper rooms	GW	4 4 16	minor repairs carried out, gutters cleaned, but leaks still apparent, especially during heavy rain	minor repairs carried out, gutters cleaned	4 4 16	permanent solution required, full scaffolding to access and carry out full repairs			K. Doyle	01/01/2024	4 2 8	31/11/2024	
116	A,B,C,T. Blocks	21/09/2023	Risk/Issue: 4 main (only 2 visible)Chimney flues (A,B&C Tower block) support cable stays rusted away (these are designed to give support in adverse weather preventing extra stress / strain on flue / chimney structure)	GW	4 5 20	controlled access to area, base supports appear to be in good condition	contractor to contact and supply quotes	4 5 20	cable stays require renewing			Jody Shepperd	02/11/2023	4 2 8	31/11/2023	
117	Boiler house	20/09/2023	Risk/Issue: main CHP Chimney flues support cable stays rusted away (these are designed to give support in adverse weather preventing extra stress / strain on flue/chimney structure)	GW	4 4 16	Not a public accessible area	contractor to contact and supply quotes	4 4 16	cable stays require renewing. Or CHP flues removing, this will then completely remove any future risk			Jody Shepperd	02/11/2023	4 2 8	31/11/2023	
119	UHL Hot Well	13/01/2022	Risk/Issue: Hotwell Tank is towards end of life expectancy and has been welded on numerous occasions - unable to inspect due to asbestos insulation	GW	5 4 20	Asbestos to remove	When asbestos removed inspection will be possible to ascertain the actual condition	4 4 16	Asbestos removed 13/10/23 Now able to visually inspect / repair	Condition of Hot well tank to monitor	Look at investment to replace	M Branch	01/11/2023	4 1 4	31/01/2024	
120	CWST	14/10/2023	Risk/Issue: Safe Access to the CWST (B58) is difficult with no ladder or any safe means of access to carry out statutory tank inspections and testing. Serious risk of fall from height and injury to person.	GW	5 4 20	The CWST has been inspected and a further visit required to see what temporary solution can be put in place.	Monthly , quarterly and annual thorough cleaning of the CWST is required and some safe access as a temporary measure until permanent can be installed.	5 4 20	Both contractors and DEL labour require access.	Check with contractor last time inspected and how safe access was achieved?	Design and install a permanent, secure and safe access urgently.	P George	31/12/2023	4 1 4	31/03/2024	
122	A Block Roofing sheets	17/10/2023	Risk/Issue: Roofing sheets, rusted through S.W corner of A block, to A Block Link - Several holes and sheeting could be affected by inclement weather	GW	4 5 20	Contractor attended site to look at temporary repair, before further damage can be caused by inclement weather (Flooding below and roof sheet deterioration)	Roof sheets in S. West corner of A south will require renewing long term	4 5 20						5 1 5		
123	Sigma BMS control cards	18/10/2023	Risk/Issue: Satchwell Sigma BMS control cards are no longer supported. Areas of concern include, Heating/ventilation/cooling(LTHW/DHW controls in sensitive areas include UHW Operating theatres (plantroom 19), CHPW theatres, SSSU day theatres, ITU, NICU, Boiler House, Multiple Cardiff University labs including BiCVS facility (regulated by Home office, reportable when out of compliance) Known outstations failures have increased due to the start-up of heating session instigation across various location	GW	5 4 20		Have now been limited to unknown second-hand option's (potentially unavailability's) OBSOLETE Pass limited USED/second hand BMS cards have now been totally used-up, no further stock or availability in-place, increasing passed assurance, due to factors above- needs to be re RAG rated	5 4 20	Gaps in control - Minimal (upgrades have taken part, recent issues with IM&T ports closing down, firewall rules not allowing communication, single points of failure BMS computer, no IT direct support.					5 1 5		
124	Main Oxygen VIE Supply	25/10/2023	Risk/Issue: Main piped oxygen from estates VIE tank runs underground, no ducting and a large tree growing directly above the ground/pipework route. Major risk if tree roots cause unseen damage to pipework which would disrupt oxygen supply to hospital.	GW	5 4 20	We have emergency manifold system for any emergency scenario, but not for longevity to maintain oxygen demand for hospital. This concern has also be raised by the MGPS Authorising Engineer as a potential point of failure.	Piped system can only be checked from exposed pipe above ground level.	5 4 20	Unsure of general condition of buried oxygen pipework	Planned improvement works to site oxygen from second VIE but long term project and the estates VIE will form part of the improvement plan, therefore needs secure and protected pipework.	Investment and plan to replace and redirect the main oxygen pipework run into the hospital.	P George	31/12/2024	5 1 5	31/01/2024	
127	Car Park No.8 TV cable Damage	01/11/2023	Risk/Issue: Multiple damage events have caused to the LV cable containment 2x2 trunking that crosses over the 1st floor access up & down ramps, due to high vehicles ignoring height restriction on entrance barrier. Subsequently damaged all electrical circuits with the trunking exposing potentially live cables on impact, also damaging cables beyond repair, to small power and lighting 40% of lighting within the ground floor & 20% of the lighting on 1st floor cannot be reinstated and will need to be rewired totally. Car parking CCTV and Parking Eye are not in service. Low light levels/increase risk rating with the winter period being the main EU department car park, it is a high footfall. H&S concerns, risk consequence and likelihood score highly. Cost in excess of ESK	GW	8 4 30	Limited controls night time footfall considerably reduced, still presents slip, trip or fall risk/pedestrian impact by a vehicle is still highly possible, electrocution through further damage to the cable trunking containment.	Local aviation warning lights are solar panel battery supported (backed up and stand alone)	4 4 16					Chris Watts	31/12/2023	4 2 8	
128	Lift 4 Xray OT/73	06/11/2023	Risk/Issue: Lift at end of Life - Failures with door drive mechanism not forcefull enough to close door due to age/weight of doors, causing door lock faults and out of service issues.	GW	4 4 16	OTIS PPM and call outs	KPI for lifts, does not highlight this issue, issue brought to the fore from Service report paperwork - 2 call outs for lift 4, both door issues - recommended full refurbishment of old obsolete equipment	4 4 16				Jody Shepperd	01/01/2024	4 2 8		
129	HVC Flooring	13/11/2023	Risk/Issue: Main shower / toilets (PODs) Bedroom 9/16/14 Willow ward - poly nymyl flooring peeling back, becomes unsleak, causing triphazards (9+16 completed previously using specialist paint)	GW	4 4 16	room 9+16 previously completed using contractor with specialist paint - Building teams have carried out repairs, but doesn't last	2 rooms coated with specialist paint, UHL building team condemned that now other PODs are becoming affected around entire of HVC	4 4 16				Dave Evans	01/01/2024	4 2 8		
130	ALAC Roof/Leaks	13/11/2023	Risk/Issue: Multiple roof leaks, roof requires clearing of Moss and debris, gutter and down pipes require unblocking. Scaffolding needed for high level and courtyards. All internal ceiling contain asbestos and have water damage	GW	4 4 16	Low level gutters to be unblocked	Quotes to be submitted for high level and courtyards scaffolding, OD arranging removal of damaged asbestos	4 4 16					Mark Wright	13/12/2023	4 2 8	
131	ICU/HCU 1st Floor	27/07/2023	Risk/Issue: Multiple damaged and missing soffit boards - HDU/ICU - Birds nesting in areas above patient beds in roof/ceiling voids	GW	4 4 16	None specified	quotations to obtain and decide whether this is economical to carry out in house	4 4 16					David Evans	14/12/2023	4 2 8	
134	Boiler house compressors	07/12/2023	Risk/Issue: Boiler house air compressors 1,2+3 at end of working life 10 + years old. No.1 off-line and cannot be re-istated no 2 and 3 are running constantly - both require full overhaul and stated as beyond economical repair. As no.1 is u/s we do not have the capacity to work on either 2 or 3 as we cannot keep up with demand on one compressor. (Previously Risk raised- Risk Number Estates_22)	GW	5 4 20	None provided- all have been deemed uneconomical to repair - no capacity to overhaul no.1, due to demand on 2 & 3.	No assurances can be given, full report to be provided by Control gear	5 3 15	None specified	None specified		James Adams		5 1 5		
136	Boiler house	11/01/2024	Risk/Issue: Lift 2 - Control gear / parts obsolescence - Failure of parts of the control system will result in lift remaining out of service, new control system required.	GW	5 3 15	PPM - none specified	Only assurances are PPM and control parts could be salvaged from lift parts, salvaged after upgrades/modernisation	5 3 15	None specified	None specified	Part of modernisation plan	Jody Shepperd	01/04/2024	5 1 5	01/06/2024	
143	COMMUNITY-GR	11/04/2024	main plantroom.Early indications are its leaking through the double skinned flue. The leak is coming back onto the boilers and causing considerable damage and corrosion to the boilers resulting in expensive repairs and a safety concern.		4 5 20	none specified	We have tried to minimise the damage to the boilers by putting a temporary system in place to catch the water. The x2 back up boilers are currently awaiting repairs with Equans, but the boilers have considerable damage. The long term solution is a flue replacement and boilers, but	4 5 20	None specified	None specified		Tom Gerrett		4 1 4	11/04/2025 - Score amended and increased to 20, with Capital checking (IR & CR change)	

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145	B & C Motor Room Roof Membranes	17/04/2024	Risk/Issue: B Block Motor room membrane is no longer attached to roof and leaks over Lift machinery (motor/Electric panels and into lift car) Whole membrane requires replacing C Block motor room roof membrane is intact at the moment, but floats up and down in the wind, so is not attached to the roof in the centre	5	4	20	Leak into B Block monitored and catchment pips set up - Building teams obtaining quotes / funding as high cost. C block is not leaking at present, but without remedy membrane will be damaged over time.	None specified	None specified		Jody Shepperd	4	1	4	No Target Risk Rating Score Provided
Estates_146	Chiller chiller Roof platform	18/04/2024	Risk/Issue: The chiller unit that feeds CAVOC (inc theatre AHUs) has a leak on No1 refrigeration coil. The leak is not repairable. It has also has an issue with the chiller water system. We can not get flow due to the amount of debris in the system. The debris appears to be coming from the corroded pipework.	5	4	20	We are attempting to get the unit working but fear it will fail very soon.	None specified	None specified		Michael Burns	4	2	8	..VCompleted & Received Estates Risk Performance2024(Electrical/HL CAVOC Chilled Water chiller.docx
Estates_147	HVC Bus stop	18/09/2024	Risk/Issue: Raised & Loose pavours, damaged and cracked drainage channels	4	5	20	Minor repairs carried out previously - area barriered off -after these actions previous score dropped to 9	None specified	None specified	New repairs required	David Evans	4	1	4	..VCompleted & Received Estates Risk Performance2024(Electrical/HL CAVOC Chilled Water chiller.docx
Estates_148	Humidistat	25/09/2024	Risk/Issue:2nd Floor internal damp damage from chimney stacks. Damp issues and mould from poor condition of chimney stacks and vegetation to gutters.	4	5	20	Not possible	None specified	None specified	Scaffold is needed to access all roof repairs. Quotes have been submitted	Mark Wight	4	1	4	..VCompleted & Received Estates Risk Performance2024(Electrical/HL CAVOC Chilled Water chiller.docx
Estates_149	CHI	02/12/2024	Risk/Issue:The boilers in Main plantroom CHi are suffered from high levels of corroding, the leak was suspected to be from rain water. Upon investigation the general opinion from X2 contractors was that this is due to compromised gaskets in the double skin of the flue staff.	4	5	20	Leak diversion set up	None specified	None specified	The only assurance that can be offered is protecting the boilers as best as we can. Without significant investment the issue will remain. The recommendations are to have them changed and the flue replaced.	Tom Gerritt	4	1	4	..VCompleted & Received Estates Risk Performance2024(Electrical/HL CAVOC Chilled Water chiller.docx
Estates_150	UHL	02/12/2024	Risk/Issue:The pipework supplying the cold-water feed for theatres, Spinal, CAVOC. The pipework on 54mm appears to be pin holed possibly in multiple areas, we are unable to strip the lagging investigate further due to the number of leaks with potentially some 20+ meters needing	4	5	20	A cost is raised and we are awaiting authorisation from senior management on the bypassing work at the far end of the duct. The diversion of the leaks is only a temporary	None specified	None specified	The bypass is only seen as option to buy us time in how we wish to proceed and should not be seen as a suitable alternative in the long-term. Potential loss of the areas mentioned due to failure on the cold-water feed.	Tom Gerritt	4	1	4	..VCompleted & Received Estates Risk Performance2024(Electrical/HL CAVOC Chilled Water chiller.docx
Estates_151	UHW	16/01/2025	Risk/Issue: Hand rails are in place to prevent falls from height on East and West side of roof only. Hand rails end prior to Apex of roof on North end of roof, with 2" wall.	4	5	20	Restrict access	None specified	None specified	The only assurance is to restrict access to gutter walkway - but any not obeying this	J Shepperd	4	1	4	..VCompleted & Received Estates Risk Performance2024(Electrical/HL CAVOC Chilled Water chiller.docx
Estates_152	CAVUHB	11/02/2025	Risk/Issue: Due to overtime authorisation not given, there will be occasions when there will be not qualified and competent Electrical Engineer on site out of hours to respond to emergencies. These emergencies consist of fire alarm activation, loss of electrical power, lift entrapments, significant health and safety concern relating to the patient experience or staff and visitor safety.	4	5	20	Escalation to Senior High Voltage Engineer, Senior Management Team & SMOEC, however attendance out of hours could be up to an hour away from initial call being received. If electrical fault is local then no emergency power supply would be available with UPS batteries depleting within approximately 30 minutes. If issue is in relation to a lift entrapment, OTIS would be	None, due to levels of constraints around time and travelling to site.	None provided.	To be raised to SMT within CEF.	Gareth Simpson	4	1	4	..VCompleted & Received Estates Risk Performance2024(Electrical/HL CAVOC Chilled Water chiller.docx
Estates_153	CAVUHB	11/02/2025	Risk/Issue: Due to overtime authorisation not given, there will be occasions when there will be not qualified and competent Mechanical Engineer on site out of hours to respond to emergencies. These emergencies consist of fire alarm activation, loss of medical gases including oxygen), loss of mechanical services such as critical ventilation such as theatres, heating hot water and steam which is used for sterilisation, lift entrapments, significant health and safety concern relating to the patient experience or staff and visitor safety.	4	5	20	Escalation to Senior Management Team & SMOEC, however attendance would not be guaranteed as this would require additional overtime payments which have not been approved. Out of hours, any agreed response could be up to an hour away from initial call being received. Loss of medical gases, could affect life preserving equipment in theatre and ITU settings. If issue is in relation to a lift entrapment, OTIS would be called, however this would also be an hour away without any estates presence to support. Fire alarms could continue activating throughout the night if not actioned by electrical engineer.	None, due to levels of constraints around overtime payments, time and travelling to site.	None provided.	To be raised to SMT within CEF.	Gareth Simpson	4	1	4	..VCompleted & Received Estates Risk Performance2024(Electrical/HL CAVOC Chilled Water chiller.docx
Estates_154	CAVUHB	11/02/2025	Risk/Issue:Due to overtime authorisation not given, there will be occasions when there will be no qualified and competent Team Leader on site out of hours to respond to emergencies. These emergencies consist of loss of electrical supply, fire alarm activation, loss of medical gases including oxygen), loss of mechanical services such as critical ventilation such as theatres, heating hot water and steam which is used for sterilisation, lift entrapments, significant health and safety concern relating to the patient experience or staff and visitor safety.	4	5	20	Clinical Staff would need to escalate to Senior Management Team & SMOEC, however attendance would not be guaranteed as this would require additional overtime payments which have not been approved. Out of hours, any agreed response could be up to an hour away from initial call being received. Loss of medical gases, could affect life preserving equipment in theatre and ITU settings. If issue is in relation to a lift entrapment, OTIS would be called, however this would also be an hour away without any estates presence to support. Fire alarms could continue activating throughout the night if not actioned by electrical engineer.	None, due to levels of constraints around overtime payments, time and travelling to site.	None provided.	To be raised to SMT within CEF.	Gareth Simpson	4	1	4	..VCompleted & Received Estates Risk Performance2024(Electrical/HL CAVOC Chilled Water chiller.docx
Estates_162	UHW	01/05/2025	Risk/Issue:Roof Lifeline/Mansafe covered & Obstructed by AHU. This means the lifeline is unusable in it's current state and as parts of the lifeline are under the AHU, it cannot be certified for use under LOLER. As box section cover line, persons are unable to clip 2 clip over box section.	4	5	20	NONE - Restrict / No Access, lifeline cannot be used	None specified	None specified	Funding required,	J Shepperd	4	1	4	..VCompleted & Received Estates Risk Performance2024(Electrical/HL CAVOC Chilled Water chiller.docx
Estates_163	UHW	01/05/2025	Risk/Issue:Roof Parapet wall not to regulation height (<1.1M) - possible fall from height. Lifeline/Mansafe access covered & Obstructed by Air Con units. This means the lifeline is not safely accessible in it's current state (to clip on lifeline,	4	5	20	Restrict access	None specified	None specified	Funding required,	J Shepperd	4	1	4	..VCompleted & Received Estates Risk Performance2024(Electrical/HL CAVOC Chilled Water chiller.docx

