Public Digital & Infrastructure Committee

Chairs Informed Agenda

Tuesday 5 May 2026 at 9:00am

1 **9:00**	**Standing Items**	
1.1	Welcome, Apologies & Introductions	Rhian Thomas
1.2	Declarations of Interest	Rhian Thomas
1.3	Minutes of the Committee Meeting held on 10th February 2026	Rhian Thomas
1.4	Action Log following the Committee Meeting held on 10th February 2026	Rhian Thomas
1.5	Committee's Chairs Actions	Rhian Thomas
2 **09:10**	**Infrastructure**	
2.1 30 Mins	Estates Briefing – Condition Survey	Geoff Walsh
2.2 *15 mins*	Capital & Estates Risk Register	Geoff Walsh
3 **09:55**	**Health & Safety**	
3.1 *10 mins*	Health & Safety Update and Health & Safety Tracker	Robert Warren
3.2 *5 Mins*	Fire Alarm Response	Robert Warren
4 **10:10**	**Digital**	
4.1 10 Mins	Digital Roadmap and work programme update	David Thomas
4.2 *10 mins*	Board Assurance Framework – Digital	David Thomas
4.3 *10 mins*	Corporate Digital Risk Register	David Thomas
4.4 *10 mins*	IG Data Compliance	James Webb
5 **10:50**	**Items for Approval / Ratification**	

5.1 *5 mins*	Annual Committee Report	Matt Phillips David Edwards
6 **10:55**	**Items for Noting and Information**	
6.1 *0 mins*	Minutes: Digital Directors Peer Group	David Thomas
6.2 *0 Mins*	AE(LV) Annual Report CVUHB 2025 & Authorised Engineers Report	Geoff Walsh
6 **10:55**	**Agenda for Private Digital & Infrastructure Committee Meeting**	
	• *Minutes from previous meeting* • *Cyber Security* • *Caldicott Guardian* • *Digital Foundations Case* • *Cyber Exercise (Creeper)* • *All Wales Ligature Reduction Policy and Procedure*	
7	**Review of the Meeting**	Rhian Thomas
	Date & Time of next Meeting: Tuesday 4 August 2026 at 9am via MS Teams	Rhian Thomas

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

To view a recording of the meeting click here.

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

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

	The Committee Resolved that: a) The Minutes of the Meeting held on the 11th November 2025 were confirmed as a true and accurate record.	
D&IC 10/02/1.4	**Action Log – Following the Meeting held on 11.11.2025** The action log was noted to have actions for the committee meeting in May 2026. **The Committee Resolved that:** a) The Action Log was discussed and noted.	
D&IC 10/02/1.5	**Chair's Action taken since the last Committee Meeting** No chairs actions taken since the previous meeting. **The Committee Resolved that:** a) There were no Chair's Actions taken since the last meeting.	
	Items for Review and Assurance - Infrastructure	
D&IC 10/02/2.1	**Estates Risk Register** The Director of Capital, Estates & Facilities – Geoff Walsh (GW) highlighted the following points on the Estates risk register: • The risk register format remained consistent with previous reports; recent updates reflect new information from the condition survey. • The number of high risks across the estate remained significant and was being closely monitored; the group meet bi-monthly to assess and update risks. • The condition survey would lead to a substantial review and would likely increase the risk profile, especially in the first three years of the 10-year investment period. • Intensive care risk was resolved with successful installation of UPS systems. • A business case was being developed for ITU refurbishment due to obsolete equipment and services, with phase one (C3) expected soon. • Electrical infrastructure project: replacement of rising bus bars (distribution network) was complete; transfer to local circuits would proceed soon, delayed by disruptive substation works. • Operation Poet (generator testing) had progressed well, with a major test scheduled for Friday. • Funding from Welsh Government (WG) had enabled flexibility in addressing high-risk areas, with additional slippage funding expected, mainly for medical equipment and IT. The Committee Chair – Davied Edwards (DE) assumed the findings from the condition survey would not remove risks, except possibly reducing unknowns, as the report provided more clarity about the estate. He suggested the overall risk picture would become clearer but potentially worse, as more risks were identified and understood. He asked GW if this interpretation was fair, indicating that the condition survey would likely increase the risk register rather than decrease it.	

	GW suspected the risk profile would increase significantly due to the level of risks identified and the investment required, especially in the first three years of the 10-year investment period. He explained they were conducting a sense check to review everything from the condition survey and ensure all items are captured in one document, so nothing was missed. **Action – GW review and update the Estates risk register in light of the new condition survey findings, ensuring all risks are captured and aligned.** **The Committee Resolved that:** a) The approach by CEF to manage and review risk across its portfolio was noted. b) **T**he receipt of additional funding to address schemes from the respective risk registers was noted c) The electrical infrastructure works to Tower Block 1 Non-Essential Riser which will provide further resilience to services with new infrastructure was noted.	
10/02/2.2	**Board Assurance Framework** The Executive Director of Finance – Catherine Phillips (CP) suggested it was important for the committee to look at the Board Assurance Framework (BAF) as a strategic risk and assess whether actions and progress were being made. She drew attention to the connection with the previous report, highlighting progress on demolition as part of the slippage, which enabled the plan to be enacted. She noted this progress had brought more pressure on the team to deliver within a short timescale to meet the obligations of spending the money in the current financial year. DE emphasized the importance of recognising how significant the condition survey report was for the committee and the board. He suggested it should be seen in a positive light because it eliminated unknowns around the estate, even though it would create additional challenges and risks. He stated this would need to be discussed at Board level, as some of these risks were significant and impact staff and patient experience. **The Committee Resolved that:** a) The Board Assurance Framework was discussed and noted.	
10/02/2.3	**Estates Condition – Briefing Survey** GW highlighted the following point on the Estates Condition Briefing Survey: • The condition survey was a critical evidence-based assessment to identify areas of concern and risk, supporting business cases and investment requests to WG. • The executive summary currently covered only University Hospital Wales (UHW); two additional reports (UHL and community facilities) were expected soon, with a comprehensive report by year-end. • The survey broke the site into 65 facilities, revealing £472m of backlog maintenance and £116m needed for year one investment. • 78% of the estate was in grade C condition, with significant deterioration; 10% is at significant risk and close to failure. • High-risk backlog maintenance totalled £217m, with £187m in significant risk areas.	

	• Benchmarking showed NHS England spends £2k per square metre, compared to £662 in CAV UHB. • The top 10 risk sites included ward blocks A, B, C, Dental Hospital, and tower blocks, with many clinical areas at high risk. • £116m investment required to resolve everything that could potentially fail in year one, but this was not feasible due to operational constraints. • Investment priorities were categorized as mandatory (non-compliance with health technical memoranda), essential (to avoid further deterioration), desirable, and statutory (including fire and water safety). • Underinvestment escalates clinical and operational risk, increases statutory and safety exposure, and forces Estates staff to focus more on reactive than proactive maintenance. • The report concluded urgent action was needed, but solving the issues would be a long-term journey requiring targeted investment and support from WG. The Independent Member – Capital & Estates (RT) thanked GW for the report, describing it as a massive leap forward in understanding and baseline. RT asked, now the data was available, what was WG's plan and whether they were funding similar reports for other HB's. RT further asked if the report provided helpful intelligence for the Estates rationalisation programme. GW highlighted the following points: • Confirmed WG were not doing this survey with any other HB and were only looking at doing something across NHS Wales; CAV UHB were the first to step into this area. • The findings were a stark reminder of the state of the estate, noting the likelihood that some reports from other HB's may be equally bad or worse. • This initiative came out of an investment board meeting, where it was agreed several things needed to be done, the first being this survey to confirm and use the information for UHW2 and to recognize the need to continue running the hospital for the next 10-15 years. • CAV UHB need to engage with WG and identify the most critical risks, acknowledging the difficulty in prioritising them and emphasising the importance of clinical input. • Ongoing discussions with WG regarding the refurbishment of ITU, but noted there may be other areas that required attention and difficult decisions for the board. • Frequent discussions about UHW were taking place but the need for more conversations about community facilities were stressed, which may be in worse condition. This work would support the ambition to reduce the amount of estate and have fewer, but better, facilities. CP noted the information from the survey would be shared with WG, who supported its delivery. She highlighted that Grade D areas represented significant risk of failure and were likely the first priority for urgent action, as this information cannot be ignored. She emphasised the need to find a way to divide the work and start addressing the enormity of the task, rather than standing still. She mentioned there were two other reports to be seen. She explained that work was undertaken, with information feeding into the Capital Estates and Facilities team throughout the year to address critical	

	risks. She stated that the capital allocation would not cover the scale of work required and stressed the importance of not standing still while in possession of this information. The Independent Member – General – Rachna Upadhya (RU) thanked GW for the "very sobering report" and asked, now that the information was known, what practical steps could be taken to protect staff and patients, especially in high-risk areas, and whether there are low-cost options available. RU highlighted that the biggest issue was maintenance being reactive rather than preventative, and questioned whether there were opportunities to do preventative work alongside the reactive efforts. GW stated there was a business case for the roof replacement of the ward block, and this work had commenced due to some funding received. He explained that the targeted investment fund was not large and required CAV UHB to provide 30% of the investment capital, making it difficult to allocate much from discretionary capital. He added that the capital management group was aware of these limits and the need to balance requests with other priorities. He added that during the past 12 months, other significant pieces of slippage funding were received, and schemes were prioritised from the risk register accordingly. He emphasised that this report was different because it addressed whole systems replacement, not just isolated components, and until major investment was secured, the hospital must continue operating with available resources. He added that a business case for the replacement of the water mains would be brought to the CAV UHB Board in March 2026. RU asked what practical steps could be taken to protect staff and patients, specifically in terms of simple, low-cost actions, such as protecting or separating high-risk areas from non-clinical areas, and what can be done in clinical delivery areas to practically limit risk. She also questioned whether there was anything that could be done quickly and at low cost. GW explained that much of the required investment was for infrastructure that was not visible, and whilst refurbishing areas can improve the environment for patients and staff, they are not always the highest risk issues. He noted challenges in refurbishing due to frequent ward moves and clinical changes, making it hard to find space to decant patients during works. He emphasized the need to coordinate with clinical teams to ensure all work was completed safely. He highlighted that the ICU area still had some original fixtures from the 1970s, which were now obsolete and need replacement. He added that the teams were not standing still, were actively managing risks, and were maintaining services as best as possible. DE asked about the £18.7m statutory spend, specifically what the immediate statutory requirements were and whether these were currently in progress, highlighting concerns about fire risk and the need for current, not future, action GW explained that part of the statutory requirement for fire safety involved work above the ceilings, specifically fire dampers, which were a long-standing problem. He stated that approx. 30% of the fire dampers were non-accessible due to installation and subsequent additions of services, making it impossible to service or test them without removing ceilings. Where refurbishment had occurred, they	

	were able to address and replace these dampers, but access remained a challenge. He acknowledged the anxiety around these statutory works and noted that the hospital had the largest and best coverage of L1 fire alarm systems, providing early warnings and enabling prompt response to issues. The CC expressed interest in the discrepancy between the benchmark figure (notted it was based on NHS England) and the current spending level, asking CP for her perspective on what this indicated from a finance director's viewpoint. CP noted that the size of the NHS Wales estate and the way funding was allocated was a challenge, as the WG capital programme was just over £400m, which was not enough to cover the needs of a project the size of UHW 2. She mentioned that while the WG capital pot had increased in recent years, it remained insufficient for such large-scale projects. She contrasted this with NHS England, where there was a new hospital programme underway. She explained that funding in Wales was based on population, which resulted in a lower capital allocation, and emphasized that WG were aware of these capital requirements and was working on the issue. GW noted there was a lack of investment over many years, not just recently, and that NHS buildings were covered under crown immunity until the mid-1990s, making it easy not to invest in maintenance. The Committee Resolved that: a) **T**he content of the report and presentation was noted. b) **T**he significant increase in 'backlog' renewal, recognising that over 85% is Essential and Mandatory demonstrating that the investment is needed to sustain safe clinical operation and prevent escalation into statutory non-compliance was noted c) **T**he submission of the summary document to WG to inform the earliest discussion to highlight the level of risk that the HB is currently managing on the UHW site was noted.	
	Items for Review & Assurance – Digital	
D&IC 10/02/3.1	**Digital Roadmap and Work Programme Update** The Director of Digital Foundations – Angela Parratt (AP) highlighted the following points on the roadmap: • The Digital Foundations programme was focused on improving quality and reducing avoidable harm to deliver safer, smarter health and care, and this was not just a technology project but a service transformation initiative. • A review of costs and benefits was underway due to a significant revenue tail associated with the programme business case, which was currently unaffordable; work was ongoing to shift more costs to capital, which would reduce but not eliminate the revenue requirement. • Meetings took place with all clinical boards, and the consensus was that Digital Foundations was necessary and needed, with opportunities for cash release, though this was not the main driver. • Digital was seen as a necessary part of infrastructure, like utilities, and was expected to improve productivity, efficiency, safety, and reduce avoidable harm, as recognised by senior leadership.	

	• It was difficult to size or ascertain cash-releasing benefits at this stage, as benefits may not appear directly within a single clinical board and would depend on how digital changes working practices. • The programme was less about installing technology and focused more on transforming operational and service delivery models. • Not all costs can be capitalised; ongoing transformation and implementation support would require revenue funding, but this was considered essential for achieving the intended change. • There was a plan to manage the capital vs. revenue split, but there were risks related to the timeliness of renewals and capital availability, which would be detailed in the updated financial model. The Director of Digital & Health Intelligence – David Thomas (DT) stated he had attended Clinical Services Plan workshops over recent months, and digital and data consistently emerged as key enablers and highlighted the critical role of this work in supporting the organisation's transformation. He noted that the paper also provided an update on some national programmes, which were included for information unless anyone wishes to discuss them specifically. DE raised the issue of capital versus revenue funding, noting from experience in other organisations that shifting costs to capital can lead to revenue pressures resurfacing later, often with insufficient provision for ongoing investment. He questioned whether there was sufficient long-term planning for the revenue requirements of digital services, especially as many are moving to subscription models that increase ongoing revenue strain. **Action – AP to rework the financial model for the Digital Foundations programme, clarifying capital vs. revenue requirements and associated risks.** **The Committee Resolved that:** a) The Digital Roadmap and Work Programme Update was noted.	
D&IC 10/02/3.2	**Corporate Digital Risk Register** DT highlighted the following points on the Corporate Digital Risk Register: • Insufficient resources risk changed from yellow to amber (score increased from 8 to 12) to reflect that the Digital Foundation's case was not yet funded and required approval from WG. • Proposed closure of the governance framework risk for IG, as the IG policy and procedures were approved and the risk had been removed. • Data processing and data availability risks were proposed to be amalgamated into a single data quality risk, as they were the same issue and would be rationalised for clarity. **The Committee resolved that:**	

	a) The progress and updated to the Risk Register report was noted.	
D&IC 10/02/3.3	**Information Governance (IG) Data Compliance** The Head of Information Governance & Cyber Security - James Webb (JW) provided an update on key information governance performance indicators: • IG team staffing reduced by one whole time equivalent (WTE) due to a recent departure, but statutory roles (Cyro, Cortical Guardian, Data Protection Officer) remained in place. • 146 IG-related incidents reviewed in the last quarter (average 49 per month), with one breach reported to the Information Commissioner's Office (ICO) (details in private agenda). • FOI requests were stable at 63 per month, with 89% compliance over the last 12 months. • Significant improvement in health record subject access requests: now 64% completed on time (up from 48%), with average monthly requests at 333 and average response time of 20 days (within statutory deadline). Only 7 cases remained open from September to November. • Non-health records requests: 55 received between September and November, with 87% completed on time. • Since January 2022, over 1,300 letters sent to staff regarding potential inappropriate access to clinical systems, with ongoing communications and governance processes. • Mandatory training compliance UHB-wide remained at 74%, with performance across clinical boards ranging from 67% to 90%. DE asked JW to clarify if the 1,305 letters sent to staff regarding NIAS were for potential inappropriate accesses rather than confirmed cases. JW confirmed that the letters were for potential inappropriate access, explaining that some cases involved staff accessing their own records for training, which was not best practice but not considered a breach. DE asked JW about the sanctions for staff who inappropriately access records, especially for repeat offenders. JW explained that sanctions range from informal counselling for low-risk, first-time offenders to dismissal for high-risk cases, depending on the impact and any previous access history. **The Committee resolved that:** a) The series of updates relating to significant IG issues were received and noted.	
D&IC 10/02/3.4	**Data Strategy** The Consultant Neurologist – Mark Wardle (MW) highlighted the following points on the data strategy: • Data strategy was not just a technology problem; technology was part of the solution but not the whole answer.	

	• Common issues included: siloed systems, lack of patient-centricity, and the need to move from organisational/departmental focus to patient-first approach. • The impact of AI and machine learning was noted, stressing that they require robust data and that data strategy was the other side of the coin to digital strategy. • Delivering a learning health and care system required the right data in the right place, moving from process measures to patient outcomes. • The importance of good governance was explained, education, and cultural change to empower staff to use data effectively, with appropriate safeguards and information governance. • The concept of a "data fabric" was described as infrastructure to ensure data was accessible, combining published reports, dashboards, ad hoc reports, and AI-driven queries. • There was a challenge of education and training, as many staff were not used to analysing data or using digital systems, so empowerment is key. RU asked how AI governance and accountability were being embedded into existing structures, specifically mentioning safety, bias, ethical oversight, and where this responsibility currently lies or should lie. MW responded that the issue was partially solved and remained a work in progress, with the IG team and JW implemented granular access controls to manage system access and prevent inappropriate data sharing with AI tools. He mentioned that the development of an AI Governance group, which was becoming more formal, and explained that responsibility currently involved both technical controls (access, security) and oversight through governance mechanisms, with further evolution expected as AI use expands. **The committee resolved to:** a) The Board Assurance Framework – Digital was discussed and noted.	
	Items for Approval / Ratification	
D&IC 10/02/4.1	**Car Parking Policy** The Head of Estates & Facilities – Andrew Poole (AP) joined the highlighted the following points on the Car Parking Policy: • Car parking was managed according to WG guidance, with an existing enforcement company, but no formal policy previously in place. • The new policy formalised existing procedures, including a points-based permit system, segregated parking, and use of a British Parking Association approved enforcement provider. • The timing was key, as a new parking management and enforcement contract was recently tendered, and the policy would underpin enforcement, consistency, fairness, and transparency.	

	• Launching the policy alongside the new contract ensured a clean start, consistent rules, improved communication, and alignment with sustainability and accessibility goals. • Operational challenges such as congestion, unauthorised parking, and limited capacity, and that the policy aligns with statutory and national requirements, including the Equality Act and Welsh Language Act. • The policy provided a structured, transparent framework for managing parking, formal governance for permit allocation, and aimed for a better experience for patients, visitors, and staff. • Confirmed the policy will be reviewed annually, with more frequent contract review meetings in the first year to ensure contractor alignment. **The Committee resolved that:** a) The Car Parking Policy was discussed and approved.	
D&IC 10/02/4.2	**Counter Fraud Procedure** The Counter Fraud Manager – Henry Bales (HB) highlighted the following points on the Counter Fraud Procedure: • The procedure update was to incorporate the new "failure to prevent fraud" offense under the Economic Crime and Corporate Transparency Act. • Updates included changes to staffing within the team and clarifications of points identified during review. • The procedure was revised to align with other organisations' policies across Wales. **The Committee Resolved that:** a) The counter fraud procedure was approved.	
10/02/4.3	**Waste Management Procedure** GW highlighted the following points on the waste management procedure: • Stated the update is a review of the existing policy, recognizing new WG regulations for recycling. • Explained the new recycling policy is being implemented for NHS organizations, with gradual introduction over the past 12–18 months. • Noted full implementation starts from April, requiring segregation of waste at ward and department level, with rollout underway and mostly positive feedback. • Mentioned the need for new bins in communal areas and segregation of up to 22 different waste streams in the waste yard. • Highlighted that Natural Resources Wales (NRW) is actively ensuring compliance with the process. • Confirmed the procedure update recognizes these regulatory changes RU asked how confident the team was that the waste management system was future proofed against further tightening regulations and sustainability issues, and whether this was the level for the foreseeable future or if more requirements were expected. She sought clarification on whether additional requirements would be introduced.	

	AP noted regular meetings with Natural Resources Wales (NRW) to stay updated on changes, and stated the current legislation was expected to remain in place for a while. The waste team also meets on an all-Wales basis to discuss policies, and NRW regularly audits CAV UHB. NRW reviewed the waste management policy in draft format and were very complimentary compared to other NHS Wales submissions. **The committee resolved to:** a) The Waste Management Procedure was approved.	
	Items for Noting and Information	
D&IC 10/02/5.1	**Minutes: Digital Directors Peer Group** DT explained that the Digital Directors Peer Group now served as the DDAT Digital Advisory Group, which reports into the DDAT leadership group and ultimately to the delivery group chaired by the Minister, comprising all Chief Executives. This change ensured the group was fully integrated into the new national governance structure for digital, data, and technology . **The Committee Resolved that:** a) The minutes of the Digital Directors Peer Group were noted.	
	Agenda for Private Meeting	
D&IC 10/02/6.1	• *Cyber Security* • *Caldicott Guardian* • *Digital Foundations*	
	Any Other Business	
D&IC 10/02/7.1	DE noted he would be moving to the Deputy Chair of this committee and thanked everyone for the effort and support.	
	Items to bring to the attention of the Committee	
D&IC 10/02/8.1	**Date & Time of next Meeting:** *Tuesday 05th May 2026 at 9am via MS Teams*	

MEETING	Title	Minute Refe	Agreed Action	Executive Lead	Action Lead	Date Assigne	Date for Revi	Action Stati	Action Update
DIGITAL & INFRASTRUCTURE	Estates Risk Register	10/02/2.1	To review and update the Estates risk register in light of the new condition survey findings, ensuring all risks are captured and aligned.	Catherine Phillips	Geoff Walsh	2/10/2026	5/5/2026	ON FORWARD PLAN	This has been added to the forward plan for 05th May 2026.

Report Title:	Estate Infrastructure & Risk Register				Agenda Item No:	2.1
Meeting:	Digital & Infrastructure Committee		Public	√	Meeting Date:	5 May 2026
			Private			
Status **(please only tick one)**	Assurance		Approval	√	Information/Noting	
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
- An update on the electrical infrastructure works, feedback on the recent Operation 'POET' Exercise undertaken at UHL and the proposed works to further improve the electrical resilience at the UHW site
- An update on the 2026/27 Capital Resource Limit, funding opportunities and the UHB's prioritisation process to inform the draft capital plan 2026/27.

Risk Management & Current Status

Capital, Estates and Facilities have completed the conversion of all 21 risk registers from the original Excel format to the UHB AMaT System.

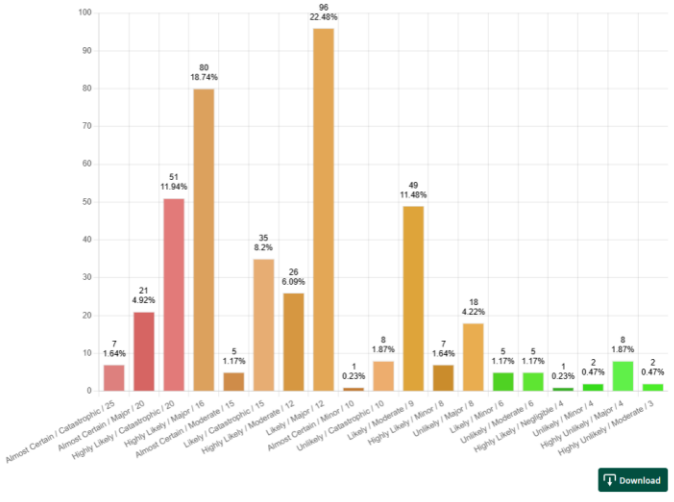
As of the 15th April 2026, 17 risks have been closed and there is now over 427 risks (of all risk levels) on the system. CEF now only manage risk registers using the AMaT system.

The quarterly risk workshops operated by CEF continually review all risks and where appropriate increase or decrease the risk rating and revise the Amat status.

▼ Risk rating chart

The risk rating results corresponding to the risk rating chart are displayed in the table below.

Risk rating	Count	Percentage
Almost Certain / Catastrophic / 25	7	1.64
Almost Certain / Major / 20	21	4.92
Highly Likely / Catastrophic / 20	51	11.94
Highly Likely / Major / 16	80	18.74
Almost Certain / Moderate / 15	5	1.17
Likely / Catastrophic / 15	35	8.2
Highly Likely / Moderate / 12	26	6.09
Likely / Major / 12	96	22.48
Almost Certain / Minor / 10	1	0.23
Unlikely / Catastrophic / 10	8	1.87
Likely / Moderate / 9	49	11.48
Highly Likely / Minor / 8	7	1.64
Unlikely / Major / 8	18	4.22
Likely / Minor / 6	5	1.17
Unlikely / Moderate / 6	5	1.17
Highly Likely / Negligible / 4	1	0.23
Unlikely / Minor / 4	2	0.47
Highly Unlikely / Major / 4	8	1.87
Highly Unlikely / Moderate / 3	2	0.47



Corporate Governance now bring all >20 risks directly from Amat to the quarterly Operational, Health and Safety Group meeting.

UHB Electrical Infrastructure Improvement works and Resilience Testing

UHW Replacement of Rising Bus Bars in Tower Block 1

The planning and preparatory works to enable the transfer of supplies onto the recently installed Non-Essential Rising Main in Tower Block 1 is now complete. These works included intrusive testing of all local circuits of the areas affected to ensure that any associated risks were captured and mitigation identified. Multiple local isolations of the non-essential supplies in many departments have also been undertaken.

A programme for the transfer of supplies has been agreed with the Operational Lead and will commence on Monday 20th April 2026. To minimise any disruption to services the works will be undertaken in the evenings hours. The programme is anticipated to complete in July 2026.

The team have maintained close engagement with the departments affected throughout the project and it has been agreed that local communications be issued on a need to know basis to ensure that any other potential electrical issues which are experienced across the UHW site are not presumed to be related to the ongoing works.

UHL Operation 'POET' Lessons Learnt

The 2025/26 UHL Operation 'POET' exercise was successfully completed as per the agreed revised date, Friday 13th February 2026.

The operation 'POET' project team subsequently held a lessons learnt exercise and agreed the actions required to mitigate any associated risks in the event of an unplanned electrical outage.

The feedback of the exercise was positive and the team are appreciative of the support from the clinical teams across the site.

11KV HV Generator Backup (N+1) UHW

The Operation 'POET' exercises have been successfully delivered on an annual basis at UHW since 2023, albeit, the project team have considered the potential risk with the availability of just 1 generator to support the site, in the event of a mains power outage. Should the available generator fail to changeover automatically, or fail to take the load of the site i.e. trip, this could potentially result in significant disruption to critical and non-critical patient services.

The CEF team have been undertaking a feasibility of the installation of a second HV generator which would provide N+1 security of supply to the site. In addition to the 11KV generator, there would be a requirement for an 11 KV substation to be installed in conjunction with National Grid. It is anticipated that the overall costs for delivering this project would be in the region of £12m-£15m. The CEF team are developing a project mandate for consideration by the Capital Management Group which would require Welsh Government capital funding via the Business Case process.

Early engagement with Welsh Government (WG) has taken place and WG colleagues have agreed to include the 11KV HV Generator Backup as an agenda item at the bi-monthly Capital Review Meeting for future discussion.

Main Boiler House UHW

The HV Generator referred to above, supplies the Main Boiler House at UHW which produces heating and hot water to the UHW site, in addition to providing an electrical supply to the cold water pumps which feed the Tower Blocks.

In the event of a loss of power to the site and the failure of the HV generator to operate, the loss of these essential services to all clinical areas would occur. Consequently, CEF are now considering an option for a local generator to supply the boiler house at the earliest opportunity given the level of risk to clinical services.

Capital Funding Opportunities

Capital Resource Limit 2026/27

The UHB receives an allocation of Capital funding from Welsh Government (WG) via their Capital Resource Limit (CRL). In February 2026, WG issued written correspondence to the UHB confirming an increase in Discretionary Capital allocation in 2026/27 to £19.088m, from the previous £17m in 2025/26, prior to deductions.