Regan Nikki
17/08/2025 14:13:14

Estate_167	UHL	12/06/2025	Risk/Issue: The MRC plant room was upgraded around 20 years ago with second hand equipment after the plant room had its first asbestos strip out. plant is standalone, providing heating, hot water, feeding the whole of the MRC. High risk of failure. Whole plant room needs total full refurbishment of plant infrastructure. Heating calorifier and	5 4 20	We continue to monitor on a weekly basis and look to repair minor repairs when required. We have diverted the current leak from the calorifier.	In an event of total plant failure, we can put in electric under sink/ over sink water heaters. For temporary heating, plan is to provide limited electric oil filled radiators.	4 4 16	High risk of failure of large plant and to provide heating and hot water to the service users.		Due to the size of the works required and financial risk cost, this needs to be passed for Capital intervention to replace whole plant infrastructure. This should be looked at before and review the winter season.	Mark Branch	4 1 4		Mark Branch	Completed & Reviewed Review Risk Review & Update Review & Update Review & Update Review & Update Review & Update
Estate_168	UHL	23/06/2025	Risk/Issue: Due to the ongoing issues to control Legionella bacteria positive water sample results, the requirement for a different system that will provide adequate control and eradication of legionella risk in the water system.	5 4 20	Currently we have Chlorine Dioxide dosing into the cold water system and manual flushing by estates and clinical staff. Maintenance program in place to strip and clean TMVs and filters.	Reasonable assurance with the work carried out to fight the legionella bacteria, but due to the age of the system, modifications to clinical areas has made the system to control difficult	5 4 20	Reliance of clinical staff carrying out manual flushing as per the C&V water safety plan and procedures. Plus lack of control and estates being informed of vacant areas.	The water system has had booster pumps added and old pipework system inadequate for effective flow around the hospital and specific zones.	To upgrade the chemical control system to help combat and eradicate potential legionella bacterial growth and risk to patients and invest in new advanced technology; E.G. a new system cold Copper-Silver Ionisation which is proven or Chloric acid system.	Paul George	4 2 8		Paul George	Completed & Reviewed Review Risk Review & Update Review & Update Review & Update Review & Update Review & Update
Estate_169	UHW	24/06/2025	Risk/Issue: Currently we have no Chlorine Dioxide dosing into the cold water system. Maintenance program in place to strip and clean TMVs and filters. Ongoing routine water sampling and remedial works to disinfect the outlet. Temperature control on hot water system distribution.	5 4 20	Currently we have no Chlorine Dioxide dosing into the cold water system. Maintenance program in place to strip and clean TMVs and filters. Ongoing routine water sampling and remedial works to disinfect the outlet. Temperature control on hot water system distribution.	None due to the system not operational and dosing.	Reliance of clinical staff carrying out manual flushing as per the C&V water safety plan and procedures.	Without dosing into the cold water system unable to provide assurance on the cold water system.	To upgrade the chemical control system to help combat and eradicate potential legionella bacterial growth and risk to patients and invest in new advanced technology; E.G. a new system cold Copper-Silver Ionisation which is proven or Chloric acid system.	Paul George	4 2 8			Paul George	Completed & Reviewed Review Risk Review & Update Review & Update Review & Update Review & Update Review & Update
Critical Risk Project															
2		UHW 09/11/2023	Issue: High voltage load shedding equipment Risk/Potential Impact: -The system relies on external data from the building management system which is now old and newer systems available -The system age is now not compatible with latest BMS installed -Failure of the system could result in no power being distributed to site. -Failure could result in overload of generator and no power available -External parts could fail and not work correctly causing loss of power -There is only one system no N+1 -No simple override system -Only know it's working when required to do so -Only Authorized people high voltage (APs) able to remedy	5 5 25	Operation POET conducted on September the 13th 2023 allowed full testing and analysis of the load shedding system. UHW conducted a total power outage from the mains that normally feeds the site, and engineers and technicians ensured the system functioned as it should. A contract with the provider BMSI is in place to maintain the system.				-Upgrade existing system and associated equipment to latest standard -Consideration of installation of backup system N+1 to allow maintenance and resilience in event of failure -Look at simple override function (remote switching) -Possibly move away from BMS control and move to independent system			5 1 5			Completed
3		UHW 20/11/2023	Issue: MEDICAL AIR 4 BAR Manifold Room Risk/Potential Impact: -Loss of medical air to wards and departments -Valves are old and unknown whether isolate and function correctly to isolate. -Valves have no test points for pharmacy testing -Unable to change some critical safety valves as not duplex (major disruption to do so) -Pressure regulators obsolete and unable to repair or replace due to space constraints -Complex system as added to previously making difficult to operate safely	4 4 16	-Maintenance contract in place with specialist contractor for maintenance and emergency break downs.				-Revamp, redesign and install all new equipment to latest standards simplifying the complex installation. -Alternatively replace valves, safety valves and regulators to each section in a phased approach			5 1 5			
7		UHW 22/11/2023	Issue: 2 Pumped cold water mains to roof tanks Risk/Potential Impact: -Failure of pipework (resilience) -Unable to supply cold water to roof tanks -Age of original pipe and number of repairs -+1 pipe is now approximately 20 years old -Both pipes converge into one riser (single point failure) -Disruption to site when failure occurs -Treated water (chlorine dioxide) not supplied in event of total failure -Labour intensive to resolve	5 4 20	-N+1 installed one can supply the site -Contractors usually effect repair within 2 days -Pipes separated for most of run minimizing accidental damage, or subsidence. -+1 installed within 20 years -Alternative supply available in LGF (untreated)			-Plan to replace original pipe with modern materials and jointing techniques. -Look at secondary riser either full bore or emergency capacity. -Look at life cycle of +1 and plan replacement				4 1 4			
8		UHW 22/11/2023	Issue: Estates VIE (oxygen) distribution pipe Risk/Potential Impact: -Loss of oxygen to the hospital and patient care -The copper pipes leave the VIE and enter a soft finished grass area. They are not ducted so the condition is not known. -There is a tree in close proximity to pipework unknown damage to pipe work -Time to resolve should a problem occur -Only key personnel able to work on systems -Audit failure of non-compliance	4 4 16	-2 pipes on different runs to supply site -Secondary VIE at children's hospital to back feed -Order raised to make completed ring main and automatic operation in event of failure -Specialist contractors engaged with doing maintenance			-Run ducts and reroute pipework to ensure robustness and meets the current requirements. -Investigate pipe work condition and assess -Reroute pipework to separate sufficiently				3 1 3			
10		UHW 14/12/2023	Issue: Towns water main feeding UHW Risk/Potential Impact: -Loss of water to site and areas directly fed from main -Water main original old and cast iron -Town main alone has pressure issues to feed site without backup of fire main -Some areas use town main as not treated water (Chlorine dioxide) -Condition unknown -Some areas and joints may contain asbestos materials -Site disruption when failure occurs -Potential dead legs (legionella risk)	4 4 16	-Secondary fire main can feed the tanks -Welsh water support and feed the site at critical points -Several contractors able to repair ground works usually within 48hrs			-consider replacement due to age -look at duplex feeds (N+1) -change essential valve arrangements -review drawings and update risk assess				4 3 12			
15		UHW 01/12/2023	Issue: Blowdown vessel of main steam boilers Risk/Potential Impact: -Operational difficulty in controlling quality of boiler water -Failure to meet pressure vessel regulations (subject to defect notice) -Contravention for water discharge permit by Welsh water -Scaling risk -Isolation valves showing signs of wear -Age of vessel beyond working life	5 4 20	-Discharge water pipe repaired and replaced by estates recently to prevent boiling water being exhausted through vent (actual event) -Approved people in boiler house and trained -Daily checks carried out			-Suggest new vessel and associated valves replaced -Repair existing vessel and controls to comply -Improve PPMS and reporting procedures -Carry out remedial maintenance works				4 1 4			

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17/08/2025 14:13:11

16	UHW 14/12/2023	<p>Issue: LTHW main domestic hot water plate heat exchanger and controls/pumps</p> <p>Risk/Potential Impact:</p> <ul style="list-style-type: none"> -Failure of the plate would result in low temperature domestic hot water being produced for the hospital. (increased legionella risk) NEEDS TO BE >60°C -Essential as load leveler currently at 50% due for upgrade ASAP -Single point of failure (not a duplex system) -Multiple parts to go wrong or fail -Age of equipment beyond working life -Lack of knowledge of workings -Alarms not sufficient failed recently staff unaware 	4	4	16	<ul style="list-style-type: none"> -Several parts on system are duplex (some resilience) -Load levelers when 100% take the load -Specialist contractors available to repair -Has been reliable 	4	4	16	<ul style="list-style-type: none"> -Consider full upgrade -Install n+1 -Carry essential repairs -Overhaul existing plant and equipment -Upgrade controls and peripheral equipment -Take out contract on plate maintenance -Implement ppm system on checking operation -Check alarm system and upgrade 	4	1	4
21	UHW 14/12/2023	<p>Issue: Natural gas main supplying main boiler house</p> <p>Risk/Potential Impact:</p> <ul style="list-style-type: none"> -Loss of gas supply by gas supplier whether intention Planned) or accidental (unexpected). No steam generated for heating and hot water. -Failure on site of mains pipe, mechanical or damage, loss of supply as above. -Financial impact due to failure 	4	4	16	<ul style="list-style-type: none"> -Fuel oil back up to run boiler house requires intervention by staff and or contractors. -Same for internal as external run-on fuel oil 	4	4	16	<ul style="list-style-type: none"> -Conduct integrity test of pipe work and carry out any remedials from test -Clean and paint and protect exposed pipework prevent further rusting and corrosion -Mechanically protect exposed pipework to reduce possible damage by vehicles in area. 	4	1	4
25	UHL 13/12/2023	<p>Issue: Steam raising boilers 1 and 3</p> <p>Risk/Potential Impact:</p> <ul style="list-style-type: none"> -Boilers 1 and 3 have failed (age of boilers not supported) numerous over the last several months resulting in steam loss and disruption to the hospital, hot water temperature reduced, heating affected, sterilization on stop. -Parts are obsolete and repairs have become harder to instigate and effect reliability. -Main suppliers wont support due to age of boilers -Cost of extended maintenance and time spent hire etc. -Next failure could result in several critical parts being non repairable -Lack of expertise or contractors to be able to assist reliant on one company -Critical spares unavailable 	5	4	20	<ul style="list-style-type: none"> -Boiler 2 upgraded for new boiler due on-line December 2023 -Temporary boiler connected as insurance back up -Local company sourcing spare parts -Wells government case for money and upgrades and replacement early 2024 -Regular checks and maintenance carried out 	5	3	15	<ul style="list-style-type: none"> -Boiler 2 due on line completely new installation -Replacement upgrade of boiler 1 and 3 -Source spare parts in interim 	4	2	8
27	UHL 01/12/2024	<p>Issue: 4 Steam to LTHW plate heat exchangers for primary heating circuit</p> <p>Risk/Potential Impact:</p> <ul style="list-style-type: none"> -Failure of all plate heat exchangers would result in no heating through hospital. -Pump failure on plates has occurred and they are now obsolete and repairs to old pumps take time to return as well as cost. -Controls have failed on one exchanger no drawings as part of old boiler house set up run by others (resilience lost by one set down) 	4	4	16	<ul style="list-style-type: none"> -Unlikely that all 4 plates would fail simultaneously mechanically as they have been replaced within last 5 years. -4 pump sets unlikely all fail same time can still repair currently old sets -Upgrade one set and keep other as spare -Increase maintenance checks and preventative maintenance 	4	4	16	<ul style="list-style-type: none"> -Upgrade all pump sets to latest standard -Rewire failed control circuit to get resilience back -Consider total upgrade of BMS controls for longevity and migrate all essential plant on to new system. -Increase maintenance checks and preventative maintenance 	4	2	8
28	UHW 01/12/2024	<p>Issue: 11kv main distribution board for UHW site network</p> <p>Risk/Potential Impact:</p> <ul style="list-style-type: none"> -There are no additional spare circuits for any further expansion. Any additional substations are added to existing circuits adding to their criticality and reliance. -Fault with board causing loss of power to hospital -Breakers are SF6 (Sulphur hexafluoride) ozone depleting gas. -Unsure of replacement parts due to age and Gas type. -Only Authorised people able to switch equipment -All the electrical intake equipment is in one location, feeding the whole of hospital, risk to loss from fire would mean total loss. 	5	4	20	<ul style="list-style-type: none"> -Any new developments added to existing ring will require low voltage stand by generation to take load. -Able to split board and feed from other half of board -Regular checks for leaks -Contract with specialist contractors for maintenance -Trained staff and competent staff on call 24/7 -Full alarm system and regular maintenance 	5	4	20	<ul style="list-style-type: none"> -Undertake independent review and seek advice off Authorizing Engineer on level of Risk -Consider sourcing spares -Review upgrade options -Look at extension of existing board -Look at having back up emergency arrangements away from existing building. 	5	1	5
29	UHW 01/12/2024	<p>Issue: Control valves, monitoring and controls and fittings and boiler ancillary parts and lagging</p> <p>Risk/Potential Impact:</p> <ul style="list-style-type: none"> -Loss of steam to main boiler house or reduced capacity affecting heating, hot water sterilization and ventilation. -Loss of controls could impact and result in unplanned shutdowns. -Parts unavailable or not compatible resulting in loss of steam production -Possible HSE intervention through insurance inspections. -Higher financial running costs due to poor efficiency. -Unsafe practices leading to accidents. -Reliability issues due to unexpected failure. -Length of time for repairs could be extended. 	4	4	16	<ul style="list-style-type: none"> -Annual insurance inspection to check safety operation and critical devices. -Number of boilers available to meet demand. -More frequent checks on water quality by DEL -Specialist contractors available to assist when called upon. -No mitigation for economizers or lagging -Putting DEL staff through recognized BOAS training 	4	4	16	<ul style="list-style-type: none"> -Upgrade critical failed parts -Completely overhaul each boiler controls, valves etc. to modern standard. -Ensure DEL staff competent through BOAS training. -Invest in economizers and new lagging -Undertake full review independently of boilers and any further recommendations. -Consider having tap in valves for external boilers. 	1	4	4
31	UHW 01/12/2024	<p>Issue: High and low voltage power supplying CFPU from DSSS</p> <p>Risk/Potential Impact:</p> <ul style="list-style-type: none"> -Loss of power due to fault on internal HV network services. -Loss of power due to external fault on hospital supply (no power at CFPU or other buildings) food production and storage on stop. -Unable to do high voltage maintenance without turning power off. -Low voltage panel issues loss of power single point of failure. -Equipment getting older 	4	4	16	<ul style="list-style-type: none"> -HV supply to be switched from both sides of ring -No mitigation against external power loss -Various contractors and staff available to respond to issues 	4	4	16	<ul style="list-style-type: none"> -Consider generator to cover whole of DSSS. -Consider local generator for lakeside CFPU food production only (cost based). -Consider low voltage connections for external generator in an emergency. -Consider alternative power on high voltage on external ring -Consider smaller generators for fridges and freezers -Consider low voltage secondary feed to LV panel 	1	4	4
38	UHW 01/12/2024	<p>Issue: Main steam header and valves</p> <p>Risk/Potential Impact:</p> <ul style="list-style-type: none"> -The steam header is of an age and condition not checked and unknown thickness. -Probably asbestos joints on some of the flanges/pipework (not confirmed) hindering repairs. -Valves are of a single isolation type and not now the double block and bleed type. Major shutdowns now require in most cases a major shutdown of steam to the hospital. -Existing valves not seating and holding, unable to maintain due to criticality of shutting off steam. 	5	5	25	<ul style="list-style-type: none"> -Contractors and DEL staff available to conduct repairs as required 	5	4	20	<ul style="list-style-type: none"> -Look at changing the valves to double block and bleed -Consider new steam header replacement with all new and redesign for better resilience. -Introduce summer shutdown maintenance swap out valves and reset and pack existing valves -Review asbestos data and consider strip out 	3	4	12

Regan Nikki
11/08/2025 14:13:11

41	UHL 01/12/2024	<p>Issue: 11kv High Voltage intake distribution board</p> <p>Risk/Potential Impact: -Both Liandough feeder (normal)and primary both supply on the same bus section and are controlled by WPD. In the event of an issue with busbar it would all be shut off. Leaving no mains power to UHL. -Every time WPD do maintenance on their side of the board UHL has to run on generator. -2 radials can only be connected at LV point no HV Interconnection -All of hospital on one side of outgoing busbar any faults would take out site</p>	3 5 15	-WPD do regular maintenance but unable to mitigate against failure on incoming side of busbar. -No mitigation against outgoing busbar			-Review installation and upgrade to reduce single points of failure.		5 2 10	
42	UHW 01/12/2024	<p>Issue: Plate heat exchanger for domestic hot water</p> <p>Risk/Potential Impact: -2 independent plate heat exchangers are installed to serve the hospital with domestic hot water. One has failed and the existing plate heat exchanger cannot maintain the temperature at the set point. -Maintenance compromised if one plate heat exchanger cannot maintain the temperature set at 60 Celsius. -Increased risk of legionella -If last plate fails no hot water generation available.</p>	5 4 20	-Chlorine dioxide is a secondary method of controlling legionella and cold feed is treated before being circulated as generated hot water.			-Repair existing plate heat exchanger. -Consider adding a 3rd plate for resilience. -Ensure buffer vessel is installed to remove any peak demand issues.		2 5 10	
43	UHW 01/12/2024	<p>Issue: Hydro plant controls, dosing and heating</p> <p>Risk/Potential Impact: -Pool out of use and patients unable to have treatment as per their recovery plans. -Calorifier is old and single point of failure and not efficient reliance on steam and condensate systems. -Pipework is old and failed lagging deteriorated -Lack of ventilation due to poor lagging excessive heat. -Some of controls old and problematic -No back up to critical components -Pool out of action for maintenance and insurance inspections annually</p>	5 3 15	-Daily pool checks for early intervention of faults -Maintenance contract in place -Contractors available for repairs			-Revamp plantroom completely with new plant including all parts of the system -Partial upgrade -Carry essential spares		2 3 6	
47	UHW 01/12/2024	<p>Issue: Main 415 v distribution panel</p> <p>Risk/Potential Impact: -Failure of Board due to age and leave Theatres without power. -Live terminals exposed RISK OF ELECTROCUTION -Whole board shut down to work on system -Unsure whether Isolators will work -Parts not readily available adaptations would need to be completed to make a repair. -No overload protection only rewirable fuses</p>	3 5 15	-No mitigation against failure -Warning notices to be fitted -Qualified competent electrician only to work on system			-Review installation for suitability. -Install new board to modern standard and re cable all outgoing services with appropriate protection.		2 4 8	
48	UHW 01/12/2024	<p>Issue: Main 415 v distribution panel</p> <p>Risk/Potential Impact: -Failure of Board due to age and leave area without power. -Live terminals exposed RISK OF ELECTROCUTION -Whole board shut down to work on system -Parts not readily available adaptations would need to be completed to make a repair. -No overload protection only rewirable fuses -No expansion available without add on boards</p>	5 5 25	-No mitigation against failure -Warning notices to be fitted -Qualified competent electrician only to work on system			-Review installation for suitability. -Install new board to modern standard and re cable all outgoing services with appropriate protection.		2 4 8	
50	UHW 01/12/2024	<p>Issue: 2 cold/hot water storage tanks</p> <p>Risk/Potential Impact: -Failure of a tank or tanks leading to loss of water supply hot and cold to CHFW Phase 1. -Tanks not being turned over in 12 hours meaning over capacity and not compliant with Guidance. -Tanks serve both services hot and cold any issues result in both services being affected. -Tanks 24 years old life expectancy is 25 years -Tanks physically joined together and not wholly independent. -Access ladder non-compliant</p>	5 4 20	-Chlorine dioxide plant feeding tanks reducing legionella and pseudomonas risk to system. -2 tanks normally available for resilience.			-Replacement of tanks completely to current standards. -Two independent tanks fitted of the correct size and in line with today's standards -Ensure access ladder upgraded		4 1 4	
54	UHW 01/12/2024	<p>Issue: Medical gas Oxygen system isolating valve</p> <p>Risk/Potential Impact: -A non-medical isolation valve has been fitted to the medical oxygen system. -It is non compliant -Can be confused for other isolating valves and turned off inadvertently as conventional handwheel type. -Not sure would isolate as not designed for oxygen -Possible leaks from stem of valve -Could remain shut if operated</p>	4 4 16	-No mitigation as wrong valve in wrong situation fitted			-Replace valve of the appropriate standard for medical Gas pipeline systems.		4 1 4	

Regan Nikki
11/08/2025 14:13:11

55		UHB 01/12/2024	<p>Issue: Emergency water connections via fire hydrant connection</p> <p>Risk/Potential Impact: -Both fire main and town main fractured leading to loss of water to parts of the hospital. -Due to complexity of both mains failing contingency measures to supply water were extreme and challenging. -No specific connections to connect welsh water bowers to top up tanks. -No emergency testing of systems/business continuity with regards to water failure. -Effect on third party such as Cardiff University Electrical supplies -Flooding to others -Availability of contractors and staff out of hours</p>	5	4	20	<p>-Two mains (2 going rare occurrence) -Welsh water tankers, bottled water</p>	4	4	16		<p>-Review UHB wide contingency with regard to water disruption in consultation with welsh water emergency planners. -Fit appropriate stabbings at strategic points as gared -Consider dry riser connections</p>	4	1	4		
61		UHB 01/12/2024	<p>Issue: Thermostatic mixing valves on domestic hot water system</p> <p>Risk/Potential Impact: -Legionella Risk increased in faulty TMV -Scaling to patients -Increased buildup of scale and debris in filter mesh protecting TMV can harbor Legionella and pseudomonas. -Reduced water flow to flush out biofilms etc. -Enhanced maintenance costs on TMV that may not be required. -Further monitoring costs by water safety Team -Isolation valves not working correctly unable to maintain or service correctly. -Non-return valves not working correctly introducing cold water into hot water system reducing temperature -Various TMVs fitted spares stock increased -Slower repairs</p>	4	4	16	<p>-Water safety team checking temperatures and manage water systems. -External contractor maintaining TMVs</p>	4	4	16		<p>-Risk assess the need for TMVs in non-patient area and remove. -Re-visit existing all TMVs and add to backlog for changing (standardize) -Isolating valves may need attention also -Remove non-patient TMVs</p>	3	4	12		
78		UHB 03/12/2024	<p>Issue: Modular gas boilers</p> <p>Risk/Potential Issue: -Boilers produce condensate (pure water extremely corrosive) which will eat away the aluminum fins and corrode copper heat exchanger fins and pipework. -Premature failure of heat exchangers. -Loss of heating -Leak</p>	4	4	16	<p>-Service contract in place to check boiler integrity.</p>	4	4	16		<p>-Maintain boiler in accordance with manufacturers recommendation with program for cleaning water and fire side with proprietary chemical cleaner.</p>	4	1	4		
79		UHB 04/12/2024	<p>Issue: Cast iron above ground drainage pipes</p> <p>Risk/Potential Issue: -Due to age leaks due to cracking have occurred. -Sewerage outfall at failure of pipes causing disruption to departments. -Internal bore restricted causing blockages -Damage to equipment and departments -Expensive repairs and clean ups to revenue budget</p>	5	4	20	<p>-Replacement program for main ward blocks -Repairs can be carried out at point of failure</p>	5	4	20		<p>-Conduct conditional survey and highlight areas in need of replacement in priority order. -Extend replacement program to cover essential areas or problematic areas by priority.</p>	4	1	4		
85		UHB 10/12/2024	<p>Issue: Day surgery medical air compressors</p> <p>Risk/Potential Issue: -The plant is located within a general plantroom with ventilation, electric distribution and other equipment. This is a non-compliant making it non-compliant. -Plant is old and repairs have been carried out to keep plant running. -One compressor obsolete and not working -Installation does not allow for easy testing by pharmacist. -Old plant uneconomical to run electrically</p>	5	4	20	<p>-Unable to mitigate against non-compliance -Maintenance contract in place for repairs to plant</p>	5	4	20		<p>-Remove plant completely when new A&E med air plant installed and rationalize pipework and distribution supply pipe work</p>	4	1	4		
93		18/12/2024	<p>Issues: Modular heating boilers</p> <p>Risk/Potential Issue: -Lack of heating in winter CHFW Phase 1 -Boiler safety notice issued only 3 out of the 12 modules working, will not meet heat demand in winter -Expensive to replace modules beyond repair -Obsolescence in future new variant required to...</p>	5	4	20	<p>-No mitigation replacements need to be sought</p>	5	4	20		<p>-Suggest install new more economic condensing boilers before winter. -Repair replace other modules</p>	4	1	4		
Mechanical																	
M1		Deco-2019	<p>Risk/Issue: Some of the Ventilation systems and theatre spaces are old and are reaching the end of their useful life. This is resulting in large number of remedial works being required. Impact: Closure of theatres, impact on service delivery.</p>	GW	5	4	20	<p>Verifications at UHW & UHL theatres have identified many issues with ventilation system and environment condition of theatres. Theatre are also not to current HTM guidance for size. Short, medium and long term plans for theatres are being progressed.</p>	Theatres are being maintained to ensure continuity of service. Plans are in place to upgrade theatres in line with HTMs on a priority basis	Theatres are not to current HTMs for size	Maintenance of older plant is getting more and more difficult as parts are difficult to source	continue with plans	D C team	ongoing	5	1	5
M19		Deco-19	<p>Risk/Issue: Ventilation verification of critical systems has identified UHW Dental theatres & recovery does not comply with HTM's for ventilation. Airflow is low in 2 dental theatres fed by the same plant. Impact: Not compliant</p>	GW	5	4	20	<p>Regular maintenance being carried out</p>	Theatres cannot be used in current condition short term plan being executed to provide 1 compliant theatre	Not compliant with HTM		New AHU required to feed theatres only.			5	1	5
M29		Jun-21	<p>Risk/Issue: Ventilation verification of critical systems has identified UHW ITU A3N North does not comply with HTM's for ventilation. Impact: None compliant</p>	GW	5	4	20	<p>Maintenance intermittent due to access issues AHU with ward WASTE room. Fancoils in ward are not accessible unless ward emptied but do not comply anyway</p>	System has never complied with HTMS	System isnt suitable and correct maintenance is restricted	Current HTM not being adhered to	Acute Site Master Planning schemes are looking to resolve most of the issues around HTM in particular the ventilation. This is however a medium term plan and requires significant funding. C3 South & C3 North are currently going through design stage.	DC Team		5	1	5
M30		Jun-21	<p>Risk/Issue: Ventilation verification of critical systems has identified UHW ITU A3N North does not comply with HTM's for ventilation. Impact: Not compliant Risk: loss of critical services that will effect patients</p>	GW	5	4	20	<p>Maintenance intermittent due to access issues AHU with ward</p>	System has never complied with HTMS	System isnt suitable and correct maintenance is restricted	Current HTM not being adhered to	Look at improving the system to comply with current HTMs	DC Team		5	1	5
M31		Jun-21	<p>Risk/Issue: Ventilation verification of critical systems has identified UHW Cardiac ITU C3 Link does not comply with HTM's for ventilation. Impact: Not compliant</p>	GW	5	4	20	<p>Regular maintenance being carried out</p>	System has never complied with HTMS	Not compliant with HTM	Current HTM not being adhered to	Look at improving the system to comply with current HTMs	DC Team		5	1	5
M32		Apr-22	<p>Risk/Issue: Main walk in Drugs fridge in UHW Pharmacy stores LGF, is old and requires renewing due to being unreliable and parts difficult to obtain. Impact: Loss of refrigerated drugs causing interruption to service</p>	GW	4	4	16	<p>Regular maintenance being carried out</p>	Fridge is maintained on a regular basis however breakdowns have occurred outside of the service window.	due to age failure is likely	Parts are currently long lead in time if system was to fail	Renewal of Fridge and components with run and standby equipment required	DC Team		5	1	5