The Targeted Estates Fund (TEF), which supports priority projects across set categories, such as, Infrastructure, Fire, Decarbonisation, Mental Health, etc. is entering its second year of the two-year programme. WG provide 70% funding of the TEF Schemes, whilst the UHB are required to contribute the remaining 30% from its own discretionary capital budget

In March 2025, the UHB formally submitted their proposed total bid of £13m, against the available £40m for each of the financial years 2025/26 & 2026/27. Capital, Estates and Facilities engaged with the respective clinical boards and undertook a detailed review of the risk registers to determine the proposed schemes. Prior to submission, Capital Management Group (CMG) and the SLT agreed the appropriate level of UHB contribution. The table below summarises the value of the approved schemes, per category and the UHB's contribution over the two financial years.

C&VUHB - TEF Funding Approvals									
	2025-26	WG Cont	HB Cont	2026-27	WG Cont	HB Cont	Total WG Cont	Total HB cont	Overall total
Fire	0.876	0.613	0.263	0.526	0.368	0.158	0.981	0.421	**1.402**
Infrastructure	2.959	2.071	0.888	2.703	1.892	0.811	3.963	1.699	**5.662**
Decarbonisation	0.450	0.315	0.135	0.890	0.623	0.267	0.938	0.402	**1.340**
Mental Health	0.352	0.246	0.106	0.141	0.099	0.042	0.345	0.148	**0.493**
Infection Prevention Control	0.461	0.323	0.138	0.361	0.253	0.108	0.575	0.247	**0.822**
Decontamination	0.811	0.568	0.243	0.590	0.413	0.177	0.981	0.420	**1.401**
Total	**5.909**	**4.136**	**1.773**	**5.211**	**3.648**	**1.563**	**7.784**	**3.336**	**11.120**

The UHB has been successful in receiving an award of funding for the following schemes;

- UHW Ward Block Roof Replacement 2026-2028 - £3.958m
- Development of a Wellbeing Hub at Park View 2026-2028 - £34.326m
- Diagnostic Investment at UHL & Children's Hospital for Wales 2026-27 - £3.731m
- Mental Health Schemes 2026/27 - £0.456m

Business Cases in development

A number of business cases are in development which align with the UHB objectives, such as the UHW Masterplan, the development of a Sustainable Transport Hub at UHW, Main Theatres Upgrade UHW, the Co-location of Ophthalmology Services at UHL and the Haematology / BMT inpatient facilities to maintain JACIE accreditation.

Furthermore, WG have supported the approach to develop a Programme Business Case (PBC) for the upgrade of the existing ITU footprint to be delivered on a phased approach with a series of Business Justification Cases (BJC). It is intended to submit the first BJC for the refurbishment of C3, concurrently with the PBC.

UHB Discretionary Capital Prioritisation Process

As part of the UHB annual planning process Clinical and Service Boards are asked to submit schemes for funding support against the discretionary capital unallocated budget. The unallocated budget is determined after the annual commitments and 'roll over' schemes are taken into consideration.

Due to the limited availability of both 'All Wales' Capital and Discretionary Capital the UHB will undertake a prioritisation exercise using an agreed criteria. The schemes identified will then be scored independently by strategic service planning, operational planning and Capital Planning (CEF). The prioritisation schedule will be presented to Capital Management Group (CMG) & Strategic Leadership Team (SLT) for their review and consideration to ensure that the logic applied and the direction of travel is supported.

The schemes which are scored the highest following the review will be taken forward for consideration against the unallocated funding and the level of potential overcommitment the UHB would be willing to support, acknowledging the funding opportunities that may be available later in the financial year. Early indicative budget costs will be included for CMG & SLT to determine the projects which will be developed in preparation to be progressed via any additional funding and / or slippage funding.

The prioritisation process is used to inform the annual draft capital plan which is scheduled to be presented to the Board, at their meeting in May 2026, for consideration and final approval.

Draft Capital Programme

The draft capital plan 2026/27 has been presented to the CMG over the recent monthly meetings to provide an update on the planned spend, the draft expenditure programme and to prompt discussion on the capital, infrastructure, operational and digital schemes to include in the plan.

The table below, provides the current schemes on the draft plan which currently forecasts an unallocated budget of £4.314m. The Clinical Board schedule of capital requirements are included in Appendix 1. The requests will be prioritised using the criteria previously agreed and which is in line with WG process with the highest ranked schemes matched against the unallocated budget and brought forward as the draft plan for 2026/27.

In addition to the submissions from the Clinical Boards, Capital, Estates & Facilities have submitted requests to support a number of schemes which benefit the patient environment including, the refurbishment of the tunnels between the main hospital and Lakeside Wing (LSW) which has become a significant issue since the facility is more integrated.

Description	Expenditure		
	Major	Discretionary	Total
Construction			
Lift Upgrade (BJC)	2,919		**2,919**
Tertiary Tower Infrastructure		700	**700**
Pentyrch Surgery	780		**780**
TEF - Fire	526		**526**
TEF - Infrastructure	2,703		**2,703**
TEF - Decarbonisation	590		**590**
TEF - Mental Health	141		**141**
TEF - Infection Prevention Control	361		**361**
TEF - Decontamination	890		**890**
Wellbeing Hub Park View (Works)			**0**
Haematology Day Centre Extension, University Hospital of Wales	1,116		**1,116**
Demolition and car parking upgrade	468		**468**
Theatre Recovery		300	**300**
CT Scanner (Commissioning)		25	**25**
Seclusion Room Hafen Y Coed		295	**295**
Theatre 3 & 4		80	**80**
EAC Works Hafen Y Coed		150	**150**
Maternity AHU (Commissioning)		25	**25**
HSDU Refurbishment		20	**20**
Diff (Helipad)		111	**111**
Ward Kitchens		150	**150**
Walk in Freezer		150	**150**
Plate Heat Exchanger (Pool Plant)		25	**25**
Reception HYC		90	**90**
TEF - Infrastructure (foul drainage scheme shortfall)		188	**188**
Main switchgear upgrade		50	**50**
ITU Infrastructure Enabling		286	**286**
Major Capital Business Cases			
Haematology Ward & Day Unit BJC			**0**
ITU Refurbishment (BJC)			**0**
Roofs UHW (BJC)			**0**
UHL Ophthalmology to deliver the BJC		459	**459**
Masterplan UHW		130	**130**
Water BJC			**0**
Transport Hub UHW			**0**
Newborn Screening			**0**
Theatre Upgrades BJC			**0**
	10,494	**3,234**	**13,728**
UHB Capitalisation of Salaries		700	**700**
UHB Director of Planning Staff		165	**165**
UHB Revenue to Capital		1,015	**1,015**
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		1,000	**1,000**
Backlog IM&T		1,000	**1,000**
WiFi Cabling		1,064	**1,064**
Windows 11 Rollout		133	**133**
Backlog Medical Equipment		1,000	**1,000**
PIE Requests		100	**100**
Contingency		1,000	**1,000**
Unallocated funding		**4,314**	**4,314**
	0	**14,291**	**14,291**
	10,494	**17,525**	**28,019**

Executive Director Opinion & Key Issues to bring to the attention of the Committee

- Capital, Estates and Facilities have converted all of service board risks on to the AMaT System
- The UHL Operation 'POET' exercise was successfully completed in February 2026 with minor issues raised.
- Discussions are ongoing with Welsh Government in relation to inform them of the risks associated with the electrical infrastructure at UHW
- The UHB's 2026/27 Discretionary Capital allocation has increased to £19.088m from £17m in 2025/26, albeit, £1.563m will be deducted from the budget as part of the 30% contribution towards the Targeted Estates Fund (TEF) schemes 2026/27.
- The clinical board's proposed schemes are being finalised for review and scrutiny prior to assessment for inclusion on the draft capital plan prior to consideration by CMG & SLT and approval by the Board at their May 2026 meeting.
- The UHB has received Ministerial approval for the Replacement of Ward Block Roof at UHW and the Development of a Wellbeing Hub at Park View. These schemes are now progressing to the construction and delivery phase

Appendices (please list any appendices that will accompany this report. Do **not** embed)

Recommendations:

The Committee is requested to:

a) **NOTE:** the content of the report

b) SUPPORT: the intention to continue with the Operation 'POET' 2026/27 testing programme within the original autumn period to provide assurance that the electrical systems function as they are expected to prior to entering the winter period

c) **SUPPORT:** the development of a project mandate to install a second 11KV generator at the UHW site to provide further resilience (N+1) for critical services

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please place an "x" in the below boxes where relevant – *Click each item for further information.*

1. Putting People First	√	2. Providing Outstanding Quality	√
3. Delivering in the Right Places	√	4. Acting for the Future	√

Five Waves of Working (Sustainable Development Principles) considered:

Please place an "x" in the below boxes where relevant

Prevention	√	Long Term	√	Integration		Collaboration	√	Involvement	

Quality Impact Assessment Completed?

Please place an "x" in the below boxes where relevant

Yes *(please include the complete QIA document)*		No *(please provide reasoning e.g. not required*	x	

Impact Assessment

Please place an "x" in the below boxes where relevant

Risk: Yes

Limited capital funding to address the infrastructure risks which have an implication 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
Any impact to clinical services as a result of the aging infrastructure and non-compliance could be reputational to the UHB
Socio Economic: No -
Equality & Health: No
Decarbonisation: No
Although not specifically mentioned, new equipment installed will be more energy efficient
Welsh Language: No

Approval/Scrutiny Route *(please list all other Committees/Groups this report has been to)*	
Name of Committee/Group/Exec	Date:

Report Title:	Estates Briefing – Condition Survey					Agenda Item No:	2.2
Meeting:	Digital & Infrastructure Committee		Public	√		Meeting Date:	5 May 2026
			Private				
Status **(please only tick one)**	Assurance	√	Approval			Information/Noting	
Lead Executive Title:	Director of Finance						
Report Author Title:	Director of Capital, Estates and Facilities						

Main Report

Background and Current Situation:

The purpose of the report is to provide the Digital and Infrastructure Committee (the committee) with an update of the recent condition survey, outlining the high risk assets across the UHW site and the associated estates risks and the potential impact to clinical services.

The Committee were previously presented with the findings of the initial summary report for the University Hospital of Wales (UHW). Within the reporting period, Capital, Estates and Facilities have received the summary reports for University Hospital Llandough (UHL) and the Community Assets which highlighted the proposed high level investment requirements associated with the estate infrastructure. These reports were presented to the Board for information at their meeting in March 2026.

The initial finding summary reports for UHL and Community Buildings are attached as Appendix 1 & 2 for information.

The overall backlog renewals cost identified in the summary reports is £753m, with over 85% of the estate considered to be 'Condition C' which is defined as being operational but requiring major repairs/replacement in the short term. 10% of the assets are considered as 'Condition Dx' which is defined as of imminent risk/failure. The executive report which has been produced by Currie & Brown is available in Appendix 3 for information.

Capital Estates and Facilities (CEF) have commenced a thorough review of the data collated as part of the surveys undertaken, with an initial deep dive into the potential impact of those building and infrastructure elements categorised as 'D' & 'Dx' assets at UHW which is estimated as 10% of the overall backlog liability at a cost of £45m.

To prioritise the elements identified in this category further, the team made an assessment of the usage of the buildings with those supporting essential clinical services, patient care environments and core infrastructure required for the delivery of safe and continuous operation given an importance category of 4 or 5, with 5 being the highest risk, which indicates a priority investment of circa £24m. This high level information is available in Appendix 4.

The analysis of the elements within the D/Dx categories are taking longer than initially anticipated due to the level of detail available and the cross referencing with both the estates risk register and the consideration of the impact on clinical services resultant from the failure of the plant and equipment identified. To provide the committee with examples of the level of detail referred to, the table below includes a selection of the assets which are categorised as 'Condition Dx';

- High Voltage (HV) Generator
- Boiler House Distribution Boards and Ward Block Distribution Boards
- Theatres Roof (Tower Block 2A)
- Fire Doors / Fire Compartmentation

The tables below provide an example of the Category 'Dx' assets, the estate risk and the potential impact to clinical services in the event of failure. The indicative capital investment for these items and areas alone is circa £8m.

Asset	Area affected	Indicative Cost (£m)	Estate Risk	Impact to Clinical Services
HV Generator	Main Boiler House Ward Block A,B&C	2.604	The 11KV Generator should automatically start and supply essentail electricity to the internal HV network. Failure to start, take load or fail during operation would result in loss of electrical supply to the affected areas, i.e. a Single Point of Failure and lack of resilience	Loss of mains electrical supply to the listed ward blocks including critical areas such as ITU, Diagnostics, Main Lifts and other essential departments. Loss of hot water and heating throughout the hospital and cold water will be limited to capacity available in the holding tanks Loss of steam services affecting steralisation throughout the hospital
		2.064		

Asset	Area affected	Indicative Cost (£m)	Estate Risk	Impact to Clinical Services
Distribution Boards	Main Boiler House	0.050	The primary concern relates to a fire risk resulting in a Single Point of Failure and lack of resilience. In addition, this will be a silent failure risk (without warning)	The loss of steam, hot water, cold water, heating and compressed air would affect all the main hospital blocks including ,Theatres, HDSU steam sterilisation and Public Health Laboratory Services. Cold water supply will be limited to the capacity available in the holding tanks
	Ward Block A,B & C	1.717	As above	The loss of a local distribution board would cause severe to catastrophic power loss for unknow periods. Wards and departments would experience total power failure for medical care, emergency lighting would be remain in operation, subject to maintenance. ITU back up may work depending upon which board had failed. Temporary power supply would take an undefined time to get reinstated. If a main distribution board failed multiple areas could be affected.
	Link Block 5	0.532	As above	Critical areas such as Main Theatres would experience no power, dependant on severity could be local to one or two theatres or larger scale wholesale power outage of entire theatre block. Dependent upon situation the UPS may work in most areas. Emergency lighting would remain in operation.
	Childrens Hospital for Wales (Phase 1)	0.170	As above	In the event of the plant room fuse board failing, the emergency generator would start up and supply the hospital. If there is a fault with the board in the plantroom then widespread loss of power would be experienced. Passenger lifts will not operate. Emergency lighting would be in operation. If local failure was experienced, only the ward would have no power to the sockets.
		2.469		