M33		Apr-22	Risk/Issue: SPS walk in Drugs fridge in UHW Pharmacy stores GF is old and requires renewing due to being unreliable and parts difficult to obtain. Impact: Loss of refrigerated drugs causing interruption to service	GW	4	4	16	Regular maintenance being carried out	Fridge is maintained on a regular basis however breakdowns have occurred outside of the service window.	4	4	16	due to age failure is likely	Parts are currently long lead in time if system was to fail	Renewal of Fridge and components with run and standby equipment required	DC Team		5	1	5
M36			Risk/Issue: UHW & UHL Medical Gas Pressure reducing sets out of manufacturers recommended operational service dates Impact: Equipment Failure leading to Loss of Service and Interruption of supply impacting on patients		5	5	25	Regular maintenance being carried out	UHW would suffer from Equipment Failure due to high pressures	5	4	20			UHL set has been replaced. There are approximately 15 sets at UHW. Funding has been approved and they are to be completed this financial year before end of March.			5	1	5
M37			Risk/Issue: Medical Gas PPM at all sites has identified that there are no "low line Pressure" alarms and warning lamps as per the requirements of HTM. Impact: Equipment Failure leading to Loss of Service and Interruption of supply impacting on critical procedures patient safety		5	5	25	Regular maintenance being carried out		5	3	15	Systems are currently being maintained but hoses have not been upgraded	Non compliant with HTM	prepare plans to install alarm panels and warning lights, critical areas first i.e theatres, ITU etc to comply with HTM's	DC Team		5	1	5
M38		Dec-19	Risk/Issue: Ventilation AHU serving HDU AT UHL does not comply to HTM's. There are major issues with it's Air Handling Unit and recommends replacement. Impact: Potential AHU failure leading to loss of service.	GW	5	4	20	Regular maintenance being carried out to maintain the systems as is	Systems are statutory tested and inspected annually	5	3	15	replacement of AHU required	statutory inspections records are kept on a spread sheet and need to be transferred to a data base	prepare plans to renew the AHU.	DC Team		5	1	5
M45			Risk/Issue: Medical Gas Pendant hoses 5 yearly replacements have never been completed.		5	4	20	Regular maintenance being carried out but hoses not inspected	PPM inspections are carried out 3 monthly	5	3	15	Systems are currently being maintained but hoses have never been inspected or changed	Non compliant with HTM	Carry out survey of pendant hoses and action report	DC Team		5	1	5
M46		Oct-23	Risk/Issue: Ventilation verification of critical systems has identified a non compliant plant and airflow serving main recovery at UHW Impact: Potential AHU failure leading to loss of main recovery	GW	5	4	20	Regular maintenance being carried out.	System is subject to statutory testing and inspection in line with legislation and HTM	5	4	20	Systems are being maintained to best endeavour	System needs replacing	prepare plans to renew the AHU	DC team		3	1	3
M49		Oct-23	Risk/Issue: Ventilation AHU serving Maternity delivery suites does not comply to HTM's. There are major issues with it's Air Handling Unit and recommends replacement. Impact: Potential AHU failure leading to loss of service.	GW	4	5	20	Regular maintenance being carried out to maintain the systems as is	Systems are statutory tested and inspected annually	4	5	20	replacement of AHU required	statutory inspections records are kept on a spread sheet and need to be transferred to a data base	prepare plans to renew the AHU.	DC Team	01-Aug-20	3	1	3
M52			Risk/Issue: Animal House Bus Boiler No1 & No2 would lose heating supply Impact: Potential loss of heating in area		4	4	16	Regular maintenance being carried out to maintain the systems as is	Systems are statutory tested and inspected annually	4	4	16	replacement of boilerS required	statutory inspections records are kept on a spread sheet and need to be transferred to a data base	prepare plans to renew the boilers	DC Team		3	1	3
M53			Risk/Issue: Barry hospital boiler No2 is in very poor condition heating issues Impact: Potential loss of heating in area		4	4	16	Regular maintenance being carried out to maintain the systems as is	Systems are statutory tested and inspected annually	4	4	16	replacement of boiler required	statutory inspections records are kept on a spread sheet and need to be transferred to a data base	prepare plans to renew the boilers	DC Team		3	1	3
M55			Risk/Issue: Broad Street Clinic boiler no 1 is in very poor condition supply Impact: Potential loss of heating in area		4	4	16	Regular maintenance being carried out to maintain the systems as is	Systems are statutory tested and inspected annually	4	4	16	replacement of boilers required	statutory inspections records are kept on a spread sheet and need to be transferred to a data base	prepare plans to renew the boilers	DC Team		3	1	3
M56			Risk/Issue: Lan Rurney Clinic boiler no1 would is in very poor condition Impact: Potential loss of heating in area		4	4	16	Regular maintenance being carried out to maintain the systems as is	Systems are statutory tested and inspected annually	4	4	16	replacement of boiler required	statutory inspections records are kept on a spread sheet and need to be transferred to a data base	prepare plans to renew the boilers	DC Team		3	1	3
M57			Risk/Issue: HSDU RO PLANT failing on a regular basis some parts are obsolete Impact: Potential loss of RO water		4	4	16	Regular maintenance being carried out to maintain the systems as is	Systems are statutory tested and inspected annually	4	4	16	Replacement of RO plant	statutory inspections records are kept on a spread sheet and need to be transferred to a data base	prepare plans to renew the boilers	DC Team		3	1	3
M58		Oct-23	Risk/Issue: Gas main to dental hospital, unable to re-instate following pipe failure to main supply due to out of date fittings which would not pass gas safe regulations. Impact: No gas supply available to dental, restriction in capacity to deliver service.	GW	3	5	15	Local bottle bunsen burners being used		3	5	15	New gas main required		Design and install new gas main	DC Team	01-May-24	3	1	3
M60			Risk/Issue: UHL Cavoc theatres - mechanical Infrastructure failing, including the chiller, AHU, AHU supply and extract air ducting and multiple pipe work system. Impact: Potential loss of use for all Cavoc theatres		4	4	16	Regular maintenance being carried out to maintain the systems as is	Systems are statutory tested and inspected annually	4	4	16	Multiple replacements required	statutory inspections records are kept on a data base	prepare plans to renew	DC Team		3	1	3
M61			Risk/Issue: Hamadryad Centre boiler no1 & 2 in very poor condition Fan dilution system inadequate Impact: Potential loss of heating in area		4	5	20	Regular maintenance being carried out to maintain the systems as is	Systems are statutory tested and inspected annually	4	5	20	replacement of boiler required	statutory inspections records are kept on a spread sheet and need to be transferred to a data base	prepare plans to renew the boilers	DC Team		3	1	3
M64			Risk/Issue: UHW Tunnels corroded 6" CHW flow & Return Pipework to hospital coding systems (Theatres,Animal House,ICU). Impact: Equipment Failure leading to Loss of Service and Interruption of air supply impacting on patients		4	4	16	Maintenance not carried out to pipework	Pipework not inspected full survey is required to ascertain extend of corrosion	4	4	16	Replace Pipework	System needs replacing	Prepare Plans to replace	DC Team		5	1	5
M65			Risk/Issue: UHW Chlorine Dioxide water dosing system needs replacing due to parts and service of current system expensive and locked into one supplier equipment to repair is not easily obtainable Impact: Equipment Failure leading to loss of chlorine dosing system in water supply feeding the hospital		4	4	16	Maintenance not carried out to pipework		4	4	16	Replace System	Service is records are kept via estates	Prepare Plans to replace system	DC Team		5	1	5
M66			Risk/Issue: Ro Water system no longer supported by Manufacturer from 2027 in the Dave thomas renal unit fed from Iqf RO plantroom parts will become obsolete Impact: Loss of RO equipment impacting Patient care		4	4	16	Regular maintenance being carried out to maintain the systems as is	Systems are statutory tested and inspected annually	4	4	16	Replacement of RO plant	statutory inspections records are kept on a spread sheet and need to be transferred to a data base	prepare plans to renew the boilers	DC Team		3	1	3
M67			Risk/Issue: Ro Water system no longer supported by Manufacturer from 2027 in the B5 ward Dialysis unit fed from Iqf RO plantroom parts will become obsolete Impact: Loss of RO equipment impacting Patient care		4	4	16	Regular maintenance being carried out to maintain the systems as is	Systems are statutory tested and inspected annually	4	4	16	Replacement of RO plant	statutory inspections records are kept on a spread sheet and need to be transferred to a data base	prepare plans to renew the boilers	DC Team		3	1	3

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11/08/2025 14:13:11

M68			Risk/Issue: Ro Water system no longer supported by Manufacturer from 2027 in the CHFW renal unit parts will become obsolete Impact: Loss of RO equipment impacting Patient care	4 4 16	Regular maintenance being carried out to maintain the systems as is	Systems are statutory tested and inspected annually	4 4 16	Replacement of RO plant	statutory inspections records are kept on a spread sheet and need to be transferred to a data base	prepare plans to renew the boilers	DC Team		3 1 3	
Electrical														
E1			Risk/Issue: Lifts urgently require replacement. A phased approach has been adopted with the following lifts to be reviewed: Lifts 1, 2,5,6,12,13,14,15,16,17,18,19,20,21,22,23,24 & 27 All to be considered. Impact: Failure of lifts restricts public and staff movement around site.	4 4 16	Maintained on a best endeavours philosophy until scheme to replace these lifts is conducted	The UHB has an annual testing program in place that inspects all lifts. These lifts require major overhaul and upgrade to latest standards	4 4 16	Some parts are likely to become obsolete whilst waiting for upgrades	Although lifts are annually tested in line with statutory requirements this doesn't control any breakdowns	Put a replacement plan in place for lifts	Senior Electrical engineer	01-Dec-25	3 1 3	
E4			Risk/Issue: The main low voltage busbars serving the ward blocks at the UHW are past their useful life. Impact: Potential disruption to wards should busbars fail leading to long disruption.	4 4 16	Inspection regime in place, repairs dealt with when occur.	No failures to date	4 4 16	Inspection regime doesn't identify the likelihood of breakdowns occurring	limited amount of spares	Prepare a replacement plan for when funding becomes available	Senior Electrical engineer	Dec-25	4 2 8	
E9			Risk/Issue: There is currently no backup power Generator for the Tertiary Tower Building. Due to a recent high voltage network fault the Tertiary Tower lost power on two occasions putting Staff, Patients and Visitors at risk. Risk - power failure with no back up system Impact - failure of power at key times such as during surgery risking loss of life	4 4 16	Detail design being carried out by the Discretionary Capital team to provide future long term resilience for the Tertiary Tower	A short term plan has now been put in place to reduce some of the risks and provide backup to essential plant in the Tertiary Tower however a long term solution is still required to deal with this situation.	4 4 16	Redesign of the electrical infrastructure required to improve reliability and resilience	None	Approval for funding required.	Senior Electrical engineer	Dec-25	5 1 5	
E10	07/09/2024		Risk/Issue: DSS2-Sub 2 the hospital's main central switchroom. The hospital's natural growth has now used up all the spare capacity of the Sub 2 main distribution panel meaning there is no spare capacity for natural growth or scheme development within the SUB 2 panel.	4 4 16	Detail design required to expand the sub station room and to expand the existing panel configuration to allow for natural expansion & growth of the site infrastructure	the last spare ways have been designated for the The EU Xray scheme	4 4 16	Prepare detailed design for when funding is available	None	Prepare a design for when funding is available	Senior Electrical engineer	Dec-25	4 1 4	
E12			Risk/Issue: UHL, Fire alarm system, old series devices not allowing to safe address the system, leaving the system compromised, addresses can shift leading to wrong operation of interfaces & detectors, and labels of rooms being incorrect for fire brigade	4 4 16	contract in place for fire alarm maintenance, contractor & estates monitoring system, contractor testing programme in place	back up of system memory taken and stored by contractor, testing regime in place & managing system and alterations additions	4 4 16	replacement program is ongoing as and when funding is available. Need to put a program together for replacement of Interface units and call points.	information and system operation at risk until upgraded and safe addressed	Bid to WG for funding under EFAB scheme has been approved for implementation 2023/2024 & 2024/2025	Senior Electrical engineer	01-Dec-25	4 1 4	
E16			Risk/Issue: During maintenance and testing works for operation POET (Power Outage Emergency Test) an issue was encountered in Electrical Sub-Station 2A where the automatic changeover system to start the low voltage generator is not functioning. Maintenance and re-testing has been carried out numerous times however has not resolved the issue. The equipment cannot be directly replaced as due to the age the Panels and equipment are now obsolete. In the event of an unplanned power outage the changeover system will not work and will require manual switching by Estates staff. Sub 2A Provides power for a number of essential areas including, Main Operating Theatres, Day Theatres and Recover, SDEC, Mortuary, Cath Labs A,B and C, Sections of the LGF Tunnels and other essential plant.	5 4 20	On call Estates Staff are aware of the issue and will attend as a priority in the event of a power loss	Discretionary Capital will start the Design and Tender process to enable funding to be sought from Welsh Government for replacement of the equipment.	4 4 16	Redesign of the electrical infrastructure required to improve reliability and resilience	Obsolete parts unavailable in the short term until replacement project can be undertaken.	Bid to WG for funding under EFAB scheme or BJC funding for 2024	Senior Electrical engineer	01-Dec-25	5 1 5	No Target Risk Rating Score Provided
E17			Risk/Issue: Reliance on HV generator for critical services	5 4 20	On call Estates Staff are aware of the issue and will attend as a priority in the event of a power loss	Discretionary Capital will start the Design and Tender process to enable funding to be sought from Welsh Government for installation of secondary LV generators to essential loads	5 4 20	Redesign of the electrical infrastructure required to improve reliability and resilience	none	Bid to WG for funding under EFAB scheme or BJC funding for 2025	Senior Electrical engineer	01-Dec-25	5 1 5	
Asbestos														
8			Risk/Issue: Unauthorised access to Regulation 18 asbestos areas. Impact: Potential for disturbance of friable asbestos and subsequent asbestos exposure of individuals	5 2 10	Regulation 18 Asbestos Areas list updated regularly and circulated to relevant parties. All Reg 18 areas are locked with a suited padlock and have been appropriately signed with new QR coded signage. Estates Managers and Supervisors should update details/times of staff accessing Reg 18 areas on the log/record. All Reg 18 areas show as Out of Bounds on MICAD. Access to Regulation 18 areas is controlled by a Permit issued by AMT.	Estates staff have received further training on Reg 18 areas. Areas are secured with suited padlocks with Clog controlled access to key. They are periodically checked to ensure they are still secure. Priority is given to clearing Reg 18 areas to allow full access as soon as possible.	5 3 15	Often the Reg 18 locks are found to have been removed to allow unauthorised access. In the last 18 months 10% of Reg 18 areas have been accessed at least once.	Resecure damaged areas. Reiterate to all parties that Reg 18 areas must not be accessed without a Permit issued by the AMT. Consider more robust method for securing areas. Larger locks, bigger hasps, bespoke plates / gates.	Estates		01/04/2025	5 1 5	
16			Risk/Issue: Continued maintenance of services (especially high level and floor ducts) within the UHW basement due to known and presumed high risk ACM's Impact: High risk asbestos types can increase risk of contamination if disturbed and can have a significant impact on maintenance of services	5 4 20	Asbestos database shows current known ACM's. High risk areas noted on Regulation 18 Asbestos areas list. Estates staff aware that work in floor ducts, high level areas and to original pipe work is restricted and requires approval from AMT. R&D surveying required for larger scale projects or work in high risk areas.	Further R&D surveys have provided more in depth information on the presence of debris and ACMs in the tunnel areas. Significant clean up work has been undertaken to improve the conditions in the tunnels. All MICAD pages for the tunnels have comments relating that ducts and high level surfaces are not asbestos free and that work in these areas is restricted. Also included in any relevant tool box talks / site inductions / management meetings	5 3 15	Estates staff need to be reminded that work in the ducts and at high level in the tunnel areas continues to be controlled. New staff and temporary workforce need to be informed of these issues as part of their site induction team. SO need to be aware of the requirement to gain a signed ATP for planned works	It is virtually impossible to provide assurance of a complete clean at high level and in the ducts, therefore work in these areas will remain as controlled work	Previous actions completed	O.D	Apr-22	5 2 10	Jun-24
18	19/09/2023		Risk/Issue: Not undertaking comprehensive asbestos removal from areas undergoing refurbishment because of time or financial reasons Impact: Failing to meet the requirements of the AMP and CAR 2012 Reg 7 (3). Overall number of ACM's is not consistently reducing	3 5 15	It is a key aim of the AMP (in line with Regulation 7(3)) to ensure that "in cases of final demolition or major refurbishment of premises, the plan of work must, so far as is reasonably practicable, specify that asbestos must be removed before any other major works begin, unless removal would cause a greater risk to employees than if the asbestos had been left in place."	The AMT are usually involved at the outset of most projects due to the need for procuring R&D surveys. This provides opportunity to influence the scope of asbestos removal works related to the project to remove more asbestos than is necessary to fulfil the project brief.	3 5 15	Budget and time constraints are often set by others and often asbestos removal is not a primary consideration in some schemes. Limitations of scope for some projects makes removal of ACMs within the work area, but not related to the scope of the work, unfeasible.	If the government impose a mandatory timescale for removal of asbestos from public buildings we are currently not removing enough to meet these targets.	No actions currently			3 2 6	Jun-24
20	19/06/2023		Risk/Issue: High percentage of known ACM's showing signs of damage Impact: Potential for disturbance of friable asbestos and subsequent asbestos exposure of individuals	5 3 15	The highest risk ACMs are controlled most strictly, either through being locked down (Reg 18), prioritised for removal or risks being better communicated to those contractors likely to disturb them. Lower risk ACM's with lower likelihood of producing airborne fibre are less well controlled and unless they are within an area being refurbished will not usually be removed or repaired / encapsulated.	Reinspection process highlights damaged ACMs which pose a significant or immediate risk to building occupants and these are segregated (where required) and / or prioritised for removal / repair immediately.	5 3 15	Lower risk ACM's with lower likelihood of producing airborne fibre are less well controlled and unless they are within an area being refurbished will not usually be removed or repaired / encapsulated.	Create a method for monitoring levels of damage and prioritising repair or removal of most damaged items. Creating a rolling programme for reducing the risk of damaged ACMs		O.D	Sep-23	5 2 10	Jun-24

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11/08/2025 14:13:11

21	06/12/2023	Risk/Issue: Emergency Services (blue light services) but also gas and electrical board contractors do not access or are given relevant asbestos information when attending site for emergencies. Impact: Potential for disturbance and spread of friable asbestos and subsequent asbestos exposure of individuals	5 3 15	SWFRS Fire Officers attending site will follow their SOP's (they are not prepared to share these with UHB) to deal with asbestos appropriately. Security and Estates both have access to asbestos information via MICAD so could provide it if SWFRS are unable to. This needs to be formalised because there are no set procedures for admitting emergency services to site. At UHW Electrician always meets emergency services when attending but this is not consistent across other sites and outside normal office hours.	No assurance provided from either Corporate Fire Safety or SWFRS.	5 3 15	No agreed procedure with SWFRS or others to provide relevant asbestos information at point of source. SWFRS have been contacted to provide a preference so that a suitable SOP can be developed. They have been slow to respond and have moved responsibility of making the decision to the Ops Intel Dept.	Until SOP is in place there is no measure of performance.	Agree and implement a procedure to provide asbestos information when emergency services attend site. Meeting arranged for w/c 11th Mar with SWFRS and Corporate Fire Team to agree a procedure.	O.D / Ryan Paford & SWFRS	Mar-24	5 2 10	Jun-24
22	02/01/2024	Risk/Issue: Regulation 18 areas cause significant maintenance issues because access is restricted to CAT B trained staff and LARCs only. Routine maintenance within these areas is either missed or is expensive. Impact: Inappropriate access of these areas can lead to exposure to asbestos fibres. Additionally, there is significant complexity and expense to undertaking planned work in these areas.	5 4 20	Regulation 18 Asbestos Areas list updated regularly and circulated to relevant parties. All Reg 18 areas are locked with a suited padlock and have been appropriately signed with new QR coded signage. Estates Managers and Supervisors should update details/times of staff accessing Reg 18 areas on the log/record. All Reg 18 areas show as Out of Bounds on MICAD. Access to Regulation 18 areas is controlled by a Permit issued by AMT should prevent inadvertent access and therefore exposure. Where preplanned maintenance of services is required suitably competent and equipped people are able to undertake these tasks.	Pre planned work is undertaken under Permit (if internal) or by a LARC working to an approved RAMS. Regular checks done of Reg 18 locations to ensure locks and signage are still in place. LARCs are from the approved framework and RAMS etc are approved before work starts. 5% of all LARC activity is formally audited to ensure the quality work.	4 4 16	No gaps in control identified.	No gaps in assurance identified.	All Regulation 18 areas are risk assessed on the asbestos material and its likelihood of exposure but this does not allow individual areas to be appropriately ranked against each other. Ranking should be based on importance of critical services within the area, the affect loss of these services may have on the building or clinical area it serves, the general occupancy of the area and the long term strategy for the building. This would allow them to be prioritised for remediation.	AMT / Estates & Cap	01/04/2025	4 2 8	
23	02/01/2024	Risk/Issue: Regulation 18 areas cause significant complexity when dealing with emergencies in these areas. Impact: In the event of an emergency there is significant pressure on the first responder to stop further damage and this can lead to inappropriate work methods and this can increase the risk of exposure to those initially dealing with the issue. Some of the areas are so high risk that it is not possible to use own staff to deal with issue and a LARC is required. This can lead to significant delays in dealing with the initial cause of the emergency which in turn can increase the disruption / damage to the affected areas.	5 4 20	General access is restricted by using suited locks and specific Reg 18 signage. MICAD also provides additional assurance by flagging issues in the rooms. These measures should prevent inadvertent access and therefore exposure. Where preplanned maintenance of services is required suitably competent and equipped people are able to undertake these tasks under asbestos conditions. This is expensive (2 or 3 times the cost of an equivalent non-asbestos contractor).	Pre planned work is undertaken under Permit (if internal) or by a LARC working to an approved RAMS. Regular checks done of Reg 18 locations to ensure locks and signage are still in place. LARCs are from the approved framework and RAMS etc are approved before work starts. 5% of all LARC activity is formally audited to ensure the quality work.	5 3 15	In an emergency the initial response should be by a LARC with analytical support and the subsequent clean up costs will be far more significant than if it was preplanned. If the emergency is out of hours or is dealt with by a person outside of CER control then often the emergency procedures may not be strictly followed and this has the potential to allow the spread of asbestos fibres and subsequently risk of exposure to those directly involved and within the vicinity.	The AMT is often not involved in emergency responses, either initially or sometimes at all, so it is not always possible to provide the level of support required.	All Regulation 18 areas are risk assessed on the asbestos material and its likelihood of exposure but this does not allow individual areas to be appropriately ranked against each other. Ranking should be based on importance of critical services within the area, the affect loss of these services may have on the building or clinical area it serves, the general occupancy of the area and the long term strategy for the building. This would allow them to be prioritised for remediation.	AMG	01/04/2025	5 2 10	
24	02/01/2024	Risk/Issue: Regulation 18 areas in the Dental Hospital (ceiling voids and risers) do not allow routine maintenance of services (Fire alarms, fire compartmentation & dampers, ventilation systems and other essential services). It also makes routine upgrades of equipment, cabling and other services complex and more high risk and makes dealing with emergencies (water leaks etc) slower, more complex and more expensive. Impact: When there are emergencies (ceiling tile collapsing, fire etc) there is an increased risk of exposure to asbestos fibres to staff and the public in the vicinity. The lack of routine maintenance increases the risk of loss of service for the clinical areas. The increased costs involved in working in this building are significant.	5 4 20	General access to ceiling voids and risers is generally restricted and this is primarily communicated via MICAD and staff Asbestos training sessions. Where preplanned maintenance of services is required suitably competent and equipped people are able to undertake these tasks under asbestos conditions. This is expensive (2 or 3 times the cost of an equivalent non-asbestos contractor). There are a number of areas where the ceiling voids and risers have already been remediated.	Staff, both within the Dental Hospital and Estates are aware of the requirements and the AMT are copied into all correspondence regarding maintenance works and emergencies. Dental staff are used to vacating rooms that show signs of or experience any breach of the ceiling. Estates have an arrangement with one of the approved LARCs to respond within 4 hours to emergencies. Pre planned work is undertaken under Permit (if internal) or by a LARC working to an approved RAMS.	5 4 20	There have been several occasions over the last 3 years where contractors have undertaken work without the necessary controls in place because they were not aware of the requirements.	No identified gaps in assurance.	The ceiling voids and risers should be remediated on a rolling programme of works until all ceiling voids and risers are generally accessible. The order should be based on the likelihood of issues in each area. This is a significant cost /disruption because of the requirement to close the area for 12 weeks and replace the ceiling and other services on completion of the asbestos remediation. Cleaning the risers would represent a significantly lower cost and disruption impact and could be done within a single financial year.	AMG / Cap / Estates / Dental	01/04/2030	5 2 10	
25	02/01/2024	Risk/Issue: Regulation 18 areas in the basement of CRI Outpatients does not allow routine maintenance of services (heating, electrical supplies and mains water to the site). Impact: When there are emergencies (water / heating loss etc) there is an increased risk of exposure to asbestos fibres to staff. The lack of routine maintenance increases the risk of loss of service for the clinical area it serves.	5 4 20	The basement is accessible only by Estates staff and the 2 rooms with friable asbestos on the floors are both locked with suited keys and have Reg 18 signage. Staff have also been told about the change in status. They have also been added to the Regulation 18 area list. Where preplanned maintenance of services is required suitably competent and equipped people are able to undertake these tasks under asbestos conditions. This is expensive (2 or 3 times the cost of an equivalent non-asbestos contractor).	Pre planned work is undertaken under Permit (if internal) or by a LARC working to an approved RAMS.	5 4 20	No gaps in control identified.	No gaps in assurance identified.	The two rooms with friable asbestos on the floor should be remediated as a priority but the other 4 adjacent rooms also have high risk products which while manageable in their current state would be more cost effective to remove as part of a wider scheme of work.	AMG / Cap / Estates / Dental	01/04/2025	1 1 1	
Compliance Mechanical													
19A		Issue: Ventilation Smoke/Fire Dampers. DENTAL HOSPITAL UHW Regular inspection and / or maintenance is not possible as fire / smoke dampers are housed in ceiling void which is contaminated with Asbestos. Risk/Potential Impact: Potential for loss of service. Disruption to patient care. Danger of fire spread.	5 4 20	The current drainage replacement programme involves clearing asbestos from the whole ceiling void on of a wing, one floor at a time. This will allow access to these areas.	Fire damper inspections will be carried when asbestos clearance has been completed. This will be done on a floor by floor basis.	5 4 20	Inspections will only be carried out as and when ceiling voids are made safe of asbestos	Unable to complete until all floors have been made safe of asbestos.	Continue with schemes to made area accessible.		01-Aug-26	5 3 15	
Compliance Fire Building													
B1		Ageing roof systems causing issue with water ingress and stability. A number of roofs are at risk of failure, however the Roof at UHL Physio is in need of urgent replacement. - Risk - severe leaks or roof collapse causing closure of buildings - Impact - service disruption.	GW	4 4 16	Replacement program in place. Ongoing program to prioritise roof repairs	4 4 16	Full scope of all roof structures needs to be carried out to ascertain current position and produce a priority list for future upgrades	Only one projects currently on the agenda for this year	Complete a survey of all roof structures to ascertain the current condition	DC team	01-Dec-24	4 2 8	
B4		Plant room roofs at UHW are showing signs of degradation and failure. Roofs are metal profile on steel girders. On a block plant room there is obvious signs of Corrosion with daylight showing clearly on the far right side. Lift rooms roofs leaking causing down time on lifts. - Risk - roofs sheets corroding causing collapse of roof impact / loose sheets have the potential to fall putting pedestrian and vehicle traffic at risk	GW	5 4 20	Early signs of corrosion, roof is reasonably stable at present roof is to be continually monitored to check for further signs of structural loss	5 4 20	No plan at present to address the issues	Monitoring is not recorded formally	Put in a plan to formally monitor roof in A block and carry out full structural survey of all roofs including lift plant room roofs	DC team	Dec-24	5 2 10	

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11/08/2025 14:13:11

B8	17/05/2023	106 plant room failure to control bird invasion causing the various plant to be contaminated with bird guano Risk: failure to complete PPM and plant repairs due to the risk of ill health from pigeon guano for in house and contractors staff Impact: failure of critical plant due breakdown as result of maintenance and repairs not being completed	GW	4	5	20	Ad hoc cleaning has been completed by specialist cleaning contractors which allows for repairs to be completed when necessary	Plant is repaired when breakdown occurs once a specialist clean is completed	4	4	16	Although specialist cleans are completed when repairs are necessary the area has never been secured to stop the ingress of bird and other vermin. Resulting in a specialist clean being required before any repairs can be carried out each time	Although essential repairs are completed PPM are often not completed on time due to the contamination in the area and in particular on the plant	The area needs major work to prevent and control of birds and vermin and to allow PPMs and repairs to being carried out in a timely manner and safe access to 106 area	DC team	Sep-23	4	2	8
B9	17/05/2023	Heulwen South - roof failures causing major leaks to clinical areas Risk: Clinical areas in both wards are having to deal with water ingress and interruptions to patient services Impact: Loss of clinical areas due to major disruption as a result of heavy rain causing large volumes of water ingress	GW	4	5	20	Emergency repairs have been carried out to minimise the disruption to the wards	Emergency repairs have reduced the likelihood of closures at present	4	4	16	Emergency repairs are only a stop gap and will have a time limit of no more 6 months	Emergency repairs can not be guaranteed to last through the winter months	Both roofs need replacing before next winter	DC team	Sep-23	4	2	8
Energy and Environment																			
20		Risk/Issue UHW CHP Plant current O and M contract with Clarke Energy will expire in April 2025. Current CHP plant has exceeded 90,000 run hours requiring major overhaul / upgrade or plant replacement. As the CHP plant provides significant revenue savings and forms a significant element of the heating and electricity infrastructure, plant failure will result in operational difficulties. Current contract states that plant failure risk lies with the UHB	GW	5	4	20	Current O and M contract is in place until April 2025. Internal discussions are being held to develop proposed solutions.	Controls are through Departmental Assurance meetings. Team Brief and discussions with Clarke Energy	5	4	20	CHP plant upgrade/replacement is required.	CHP Plant upgrade/replacement is required	Discussions are in progress with Clarke Energy regarding future options. Paper has been prepared detailing available options. If preferred option not progressed then an intermediate plant upgrade, service and other works will reduce operational risk. Estimated cost of these works is £1.1 million inc VAT.	Head of Energy and Performance/Head of Discretionary Capital & Compliance/Head of Facilities	Ongoing	4	4	16

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11/08/2025 14:13:11

Report Title:	Digital Roadmap and work programme update		Agenda Item no.	3.1	
Meeting:	Digital & Infrastructure Committee	Public Meeting	X	Meeting Date:	12 th August 2025
		Private Meeting			
Status:	Assurance	Approval		Information	
Lead Executive :	Director of Digital & Health Intelligence				
Report Author:	Director of Digital Transformation				

Background and current situation:

1. Shaping our Future Digital Services

1.1 Digital Foundations Programme Business Case

The intention is to develop a five-year Digital Programme Business Case (PBC) to seek All Wales Major Capital Funding alongside a Business Justification case (BJC) for phase 1 of the 5 annual phases.

The work will deliver a clear trajectory, costs and detailed plans on how CAV will achieve its target of a minimum "HIMSS EMRAM" Level 3 (or equivalent) in pursuit of its intention to implement a modular Electronic Patient Record (EPR), consistent with national and regional initiatives.

Digital Foundations is about enabling our future and is complementary to national Welsh Government commissioned solutions. Presently, there is a lack of digital maturity and capability in our IT estate and workforce that needs to be resolved. This will contribute to improving quality and safety as well as positioning CAV UHB as a tertiary provider to adopt national solutions at pace.

1.2 Activity update

Completed

- Workshops, deep dives, meetings: baselining, market intelligence, references, benefit identification
- First draft of the five-year roadmap
- Risks and barriers being identified, which include cultural as well as technological ones
- High level Programme Business Case – with Business Justification Case drafting started
- A high-level scoping document submitted to Welsh Government Infrastructure investment lead

In progress

- Resident doctor survey underway
- Prioritisation of the roadmap for Years 2 to 5: recognition that CAV only has so much capacity for change

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11/08/2025 14:13:11

- Initial scoping discussion with WG Infrastructure Investment Board lead: plans shared and discussions had with the current NHS digital lead at Welsh Government
- Further iteration of the PBC document and BJC drafts focussing on the benefits realisation
- Year 1 BJCs being drafted to also stand alone to give CAV investment option with clear ROI if WG bid unapproved
- Refresh Digital Strategic Plan with a Target Operating Model (TOM) for the Digital & Health Intelligence directorate and a TOM for Digital Foundations implementation

High level risks/opportunities

- Welsh Government plans for a national EHR (our Digital Foundations plans are complementary)
- CAV digital maturity is low, culture as well as technology
- Costings pre-deep analysis & pre-procurement and the need to give confident cost range
- Timescales are tight for PBC BJC production and approvals to meet implementation dates
- A real risk that Welsh Government are unable to fund the BJC cases

1.3 Plan

Presentation for Board approval scheduled for November 2025

- Socialisation of draft cases - August - September 25
- Submission to Value and Benefits Realisation Group - September – October 25
- Socialisation with Welsh Government - October 25 onwards

1.4 Key themes raised as needed to support digital roadmap delivery

Workshop outputs are summarized in the word cloud below. It demonstrates what we know, which is that supporting adoption and change is essential to enable successful implementation of any solution.

Support for change and transformation will form a key part of plans to implement.



National DHCW led initiative for UHB to self-assess against HIMMS INFRAM standard

As reported at previous meetings.

Digital Health Care Wales (DHCW) is leading a national piece of work for all health boards to complete the same assessment. We expect to conclude our assessment as part of this work within the next 6 months – this is a sizeable commitment.

There is also a piece of work underway to inform a DHCW developed National Target Architecture which should complete in the same period. This initiative is commissioned by Welsh Government and is seen as one of the priority delivery actions for 2025/26 as set out by the Cabinet Secretary for Health & Social Care.

1.5 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.

CAV UHB continues dialogue with the National 6 Goals programme team at Welsh Government.

1.6 Digital roadmap progress

As part of Digital Foundations, a draft five-year roadmap has been developed as an output of the various workshops. Discussions on prioritization are taking place at the time of writing to ensure the focus is on the most important, highest impact initiatives in recognition that the organization only has a certain amount of capacity for change whilst also continuing to delivering services.

2. Update on IMTP priorities with status

Appendix 1 (below) contains the updated report shared at the last meeting showing an update on the main IMTP priorities and their status.

3. Tactical Activity Update

An update on tactical activity relating to the Digital & Health Intelligence directorate's work programme since the last meeting in May 2025 is shown in **Appendix 2** (below).

Appendices *(Please list any appendices that will accompany this report, please do not embed)*

- Appendix 1 – Cav perspective on local implementation
- Appendix 2 – Digital & Health Directorate Updates

Recommendation:





The Board / Committee is requested to:

- a) Note progress updates

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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>Digital Foundations and the digital roadmap are core to the achievement of this strategic objective</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:

Pr e v e n t i o n		L o n g t e r m	Integration	Collaboration		Involve ment	
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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
Safety: Yes/No
Financial: Yes/No
Workforce: Yes/No
Legal: Yes/No

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Reputational: Yes/No	
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	
Equality and Health: Yes/No	
Decarbonisation: Yes/No	
Welsh Language: Yes/No	
Approval/Scrutiny Route (<i>please note anywhere else this paper has been before</i>):	
Committee/Group/ Exec	Date:

Regan Nikki
11/08/2025 14:13:11

APPENDIX 1

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

Request for updates sent 23/07/2025

Project/programme	Description	Update	STATUS		
			Feb 2025	May 2025	August 2025
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"> Summary Care Viewer deployed to live for Vale Community Resource Service Project to share CAVUHB urgent care and child at risk data between HB and LA's progressing. Target Oct 2025. Scale deployment and regional single sign-on to the summary care viewer requires re-hosting in the cloud. Environment procured and design workshops have commenced. New project initiated to deliver Future Care Plans between CAV GP practices and NHSWAST. Form developed and in UAT. Pending WAST development. Target Oct 2025 <p>Risk: Funding of core team only extended to end of 12/25</p>			
Connecting Care (previously WCCIS2) <i>Regan, Nikki 11/08/2025 14:13:11</i>	<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.</p>	<p>CAV remains fully supportive of the intention for all HB's to procure new systems with the support of DHCW and WG</p> <p>CAV developing OBC to procure a single Mental Health and Community Health system to replace Paris by 2028 using the London Procurement Partnership (LPP) route to market.</p> <p>National funding support is pending decision from DHCW/WG. Limited funding for FY 25/26 to support HB's to contribute to the Connecting Care Programme is expected – amount of funding unknown. uHB unlikely to fund Paris replacement without WG funding.</p>			

	CAV with all other UHB has contributed to this work	CAV Regional Partnership Board (RPB) carrying the financial risk for unfunded regional staff 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 however the group has not met since April. FY 24/25 funding was received by the RPB from WG for regional staff / activities to support the Connecting Care Programme			
WRAPPER (Welsh referral, activity and patient pathway enterprise repository) MDT management	A joint CAV and DHCW project as part of the Canisc replacement programme. This project delivers functionality to WRAPPER that enables cross-organisational booking and data sharing between health Boards for Cancer MDT management purposes	<ul style="list-style-type: none"> Phase 1 - complete Successful transition to live of all 3 major Canisc workstreams; Cancer, palliative care and colposcopy Referencing PMS demographics data to prevent duplicate registrations – complete Phase 2 (outbound) – work has recommenced on outbound bookings with DHCW following some delay and is scheduled for completion October 2025. RAG status dependent upon DHCW/CAV joint working. 			
Scan4Safety	A national NWSSP patient safety initiative that supports inventory and stock management as well as compliance with the medical device bill for implantable devices It will trace NHS patients and their treatments, manage medical devices and monitor products used in procedures	Cardiology implementation complete. Short Stay Surgical Unit (SSSU) implementation has started with theatres live with scanning to patient. SSSU on target to have all theatres scanning all stock by August 2025 to move into theatres at UHL Patient safety improving, yet monetary benefits not as high as expected			
Safe@Home	A multi-agency 6 Goals initiative that supports care of people in community settings rather than convey where appropriate	Phase 1 of the programme is supported using the community and mental health application PARIS Phase 2 is yet to be agreed through a business case. D&HI have noted full costs to the CAV planning team. No change since November '24 report			
PROMS (patient reported outcome measures)	PROMS are a part of the CAV and National Value in Health Programmes. PROMS support improved quality, safety and experience of	16 of the 18 CaV services that were making use of MCO have now been migrated onto the national PROMPTLY platform.			