Asset	Area affected	Indicative Cost (£m)	Estate Risk	Impact to Clinical Services
Theatre Roof	Tower Block 2a	2.995	The Theatre roof is the original copper sheet roof covering the theatre plantroom. The roof has deteriorated to a point where repair is no longer considered a sustainable option, and full replacement is required. The roof protects critical infrastructure serving the theatre complex, including ventilation plant, electrical systems, lift services, essential electrical supplies, and back-up uninterruptible power supplies.	A significant roof failure could result in water ingress to one or more theatres, potentially resulting in theatres being unavailable for surgical activity. Loss of electrical supply to one or more theatres, depending on the severity and location of ingress Failure of theatre ventilation plant, resulting in loss of compliant theatre air handling and suspension of activity. Medical gas systems becoming inoperable, restricting safe use of anaesthetic gases Failure or isolation of 'dirty' Lifts due to water ingress, affecting theatre flow and contaminated waste movement Extended disruption for emergency repairs, electrical safety checks, decontamination, recommissioning and validation checks Potential theatre closure i.e. days or weeks, subject to the extent of the damage. Overall, reduced surgical capacity, cancellation of patient activity, potential emergency decant
		2.995		

Asset	Area affected	Indicative Cost (£m)	Estate Risk	Impact to Clinical Services
Fire Compartmentation / Fire Doors Category 'D' & 'Dx'	Boiler House	0.010	In the event of a fire, defective fire doors would compromise compartmentation, allowing uncontrolled spread of smoke and heat.	The loss of steam, hot water, cold water, heating and compressed air would affect all the main hospital blocks including ,Theatres, HDSU steam sterilisation and Public Health Laboratory Services. Cold water supply will be limited to the capacity available in the holding tanks
	Ward Block A, B & C	0.253	In the event of a fire, defective fire doors would compromise compartmentation, allowing uncontrolled spread of smoke and heat.	Uncontained smoke spread would expose patients to hypoxia, carbon monoxide posioning and respiratory compromise, particularly exacerbating existing conditions such as asthma and COPD.
	Link Block 5	0.032		Potential compromise in fire compartmentation would necessitate wider horizontal evacuation beyond the
	Maternity Obs & Gynae	0.032		
	Heulwen Ward	0.011		Clinical care disruptions with potential cessation or degradation of critical interventions particularly within high dependency and critical care areas
	CHfW phase 1	0.023		
	CHfW phase 2	0.065		Potential requirement to isolate medical gas supplies, further impacting life supporting treatments
	Teenage Cancer Trust	0.002		
	Tower Block 3	0.027		
	Emergency Unit	0.061		
		0.516		

CEF will continue to review the considerable level of data that has been captured from the estate condition survey and compare the findings with the estates and facilities risk register to ensure that the risks are recorded and coordinated accordingly.

The Service Board propose to undertake a further study to 'sensitivity check' the details within the condition survey. It is proposed that the team will consider a high-risk clinical area eg. ITU, schedule out all of the key Engineering infrastructure services required to support the clinical activity within the area and work through each service to ensure each component part back to its source is complaint.
For example if we consider medical gas infrastructure the initial component would be the wall point, moving back to the ward isolation valve and then through the distribution pipework back to the source in the associated plant room. It is anticipated that the test area exercise will require a 6 week period and thereafter the findings will be used to inform an action plan and assess whether such an exercise is beneficial to providing the clinical teams with assurance.

Capital, Estates and Facilities have developed a extremely extensive risk register and understanding of the condition of the estate, including identifying single points of failure. This level of detail has been essential to support the development of schemes over several year, utilising alternative funding streams such as the estate backlog allocation, discretionary capital, Targeted Estates Funds (TEF), All Wales Capital Funding and end of year slippage funding for risk mitigation.

The Operation 'POET' project team have requested support to develop a scheme via a project mandate to install a HV backup generator to mitigate the single point of failure identified with the existing HV Generator system. The high level anticipated cost is circa £12m - £15m which will require All Wales Capital Investment via a business case process. In the interim, testing of the HV system will continue with the Operation 'POET' programme.

Furthermore, end of year slippage funding in 2025/26 was received to install back-up electrical supply 'N+1' across the ITU footprint, following issues experienced with loss of power to the area.

The Theatre Roof (Tower Block 2A) will be added to the AMaT system risk register with maintenance checks to be undertaken to identify any potential risk of failure.

The UHB have benefited from TEF funding in 2025/26 and 2026/27, formerly known as Estates Funding Advisory Board (EFAB) in 2023/24 and 2024/25. These are National Programmes available to address the identified priorities for infrastructure, fire and other categories such as Infection Prevention Control etc. The UHB have a programme to inspect, refurbish and / or replace defective fire doors across the UHB, £250k was awarded via TEF between 2026-2028.

Executive Director Opinion & Key Issues to bring to the attention of the Committee

- The findings of the in-depth survey have identified the highest risk items to the Health Board which are all associated with UHW infrastructure, at an indicative cost of £46m
- The UHB are maintaining engagement with Welsh Government to determine how the agenda can be progressed to ensure that the appropriate level of investment is provided to improve the condition of the estate, enhancing the safe delivery of clinical services
- Capital, Estates and Facilities continue to identify mitigation to the infrastructure risks

Appendices (please list any appendices that will accompany this report. Do **not** embed)

Initial finding summary report – UHL
Initial finding summary report – Community Buildings
Executive Summary Report 'D' & 'Dx' data
Estimated UHW Estate Backlog 'D' & 'Dx' by importance

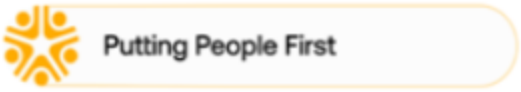
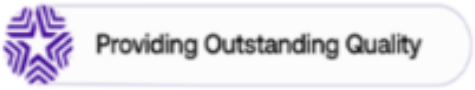
Recommendations:

a) **NOTE** the content of the report and the level of investment required to address the assets identified as imminent risk of failure
b) **NOTE** the appendices and detailed data and findings which support the information included in the report
c) **NOTE** the proposed schemes and exercises to be undertaken to mitigate the risks

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please place an "x" in the below boxes where relevant – *Click each item for further information.*

1.	√	2.	√

			
3. 	√	4. 	√

Five Waves of Working (Sustainable Development Principles) considered: Please place an "x" in the below boxes where relevant									
Prevention	√	Long Term	√	Integration		Collaboration		Involvement	

Quality Impact Assessment Completed? Please place an "x" in the below boxes where relevant				
Yes *(please include the complete QIA document)*		No *(please provide reasoning e.g. not required*	X	

Impact Assessment Please place an "x" in the below boxes where relevant
Risk: Yes
Lack of capital funding and back log to deliver the scheme has impacts on service delivery
Safety: No
Financial: Yes *As above, the UHB continue to work with Welsh Government to determine any 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
Lack of maintaining any accreditation by the required accreditation bodies, such as JACIE, due to the estate infrastructure will be detrimental to the reputation of the UHB
Socio Economic: No - *Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: https://www.gov.wales/socio-economic-duty-guidance*
Equality & Health: No
Decarbonisation: Yes
Although not been specifically, new equipment installed will be more energy efficient
Welsh Language: No

Approval/Scrutiny Route *(please list all other Committees/Groups this report has been to)*	
Name of Committee/Group/Exec	Date:

CURRIE & BROWN

The Value of Certainty.

University Hospital Llandough- Facet Surveys

Executive Summary

Prepared for Cardiff & Vale UHB

March 2026

Purpose of This Report

Purpose

This Executive Summary presents the key findings from the 10-year estate condition, risk and lifecycle modelling for University Hospital Llandough.

It has been prepared to:

- Provide a clear, evidence-based view of estate condition and risk
- Identify priority investment needs
- Support Welsh Government funding discussions
- Explain the consequences of continued under-investment compared to targeted intervention

The analysis draws directly from the validated Power BI estate model, using asset-level condition, risk, backlog and lifecycle cost data.

Functional suitability and space utilisation are outside the scope of this summary.

Estate Overview

University of Llandough at a Glance

University Hospital Llandough provides a wide range of NHS services including specialist mental health care, maternity services, outpatient clinics and a Medical Emergency Admissions Unit (MEAU).

The site comprises approximately 60 facilities supporting a diverse range of clinical and operational functions across the Cardiff and Vale University Health Board estate.

Estate modelling indicates a 10-year lifecycle renewal requirement of approximately £235 million, equivalent to an annualised investment requirement of around £23 million.

Maintaining estate resilience and reliable service delivery will require sustained lifecycle investment and targeted renewal of ageing infrastructure.

60

Total Facilities

£235 m

10 Years Renewals

£23 m

Annualised spend

£36.7 m

Total backlog maintenance
***Year 1 Investments*

Model Structure

Estate data inputs and baseline assumptions

The estate model is built from validated, asset-level survey data and structured to allow consistent comparison across the estate.

It combines condition, cost, risk and lifecycle information within a single, coherent dataset that underpins all subsequent analysis.

Core data inputs include:

- Condition grades (A–Dx) for fabric and M&E and assets
- Asset replacement costs aligned to standardised cost libraries
- Remaining service life for each asset
- NHS priority categories (Mandatory, Essential, Desirable, Statutory)
- NHS 1–25 risk scoring inputs (likelihood and consequence)
- Gross internal floor area (m^2) for benchmarking and normalisation

Baseline assumptions:

All costs are normalised to a common base year

- Data is aggregated at both building and site level
- Consistent classification and coding is applied across all assets
- Functional suitability and space utilisation are excluded from this model
- This structure provides a single, coherent dataset that underpins all subsequent analysis.

Modelling Approach

How data is converted into backlog, risk and investment need

Key modelling steps:

The model converts survey data into backlog, risk and investment need through a series of clear steps:

- **Backlog:** the cost to return assets in Condition C–Dx to Condition B
- **Lifecycle:** renewal costs profiled over 10 years based on remaining service life
- **Risk:** costs weighted using NHS 1–25 likelihood and consequence scoring
- **Priority:** works classified as Mandatory, Essential, Statutory or Desirable

This approach allows high-risk, high-cost assets to be identified and enables investment decisions to be prioritised on the basis of risk, cost and impact.

What this enables:

- Identification of high-risk, high-cost assets
- Comparison of alternative investment scenarios
- Clear visibility of how deferred investment escalates risk and cost
- Evidence-based prioritisation of capital and revenue spend

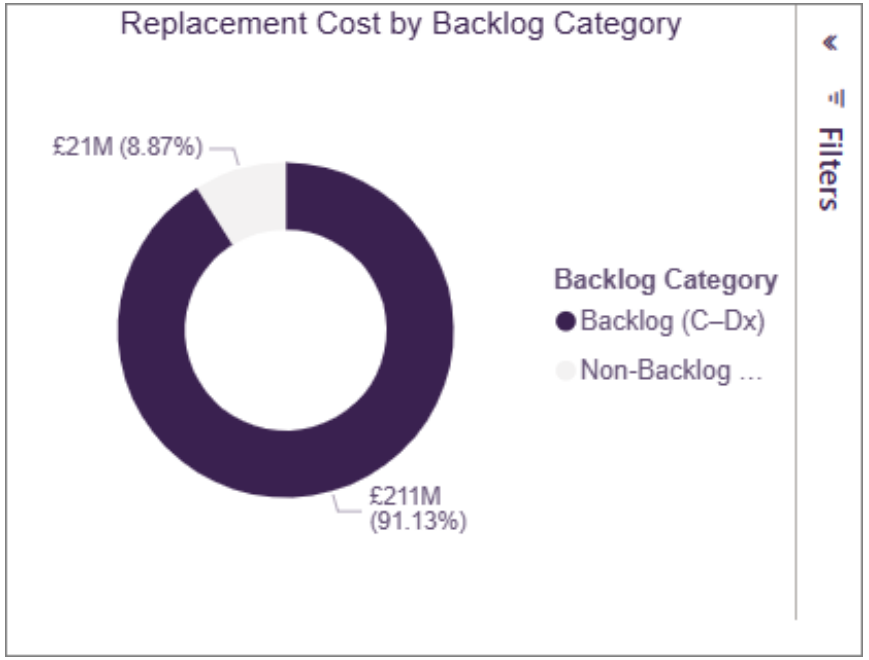
Outputs are presented through site-wide and facility-level dashboards to support decision-making.

“Backlog accounts for 91.1% of estate liability, mainly due to extensive deterioration instead of individual failures.”

Condition Distribution

Grade split

- Grade A / B: ~9% – Generally serviceable
- **Grade C: ~81% – Deterioration evident**
- **Grade D / Dx: ~10% – Significant risk / failure**



Escalating Risk from Deferred Investment

While part of the estate remains serviceable, most lifecycle liability sits within **Grade C assets**.

This indicates **widespread deterioration across the estate rather than isolated failures**, which is the primary driver of backlog growth.

Without targeted lifecycle investment, these assets will progressively deteriorate into higher risk categories, increasing operational and financial risk.

UHW is **remarkably similar structurally to Llandough**.

The key difference is:

Slightly fewer A/B assets at Llandough

Slightly more C assets

Backlog Maintenance

Backlog Overview

The backlog reflects ageing infrastructure and historic under-investment in lifecycle renewal.

- Ageing fabric and engineering infrastructure
- Increasing compliance and resilience requirements
- Growing operational demand

While total backlog at Llandough (**£211m**) is lower than **UHW (£417m)**, backlog intensity per m² is comparable (**£2,032 vs £2,086**), indicating similar levels of estate deterioration.

Note: Backlog = cost to return Condition C–Dx assets to Condition B.

£211 m

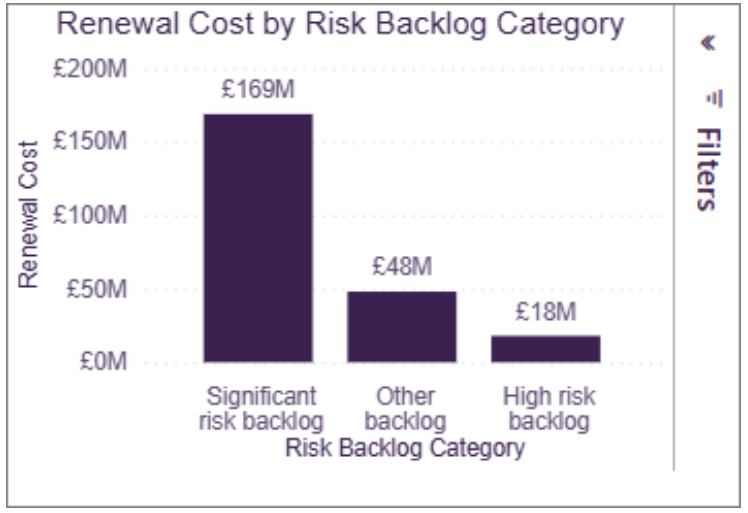
Total Backlog

£169 m

High / Significant backlog

£2,032

Backlog per m2



“National Benchmarking Confirms Severe Backlog Position”

Backlog - National Context

How Llandough compares nationally

A comparison against the **2023–24 ERIC returns** shows that the backlog intensity at **University Hospital Llandough** is significantly above the NHS England average.