Regan, Nikki
11/08/2025 14:23:11

	<p>care for patients and promote health equality to patients by reducing unwarranted variation in care.</p> <p>PROMs are collected digitally - the platform is offered to all clinical services across CAV</p>	<p>The 2 remnant MCO services are undertaking redesign of model (i.e. were not straight migrations) and as such the 'MCO migration' was placed into BAU (Project completion) in July'25.</p> <p>c30 further uHB services are scheduled to launch onto PROMPTLY in 2025/26.</p>			
Electronic prescribing and medicine administration	<p>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.</p> <p>Business case agreed by Welsh Government in Q1 2024</p>	<p>Now live on 3 early-adopter wards – A5, B5, T5 (CTU).</p> <p>Planning is underway for next stage rollouts to inpatient wards, focusing on medicine and EU, provisionally scheduled for early September.</p> <p>Rollout completion is dependent on WiFi improvements works, PAS common demographics, and a number of deliverables that were previously de-scoped to enable early-adopters to start – all of which are in progress.</p> <p>Programme not currently expected to be complete by end of financial year 2025/26, with at least outpatient areas left to be picked up in 2026/27, due to previously reported connectivity challenges in the last quarter causing overall project timelines to slip.</p>			
NHS Wales app (DSPP)	<p>A national programme, all development goes through the National Digital Services to patients and public (DSPP) programme managed by DHCW.</p> <p>CAV is live with the NHS App in all GP practices with feature sets varying by practice.</p>	<p>In discovery phase for CAV and the Planned Care aspect of the App's national programme. National DSPP team to attend Planned Care group to outline the asks of CAV</p> <p>Pilot underway in HDD on the initial planned care feature sets.</p> <p>For Primary Care, pilots are underway for Nominate Pharmacy (outside of CAV), with a plan to roll out towards the end of 2025.</p>			
Welsh Intensive Care Information System (WICIS)	<p>A national programme managed by DHCW, to be implemented locally</p> <p>Introduces electronic observations at the bedside in intensive care</p>	<p>This is currently in review given the position of some health boards decision to implement.</p> <p>WG has commissioned an external review of the product to evaluate feasibility of implementing a more basic system.</p> <p>A series of clinically led workshops have taken place during May and June 2025 to determine and agree a revised set of requirements.</p>			

National laboratory systems replacement (LIMS)	A national programme managed by DHCW, implemented locally Go Live for CAV was planned for September 2025.	This is progressing and is being managed by the relevant clinical board (CD&T via their internal teams) with some support from within the D&HI directorate. The implementation timetable has slipped with the focus now on service by service go-live rather than by individual organisation.			
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.			
Digital Maternity Cymru	The national procurement programme is being closed down. Individual health boards are planning 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 done in June 2025. The team are committed to continue working with the National Digital Maternity Programme and to share any lessons learned with other Health Boards. A successful go-live of the Digital maternity system was achieved on 29 th July 2025.			
Complete – no further reporting					
Digital Dictation and Transcription	Digital Dictation and transcription available to all Clinical staff within Cardiff and Vale UHB that choose to use it				
Welsh Nurse Care Record (Adults)	WNCR is a solution that digitises nursing documentation, allowing nursing staff to complete assessments digitally using both desktop/laptop and Health Board mobile devices				
More information can be found here PROMS (patient reporting outcomes)	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. Promptly has become the preferred PROMs provider for Wales with all Health Boards and Velindre already under contract with them. 22 services are now on the platform. A further 2 have been paused so that services can reconsider clinical processes. There is a healthy pipeline of additional services looking to send patient reported outcomes (PROMS) using the platform. This work is now in Business as Usual mode.				

Digital & Health Intelligence Directorate

Appendix 2

Tactical Activity Update on work programme since May 2025

Digital Services Management

- The Palliative care services have been migrated to CaV Digital and went live in April, allowing for the turning off of CANISC.
- The Bloodtrack solution has been placed live in May.
- PCIC Dept of Sexual Health solution has gone live in May.
- The Black Pear based viewer and M365 booking facility for Cluster based services was launched in March, and improved through April 25.
- Phase 1 of the departments PMO maturity was completed at the end of June'25, with an end to end 'project/work methodology' being published and fully embedded within the departments MS Project Accelerator platform.
- The PROMS project completed its migration of services from MCO to the National PROMPTLY platform in July'25.
- Badgernet (Maternity) implementation achieved the go-live on Tuesday 29th July 2025.

Analytics Team

- The CAVs Analytics Team are coming to the end of a project with the Operations Team to accurately mapping medical patients' length of stay using a highly accurate sophisticated method of simulation. Simulation offers a powerful, evidence-based approach to decision making by using a virtual representation to test the impact of process changes and 'what-if scenarios. This will be presented to the Medicine board for feedback.
- A project has begun with the Operations Team to replicate the above medicine project but with the focus on surgery.

Digital Operations Teams Update

- The consolidation of Cardiff and Vale UHB's Digital Operations teams into a single site at UHW is complete and will enhance operational efficiency, collaboration, and service delivery. This enables better access to shared resources, improved communication between teams, and reduced travel between locations. Security enhancements, including TDSI-controlled access, have been implemented to safeguard sensitive equipment and data.
- The Telecoms team has been progressing the implementation of Microsoft Teams Voice, upgrades to the InAttend switchboard and a ward audit to support the BCS directory replacement. They are also trialling Vocera Messaging and its mobile app.
- The Server team has focused on expanding storage and beginning data migrations from legacy servers, progressing the Network Attached Storage (NAS) solution rollout, and preparing the UHL disaster recovery site. They've also been actively managing server

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- inventory and asset data, refining documentation and Standard Operating Procedures. The team is working to decommission older infrastructure and ensuring alignment with the Digital Foundations programme.
- The Windows 11 upgrade project continues to gain momentum, with over 1,072 devices now deployed and a full project team, including 12 additional temporary staff commencing this month.

INFRAM

- Cardiff and Vale UHB is actively participating in the all-Wales rollout of the Cisco-supported INFRAM (Infrastructure Adoption Model) assessment, coordinated by Digital Health and Care Wales (DHCW). This initiative aims to evaluate and enhance the digital infrastructure maturity of NHS Wales organisations across five key domains: cybersecurity, sustainability, performance, adoption, and outcomes.
- CAV UHB's involvement includes stakeholder engagement, explorational workshops, and structured assessments to review IT capabilities. The project assessment is due to start in Sept 2025 and is being delivered at no cost to the organisation. It is expected to inform a tailored roadmap for infrastructure improvements.

Business Intelligence (BIS) team

- Established new dataflow to support EU task list dashboard.
- New EU Task List dashboard has been released to service for UAT.
- New EU Dashboard is being developed to modernise and update EU reporting.
- Commenced work to implement the new patient level costing system.
- Created new EU dimensional data model to support Lightfoot replacement plan.
- Successfully completed initial Oracle migration testing for Data Warehouse.

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11/08/2025 14:13:11

Report Title:	Corporate Digital Risk Register		Agenda Item no.	3.2	
Meeting:	Digital & Infrastructure Committee Meeting	Public	X	Meeting Date:	12 th August 2025
		Private			
Status:	Assurance	Approval		Information	X
Lead Executive:	Director of Digital and Health Intelligence				
Report Author:	Director of Digital and Health Intelligence				

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 11 joint IMT/IG risks identified on the report:

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

- Cyber Security

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

- WCCIS replacement procurement programme
- Data Quality
- Data availability (Accessibility of Data)
- Clinical Records
- Insufficient Resource – Capital & Revenue
- UHB Standard Data Processing
- Non-Compliance with data protection legislation
- Governance framework (IG policies and procedures)

1 x Risk proposed to be closed is:

- Effective resource utilisation

Appendices:

- 1) 3.2a DHI Combined Risk Register July '25

Recommendation:

The Board/Committee are requested to:

NOTE progress and updates to the Risk Register report.

Link to Strategic Objectives of Shaping our Future Wellbeing:

<https://shapingourfuturewellbeing.com/>





Putting People First

1.



Providing Outstanding Quality

2.

Click the objective above to view more detail.		Click the objective above to view more detail.	
 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	x	Long term		Integration		Collaboration	x	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
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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11/08/2025 14:13:11

Format of the Workbook

This workbook contains conditional formatting and protected areas. This will prevent you from deleting a row or column but you can delete the contents of a row.

Accepted or Closed Risks

Once risks are removed or accepted they should be cut and pasted onto the 'Accepted and Closed Risk' sheet.

Risk Acceptance. Risks are accepted when the risk score equals that of the target risk rating i.e. where all reasonable actions have been effectively carried out and the risk owner is in all other respects confident that the risk has been reduced as low as reasonably practicable (ALARP). A clear rationale for accepting the risk should be added to the risk register entry. Accepted risks should be held on the register and reviewed at least annually to see if they remerge.

Risk Closure. Where it is recognised that a risk no longer exists or is no longer relevant to the organisation the risk can be closed. Risks that are covered by another risk can also be closed. The date of closure and the rationale for closure should be recorded on the risk register. Where closed risks have a potential for recurrence an appropriate date for review should be recorded.

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11/08/2025 14:13:11

GUIDANCE FOR COMPLETING THE RISK REGISTER
Remember that all risks must have undergone a risk assessment prior to them being added to the Risk Register
Risk Reference Number: This should be sequential. In the event that a risk is accepted or closed and therefore archived to the accepted and closed sheet, there is no requirement to re-number the remaining open risks.
Strategic Objectives: The strategic objectives can be found in the comments box. Identify which objective(s) may be impacted if the risk event occurs, and record the corresponding number(s) in the box. For example the risk could adversely impact on the reduction of health inequalities and a planned care system where demand and capacity are in balance - therefore '1,6' are recorded.
Date Risk Added: Please enter in the format dd/mm/yyyy.
Risk Description: Introduce the topic, then state <i>there is a risk that if X happens then this could result in Y. The impact of this could be Z (or ZZ, ZZZ etc).</i>
A well written risk description contains three main elements: 1. Context. A summary of the relevant background facts. 2. Source or Cause of Risk. The current conditions or factors that create the risk. 3. Impact. The impact on the programme/organisation objectives in the event of the risk occurring.
Executive Lead: This is the senior person, with decision making authority, best placed to monitor the risk. This person is accountable for the risk and should be aware of it's current status.
Initial Risk Rating: This is the risk score calculated <u>without</u> consideration of any risk treatment/controls i.e. what would the risk be if we did nothing to reduce it.
Controls: A control is any active measure or action that modifies (i.e. treats) risk in the intended manner. Controls may be policies, procedures, practices, processes, technologies, techniques, methods or devices. They can also be modifications to existing controls to increase their effectiveness. Controls should be listed in their priority order - bullet points are encouraged.
Assurances: List here evidence that existing controls are working in the intended manner. Examples of evidence include inspections, walk arounds, audits, training records, DATIX trends etc. There may be external as well as internal assurance processes.
Current Risk Rating: The Current Risk Score takes the Initial Risk Score and re-assesses it with consideration of the effect these controls have on consequence, and/or likelihood. These control measures should be prioritised so that the actions likely to have the best effect are taken first. The consequence if a risk occurs will seldom alter but, with effective controls in place the likelihood of the risk should reduce. Therefore it will usual for the current risk rating score to be lower than that provided for the initial risk rating.
Gaps in Control: These are controls which are required to reduce the risk but which are currently absent or only partially effective.
Actions: This is a bulleted list of the actions needed to provide/increase/improve controls or to provide assurance of control effectiveness.
Who is leading on these actions and When are they expected to be achieved?
Target Risk Rating: The target risk rating is the level of risk that the organisation is happy to tolerate. The UHB Risk Appetite statement provides further guidance on the level of tolerable risk. The target risk score can also be seen as a projection of how the risk should look once it is has been reduced as low as reasonably practicable.
Review Date: The Risk Management and Board Assurance Framework Strategy (UHB 470) described the required review periods.
Assurance Committee: For assurance purposes a UHB Board Committee should be assigned for any risks escalated to the Corporate Risk Register.

RISK REGISTER TEMPLATE

CLINICAL BOARD/CORPORATE DIRECTORATE: 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	Cyber Security - 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 data.	Director of Digital and Health Intelligence	5	4	20	The UHB has in place a number of Cyber security precautions. These include the following: - The implementation of additional VLAN's and/or firewalls/ACL's - Segmenting and an increased level of device patching. - The use of Monitoring and Vulnerability Software - Health Board wide Mandatory Cyber Security Training and Phishing Campaigns. - at fortnightly Operational Cyber Group Meetings - at monthly Cyber Security Meetings - at each private and public Digital Health and Intelligence Committee 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.	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: - at fortnightly Operational Cyber Group Meetings - at monthly Cyber Security Meetings - at each private and public Digital Health and Intelligence Committee 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.	5	4	20	Additional resources is required to fully implement recommended areas of best practice. Completion of mandatory Cyber Security training is below the required level.	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. 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. 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. Oct '24: Cyber team fully recruited and focused on updating the cyber action plan 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. Mar 2025: New Secure Web Gateway has been fully deployed across the organisation, with all capable devices now using the new gateway, with few exceptions. This has provided much greater control over permitted websites, which can be used to manage/reduce website related security risks. It also works to prevent unauthorised users from installing systems without the knowledge of Cyber Security and/or the Service Desk teams. May '25: Two further phishing simulations performed. 97 users with very weak passwords reset. Gen AI guidance to be accepted by users before visiting AI sites. July 2025: Annual review of local admin accounts performed - 26 accounts disabled. High risks moved from Cyber Risk Register transferred to AMaT to provide a better risk management solution. Old RDS de-commissioned removing a large number of legacy servers.	Head of IG & Cyber Security	August 2022 Ongoing	5	3	15	01/07/2022	Digital Health Intelligence Committee	
A4/0025	8	10/07/1905	WCCIS2 (Connected Care) : The National procurement has now splintered into 'Social Care' (being undertaken directly by LAs across Wales), 'Mental Health' (being undertaken directly by HBs, with a funding model via DHCW to WG), and 'Community Health' which W.G are favouring a National solution of the same product as will be in use across Primary Care Wales. The uHBs PARIS solution for 'M.H and Community' is now entering its last 36 months of support (end of support March'28). Given that the migration of c200 clinical teams (with bespoke configurations and data migration requirements) from PARIS will take at least 24 months to achieve, then the uHB have a risk of being delayed in this procurement by our involvement in a National framework programme led by DHCW. Delay would mean CaV uHB services returning to pre-2004 days of paper records across c1/3rd of the uHBs services (i.e. PARIS has 4,700 daily users and 10,000 records recorded per day.	DT	4	4	16	DT has engaged with WG to assure this risk of delay/slowness of a National framework procurement is understood. The PARIS programme team are engaged with NWSSP to understand alternate/direct procurement routes if the National route is delayed.	Limited assurance can be offered as Connecting Care timelines are dictated by W.G decisions.	3	3	9	uHB Chair level involvement to bring assurance to CaV concerns is required.	Mar'25: CaV engaged with DHCW on an updated National Business Case. A CaV Business Case is drafted for pushing through CaV capital and revenue agreement groups in Q2 2025/26 May '25: National Outline Business Case submitted to Welsh Government for consideration. Discussions on a local CAV business case to replace the PARIS system taking place with Welsh Government July '25: CAV's strategic requirements fed into the National Connectivity Care case submitted to ~WG. In the meantime an alternative plan is being developed to extend the current contract by a further 2 years.	Head of Digital Services Management				0			
	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 patient activity, Low take up of staff training in Standard Operating Procedures to administer patient activity, Incorrect/incomplete/late recording of activity Absence of ISO 27001 certification. Consequences: Potential for poorer patient outcomes and experience, analysis and benchmarking flawed resulting in poor decision making, under recovery of income, inability to maximise potential of R&D	DT		0	Further re-invigoration 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		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 . Jan '25: Data strategy development being led by CCIO and will be reviewed via digital governance structures in Q1 FY 25/26 Mar '25: No further update May '25: Draft Data Strategy on track for review by end of Qtr 2, 25/26 July '25: No further update.	Head of Architecture and Analytics				0				
		28/09/2015	Risk: Accessibility of data : 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 strategic UHBs, namely - Supporting people in choosing healthy behaviours, - Encouraging self management of conditions, - Enabling people to maintain or recover their health in or as close to home as possible, - Creating value by enabling the achievement of outcomes and experience that matter to people at appropriate cost, - Enable and accelerate the adoption of evidence based practice,	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		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. May '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 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 Mar '25 - Dashboards to replace Lightfoot viewers and associated data products are on track to be delivered according to plan. May '25: Dashboards developed and demonstrated to users - on track for rollout by Summer 2025. July '25: No further update	Head of Architecture and Analytics				0				

Regan Nikki
11/08/2025 14:13:11

	8	28/09/2015	Clinical Records Risk: 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 mean access to appropriate data is an increasing need. Consequence is unsupported clinical decision-making, introducing patient harm and/or disadvantage and failure to meet NHS Wales digital strategy	DT			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	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 has been 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 Jan '25: Local Data Repository plans are being developed to support the data insights requirements of the organisation, for sign off at Data Insights Programme Board in Q2 FY 25/26 Mar '25: No further Update May '25: Internal audit review of LDR developments made specific recommendations regarding the governance and documentation requirements, which are being addressed. July '25: LDR action plan to address agreed recommendations from Audit Review in process.	Head of Architecture and Analytics					0
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 bench marking information indicates that the UHB is significantly under resourced in this area. Consequence: Inability to support operational and strategic delivery at pace required, reliance on outsourcing at enhanced cost, non compliance with legislation (FOI / GDPR)	DT			The UHB continues to address priority areas in relation to its infrastructure management and strategic programme.			2	4	8	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. 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. 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. 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. Mar '25: External support procured to support development of the Programme Business Case. Interim internal resources all in place May '25: Digital Foundations PBC being progressed with engagement from all Clinical Boards July '25: Digital Foundations Programme Business Case being developed. Review of plan share with WG's major capital lead.	Director of D&HI					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 third party if data is not handled appropriately	DT			Library of outline documents for sharing data available, with completion of these supported by corporate information governance department. Requirements to use and refer to are being emphasised within the training.			4	2	8	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 CCIO. Oct'24: A roadmap to develop data insights reporting, modelling and analysis, is being produced to support the data strategy ambitions. 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. Mar 2025: No changes to the level of risk. IG and Procurement continue to work closely to identify all new flows of data via suppliers. May '25: No further update July '25: No further update.	Director of D&HI					0
	8	28/09/2015	Risk:- Non compliance with Data Protection & Confidentiality Legislation - 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' with the GDPR/ DPA is not sufficient to mitigate the risk of non compliance with Data Protection Legislation. Consequence: Mistrust of our population and other stakeholders resulting in their unwillingness to share / divulge essential information. Significantly financial penalties - and increasing post BA case	DT			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 Mar '25: No update May 25: No update July '25: No update	Head of IG & Cyber Security					0
	8	16/02/2018	Risk: IG policies and procedures 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 expects its staff to work to in order for relevant accountabilities to be discharged.	DT			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	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 Mar '25: No update. IG Policy remains in-date. May 25: No update July '25: Records Management Policy and retention schedule updated for October '25 review.	Head of IG & Cyber Security					0
		01/10/2018	Effective Resource utilisation :With an increasingly restricted resource, the UHB requires assurance that digital effort is expended in the most benefits laden workload. Benefits based prioritisation requires robust and matured benefits tracking and a matured reprioritisation mechanism. This requires some changes of technique within the Digital department.	DT			Establishment of a formalised corporate prioritisation mechanism based on benefits and corporate drivers for change: Digital Resource Prioritisation - this is the body of efforts being progressed through Governance and the DSM team to record the workload (Projects to date, LBAU to come)			4	1	4	May '25: LBAUs for D&HI teams are now 30% entered to the departments MSPa tracking tool. July '25: Digital resource continues to be prioritised with the use of the MSP tracking tool. With this tracking tool firmly embedded into the Digital daily routine, this action can be closed.	Head of Digital Services Management					