£2,032 per m² performs poorly against the NHS England benchmark of **£662 per m²**.

- Backlog at **Llandough is £2,032 per m²**, compared with an NHS England average of **£662 per m² – more than three times the national benchmark**.
- This indicates that the estate backlog intensity at Llandough is **substantially higher than the typical NHS estate**.
- While this benchmarking provides context, ERIC comparisons should be interpreted with caution due to differences in estate type, service mix and reporting approaches.

Note: ERIC benchmarking is indicative and intended for high-level comparison only.

£2,032 v £662

Backlog per m² – University Hospital Llandough vs NHS England Average

Top 10 Trusts - Backlog M2

Trust Name	M2 Backlog
AIREDALE NHS FOUNDATION TRUST	£4,379
IMPERIAL COLLEGE HEALTHCARE NHS TRUST	£3,353
ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST	£2,485
BARTS HEALTH NHS TRUST	£2,331
THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST	£2,293
UNIVERSITY HOSPITAL WALES	£2,086
THE QUEEN ELIZABETH HOSPITAL KING'S LYNN NHS FOUNDATION TRUST	£1,907
CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	£1,832
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	£1,627
LONDON NORTH WEST UNIVERSITY HEALTHCARE NHS TRUST	£1,605

Filters

"Around 40% of total estate risk is concentrated in just ten buildings."

Risk Profile (NHS 1–25)

Top 10 Sites - Total Risk Exposure

Site Name	Building Name	Total Risk Exposure (Avg x Count)	Renewal Cost	% of Total Risk
University Hospital Llandough	32 - Academic Centre	6000	£15,208,300	15.00%
University Hospital Llandough	17 - Estate Maintenance	5197	£29,208,122	12.99%
University Hospital Llandough	05 - Theatre Block	4766	£36,291,190	11.91%
University Hospital Llandough	18 - Catering & Admin Block	4414	£20,043,151	11.03%
University Hospital Llandough	41 - MHSOP T3 - Rehab Day Hosp / East 18 / MHSOP Offices	4079	£18,215,063	10.19%
University Hospital Llandough	28 - Cystic Fibrosis Centre	4028	£18,484,710	10.07%
University Hospital Llandough	52 - Hafan y Coed E - Maple / Elm	3931	£7,631,707	9.83%
University Hospital Llandough	49 - Hafan y Coed C2 - Oak / Elder	3798	£9,186,599	9.49%
University Hospital Llandough	39 - Main Outpatients / East 10&12 / CFU	3765	£18,530,456	9.41%
University Hospital Llandough	29 - Wards East 7&8	3747	£13,179,902	9.36%

Filters

Drivers of Escalating Estate Risk

Risk is not evenly distributed across the estate. **Around 38% of total estate risk is concentrated within just ten buildings**, primarily key clinical and operational facilities.

This concentration indicates that a relatively small number of buildings drive a significant proportion of estate risk exposure.

Targeted, risk-led investment within these buildings would deliver a **disproportionate reduction in overall estate risk across the site.**

C, CX, D, DX – CONDITION CODES

COST PROFILE

The tables illustrate the **renewal cost profile of assets currently within Condition C–Dx**, representing the main drivers of lifecycle investment across the Llandough estate.

In **Year 1**, investment demand is concentrated within building fabric, fire safety infrastructure and ventilation systems.

Across **Years 1–3**, the profile expands to include major engineering systems such as **ventilation systems, boilers, heating infrastructure and water systems**, reflecting ageing building services across the estate.

Bringing forward some of this critical systems should be considered to avoid the risk of failure

YEAR 1

Asset Group	ReplacementCost
Boilers and Calorifiers	£146,000
Chimneys	£13,032
Drainage and Water Mains	£103,636
Electrical System	£1,825,000
External Fabric	£2,541,836
Fire Safety	£15,252,070
Grounds & Gardens	£61,520
Health & Safety	£690,772
Heating System	£3,650
Hot & Cold Water Systems	£14,600
Internal Fabric	£7,081,356
Internal Fixtures & Fittings	£82,052
Roof	£3,323,968
Structure	£2,612,647
Ventilation System	£2,945,094
Total	**£36,697,232**

Filters

YEAR 1 – 3 COMBINED

Asset Group	ReplacementCost
Alarms and Detection	£1,548,109
BMS	£712,612
Boilers and Calorifiers	£18,669,750
Chimneys	£14,229
Drainage and Water Mains	£103,636
Electrical System	£5,093,971
External Fabric	£5,630,759
Fire Safety	£15,500,887
Fixed Elec Plant and Equipment	£11,801,618
Fixed Mech Plant and Equipment	£93,075
Grounds & Gardens	£79,932
Health & Safety	£893,826
Heating System	£22,255,920
Hot & Cold Water Systems	£18,828,828
Internal Fabric	£13,844,394
Internal Fixtures & Fittings	£450,771
Lifts and Hoists	£3,525,008
Lighting	£981,994
Medical Gases	£1,091,460
Roof	£5,358,566
Structure	£2,665,448
Total	**£204,232,653**

Filters

What Investment Buys You

Translating investment into measurable risk reduction

Targeted, risk-led investment delivers far greater benefit than spreading funding evenly across the estate.

Focused intervention enables:

- **Meaningful risk reduction** – addressing a small number of high-risk facilities removes a disproportionately large share of total estate risk
- **Protection of core clinical services** – prioritising Mandatory and Essential works reduces immediate safety, statutory and operational exposure
- **Better value for money** – early intervention avoids escalation into reactive maintenance, emergency replacement and unplanned disruption
- **Greater certainty over future investment** – tackling front-loaded lifecycle demand stabilises longer-term funding requirements

"Over 79% of the £211m 10-year renewal requirement is driven by Mandatory and Essential works, demonstrating that the estate's investment need is primarily to sustain safe clinical operation rather than discretionary estate improvement."

Priority Categorisation

10-Year Priority Spend Profile

Investment requirements over the 10-year period are categorised in line with NHS priority definitions:

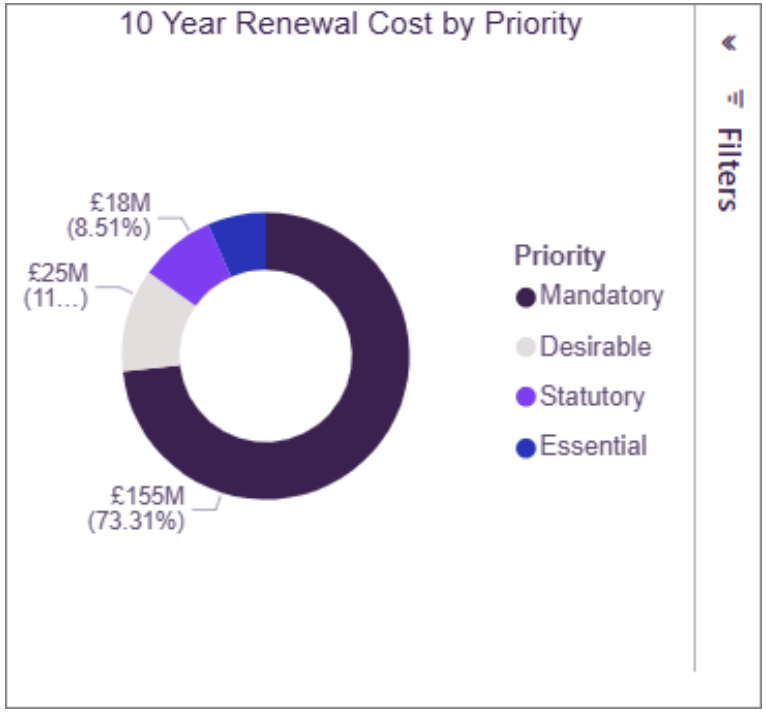
Mandatory: £155m (73.3%)
Works essential to maintain safe and continuous clinical operation, where failure would result in service disruption or unacceptable operational risk.

Essential: £18m (6.5%)
Works required to prevent further deterioration and escalating risk, protecting asset integrity and avoiding higher future costs.

Desirable: £56m (11%)
Longer-term lifecycle and optimisation works that support estate performance but do not present immediate safety or operational risk.

Statutory: £18m (8.5%)
Works required to meet existing legal or regulatory obligations, including life safety, fire safety and statutory compliance.

Priority categories defined in line with NHS Estates guidance.



"A relatively small number of high-cost facilities drive a significant proportion of the estate's long-term maintenance liability, reinforcing the need for prioritised, risk-led capital investment."

Facility-Level Cost Concentration

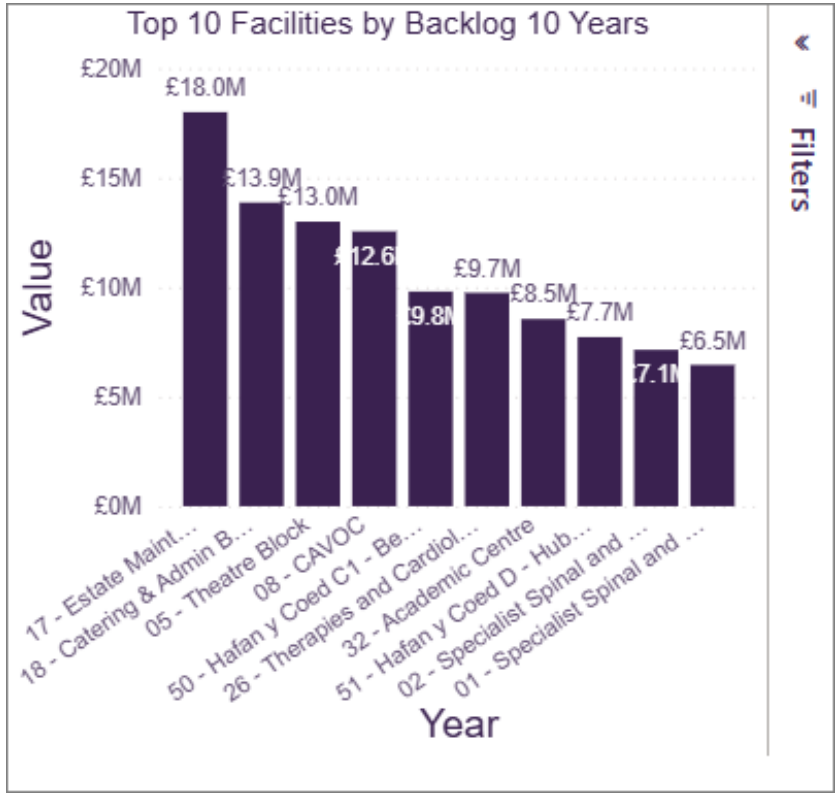
Backlog Cost Concentration

Backlog maintenance costs are **concentrated within a relatively small number of facilities rather than evenly distributed across the estate.**

The **top ten facilities account for approximately £110m — around half of the total 10-year renewal requirement.**

These facilities include several key clinical and operational buildings, where ageing infrastructure and building services drive a significant share of lifecycle renewal demand.

This concentration provides a clear opportunity to prioritise investment where it will deliver the greatest reduction in estate risk and improvement in service resilience.



"A relatively small number of high-cost facilities drive a significant proportion of the estate's long-term maintenance liability, reinforcing the need for prioritised, risk-led capital investment."

"The profile reflects a structural lifecycle challenge rather than discretionary investment need."

10-Year Renewal Profile

Lifecycle Demand Over Time

The **10-year lifecycle profile shows that renewal demand is heavily front-loaded**, driven by ageing building fabric and engineering assets reaching the end of their service life within a similar timeframe.

Approximately £204m of lifecycle renewal investment is required over the next 10 years, with a significant concentration of expenditure in the early years of the programme.

A pronounced **peak of approximately £167m occurs in Year 3**, reflecting the convergence of multiple asset replacements reaching end-of-life at the same time.

The apparent reduction in later years **does not indicate reduced risk**, but rather highlights that delaying intervention would likely lead to asset failure, service disruption, or emergency replacement costs.

Renewal investment is strongly front-loaded, with a significant concentration of lifecycle expenditure required within the first five years of the programme.

Consequences of Under-Investment

What Happens If Investment Is Deferred

Without targeted intervention, the estate will experience:

- Escalating clinical and operational risk
- Increased statutory and safety exposure
- Greater reliance on reactive maintenance
- Poorer value for money and higher whole-life cost

These impacts affect both patient safety and the reliability of clinical services.

Conclusions & Recommendations

Strategic Implications for Investment

The 10-year condition, risk and lifecycle model demonstrates that:

1. Estate risk and cost are highly concentrated, not evenly distributed
2. Investment need is driven by Mandatory and Essential requirements
3. Renewal demand is front-loaded and unavoidable
4. Targeted investment will deliver disproportionate risk reduction

Recommendations next steps

- Prioritise funding toward highest-risk, highest-cost facilities
- Focus early investment on Mandatory and Essential works
- Use the model as a live decision-support tool for capital planning
- Deploy outputs to support Welsh Government funding discussions

This report provides a clear, evidence-based platform to support informed decisions on capital prioritisation, risk management and long-term estate planning.

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The Value of **Certainty.**

University Hospital Remaining Estate Portfolio (REP)- Facet Surveys

Executive Summary

Prepared for Cardiff & Vale UHB

March 2026

Purpose of This Report

Purpose

This Executive Summary presents the key findings from the 10-year estate condition, risk and lifecycle modelling for the Cardiff & Vale Remaining Estate Portfolio (REP).

The portfolio comprises a distributed network of community facilities, clinics, administrative buildings and operational support facilities that play a critical role in supporting local service delivery across the Health Board.

It has been prepared to:

- Provide a clear, evidence-based view of estate condition and risk
- Identify priority investment needs
- Support Welsh Government funding discussions
- Explain the consequences of continued under-investment compared to targeted intervention

The analysis draws directly from the validated Power BI estate model, using asset-level condition, risk, backlog and lifecycle cost data. Functional suitability and space utilisation are outside the scope of this summary.

Estate Overview

Remaining Estate Portfolio at a Glance

The Remaining Estate Portfolio consists of a broad range of community health facilities, clinics, locality hubs and operational support buildings distributed across the Cardiff and Vale region.

These facilities play an essential role in delivering primary care, outpatient services, community health programmes and administrative support functions across the Health Board.

Estate modelling indicates a 10-year lifecycle renewal requirement of approximately £46 million, equivalent to an annualised investment requirement of approximately £4.6 million per year.

While significantly smaller than the two acute hospital sites, the portfolio represents a critical component of the wider healthcare delivery network, supporting community-based services and reducing pressure on acute facilities.

Maintaining estate resilience and operational reliability across these facilities will require consistent lifecycle investment and targeted renewal of ageing building fabric and engineering infrastructure.

57

Total Facilities

£46 m

10 Years Renewals

£4.6 m

Annualised spend

£13.8 m

Total backlog maintenance
***Year 1 Investments*

Model Structure

Estate data inputs and baseline assumptions

The estate model is built from validated, asset-level survey data and structured to allow consistent comparison across the estate.

It combines condition, cost, risk and lifecycle information within a single, coherent dataset that underpins all subsequent analysis.

Core data inputs include:

- Condition grades (A–Dx) for fabric and M&E and assets
- Asset replacement costs aligned to standardised cost libraries
- Remaining service life for each asset
- NHS priority categories (Mandatory, Essential, Desirable, Statutory)
- NHS 1–25 risk scoring inputs (likelihood and consequence)
- Gross internal floor area (m^2) for benchmarking and normalisation

Baseline assumptions:

All costs are normalised to a common base year

- Data is aggregated at both building and site level
- Consistent classification and coding is applied across all assets
- Functional suitability and space utilisation are excluded from this model
- This structure provides a single, coherent dataset that underpins all subsequent analysis.

Modelling Approach

How data is converted into backlog, risk and investment need

Key modelling steps:

The model converts survey data into backlog, risk and investment need through a series of clear steps:

- **Backlog:** the cost to return assets in Condition C–Dx to Condition B
- **Lifecycle:** renewal costs profiled over 10 years based on remaining service life
- **Risk:** costs weighted using NHS 1–25 likelihood and consequence scoring
- **Priority:** works classified as Mandatory, Essential, Statutory or Desirable

This approach allows high-risk, high-cost assets to be identified and enables investment decisions to be prioritised on the basis of risk, cost and impact.

What this enables:

- Identification of high-risk, high-cost assets
- Comparison of alternative investment scenarios
- Clear visibility of how deferred investment escalates risk and cost
- Evidence-based prioritisation of capital and revenue spend

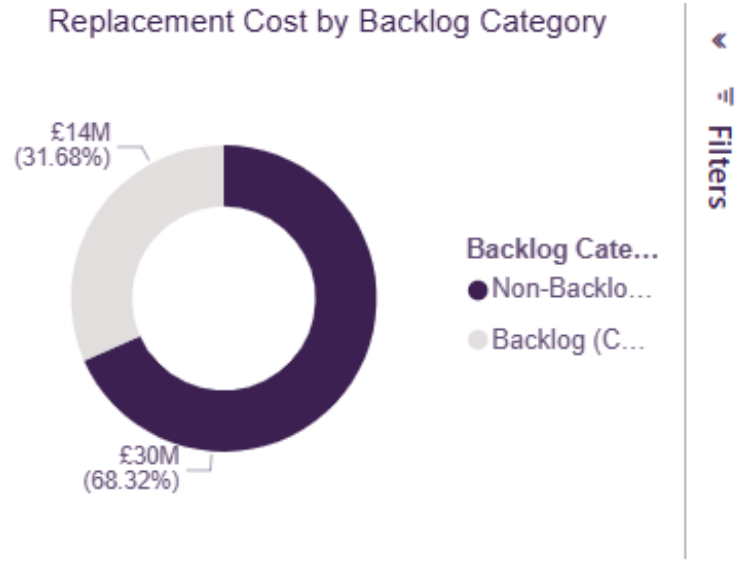
Outputs are presented through facility-level and portfolio-level dashboards to support decision-making.

"Around one third of estate liability sits within backlog assets

Condition Distribution

Grade split

- Grade A / B: ~68% – Generally serviceable
- **Grade C / Cx: ~28% – Deterioration evident**
- **Grade D / Dx: ~4% – Significant risk / failure**



Escalating Risk from Deferred Investment

While much of the estate remains serviceable, lifecycle liability is increasingly concentrated in Condition C and Cx assets, where deterioration is already evident.

These assets represent the next wave of backlog formation if renewal is deferred.

The Remaining Estate Portfolio currently contains **approximately £13.8M of backlog maintenance**, reflecting ageing building fabric and engineering systems across community facilities.

Targeted lifecycle investment is required to prevent backlog growth and maintain service reliability.

The analysis shows a clear structural difference across the estate:

- UHW and Llandough face significant historic backlog
- The Remaining Estate Portfolio is largely serviceable but entering a period of increasing lifecycle demand.

Backlog Maintenance

Backlog Overview

The Remaining Estate Portfolio contains approximately £14m of backlog maintenance, of which **£11m is classified as high or significant risk.**

Backlog intensity is **£221 per m²**, significantly lower than the acute hospital sites (**UHW ~£2,086 per m²; Llandough ~£2,032 per m²**).

This indicates the community estate is **currently in comparatively better condition**, although targeted lifecycle investment will be required to prevent backlog growth.

Note: Backlog = cost to return Condition C–Dx assets to Condition B.

£14 m

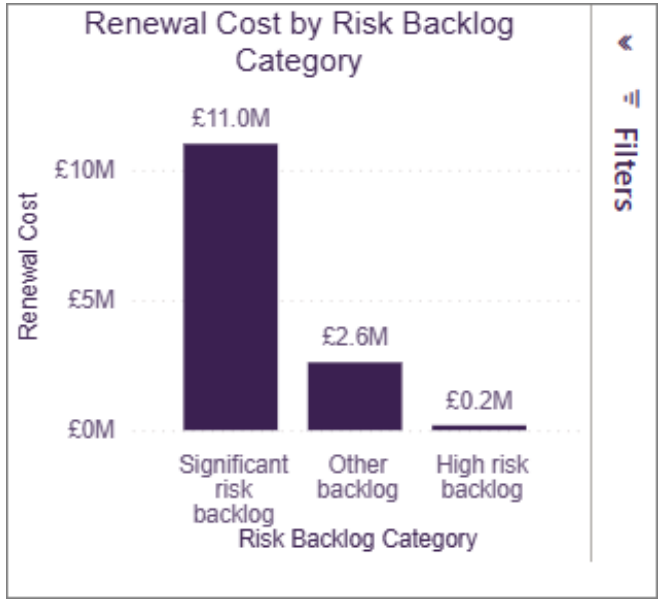
Total Backlog

£11 m

High / Significant backlog

£221

Backlog per m2



Community Estate Shows Lower Backlog Intensity Than NHS Benchmark

Backlog - National Context

£221 v £662

Backlog per m² – REP vs NHS England Average

How the Remaining Estate Portfolio compares nationally

A comparison against the **2023–24 ERIC returns** shows that backlog intensity within the **Remaining Estate Portfolio** is significantly lower than the NHS England average.

£221 per m² vs £662 per m²

This indicates that the community estate is currently in comparatively better overall condition than the typical NHS estate.

While ERIC benchmarking provides useful context, results should be interpreted with caution due to differences in estate composition, service mix and reporting methodologies.

Top 10 Trusts - Backlog M2

Trust Name	M2 Backlog
AIREDALE NHS FOUNDATION TRUST	£4,379
IMPERIAL COLLEGE HEALTHCARE NHS TRUST	£3,353
ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST	£2,485
BARTS HEALTH NHS TRUST	£2,331
THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST	£2,293
UNIVERSITY HOSPITAL WALES	£2,086
THE QUEEN ELIZABETH HOSPITAL KING'S LYNN NHS FOUNDATION TRUST	£1,907
CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	£1,832
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	£1,627
LONDON NORTH WEST UNIVERSITY HEALTHCARE NHS TRUST	£1,605

Filters

Around 28% of total estate risk is concentrated in just ten buildings.

Risk Profile (NHS 1–25)

Top 10 Sites - Total Risk Exposure

Site Name	Building Name	Total Risk Exposure (Avg x Count)	Renewal Cost	% of Total Risk
Community Premises - Aggregated Smaller Sites	West Services Bdg	3648	£4,662,712	13.65%
Gabalfa Clinic	Gabalfa Clinic	3583	£7,771,713	13.41%
Grangetown Health Centre	Grangetown Health Centre	3085	£7,714,910	11.54%
Community Premises - Aggregated Smaller Sites	Whitchurch Lodge	3075	£6,904,664	11.50%
Loudoun Square	Loudoun Square Medical Centre	2815	£10,483,021	10.53%
Cowbridge Health Centre	Cowbridge Health Centre	2736	£3,189,878	10.24%
Community Premises - Aggregated Smaller Sites	Pendine Centre	2640	£4,520,185	9.88%
Community Premises - Aggregated Smaller Sites	Roath Clinic	2560	£6,704,904	9.58%
Riverside Health Centre	Riverside Health Centre	2553	£16,457,539	9.55%
Community Premises - Aggregated Smaller Sites	Llanishen Clinic	2502	£5,919,115	9.36%

Filters

Drivers of Escalating Estate Risk

Risk exposure across the estate is partially concentrated within a limited number of sites.

The **top 5 buildings account for 16%** of total estate risk.

The **top 10 buildings account for 28%** of total estate risk.

This suggests that targeted investment in a small number of high-risk facilities could materially reduce overall estate risk.

C, CX, D, DX – CONDITION CODES

COST PROFILE

The tables illustrate the renewal cost profile of assets currently within Condition C–Dx across the Remaining Estate Portfolio, representing the primary drivers of near-term lifecycle investment.

In **Year 1,** investment demand is largely concentrated within building fabric elements, including structure, roof and internal fabric, alongside fire safety infrastructure.

Across **Years 1–3,** the profile expands to include a wider range of engineering systems, including heating, water services and electrical infrastructure, reflecting ageing building services across the community estate.

Timely lifecycle investment in these assets will help maintain operational resilience and reduce the risk of service disruption across multiple sites.

YEAR 1

Asset Group	ReplacementCost
Chimneys	£13,588
Drainage and Water Mains	£3,790
Electrical System	£37
External Fabric	£833,069
Fire Safety	£112,313
Grounds & Gardens	£129,794
Health & Safety	£75,327
Internal Fabric	£1,040,074
Internal Fixtures & Fittings	£41,812
Roof	£961,447
Structure	£1,831,550
Total	**£5,042,802**

CAVF... , Table

Filters

YEAR 1 – 3 COMBINED

Asset Group	ReplacementCost
Alarms and Detection	£651,291
BMS	£1,123
Boilers and Calorifiers	£248,594
Chimneys	£13,588
Drainage and Water Mains	£10,535
Electrical System	£308,914
External Fabric	£4,012,173
Fire Safety	£112,313
Fuel Storage and Distribution	£505
Grounds & Gardens	£129,794
Health & Safety	£75,327
Heating System	£798,506
Hot & Cold Water Systems	£460,365
Internal Fabric	£1,371,958
Internal Fixtures & Fittings	£58,237
Lifts and Hoists	£552,541
Lighting	£237,240
Roof	£1,334,124
Structure	£1,831,550
Telecomms	£913
Ventilation System	£141,073
Total	**£12,350,664**

Filters

What Investment Buys You

Translating investment into measurable risk reduction

Targeted, risk-led investment delivers far greater benefit than spreading funding evenly across the estate.

Focused intervention enables:

- **Meaningful risk reduction** – addressing a small number of high-risk facilities removes a disproportionately large share of total estate risk
- **Protection of core clinical services** – prioritising Mandatory and Essential works reduces immediate safety, statutory and operational exposure
- **Better value for money** – early intervention avoids escalation into reactive maintenance, emergency replacement and unplanned disruption
- **Greater certainty over future investment** – tackling front-loaded lifecycle demand stabilises longer-term funding requirements

"Around 80% of the renewal requirement relates to essential lifecycle works needed to sustain safe and reliable estate operation."

Priority Categorisation

10-Year Priority Spend Profile

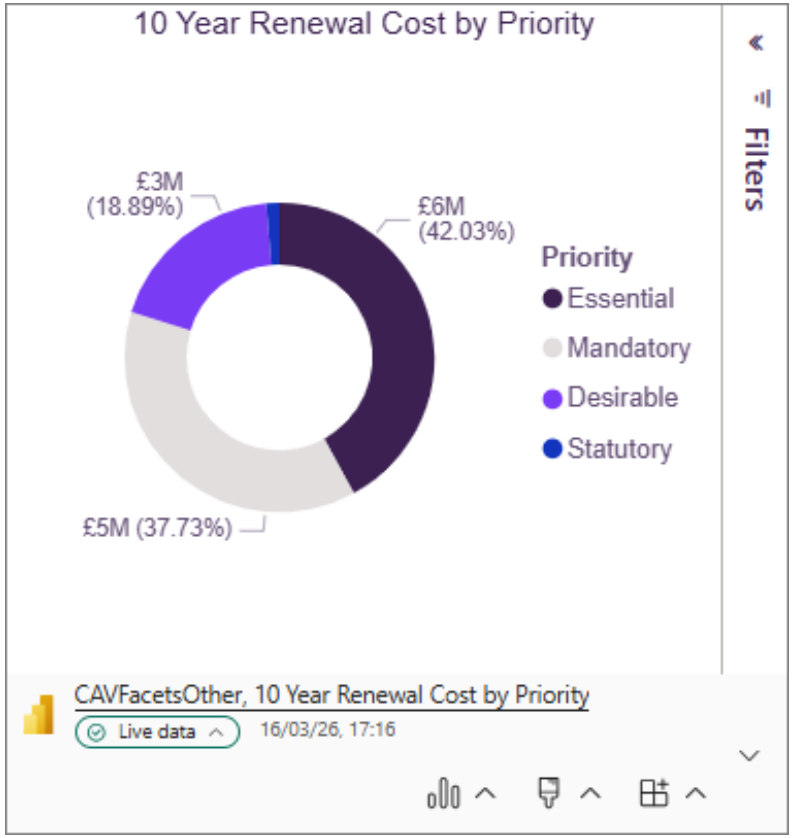
Investment requirements over the 10-year period have been categorised in line with **NHS Estates priority definitions**.