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11/11/2025 14:13:11

Accepted or Closed Risks

Risk Ref.	Strategic Objective	Date risk added (to original risk register)	Risk	Exec Lead	Initial Risk Rating			Controls	Assurances	Current Risk rating			Gaps in Control	Gaps in assurance	Actions	Who	When	Target Risk rating			Accepted or Closed?	Date accepted/closed	Rationale	Review date (if applicable)
					Consequence	Likelihood	Total			Consequence	Likelihood	Total						Consequence	Likelihood	Total				

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		
A5/0013	8	13/12/2013	Software End of Life Implications 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.	DT				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			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. May 2022 - The CAV UHB workstation estate (11,000+ devices)	Head of Digital Operations				0		

Regan, Nikki
11/08/2025 14:13:11

A3/0104	8	13/12/2013	<p>End of Life Infrastructure (access devices) 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				0		3	0	0		<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>Sept 2022: This item can be marked as completed /closed. The CAV workstation estate has been replaced and</p>	Head of Digital Operations						0	
	8	02/02/2018	<p>Governance arrangements 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</p>	DT				0		3	1	3		<p>UHB is engaged with WG and NHS peers to take forward the recommendations of the WAO review of NWIS with a view to addressing</p>	<p>CAV involvement in National programme activities and Governance review. Opportunity to influence the new SHA replacing</p> <p>Director of D & HI</p>						0	

Regan, Nikki
11/08/2025 14:13:11

		<p>Risk of CAVUHB Video Consultation Programme The attend Anywhere (AA) contract ends on 30th September 2024, with no safe video consultation option available for Clinical Services by the cut-off date.</p> <p>The risks associated with this programme and its status have been elevated to WG and a bridging gap has been requested. An exit strategy for all eventualities is being drafted with the input of clinical representatives from Services who</p>	DT	4	2	8	<p>T. A clinical/corporate risk assessment has been drafted with input from all services that utilise VC and would be negatively affected by O1 eventually, with the intention to elevate this to the</p>	0	0	0	COMPLETED	<p>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</p>	Head of Digital Services Management							
	8	<p>Effective Resource utilisation :With an increasingly restricted resource, the UHB requires assurance that digital effort is expended in the most benefits laden workload. Benefits based prioritisation requires robust and matured benefits tracking and a matured</p>	DT				<p>Establishment of a formalised corporate prioritisation mechanism based on benefits and corporate drivers for change:</p>	4	1	4		<p>Jan 2024: After a successful pilot and test within the Server Team, other Digital Operations teams are using the new</p>	Head of Digital Operations					0		
A3/0110	8	<p>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 Service Departments in particular and come at an increased cost to IM&T specifically. This infrastructure requires core investment to</p>	DT				<p>The UHB continues to address priority areas in relation to its infrastructure management and strategic programme.</p>	4	2	8		<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</p>	Head of Digital Operations					0		

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11/08/2025 14:13:11

Report Title:	Information Governance Data Compliance		Agenda Item no.	3.3	
Meeting:	Digital & Infrastructure Committee	Public	x	Meeting Date:	12 th August 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 & Infrastructure Committee (D&IC). 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 D&IC 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 face some challenges 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: May 2025 to June 2025

Between May 2025 and June 2025, the Information Governance Department have reviewed a total of 116 (58 per month) information governance related incidents, which were reported via the UHB's Datix reporting solution. On average, for the last 12 months, the Information Governance Department has reviewed approximately 46 incidents per month.

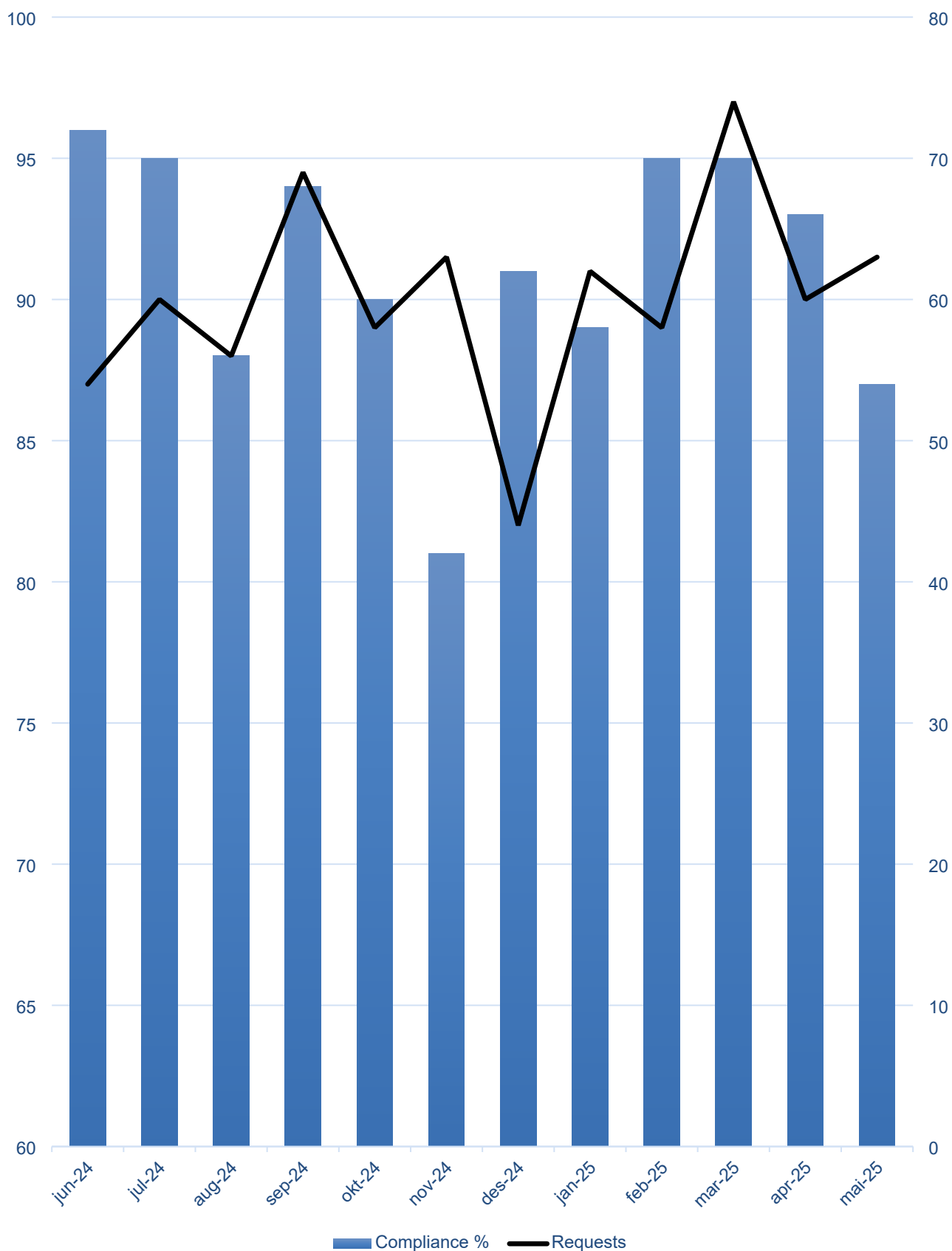
Of these breaches reviewed during this recent period, three breaches met the threshold to be reported to the Information Commissioner's Office (ICO).

3. Freedom of Information Act

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

Regan, Nikki
11/08/2025 14:13:11

Freedom of Information Requests



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11/08/2025 14:14:17

The average number of FOIs received during the last 12 months remains largely unchanged at 60 requests per month and average compliance has dropped slightly to 91%, from 92%.

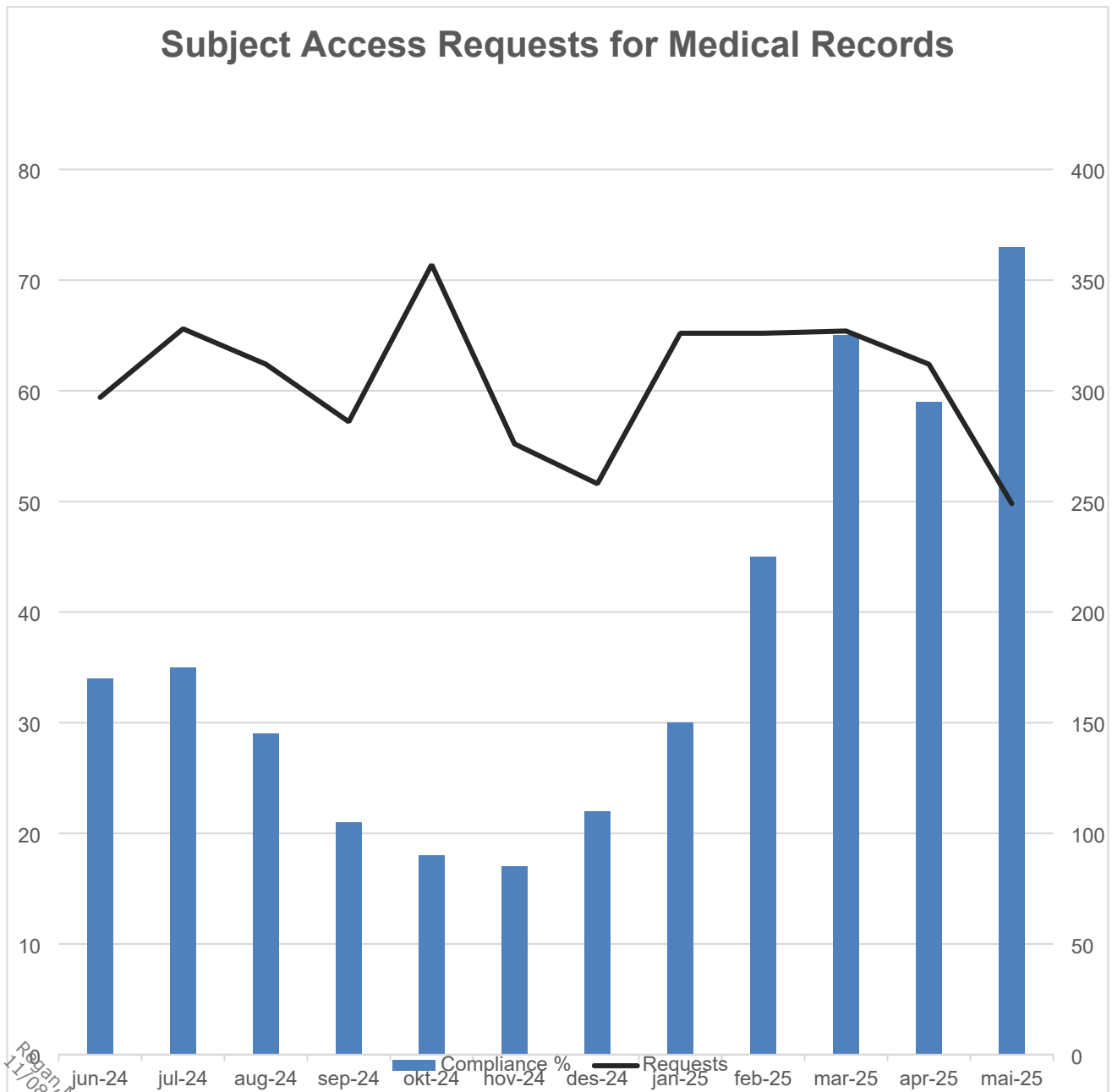
A link to the UHBs FOI disclosure log can be found below. This provides a link to every FOI the UHB publishes online. In the event that requests are made for the same information, the UHB is able to signpost requestors to this log.

<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 37% per month (an increase from 32% since the last committee) over the last rolling 12 months. During this time an average of 305 requests have been submitted each month.

Despite the low compliance, performance continues to improve. Additionally, the average request was responded to within 24 days, against a deadline of 28 days. 54 requests for April and May remain open.

4.2 Non-Health Records

A total of 19 subject access requests submitted for non-health records were received between April 2025 & May 2025. 18 requests (95%) have been complied with, within the legislated timeframe.

5. Compliance Monitoring/NIIAS

Since January 2022, the UHB has sent out a total of 1192 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 is provided in the private committee agenda.

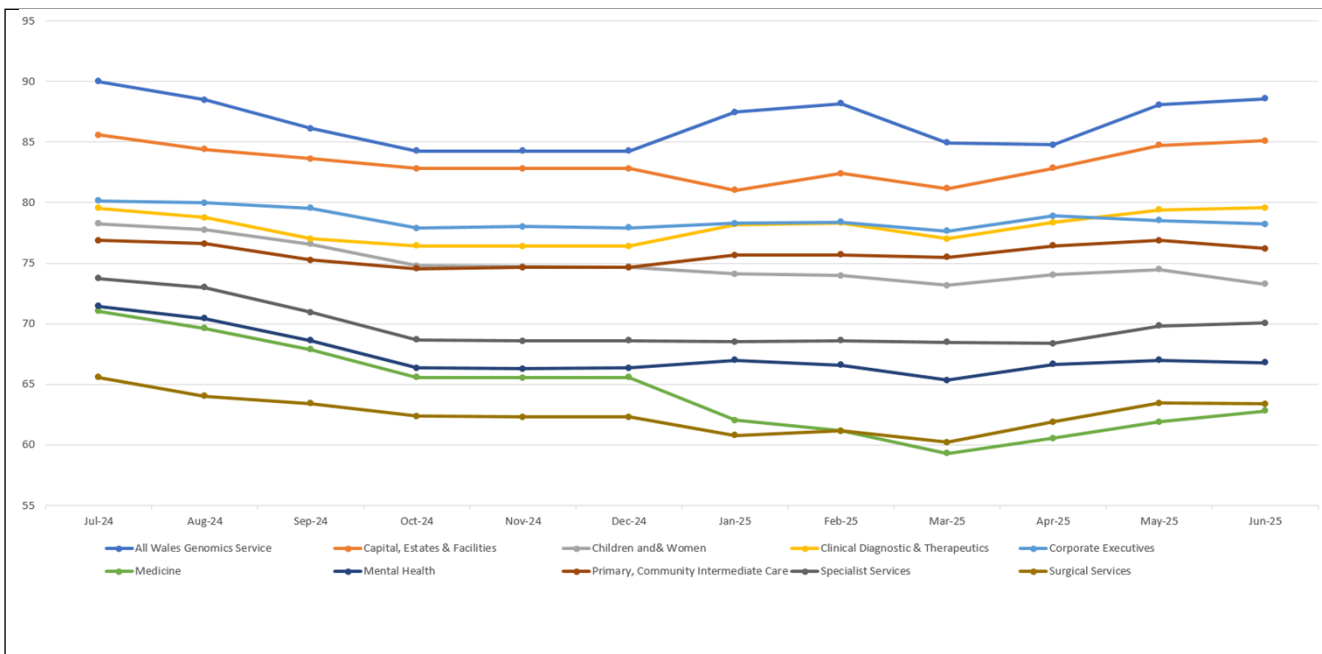
6. Information Governance Mandatory Training

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	359	318	89%
Capital, Estates & Facilities	1463	1245	85%
Children & Women Clinical Board	2489	1824	73%
Clinical Diagnostics & Therapeutics Clinical Board	2687	2138	80%
Corporate Executives	1057	827	78%
Medicine Clinical Board	2140	1344	63%
Mental Health Clinical Board	1608	1070	67%
Primary, Community Intermediate Care Clinical Board	1168	890	76%
Specialist Services Clinical Board	2242	1571	70%
Surgical Services Clinical Board	2507	1589	63%
UHB	17714	12816	72%

The figure represents a 2% increase in overall completeness since figures were provided to the last Committee.

As requested, please find a below a trend per Clinical Board for the last rolling 12 months.



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

- Information Governance resource remains unchanged since the last committee meeting.
- 116 information governance related incidents reviewed between May 2025 & June 2025.
- 3 data breach since the last committee has been reported to the Information Commissioner’s Office.
- Freedom of Information compliance remains largely unchanged since the last committee – 91% for last 12 rolling months.
- Access to Health Records compliance increases to 37%. The number of requests over the last 12 months has dropped to 305 per month.
- Letters to staff regarding inappropriate access to clinical systems remain in place.
- Information Governance mandatory training across the UHB has increased 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	
Quality Impact Assessment Completed?									
Yes – (please provide completed QIA document)		No – (Please provide reasoning, e.g. not required)							
Impact Assessment:									
Risk: Yes/No									
Safety: Yes/No									
Financial: Yes/No									
Workforce: Yes/No									
Legal: Yes/No									
Reputational: Yes/No									
Socio Economic: Yes/No - <i>Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: The Socio-economic Duty: guidance GOV.WALES</i>									
Equality and Health: Yes/No									
Decarbonisation: Yes/No									
Welsh Language: Yes/No									
Approval/Scrutiny Route (please note anywhere else this paper has been before):									
Committee/Group/Exec					Date:				

Regan Nikki
11/08/2025 14:13:11

Report Title:	Digital Directors' Peer Group		Agenda Item no.	5.1
Meeting:	Digital & Infrastructure Committee Meeting	Public	X	Meeting Date: 12 th August 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 Committee:

The attached minutes of the last three meetings held in May 2025, June 2025 and July 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 – 6th May 2025 (Appendix 1)
- b) Minutes of Meeting – 3rd June 2025 (Appendix 2)
- c) Minutes of Meeting – 1st July 2025 (Appendix 3)

Link to Strategic Objectives of Shaping our Future Wellbeing:

<https://shapingourfuturewellbeing.com/>

 <p>Putting People First</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>
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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
11/08/2025 14:13:11

MEETING NOTES

Date: Tuesday 6th May 2025

Time: 9:30am – 4pm

Location: Vantage Datacentre

Attendance

Digital Directors Present

Initials	Name
AT	Anthony Tracey (HDUHB) – Chair
IB	Iain Bell (PHW)
COL	Claire Osmundsen-Little (DHCW)
MJ	Matt John (SBUHB)
PS	Paul Solloway (ABUHB)
CB	Chris Brown (NHS Exec)
DT	David Thomas (CVUHB)
SL	Sam Lloyd (DHCW)
VC	Vicki Cooper (PTHB)
CT	Carl Taylor (VNHST)
NL	Nicholas Lewis (NWSSP)
DJ	Dafydd James (PHW)
IE	Ifan Evans (DHCW)
SP	Steve Probert (Welsh Government)
LH	Lauren Harkin (BCUHB) - Deputising for DR
SS	Said Shadi (NHS Exec)
HB	Harriet Baker (WNHSC)

External Speakers

Initials	Name
TL	Tom Lyne (DHCW)
NP	Nadine Payne (DHCW)
CN	Claire Nelson (NHS Executive)
AM	Alison Maguire (DHCW)

Apologies

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Initials	Name
NJ	Neil Jenkins (NWSSP)
IB	Iain Bell (PHW)
JS	Jonny Summat (WAST)
HT	Helen Thomas (DHCW)
SR	Sian Richards (HEIW)
SM	Stuart Morris (CTMUHB)

Agenda Item	Discussion	Action
1.	<p><u>Welcome, Apologies of Absence, Previous Notes Approval</u> <u>Action Log</u> – Not Discussed <u>Previous Notes Approval</u> - Not Discussed</p>	
2.	<p>Stakeholder Engagement</p> <p>NP provided the following update on the action plan</p> <ul style="list-style-type: none"> • Looking at tangible outcomes • Stakeholder feedback <ul style="list-style-type: none"> ○ positive around partnership working ○ areas for improvement <ul style="list-style-type: none"> ▪ comms, pace and engagement ▪ Ambiguity around roles and responsibilities ▪ lack in clarity of the wider system ▪ impacts working collaboratively • Leadership Day held in November – positive feedback feeds into action plan with delivery date of March 2026. • 6 areas for improvement and actions. Some wider system changes and clear priorities • Stakeholder review del leads group meets quarterly • Stakeholder advisory group – DOD input requested • Offer of visiting each health board to engage and discuss what can be done as a system <p>Ask from presentation: how collectively can collaborative working be developed and how the digital profession in NHS Wales can be in a better position</p> <p>AT thanked NP for the presentation. AT asked how DODs can assist with removal of barriers and strengthen Digital Leaders? NP stated that relationships break down when there are gaps in communication and teams aren't meeting allowing for building of relationships. Wider system awareness and national priorities are set instead of just organisational.</p> <p>AT asked the steps being taken at the end of the engagement to ensure continuity of findings NP confirmed that there is a hope for a biannual review, small test possible and independent review every couple of years to check progress.</p> <p>NP offer to return to peer group to present break down digital specific actions from the list of 27. Request for DOD to attend the advisory group</p>	

	<p>PS appreciates that identified concerns aren't a quick fix. PS added regarding behaviours: being open and honest and highlighting organisations who have contributed and reflecting in the comms to ensure recognition of teams and hard work is recognised Lack of agreement in roles and responsibilities and clarity required</p> <p>SL added that delivery together has been the best form of engagement and experiencing this with current projects.</p> <p>MJ raised that encouragement, high levels of engagement and investment needed for how leadership is addressed. MJ raised how the engagement programme and the Ministerial objectives link with together and the impact of the programme can be used to enhance relationships of all senior level staff.</p> <p>COL added that the DODs are key to progression. Clarifying the system role to ensure resources are sent in the right direction will also assist.</p> <p>CT added that relationships can be improved by evidence of accomplished work</p> <p>AT raised that real action is taken to ensure this doesn't become discussion only. AT suggested whole day focused on roles and responsibilities (following from work previously planned with Mike Emery). COL added that Tektology are working with system roles with Chief Execs and digital blueprint could be useful to look at. NP – would like to attend and input from Atos if required for a specific session.</p> <p>NP added that the Atos report and tables can be amended in the advisory board.</p> <p>Action: June meeting being a focussed session on clarity of roles and responsibilities. - what is a cohesive narrative and understanding of each health board priorities - Difference between local, national and regional work.</p>	<p>001 - AT</p>
<p>3.</p>	<p>MS365 EA update</p> <p>TL provided the following updates:</p> <ul style="list-style-type: none"> • First attendance at peer group on 8th April 2025. Returning each month for status updates. • Renewal of MS365 EA contract starts 1st July 2025 • Status: in discovery stage. Workshops have started – please ensure teams are supported to attend the workshops • DHCW steering group meets weekly • Feedback from workshops works into the negotiation team • Slide 4 – in May Livingstone has a performance review. 	