Essential – £5.8m (42%)
Works required to prevent further deterioration and escalating risk, protecting asset integrity and avoiding higher future costs.

Mandatory – £5.2m (38%)
Works essential to maintain safe and continuous operation where failure could result in service disruption or unacceptable operational risk.

Desirable – £2.6m (19%)
Longer-term lifecycle and optimisation works that support estate performance but do not present immediate safety or operational risk.

Statutory – £0.2m (1%)
Works required to meet legal or regulatory obligations, including life safety, fire safety and statutory compliance.



"Although backlog is distributed across many sites, a small number of facilities drive a significant share of the estate's investment requirement, providing a clear opportunity for prioritised capital intervention."

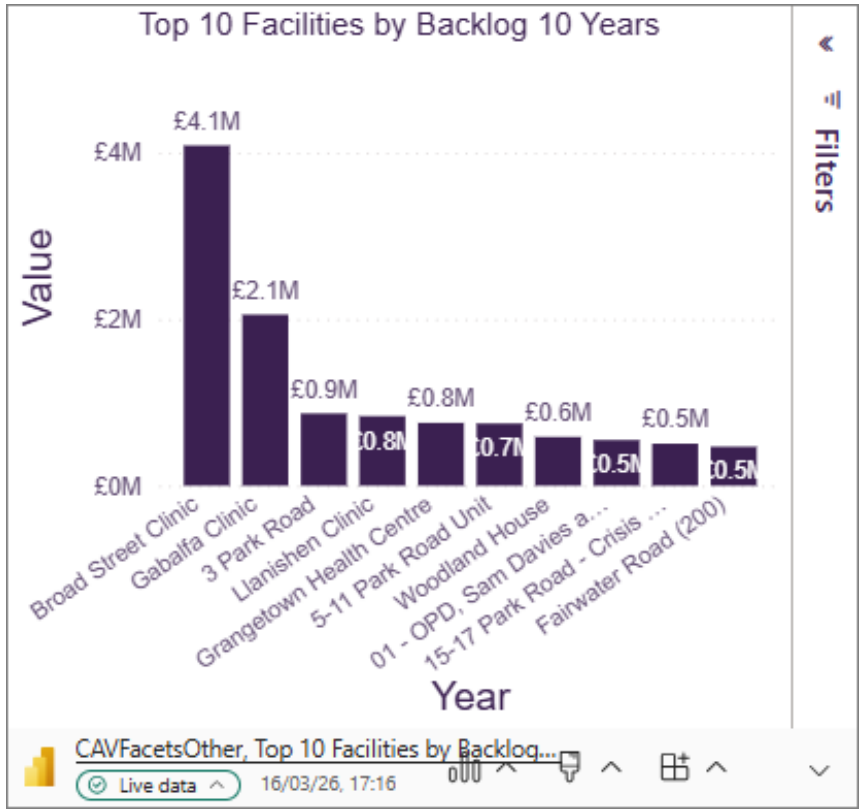
Facility-Level Cost Concentration

Backlog Cost Concentration

Backlog maintenance costs across the Remaining Estate Portfolio are partially concentrated within a relatively small number of facilities, rather than evenly distributed across the estate.

The ten highest-cost facilities account for approximately 35% of the total backlog maintenance requirement, indicating that several key buildings are responsible for a disproportionate share of lifecycle investment demand.

These sites include a number of high-use clinical and operational facilities, where ageing building fabric and engineering systems drive higher renewal costs.



"A relatively small number of high-cost facilities drive a significant proportion of the estate's long-term maintenance liability, reinforcing the need for prioritised, risk-led capital investment."

"The investment profile reflects clustered asset lifecycles, indicating the need for planned early-stage capital investment to maintain estate reliability."

10-Year Renewal Profile

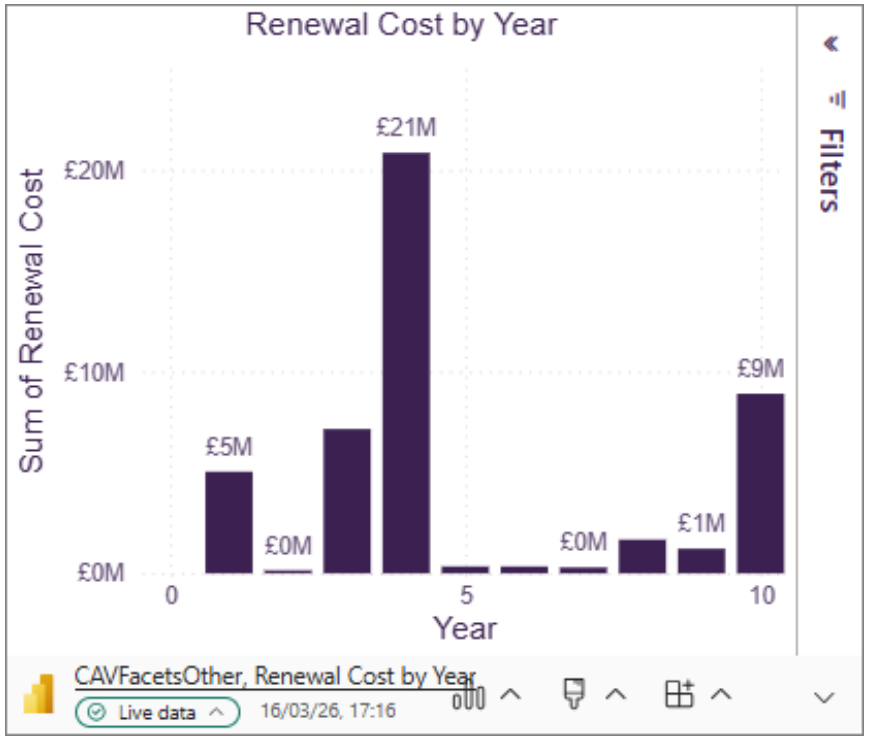
Lifecycle Demand Over Time

The 10-year lifecycle profile indicates that renewal demand is unevenly distributed, with a significant concentration of investment required within the early years of the programme.

This reflects the ageing condition of multiple building fabric and engineering assets reaching the end of their service life within a similar timeframe, creating a pronounced renewal peak.

A **significant investment requirement occurs around Year 4**, where several major lifecycle replacements coincide, followed by a smaller secondary requirement later in the programme.

While investment requirements appear lower in the intervening years, this does not indicate reduced risk, but rather reflects the timing of asset lifecycle replacement cycles.



Renewal investment is strongly front-loaded, with a significant concentration of lifecycle expenditure required within the first five years of the programme.

Consequences of Under-Investment

What Happens If Investment Is Deferred

Without targeted intervention, the estate will experience:

- Escalating clinical and operational risk
- Increased statutory and safety exposure
- Greater reliance on reactive maintenance
- Poorer value for money and higher whole-life cost

These impacts affect both patient safety and the reliability of clinical services.

Conclusions & Recommendations

Strategic Implications for Investment

The 10-year condition, risk and lifecycle model demonstrates that:

1. Estate risk and cost are highly concentrated, not evenly distributed
2. Investment need is driven by Mandatory and Essential requirements
3. Renewal demand is front-loaded and unavoidable
4. Targeted investment will deliver disproportionate risk reduction

Recommendations next steps

- Prioritise funding toward highest-risk, highest-cost facilities
- Focus early investment on Mandatory and Essential works
- Use the model as a live decision-support tool for capital planning
- Deploy outputs to support Welsh Government funding discussions

This report provides a clear, evidence-based platform to support informed decisions on capital prioritisation, risk management and long-term estate planning.

CURRIE & BROWN

Cardiff and Vale University Health Board

Executive Summary Report
D and DX Condition Data for Category 4 and 5 Buildings

April 20th 2026

CURRIE & BROWN

The Value of **Certainty.**

Contents

Version Control

Version	Date	Description of revision	Prepared by	Checked by	Authorised by
1.0	20 April 2026		KP	JE	JE

Distribution list

Copy No	Name of holder	Company	Date issued
1	Ian Fitsall	C&V	20 April 2026
2	Zoe Riden	C&V	20 April 2026

Introduction

1.1 This report has been prepared in response to a request to provide a targeted review of high-risk assets across the University Hospital Wales estate, with a specific focus on buildings classified as Importance 4 and 5.

The classification of building importance has been provided by the Health Board's Estates Management team and has been used as the basis for filtering and prioritising the dataset. No independent reassessment of building importance has been undertaken as part of this exercise.

These buildings represent the most critical elements of the estate, supporting essential clinical services, patient care environments, and core infrastructure required for the safe and continuous operation of the hospital.

1.2 The scope of this review was to analyse available survey data and identify assets categorised as:

- Condition D
- Condition DX

1.3 These represent elements that are either at the end of their serviceable life or have failed, or are at imminent risk of failure.

The intention of this exercise is to provide a clear, risk-based summary of backlog maintenance within the highest priority areas of the estate.

The outputs of this review are intended to support:

- Strategic decision-making at Board level
- Development of a prioritised capital investment programme
- Improved understanding of risk exposure within critical infrastructure and clinical environments

1.4 The assessment is based on existing survey data, including asset condition, remaining service life, and indicative replacement costs.

The analysis has been undertaken to identify key risk themes, concentration of backlog, and areas of potential operational vulnerability, rather than to provide detailed design or specification-level recommendations.

Given the scale, complexity, and operational demands of the hospital, particular emphasis has been placed on understanding how asset condition may impact the resilience of clinical services, particularly where infrastructure systems support multiple buildings or departments.

1.5 A targeted review has been undertaken for buildings classified as

- Importance 4 and 5.

These buildings support essential clinical services and infrastructure. Condition D and DX assets represent end-of-life or failed elements.

In a high-dependency hospital environment, these assets present an immediate risk to operational continuity, patient safety, and compliance.

Critical Infrastructure and Interdependencies

2.1 Key infrastructure assets, including electrical distribution boards and switchgear, are located within individual buildings but serve a wider proportion of the estate. Failure of these systems could impact multiple buildings and clinical services, representing estate-wide risk rather than isolated building issues.

Risk Position

3.1 The total backlog of Condition D and DX assets is £24.4m, representing immediate risk exposure:

- £12.0m – Condition DX (failure / imminent failure)
- £12.4m – Condition D (end-of-life, high risk of failure)

All assets require intervention in the short term.

Risk Themes

4.1 The following are the Key Risk Asset Themes

- Electrical infrastructure
- Mechanical plant
- Fire safety systems
- Building fabric
- Compliance risks
- Infrastructure dependencies

Conclusion

5.1 The review of Condition D and DX assets across buildings classified as Importance 4 and 5 has identified a significant and immediate backlog maintenance liability, totalling approximately £24.4m.

This backlog is concentrated within the most critical parts of the estate, including buildings that support frontline clinical services, specialist care environments, and essential infrastructure.

A substantial proportion of the identified risks relate to core building systems and statutory compliance requirements, including electrical distribution, fire safety, mechanical plant, and building fabric.

In many instances, these assets are not standalone but form part of interconnected systems supporting multiple buildings and departments, meaning that failure could result in wider service disruption beyond the originating location.

The presence of Condition DX assets confirms that elements of the estate are already at, or beyond, the point of failure, while Condition D assets are at the end of their serviceable life and present a material and increasing risk within a high-dependency hospital environment.

Given the scale and intensity of activity within the hospital, there is limited tolerance for asset failure, and the consequences of inaction could include disruption to critical services, impact on patient care, and increased exposure to statutory and regulatory risk.

The concentration of backlog within a relatively small number of buildings further highlights the opportunity to adopt a targeted and prioritised approach to investment, focusing initially on those areas presenting the greatest risk to operational resilience and service continuity.

In this context, the backlog identified should be considered not as a long-term liability, but as a current and active risk position requiring coordinated and timely intervention.

A risk-based capital investment programme is therefore required to address immediate priorities, stabilise critical infrastructure, and support the continued safe and effective delivery of healthcare services

6.0 Full Building Summary Table

Building	Importance	Condition	Asset Types	Observations	Priority	Cost (£)
04 - Boiler house	5	D / DX	Storage of Flammable Substances, Distribution Boards, Switchgear, Fire Compartmentation	Critical infrastructure risks including electrical distribution systems serving wider estate, combined with fire and hazardous material concerns.	Immediate	£1,248,000
10 - Ward block a	5	D / DX	Distribution Boards, Storage of Flammable Substances, Fire Doors, Access and Equality	High-risk assets impacting patient environments, including electrical infrastructure and fire safety compliance issues.	Immediate	£2,731,000

Building	Importance	Condition	Asset Types	Observations	Priority	Cost (£)
11 - Ward block b	5	D / DX	Confined Spaces, Food Hygiene, Windows, Fire Doors	Combination of fire safety, environmental and compliance risks affecting operational areas.	Immediate	£1,102,000
12 - Ward block c	5	D / DX	Confined Spaces, Means of Escape, Other H&S Comments, Food Hygiene	Health & safety and means of escape risks requiring intervention to maintain safe occupancy.	Immediate	£1,901,000
14 - Link block 5	5	D / DX	Distribution Boards, Food Hygiene, COSHH, Internal Doors	Risks associated with supporting infrastructure and compliance across key circulation areas.	Immediate	£1,087,000
16 - Maternity, Obs and Gynae	5	D / DX	Textiles and Furniture, COSHH, Means of Escape, Confined Spaces	Risks within a critical clinical environment including compliance, safety, and operational infrastructure.	Immediate	£1,696,000
17 - Heulwen and former Paeds	5	D / DX	Confined Spaces, COSHH, Storage of Flammable Substances, Means of Escape	Multiple safety and compliance risks within a legacy building environment.	Immediate	£1,032,000
17a - Childrens Hospital Phase 1	5	D / DX	Food Hygiene, Fire Doors, Floor / Foundations, Switchgear	Combination of structural, fire and electrical risks impacting clinical service delivery.	Immediate	£918,000
17b - Childrens Hospital Phase 2	5	D / DX	Fire Doors, COSHH, Confined Spaces, Storage of Flammable Substances	Fire safety and hazardous material risks within a critical care environment.	Immediate	£864,000
17c - Teenage Cancer Trust	5	D / DX	COSHH, Fire Compartmentation, Storage of Flammable Substances, Access and Equality	Compliance and fire safety risks within a specialist patient care facility.	Immediate	£742,000