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- Slide 5 – clarification regarding transparency with Livingstone as there were some concerns raised around transparency with Microsoft of Livingstone involvement. TL feedback the concerns and understand and support the reasons for concerns. Proposal to inform Microsoft that Livingstone has been consulted – could be formal or informal setting but tom is meeting with them 8th May.

SL added that there isn't any advantage to keep it secret and there is a concern of acting in bad faith.

AT added that in Phase 2 there may need to be a more formal notification but as currently in Discovery happy for this to be informally.

- Slide 6 – project breakdown.

COL appreciates the timetable as this shows the time restraints.

AT added that the Microsoft stack could lead of benefits and could assist HEIW as impacts workforce requirements.

PS offered to share learning from Livingstone assistance in a current organisation project. Finish will be end of June.

COL added that there is work being undertaken looking at Microsoft spend across NHS Wales and will share once completed.

MJ raised how achievable the deadlines, working collaboratively, strategic level working and best use of Microsoft Copilot in large organisations to ensure this is addressed rather than forgotten about.

SL – review of centre of excellence with questionnaire coming out. More strategic view of what is wanted in the centre of excellence.

Actions

1. follow up with SR for next step with Microsoft and impact on HEIW
2. Invite Microsoft to peer group meeting
3. TL invite for update in July

Regan Nikki
11/08/2025 14:13:11

<p>4.</p>	<p>WG update – Steve Probert</p> <p>Digital summit – Thursday. Invite to all DODs if not received already.</p> <p>Theme of message: everyone pulling together</p> <p>No Q&A Session due to time restraints</p> <p>Minister aims:–</p> <ul style="list-style-type: none"> • Launching NHS App- keen to see as many features activated as possible and Health Boards to enable features e.g. wait list. • Minister view of ‘Once for Wales’ <p>MJ asked if there was an attendance idea and outside of digital leader space? SP confirmed that Chairs and Chief Execs are attending for some Health Boards. The Minister is happy with the variation of roles. 50-60 people expected.</p> <p>SP confirmed that the DDaT Board invited has been received with AT confirming.</p> <p>PS asked for papers be available in advance. SP confirmed TOR, Once for Wales and priorities will be available.</p> <p>Encouraging Health Boards to ensure the NHS App features are switched on. Primary care: eye care and prescribing rolled out to November 2026. DHCW paper sitting with WG for review.</p> <p>IE raised that the DHCW allocation of funding for the NDR programme will arrive in a separate letter. IE requested to have a view of the whole picture of funding allocations. SP confirmed this can be looked into.</p>	
<p>5.</p>	<p>Diagnostics Programme & Digital Priorities – Claire Nelson/Alison Maguire</p> <ul style="list-style-type: none"> • LIMS <p>AM provided the following update:</p> <ul style="list-style-type: none"> • Delays and lots of learning in the differences in product. • Fitting 4 years of work into 2 years with increased pressure on Pathology • In full testing mode of legacy data <p>Slide 3 – shift to discipline-to-discipline approach. Microbiology going live in July 2025.</p> <p>Slide 4 – go live timeline agreed with Health Board’s and going to Board on Tuesday. Exploring external resources for testing which would reduce pressures on teams. Also looking at funding for Locoms and confidence in the plan. LH asked if proposed additional resources are for Health Boards, DHCW or both? AM confirmed that it would be for Health Boards to minimise resource on testing</p>	

PS raised if there was an update on Citrix procurement? SL confirmed tender has closed with 3 bids including partners who worked with Citrix. In the process of scoring.

IE added that there is a tight timetable and testing and collectively hold the time that additional functions add the time and to avoid adding time to the go live date. AT added that strong leadership will need to be shown.

- **RISP**

AM provided the following update:

- Continued delays from Philips and escalations from Health Boards are keeping them to account.
- Formal request for Velindre go live date pushed back to January 2026.
- Guidance documents, PowerPoint presentations and support for contractual discussions with Philips. Audit trail and impact of any non delivery is very important to be kept by health board.

Slide 7 – Paper is being produced to raise concerns for Reading datacentre. Would like to have a ‘lessons learnt’ paper for the PSBA contract. Not having no recourse in the contracts having an impact. AT added that it would be beneficial to see more clauses in the PSB contract and recording of lessons learnt. LH added that Welsh Government own the PSB contract so is there a process of escalation of concerns.

Slide 8 – SBUHB and ABUHB in discussion for review of go live date. BCUHB pushing for current date.

PS raised there is a PSB data centre in Manchester. Is there a reason why Vantage isn’t used? AM replied that this would be option 3 and would be up to Philips.

CT added that the global worklist good example of collaborative working. Strengthens the programme for June and September.

IE raised that RISP a very collaborative programme. MJ added that none of the programmes work the same then reflecting upon the approach used for the RISP programme has shown achievable outcomes for Boards to see.

AT added similarly to LIMS: strong leadership will be needed.

- **Digital Cellular Pathology**

CN provided the following update:

- BCUHB scanner removal end of May will have impact – all type cancer scanning will be halted. Sign off sitting with BCU DoF.

IE asked for clarity on when a Health Board approves business case does this mean the organisation is formally committed to all costs e.g. implement and ongoing service costs? CN confirmed that only the funding stated in case is committed too. PS raised that there could be a caveat to costs could be if the

	<p>costs have increased since the original case is submitted. AT added a 'subject to' is included in most business cases.</p> <ul style="list-style-type: none"> • E-Consent <p>CN provided the following update:</p> <ul style="list-style-type: none"> • Endoscopy – this is explored for Coroners with reference to England and Scotland procedures and policies. DHCW looking for proposal for funding. <p>PS asked if DDaT looking at this for delivery and priority? Concern for resources. SP confirmed a start date of Thursday but will take a while before detail before DDaT start looking at. IE raised the importance of a clear policy framework for priorities but believes DODs having a voice will shape priorities and resources.</p> <p>LH raised from a BCUHB perspective that this could be another priority for resources when there are other programmes believed to also be a priority. PS added that E-Consent has dropped down the priority list as users find other programmes needed.</p>	
<p>6.</p>	<p>National Target Architecture – Ifan Evans *request presentation*</p> <p>IE provided the following update:</p> <ul style="list-style-type: none"> • Welsh Government funding £1m to support this work. Ardoq have been brought in to support this work and training <p>Slide 4 - procurement – six bids received. Project team will be able to start work and requests will be sent to Health Boards to discuss each architecture</p> <p>Slide 11 – aim for metamodel to be the same will be for each organisation to avoid having issues of implementation.</p> <p>By the next meeting the contract and project team will be in place. Funding for staff isn't all funded by the Welsh Government so Architect resources are limited and health board availability is reduced.</p> <p>PS welcomes the project. ABUHB has one Architect so are looking to set up their own TDA for governance purpose who then report to DDaT.</p> <p>CT – welcome the project. Can there be a reminder of the options presented to the Minister?</p> <p>Action: IE reshare slides on governance and latest update to Minister with peer group.</p> <p>CT raised if EHR is paused due to national architecture in development? IE confirmed there has been direction to not to progress EHR at this time.</p> <p>LH asked for an outline of expectation and resources needed in order to plan ahead as this project work clashes with LIMs etc launch.</p> <p>Action: IE to share timetable with group.</p>	<p>7</p>

	Action: Add for June peer group agenda a review of limitations and availability for these large pieces of work to be undertaken.	
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7.	<p>AOB</p> <p>COL</p> <ul style="list-style-type: none"> • IMPS – awaiting commercial meetings with the new owner. Conscious there likely to be increased in cost with a letter being shared to notify Chief Execs. • Digital inflation – digital leadership board papers didn't really focus on this. COL's team pulling something together to make front and centre. • Thanks for SLA's being provided in advance. • WICIS – view that redevelop and roll out across Wales. Cost unknown. Some health boards ready to roll out and others aren't. <p>SL</p> <ul style="list-style-type: none"> • dormant accounts – 94,000 still existing. Dormant classed as not used for 6 months. Cyber team finding barriers with organisations. <p>PS raised concerns for how this is rolled out and T&F is established as reason for why some accounts are in the status they are in.</p> <p>MJ added it would be helpful to have detail figures per organisation to challenge team and set expectations.</p> <p>Action: SL to email outlining reasons why and organisational figures.</p> <p>IE</p> <ul style="list-style-type: none"> • Looking to hold a one day workshop engagement session with EHR system provider for DHCW. Purpose for education of staff and be market intelligent. Date TBC – looking to arrange asap. <p>Who would like to go and topics to explore, how do we then report and feedback.</p> <p>AT raised that seeking procurement advice in advance could be good as note of speaking to vendors are recorded accurately. SP suggested that a member of staff in the procurement team also attended such sessions.</p> <p style="text-align: center;">End of meeting</p>	
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Details of next meeting:

The next **DODs Peer Group meeting** will be taking place on **Tuesday 3rd June 2025** in the **Millenium Room, SBU Head Quarters**
with Teams accessibility for those joining virtually

Regan Nikki
11/08/2025 14:13:11

MEETING NOTES

Date: Tuesday 3rd June 20250

Time: 9:30am – 4pm

Location: SBU Head Quarters / Microsoft Teams

Attendance

Digital Directors Present

Initials	Name
AT	Anthony Tracey (HDUHB) – Chair
COL	Claire Osmundsen-Little (DHCW)
MJ	Matt John (SBUHB)
PS	Paul Solloway (ABUHB)
MC	Mark Cahalane (CVUHB) – Deputising for DT
SL	Sam Lloyd (DHCW)
VC	Vicki Cooper (PTHB)
DJ	Dafydd James (PHW) - Deputising for IB
IE	Ifan Evans (DHCW)
LH	Lauren Harkin (BCUHB) - Deputising for DR
SS	Said Shadi (NHSPI)
NJ	Neil Jenkins (NWSSP)
SR	Sian Richards (HEIW)
SM	Stuart Morris (CTMUHB)
KM	Kate McKenzie (VNHST) – Deputising for CT
HB	Harriet Baker (WNHSC)

External Speakers

Initials	Name
GW	Griff Williams (DHCW)
CC	Chris Collis (DHCW)
BC	Bryony Clarke (DHCW)
HT	Helen Thomas (HEIW)
JD	Jodie Davey (HEIW)

Apologies

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Initials	Name
IB	Iain Bell (PHW)
JS	Jonny Summat (WAST)
CB	Chris Brown (NHSPI)
HT	Helen Thomas (DHCW)
CT	Carl Taylor (VNHST)
SP	Steve Probert (Welsh Government)
DT	David Thomas (CVUHB)

Agenda Item	Discussion	Action
1.	<p><u>Welcome, Apologies of Absence, Previous Notes Approval</u> <u>Action Log</u> – Not Discussed <u>Previous Notes Approval</u> - Not Discussed</p>	
2.	<p>Product Roadmaps</p> <p>BC provided the following update</p> <ul style="list-style-type: none"> • Trailing tool to do this for major products to produce road maps enabling nurses. • Looking at a hub for publishing architecture • Roadmaps for products and services. Looking to produce consistent format and align. <p>GW provided the following update:</p> <ul style="list-style-type: none"> • Live product of Roadmunk fed by DevOps, timelines and also own notes element to add overview of product objective. • No licence required so any user can have access and view delivery timelines and reasons for initiatives. • BC added that as API is in the products it allows for a filter option enabling a dynamic way of working. <p>SR commented that the presentation looks good and shows improved internal way of working. SR asked for clarification on the process' target audience. GW confirmed that the plan is to mature so anyone can use e.g. Nurse, Doctor, DODs and internal to DHCW.</p> <p>SR asked that during maturity what the tailoring would look like as information could be accessible to all and understanding who needs to see what. SL confirmed that data accessibility during maturity is part of putting the operating model in place with the aim to start feeding into reporting decks for where information is needed. Reviewing and implementing governance (Show and Tells) which will be accessible to any member of staff.</p> <p>MJ asked the question of a how often stakeholders should review the system e.g. once a month so the latest info and key changes rather are shown rather than looking ad hoc. SL confirmed that is something to develop through maturity of the system and find a snapshot time.</p> <p>COL added that DHCW were challenged around transparency and the process will evidence the steps taken to address this.</p>	

	<p>IE added that the product operating model provides more protection and allows for adjustments to timelines/deadlines which informs other discussions with Health Boards and organisations and resource planning. SL added that stakeholders would all have agreed commonalities for governance.</p> <p>SS asked for confirmation that the continued use of Roadmunk and Ardoq for both initiatives and support models. CC confirmed that Ardoq does support strategic mapping for individual Health Boards/organisations and that currently looking at national architecture modelling. Roadmunk is being used currently but could be moved over in the future once Roadmunk is established. Priority is getting the roadmaps are up to date.</p> <p>Summary:</p> <ul style="list-style-type: none"> • Focused discussion on governance – add as future agenda item • Visualisation mock-up of what this would look like to a user would be helpful e.g. Nurse • As this is a changing tool – how do we feed this back to Boards? Needs narrative of any shifts • How does this link with the Minister’s priorities • Support and encourage the project 	001 - HB
4.	<p>Management and Leadership Competence Framework</p> <p>HT presented the following:</p> <p>Slide 10 – innovation and improvement example of new competencies (depending on seniority)</p> <p>Slide 11 - End of June/early July for framework launch with full compliance by March 2028. Regulation in NHS England for senior staff members being confirmed in coming weeks which NHS Wales will be monitoring</p> <p>AT thanked HT for insightful presentation. AT asked for clarification on how DODs can help direct the staff in each stage of the talent pipeline. HT confirmed the talent and succession talent pipelines are already established and developed. SR added that there is a multidisciplinary talent pool. Digital and data is weaved throughout so upskilling the whole workforce, and resource and the curriculum is developed for the first time.</p> <p>MC asked if Social Care side had been involved as working with them to have conjoined approach for leadership skills. HT confirmed that there is monthly engagement, and they have robust system in place to continue this.</p> <p>DJ added that colleagues in PHW would be interested as PHW also reviewing training. DJ asked for clarification on how this process aligns and work along job families. HT confirmed that mapping exercises are undertaken for any areas missing. HT confirmed that until Framework is signed off the project team are unable to take forward, but they are keen to progress forward.</p>	

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	<p>MC added that taking the opportunity with M365 EA and see how this can be impactful.</p> <p>SL added that a development day would be helpful.</p> <p>KM added that the advanced analytics team could be a beneficial link</p> <p>Summary: HT invited to return with clarified role for DODs to ensure they can champion and assist going forward.</p>	
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Regan, Nikki
11/08/2025 14:13:11

<p>5.</p>	<p>Operational Management Programme and Board Development</p> <p>JD presented on the following:</p> <p>Operational Management Programme NHS Wales aim of delivering to 1,300 Managers in 14 months</p> <p>COL raised that understanding the learning outcomes for the digital element and how can DODs support outcomes and delivery? JD encouraged DODs to provide feedback</p> <p>SM raised the timescales are important as delivery at pace. Reflecting upon the MAG expectation and cohort of managers looking to be trained. JD agreed the priorities and approach for start. SM raised that different COOs could approach training delivery differently. SR added that a delivery strategy is needed to ensure consistent results.</p> <p>AT asked that as COOs are assisting would a DOD attending group meetings as subject matter expert. JD would be encouraged to have more expertise.</p> <p>Board Development Ask: How can we co produce the digital offer?</p> <p>PS added that ABUHB have contracted Public Digital. Invite to Jodie for Board Development Meeting with new Chair in place.</p> <p>AT added that data could be complex due to multiple disciplines interpreting differently. SR added that the National Audit Office published advice and guidance on how to ask those questions. Any Health Board ready to share please do so with HEIW to inform and shape at a high level</p> <p>LH added that BCUHB undertaking review in planning guidance. Tom at Public Digital good contact.</p> <p>SM added that the quality of IM is important and struggle to appoint into this role. How can we improve that stage? SR confirmed that the role is currently not attractive due to governance and induction concerns. Feeling of almost 'going in cold' to the role.</p> <p>Summary:</p> <ul style="list-style-type: none"> • Positive that it has been identified that skilled and efficient IM is important for challenging the DOD and organisation. Understanding digital and data is key. • JD invited to future meetings for any updates 	
<p>6.</p>	<p>NHS Wales Digital Blueprint</p> <p>IE provided the following update:</p> <p>Matt Cornish and Tektology working hard to push this along</p> <p>Next stage:</p>	

	<ul style="list-style-type: none"> • Draft next stage – target operating model (roles and responsibilities in the system, national and regional working, how governance works) and Blueprint (what do you want to make happen). • No price provided so far <p>AT suggested the use of the governance, signed off by Minister, and work with Tektology to assist with continued progress. Suggestion of presenting the project to Minister/DDaT Board to see if process work.</p> <p>SR – added that Tektology link with Chief Execs who review the MAG Report which can feedback into this piece of work. Identified that a digital first operating model is missing. AT agreed and by having a digital first operational model it will feed into architecture and roles and responsibilities.</p> <p>Summary: NHS Blueprint provides a solution to an issue and best to have an offer and draft model available. Demonstration of digital leader's collaborative working and transparency between organisations.</p>	
7.	<p>National Target Architecture Project</p> <p>IE provided the following update:</p> <p>Project team now in place – reaching out to arrange introductions. Ask for any feedback with those who have already met</p> <p>For those who have met the team so far there was collective feedback of:</p> <ul style="list-style-type: none"> • They were keen to see the business architecture. IE confirmed the steer was towards technical not business • Felt they were unclear on the ask/brief • Confused how they were going to approach and focus on target architecture. • They couldn't provide clear answers to questions asked. • Indication on the resources are required? IE asked if this had been addressed in any meetings held so far. AT confirmed not in the meeting he held. • spoke a lot about service design. Good introductory meeting. clear view of the scope as phw did a review a few years ago. Feels like phw are empowered on an organisational level and don't want to miss a trick how they can align nationally. • more around business requirements, patient journeys, other work they've done. Unstructured questions and expected more of an approach shared via email and docs. <p>IE confirmed the Team purpose is to:</p> <ul style="list-style-type: none"> • Hold initial introduction meetings and setting out scopes and remit to work with DOD • map current architecture into Ardoq (level of detail may vary) to onboard and skill up organisation and to codesign (local and national) target 	

Regan, Nikki
11/08/2025 14:13:11

	<p>architecture and codesign current design to potential design and transition roadmaps. We would have skilled staff who would be able to maintain this afterwards as they have been upskilled.</p> <ul style="list-style-type: none"> • Project team is there for all Health Boards across NHS Wales. National architecture not funded by Welsh Government. <p>IE raised that it is worth asking the team what they think they can achieve in 6 months.</p> <p>Action: Ifan will take feedback and informs the catch up sessions with the team. Will draft one page summary of ask and look at scope.</p> <p>Action: Invite team to July meeting</p>	<p>002 - IE</p> <p>003 - HB</p>
<p>8.</p>	<p>Morning meeting</p> <p>MJ confirmed that the EHR vision is a whole product not just one care pathway</p> <p>COL added that four Ministers are involved and with the treasury discussions and moving at pace with Alex involved.</p> <p>VC added the different pace each Health Board is working at. How does Connected Care link in with funding and concern for relationships with contracts. If there isn't funding via Welsh Government a funding case will require Board for funding decision (also taking into consideration some Health Boards are in special measures and impact this may have).</p> <p>LH highlighted a collective issue of funding.</p> <p>IE raised a drift in the Digital Investment Panel. Purpose was for allocating funding in an optimal fashion and included health and social care.</p>	
<p>9.</p>	<p>Product Pathways</p> <p>IE provided the following update:</p> <p>Slide 2 – point 2 – to be aware of possible impact</p> <p>Slide 6 – showing list integrated into PAS only. Highlights need for specialities to move over to electronic way of working.</p> <p>LH raised if there is a plan to address the outstanding. IE confirmed it would be for the Health Board to resolve not a DHCW.</p> <p>VC raised if there is time to allow for testing. IE confirmed that time and resources will be made available as Welsh Government are pushing Chief Exec's.</p> <p>COL recognised the links with Tektology and standardising processes are key to success. To get to a common operating model and functionality and how can we move forward together. Then we can demonstrate progression to Ministers.</p> <p>SR asked if is this part of NHS App work or separate piece of work? IE confirmed it is a separate piece of work.</p>	

AT raised the reintroduction of 'blue tables' previously used to assist with conversations with the Minister. These tables could be used by DODs only.

COL - Month 1

- Spend has been increased, some Health Boards were inconsistent.
- Month 2 position should be improved following review of month 1 numbers
- Minister highly interested

Summary: challenging time. DODs link in together to share ideas and support each other

Key messages:

- HMRC have notified NHS Scotland they have to pay interest to Microsoft and NHS Scotland not currently contesting this.
- NDR Welsh Government have given allocation to disclose.
- Procure an eye care referral system and looking to fund. Requested this commitment in writing.
- IMPS looking at options as dissolving
- National benefits for national programmes – pulling together.

Cultural changes

AT raised that HDUHB are moving from a medical record to 'skinny file' of last four records reducing the number of medical records staff.

Ambient AI

LH raised that Welsh Government have a paper available. BCUHB had concerns around where data is put and timing to pilot. Awareness that something is happening. Leicester have shared info to Welsh Government. Contact is Rupert.

SR raised that there's a feeling of advice and direction is missing. AI Commission doesn't have governance or feed into a government, so caution is needed.

Lauren – BCUHB final draft stage of roadmap. Earliest AI is 2030.

Clinical Coding Initiative

KM raised that Clinical Coding Improvement Initiative addressing backlog and staffing clinical coders.

AT added that governance feeds into Leadership Board and is under review. Reference to Project Zero – clinical coding resources shared to get up all Health Boards to the same level.

IE added that using NDR Cloud the clinical coding can produce sophisticated reports and results

004 - AT

	<p>Action: Appetite to have a session with clinical coders for a plan of approach and what are the governance arrangements? Add to 'collab working session'</p> <p>NJ notified the peer group that he will be retiring at the end of September. The replacement tbc and in the meantime will invite deputies along to introduce over next few meetings.</p> <p>September meeting venue – CTMUHB</p>	
10.	<p>AOB</p> <p>Microsoft visit to London (November / December) Day 1 – afternoon - Microsoft Day 2 – morning - Site visit to a London site – electronic health record integrated. suggestion of Chelsea and Westminster Hospital NHS Foundation Trust</p>	
End of meeting		
Details of next meeting:		
The next DODs Peer Group meeting will be taking place on Tuesday 2nd and Wednesday 3rd July 2025 in DHCW Mold with Teams accessibility for those joining virtually		

Regan, Nikki
11/08/2025 14:13:11

MEETING NOTES

Date: Tuesday 1st July & Wednesday 2nd July 2025

Time: 1:30pm – 5pm & 9:30am-12:30pm

Location: DHCW Mold

Attendance

Digital Directors Present

Initials	Name
AT	Anthony Tracey (HDUHB) – Chair
MJ	Matt John (SBUHB)
PS	Paul Solloway (ABUHB)
CMo	Chris Moreton (DHCW) – deputising for COL
DT	David Thomas (CVUHB)
CMa	Claire Madsen (PTHB)
SL	Sam Lloyd (DHCW)
CT	Carl Taylor (VNHST)
DO	David Owen (PTHB) – deputising for VC
NJ	Neil Jenkins (NWSSP)
IE	Ifan Evans (DHCW)
SP	Steve Probert (Welsh Government)
NJ	Neil Jenkins (NWSSP)
LH	Lauren Harkin (BCUHB) - Deputising for DR
SR	Sian Richards (HEIW)
SM	Stuart Morris (CTMUHB)
HB	Harriet Baker (WNHSC)

External Speakers

Initials	Name
RC	Rebecca Cook (DHCW)
TF	Tracey Francis (DHCW)
MW	Mike Williams, Channel 3 Consulting
MJ	Matt Jones, Channel 3 Consulting
VP	Vicky Rothwell, Channel 3 Consulting
AM	Alison Maguire (DHCW)
LH	Leon Hitchings (CVUHB)
AM	Alison Maguire (DHCW)
RM	Rebecca McGrane (DHCW)

Apologies	
Initials	Name
DJ	Dafydd James (PHW)
VC	Vicki Cooper (PTHB)
IB	Iain Bell (PHW)
JS	Jonny Summat (WAST)
HT	Helen Thomas (DHCW)
COL	Claire Osmundsen-Little (DHCW)
SS	Said Shadi (NHS Exec)

Agenda Item	Discussion	Action
1.	<p>Welcome, Apologies of Absence, Previous Notes Approval</p> <p>Action Log – Not Discussed</p> <p>Previous Notes Approval - Not Discussed</p>	
2.	<p>National Architecture</p> <p>IE presented on</p> <ul style="list-style-type: none"> - European model patients can download and share information as a legal right. IE has access to Irish approach. - Slide 4 – layered architecture approach - Slide 5 – sequence of work <p>- A lot of work to do over the next 12-18 months. Impact of progression depending on European legislation, Welsh Government governance to be in place for endorsing and then establishing approach (example and reference to slide 5)</p> <p>- AT requested the establishment of deadlines for project handovers to ensure targets are met</p> <p>Channel 3 consulting</p> <ul style="list-style-type: none"> • Slide 1 – part of phase 1 discovery - engaged in 25 meetings last month with stakeholders to establish aims, ambitions for individual boards. Worked with Leanne's team and Ardoq tool to ensure architecture is transferable. Building meta model for common standards and referencing. • Moving to phase 2 – strategic architecture understanding being built leading to working groups being established to design and consider in preparation for the target state in phase 3. <p>Aim: to build an architecture which supports, is flexible and adaptable. Important to draw on the experience and knowledge of the existing digital teams</p> <p>SR asked what the timescale is the Target state working back from 3,5,10 years? As big impact on prevention for the public. Vicky stated that initial brief was 10 years. IE confirmed it is 10 years maybe little sooner</p> <p>CT asked if the maturity was considered within the NHS Wales to do architecture after project work has been completed? IE stated the project is</p>	

	<p>funded by Welsh Government for one year and other projects going on and being planned. Architecture governance is part of the DDaT Board. Aim to ensure Ardoq is detailed enough to be building blocks for future architecture</p> <p>PS asked for any plans for capacity allowances. IE stated that the back end of this technical work will hopefully up skill staff in the NHS and a strategic investment plan for how to make transition – could include in investment in organisations in NHS Wales.</p> <p>MJ added it would be good to have an idea of what is required skills wise and scalability. AT also added that capability and skills analysis of own teams would be informative to identify gaps and resource availability (sharing resources).</p> <p>Slide 5 – AT enquired for Ardoq staff training would be beneficial as requiring them to complete templates. AT also conscious of time frame this requires. PS asked for any links with EHR? IE confirmed there is not a link and there is a separate working team working on EHR.</p> <p>SP provided an update from a workshop held today and that the very early stages of a business case model and the engagement of staff, clinicians and health boards are important.</p> <p>SR raised that there is a need to have people on board now from different disciplines to ensure needs are met and establish a clear scope. AT agreed stating that the architecture needs to meet the needs of the workforce.</p> <p>SR added that inclusion of multidiscipline staff would assist with investment decisions and links with the Chief Executive work with future hospital etc.</p> <p>Summary:</p> <ul style="list-style-type: none"> • Summary of the ask on health boards/teams (template completed, nominated staff members to go into working group & skillsets preferred). Offer for any DOD to reach out for individual conversations. • Invite to September peer group for update (30min) • DODs to gather a clearer objective of team needs 	
<p>3.</p>	<p>Digital Blueprint</p> <ul style="list-style-type: none"> • IE asked if there are any concerns around the timetable and if this would be unachievable <p>SP raised the Minister set the expectation of the target state architecture mapped by the end of June and completed by September.</p> <p>Action: DoDs provide a defined and attainable, target architecture delivery date including reasons and highlighting any barriers being faced. This will assist SP in preparing minister for this expectation. Share with SP.</p> <ul style="list-style-type: none"> • Chief Exec's Peer Group – 4 workstreams one being digital who meet regularly, and good progress made. <p>Ask for continued support and endorsement from DODs for the following:</p> <ol style="list-style-type: none"> 1. Target operating model for collective vision of delivery across wales 2. Digital blueprint delivery model 	<p>001 – All</p>

Regan, Nikki
11/08/2025 14:13:11

	<p>AT requested a distinction between work undertaken by blueprint and national architecture and how they will come together for Chief Execs understanding LH added that some teams are struggling to envision the blueprint product and what it will do. Any clarity would be helpful.</p> <p>IE added that multiple boards are meeting so will feedback into an overview for everyone</p>	
<p>4.</p>	<p>EA Renewal</p> <p>SL requested a nominee to attend formal project board (commences July)</p> <p>CMo provided the following updates:</p> <ul style="list-style-type: none"> • monitoring the Microsoft VAT position in Scotland. Having a Centre of Excellence positions opportunity to reclaim VAT from HMRC. • Preparing to feed into IMTP planning cycle for Microsoft VAT position <p>PS raised the phase 2 funding: idea when to approach health boards for funding? CMo highlighted the tight timeline and recognises resource limitations. Taken to Exec team next week for funding approval. SL added the aim is to ensure what what is paid for is what is needed.</p> <p>LH raised the following:</p> <ul style="list-style-type: none"> • plea for time to go through health boards formal notification of extensions. • Good opportunity to link with NHS England who are reviewing their Microsoft plan and Copilot. <p>SL confirmed there are established links with NHS England and NHS Scotland around Copilot and taking learnings from their exercises.</p>	
<p>5.</p>	<p>Clinical Coding</p> <p>RC provided the following information:</p> <ul style="list-style-type: none"> • programme team being established in 2023 due to raised concerns of the levels of uncoded activity • Current position: Welsh Government are issuing a letter to organisations for back log issues and plans to resolve and then next steps <p>SM commented that it was good to see data broken down. Raised concerns for staffing. TF stated that it would need to be remote, and even contracted coders are remote or asking for more pay to be on site.</p> <p>LH added that BCUHB voted for a move on and clean sheet. Internally set 75% target which has been achieved. Looking at 25/26 and should be caught up on backlog. Lots of trainees and focussed to keep achieving.</p>	

Regan, Nikki
11/08/2025 14:13:11

	<p>CT added that the blend between looking back and looking to transform the service going forward. Concern on backward looking instead of going forward to a future state and resolving the challenges already faced.</p> <p>MJ added that EHR highlighted as a need but there isn't a timeline for this. The minimum data set that is acceptable level of data which health board should be coding against – discharge summaries are an issue in some organisations. Is a coded discharge summary data set enough to get the rates up and what is the set standard? RC confirmed that the analysis on discharge summaries on completeness and coding. This example to be found and reviewed</p> <p>TF highlighted the offer for some DHCW qualified coders offered to organisations to help with back log.</p> <p>Summary:</p> <ul style="list-style-type: none"> • A wider piece of work around feeding into leadership board and representatives is required. • Understanding of what is needed for the sharing of resources • RC added that looking for support from DODs to the leadership boards. Encourage coders to support and work collaboratively with the programme team. • Long term goals: AI accelerate (funding, risk assessments etc). 	
<p>6.</p>	<p>AOB / Matters Arising</p> <p>Formal Launch of NHS Digital Platform (SL)</p> <p>Ask of DoDs to promote within teams as now available</p> <p>Expectations on resources</p> <p>AT raised the opportunity to have the clinical voice and a missed opportunities to have more engagement with other peer groups.</p> <p>SM added how to articulate a strong narrative there is collaborative working across NHS Wales to reflect needs highlighted in the MAG Report.</p> <p>AT added that it is positive to see improved conversations around digital being a focus and aware of the pressure this brings.</p> <p>SP understanding that Channel 3 Consulting would support the architecture by having resources to support NHS teams. AT raised this with the template query and Ardoq use. Expect to have better picture when template is completed.</p>	
<p>2nd July 9:30am – 12:30pm</p>		
<p>7.</p>	<p>Digital Maternity</p> <p>AT provided the following update:</p> <ul style="list-style-type: none"> • First meeting with System C held • Concerns for data migration – DoDs to update teams to warn them • March 2026 deadline • Clinical side started and going well 	

	<ul style="list-style-type: none"> Configured to English standards and then adapt to welsh standards at a later date ABUHB have gone live with other health boards mirroring the interfaces <p>SP confirmed that System C have resolved the language support for Welsh language users.</p> <p>LH added that BCUHB are aiming to keep working programme, but programme team are aware of some deadlines may need to be moved. AT would like to follow up if there are delays as would like to see an all wales approach</p>	
<p>8.</p>	<p>Eye Care</p> <p>DT and LH provided the following information:</p> <ul style="list-style-type: none"> OpenEyes current contract has 2 years left Slide 2 - Orange boxes identify vacant roles DT added that the referral side sits with DHCW still, with a plan to procure a system, and will follow up to provide any updates <p>SM raised the delivery deadline of March 2026 and if there is contingency in the plan and impact if delivery isn't met. DT confirmed there isn't any flexibility in all services and the pressing need to be live by March but need to have further conversations. Teasing out local needs to see factors.</p> <p>CMo raised the electronic referral system. Work under way to procure software. Has there been an identified dependencies and key milestone dates that are aligned? DT extended invite to have a catch-up meeting as focus has been split in the different organisations and link with Welsh Government representative.</p> <p>SP confirmed that David O'Sullivan is the Welsh Government lead.</p> <p>E referrals – 6-8 weeks for procurement and looking at a short-term tactical solution in the meantime and be in place by Autumn 2026. Funding available to DHCW up to 2027. March 2027 onwards for longer term procurement.</p> <p>Summary:</p> <ul style="list-style-type: none"> LH requested assistance with the business case. MJ added that SBUHB and HDUHB are working together via regional board ensuring they are aligned 	
<p>9.</p>	<p>RISP Update</p> <p>AM and RM provided the following updates and information:</p> <ul style="list-style-type: none"> ABUHB request move from November to April. Is another health board happy to move the go live date forward? MJ confirmed SBUHB unable to come forward. Workshop running on 16th July and be good to have a new sequence understanding confirmed and mitigations are accounted for 	

	<ul style="list-style-type: none"> • Review of terms of reference for programme board underway to have key decision - making position and would welcome a DoD to attend <p>CT confirmed VNHST are working towards going live in January</p> <p>AT confirmed HDUHB are working towards going live in September</p> <p>MJ raised that DoDs need to be aware of any implications of this ordering and influence on radiology depts to reassure them.</p> <p>IE added that strong leadership needs to be shown. SM suggested a collective letter raising the missed opportunity dods had to have comment on the letters going to leadership board and chief exec</p> <p>Summary:</p> <ul style="list-style-type: none"> • New plan to be shared for go live with amended dates. • AM link in with PS to put formal request in with Philips. • DoD attending programme board following terms of reference review 	
10.	<p>LIMS update</p> <p>AM provided the following updates:</p> <ul style="list-style-type: none"> • SBAR has been shared with Chief Execs – comments for further information on funding and endorsement for discipline implementation approach. Timelines being pushed out concerning as there is pressure on resources and whether the timelines will continue to be pushed e.g. microbiology originally set to go fully live in July however expected to go live in August • AT queried if the team were looking to bring other disciplines forward if others are delayed. AM confirmed there is a strong lead in Cell Pathology, Mortuary and Andrology which could be moved up. • Biochemistry is a large programme and workflows still underway. Aim to keep to go live dates and prioritising resources to keep to deadlines. • Request to DoDs to continue support the project managers to ensure timelines are met <p>SM raised what engagement is being undertaken with specific disciplines AM confirmed they were having to be firm with deadlines. Anything new requested is going to CSSG. Escalation lead for each discipline.</p> <p>IE asked what the DoD peer group could do to reinforce the decision for cut off for amendment requests with the reassurance that requests can be added later. AT suggested adding topic to CCIO agenda for CCIO communications to programme teams.</p> <p>LH requested to revisit list of critical elements that are requested in BCUHB. AM to arrange a separate follow up to check BCUHB progress</p> <p>CT raised that working discipline by discipline and changing dates make it difficult and the replanning involved puts extra demand on services</p>	

Regan, Nikki
11/08/2025 14:13:11

	<p>MB asked if there were responses to the SBAR? AM confirmed there had been just one. AT raised the need to get the responses. SM added that the DDaT Board were meeting today and response from Chief Exec will be required</p> <p>AM provided the additional information:</p> <ul style="list-style-type: none"> • Currently exploring keeping data longer for 2 years so health boards don't need to worry about scope and would be stored in the cloud. • Issue of telepath legacy data – SBAR being written on next steps. <p>Summary:</p> <ul style="list-style-type: none"> • DoDs work with health board CCIOs and push back no more requests going in unless significant needed • Review what's in the remit and could be moved to phase 2 • Firm on the dates and support through Exec teams 	
<p>11.</p>	<p>CCIO / DOD meeting</p> <p>AT</p> <ul style="list-style-type: none"> • 16th July CCIO meeting (2hrs) – combined CCIO and DoD • No Chair. May need to look how they can be given peer group status • Request for agenda items, objectives to frame discussions? <ul style="list-style-type: none"> ○ Thoughts of national architecture, blueprints, governance structures ○ Outcome from upcoming Joint Clinical Forum ○ Update on EHR, major national programmes, roadmaps 	
<p>12.</p>	<p>AOB</p> <p>Cardiac PAS - PS</p> <p>BCUHB confirmed they are moving forward with replacement. National meeting led by Welsh Government and what is the plan for the rest of Wales.</p> <p>LH confirmed that an update that spec has been completed, supplier engagement and meeting for next steps on 9th July. Looks like business case has progressed.</p> <p>IE added this is an opportunity to demonstrate collaborative working</p> <p>SP encouraged the utilisation of for 'Once for Wales'</p> <p>Community – PS</p> <p>PS shared letter from Director's of Primary Care for recommendations. Do DoDs wish to collectively respond?</p> <p>Summary: All DoDs have sight of letter and decide next steps</p> <p>NSMB - PS *request presentation*</p> <ul style="list-style-type: none"> • Moving from service point and health board choosing their own provider • Windows 11 Adoption Reporting – indicative cost for 1 year and doubles year 2. 	

- Do we go to Welsh Government for funding support and approach a cyber risk if not resolved and costs go up. MJ added that this highlights the inconsistencies across Wales.
- SL added that this is an opportunity to see a national approach and look at purchase v's lease of devices for savings.

Summary:

- Plan needed to resolve and solutions for health boards for any assistance.
- Paper to come back to DoDs and escalate – AT to look how to get papers to the leadership board.
- AT added praise to DHCW for the Citrix agreement

Lung cancer Screening – AT

- Letter received and will take for a CCIO discussion.

Screening colposcopy – SR

colposcopy go live next week based on a majority agreement / decision from organisations. Follow up discussion with CVUHB and HDUHB clinicians who wanted to delay go live due to operational issues with further discussions with those teams are to be held. Are other health boards feeling any unresolved concerns?

IE provided the update that everything is ready to go live and Clinicians concerns resolved. Could go live as soon as Monday. Work arounds could take 3 weeks. Back log work isn't in a programme now. SL confirmed that back log would feed into single record delivery group.

LH requested that any feedback/intelligence shared would be appreciated in BCUHB. CT will share across peer group.

EHR discussions

SP provided the following update:

Workshop held yesterday with Joe Flannagan and view to treat as programme business case. Advice provided: gateway review held asap with an external team undertaking the review

AT asked how DoDs Peer Group can do to assist with progression. SP requested that health boards prepare for engagement who are likely to be an external organisation.

Ways of working:

AT looking to secure an independent facilitator to work on a collaborative way of working. May need to be a meeting outside of DoD peer group and for meeting to be in person only.

Details of next meeting:

The next **DODs Peer Group meeting** will be taking place on **Tuesday 2nd September 2025** in

Regan Nikki
11/08/2025 14:13:11