Building	Importance	Condition	Asset Types	Observations	Priority	Cost (£)
18 - Tower Block 3	5	D / DX	Fire Doors, Other H&S Comments, Means of Escape, Access and Equality	Fire safety and access risks within a high-occupancy building environment.	Immediate	£1,210,000
23 - Emergency unit	5	D / DX	Fire Doors, Sanitary Fittings, Access and Equality, Fire Compartmentation	High-risk issues within a critical frontline facility requiring reliable and compliant infrastructure.	Immediate	£1,312,000
03 - Former HQ & Sterile Services	4	D / DX	Switchgear, Textiles and Furniture, Electrical Safety, Confined Spaces	Electrical and compliance risks affecting operational support functions.	High	£1,095,000
08a - Tower block 2a	4	D / DX	Emergency Lighting, Access and Equality, Storage of Flammable Substances, Distribution Boards	Significant infrastructure and compliance risks within a large building, including electrical distribution.	High	£6,992,000
08b - Tower block 2b	4	D / DX	Emergency Lighting, Distribution Boards, Windows, Means of Escape	Combination of infrastructure and building fabric risks affecting safe operation.	High	£1,148,000
08c - Tower block 2c	4	D / DX	Fire Compartmentation, Storage of Flammable Substances, Textiles and Furniture, Fire Doors	Fire safety and compliance risks across multiple systems.	High	£1,226,000
13 - Link block 6	4	D / DX	Storage of Flammable Substances, Food Hygiene, Fire Doors, Textiles and Furniture	Risks within connecting areas impacting fire safety and compliance.	High	£1,543,000
15 - Link block 4	4	D / DX	Windows, Means of Escape, Food Hygiene, Confined Spaces	Building fabric and safety risks affecting operational use.	High	£1,021,000

Building	Importance	Condition	Asset Types	Observations	Priority	Cost (£)
21 - Radiology & Occ Therapy	4	D / DX	Fire Compartmentation, Means of Escape, Fire Doors, Access and Equality	Fire safety and access compliance risks within specialist clinical areas.	High	£1,034,000
21a - MRI Courtyard Block	4	D / DX	Textiles and Furniture, Storage of Flammable Substances, Food Hygiene, Access and Equality	Compliance and operational risks within a specialist diagnostic environment.	High	£1,088,000
36 - Lakeside complex	4	D / DX	Access and Equality, Internal Walls / Finishes, Fire Compartmentation, Ceilings	General fabric and fire safety risks affecting building performance.	High	£1,012,000
43 - Services Accommodation Centre	4	D / DX	Fire Doors, Access and Equality, Food Hygiene, Textiles and Furniture	Compliance and fire safety risks within support accommodation areas.	High	£1,074,000
44 - Reservoir	4	D / DX	Means of Escape, Access and Equality, COSHH, Fire Compartmentation	Safety and compliance risks associated with infrastructure and access.	High	£1,006,000
TOTAL						£24,434,697

CURRIE & BROWN

The Value of Certainty.

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Currie & Brown were contracted to undertake a conditional Survey which has identified 10 percent of the University Hospital of Wales Estate circa £45 million is in condition D (end of life, high risk of failure or condition Dx (failure / imminent failure).

UHW Estate Backlog

Sum of Renewal Cost			Rank		
Site Name	Label 1	Label 2	D	Dx	Grand Total
University Hospital Of Wales	Drainage and Water Mains	External Drainage	7,856		7,856
		Internal Drainage	32,196		32,196
	Drainage and Water Mains Total		40,052		40,052
	Electrical System	Distribution Boards		5,658,635	5,658,635
		Electrical Fittings		43,779	43,779
		Solar Panels		197,006	197,006
		Switchgear		1,103,051	1,103,051
	Electrical System Total			7,002,471	7,002,471
	External Fabric	Cills / Lintels		2,736	2,736
		External Decoration	226,192	109,448	335,640
		External Doors	21,697	22,446	44,143
		Walls	108,426	279,721	388,148
		Windows	2,601,909	32,499	2,634,408
	External Fabric Total		2,958,225	446,850	3,405,075
	Fire Safety	Fire Compartmentation	623,207		623,207
		Fire Doors	625,184	429,459	1,054,642
		Means of Escape	311,604		311,604
		Storage of Flammable Substances	233,703	0	233,703
		Textiles and Furniture	155,802		155,802
	Fire Safety Total		1,949,499	429,459	2,378,958
	Fixed Elec Plant and Equipment	Generators		3,905,527	3,905,527
		UPS		8,026,172	8,026,172
	Fixed Elec Plant and Equipment Total			11,931,699	11,931,699
	Grounds & Gardens	Fences / Boundary Walls	40,590	2,806	43,396
		Footpaths	1,678	118,755	120,433
		Landscaping	5,615	3,743	9,358
	Grounds & Gardens Total		47,883	125,305	173,187
	Health & Safety	Access and Equality	467,406		467,406
		Confined Spaces	233,703		233,703
		COSHH	311,604		311,604
		Electrical Safety		4,378	4,378
		Food Hygiene	467,406		467,406
		Other H&S Comments	0	0	0
	Health & Safety Total		1,480,118	4,378	1,484,496
	Hot & Cold Water Systems	Water Distribution Insulation		419,550	419,550
	Hot & Cold Water Systems Total			419,550	419,550
	Internal Fabric	Ceilings (Solid / Suspended)	82,707	56,103	138,810
		Internal Decoration	11,018	2,463	13,480
		Internal Doors	0	0	0
		Internal Floors / Finishes	13,556	44,567	58,123
		Internal Walls / Finishes	46,720	3,367	50,086
		Other Internal Fabric	305,542		305,542
	Internal Fabric Total		459,542	106,499	566,041
	Internal Fixtures & Fittings	Fixed Furniture	24,953	20,575	45,528
		Sanitary Fittings	118,681	1,309	119,990
	Internal Fixtures & Fittings Total		143,634	21,884	165,518
	Lighting	Emergency Lighting		1,721,953	1,721,953
	Lighting Total			1,721,953	1,721,953
	Roof	Coverings (Flat or Pitched)	10,747,704		10,747,704
		Rainwater Goods	2,394	69,863	72,257
	Roof Total		10,750,098	69,863	10,819,961
	Structure	Floor / Foundations		9,698	9,698
		Frame	3,517,776		3,517,776
		Roof Structure (incl RAAC)	2,104		2,104
		Structure	367,582		367,582
	Structure Total		3,887,462	9,698	3,897,160
	Ventilation System	Ventilation Plant		1,313,374	1,313,374
	Ventilation System Total			1,313,374	1,313,374
University Hospital Of Wales Total			21,716,513	23,602,982	45,319,494
Grand Total			21,716,513	23,602,982	45,319,494

Further work was undertaken by Currie & Brown to target high risk assets based on importance 4 & 5 (5 being highest risk) which identified £24.4 million

UHW Estate Backlog Target by Importance

Sum of ReplacementCost		Building Importance		
Label 1	Label 2	4	5	Grand Total
Drainage and Water Mains	Internal Drainage		17,611	17,611
Drainage and Water Mains Total			**17,611**	**17,611**
Electrical System	Distribution Boards	1,564,557	2,272,580	3,837,137
	Electrical Fittings	43,800		43,800
	Solar Panels		197,100	197,100
	Switchgear	387,630	456,433	844,063
Electrical System Total		**1,995,987**	**2,926,113**	**4,922,100**
External Fabric	External Decoration	328,500		328,500
	Walls		730	730
	Windows	412,634	869,151	1,281,785
External Fabric Total		**741,134**	**869,881**	**1,611,015**
Fire Safety	Fire Compartmentation	107,576	204,070	311,646
	Fire Doors	135,352	312,247	447,599
	Means of Escape	53,788	102,035	155,823
	Storage of Flammable Substances	40,341	76,526	116,867
	Textiles and Furniture	26,894	51,018	77,911
Fire Safety Total		**363,951**	**745,896**	**1,109,846**
Fixed Elec Plant and Equipment	Generators		2,604,926	2,604,926
Fixed Elec Plant and Equipment Total			**2,604,926**	**2,604,926**
Grounds & Gardens	Fences / Boundary Walls	32,749		32,749
Grounds & Gardens Total		**32,749**		**32,749**
Health & Safety	Access and Equality	80,682	153,053	233,734
	Confined Spaces	40,341	76,526	116,867
	COSHH	53,788	102,035	155,823
	Electrical Safety	4,380		4,380
	Food Hygiene	80,682	153,053	233,734
	Other H&S Comments	0	0	0
Health & Safety Total		**259,872**	**484,666**	**744,539**
Hot & Cold Water Systems	Water Distribution Insulation		419,750	419,750
Hot & Cold Water Systems Total			**419,750**	**419,750**
Internal Fabric	Ceilings (Solid / Suspended)	86,961	1,263	88,225
	Internal Decoration		1,825	1,825
	Internal Doors		0	0
	Internal Floors / Finishes	5,852	25,267	31,119
	Internal Walls / Finishes	10,950	11,883	22,833
Internal Fabric Total		**103,763**	**40,238**	**144,002**
Internal Fixtures & Fittings	Fixed Furniture		45,550	45,550
	Sanitary Fittings	4,678	9,263	13,942
Internal Fixtures & Fittings Total		**4,678**	**54,813**	**59,491**
Lighting	Emergency Lighting	632,838		632,838
Lighting Total		**632,838**		**632,838**
Roof	Coverings (Flat or Pitched)	5,069,749	2,265,493	7,335,242
Roof Total		**5,069,749**	**2,265,493**	**7,335,242**
Structure	Floor / Foundations		9,703	9,703
	Frame	3,132,999	49,127	3,182,126
	Structure	294,758		294,758
Structure Total		**3,427,757**	**58,830**	**3,486,587**
Ventilation System	Ventilation Plant		1,314,000	1,314,000
Ventilation System Total			**1,314,000**	**1,314,000**
Grand Total		**12,632,479**	**11,802,218**	**24,434,697**

Capital, Estates & Facilities are undertaking a further review of the information and have included some examples of high risk areas

Report Title:	Regulatory Review and Tracking Report			Agenda Item no.	3.1
Meeting:	Digital & Infrastructure Committee	Public	X	Meeting Date:	05/05/2026
		Private			
Status *(please tick one only):*	Assurance		Approval		Information X
Lead Executive Title:	Executive Director of People and Culture				
Report Author (Title):	Assistant Director of Health, Safety and Fire				

Main Report
Background and current situation:

This report is presented to the Committee to track that relevant Board Committees are receiving reports and information regarding inspections undertaken by various inspection/review bodies as a key source of assurance. The report provides information on new or outstanding regulatory notices for the period 30th June 2025 – 21st April 2026 and includes:

(a) any new inspections undertaken during the period as recorded in the post log or notified by Clinical/Service Boards.
(b) formal reports received during the period. Some reports are received a number of months after the actual inspection.

The statutory obligations of the University Health Board (UHB) are wide ranging and complex; the UHB must comply with general law as well as NHS specific legislation. Most Health, Safety and Fire regulatory visits monitored by the Digital and Infrastructure Committee fall into the following categories:

- Inspections/audits undertaken by the Health and Safety Executive.
- Fire Safety inspections undertaken by South Wales Fire and Rescue Service.

Situation

Health and Safety Executive (HSE)
There are no open contravention notices issued in relation to Health and Safety by the HSE.
There is an open request for information in relation to local exhaust extract ventilation systems. Two voluntary statements have been provided to the HSE, the last one being 01/02/2023, no further update has been provided by the HSE.

South Wales Fire and Rescue Service (SWFRS)
An audit was conducted of the old Lakeside building on 31st March 2026, at the time of writing no formal correspondence had been received.
There are no open enforcement notices issued in relation to fire safety by South Wales Fire & Rescue Service.

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

Assurance
The attached report provides evidence that each category of review is being worked through by the Assistant Director of Health, Safety and Fire and has been brought to the Digital and Infrastructure Committee.

Recommendation:

The Committee is requested to:

a) Note the findings of the report.

Link to Strategic Objectives of Shaping our Future Wellbeing: *Please place an "X" in the below boxes as relevant.*			
1. Putting People First **Click the objective above to view more detail.**		2. Providing Outstanding Quality **Click the objective above to view more detail.**	
3. Delivering in the Right Places **Click the objective above to view more detail.**		4. Acting for the Future **Click the objective above to view more detail.**	

Five Ways of Working (Sustainable Development Principles) considered *Please place an "**X**" in the below boxes as relevant*									
Prevention	X	Long term	X	Integration		Collaboration		Involvement	

Quality Impact Assessment Completed?: *Please place an "**X**" in the below boxes as relevant. A blank QIA and guidance on how to complete a QIA can be found by clicking the link here:* ***Quality Impact Assessment Information***				
Yes – (***please provide completed QIA document***)		No – ***(Please provide reasoning, e.g. not required)***		*Comment here*

Impact Assessment: *Please state **yes** or **no** for each category.* ***If yes please provide further details.***
Risk: No
Please include the detail of any Risk Assessments undertaken when preparing and considering the content of this report and, where appropriate, the nature of any risks identified. (If this has been addressed in the main body of the report, please confirm)
Safety: No
Are there any Staff or Patient safety implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)
Financial: No
Are there any Financial implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)
Workforce: No
Are there any Workforce implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)
Legal: No
Reputational: 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*

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

(If this has been addressed in the main body of the report, please confirm)

Equality and Health: Yes/No - *Useful guidance on the completion of an EHIA can be found at the following link: EHIA toolkit - Cardiff and Vale University Health Board (nhs.wales)*

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

(If this has been addressed in the main body of the report, please confirm)

Decarbonisation: Yes/No

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

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

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

Welsh Language: Yes/No

Approval/Scrutiny Route *(please note anywhere else this paper has been before):*	
Committee/Group/Exec	Date:
Digital & Infrastructure	05/05/2026

Clinical Board	Directorate / Service Area	Inspection Date	Inspection Closure Due by	Next Inspection Date	No of Recs	Recommendation Narrative / Inspection Outcome	Executive Lead for Report	Operational Lead for Recommendation	Please confirm if completed (c), partially completed (pc), no action taken (na)	Management Response / Executive Update Please provide the following information for each recommendation: 1. A general update; 2. Changes to the closure date? if so why? 3. Any specific challenges that you are encountering or have encountered; 4. The last date the recommendation was shared at its assurance committee.
CEF	CEF - Led by Health & Safety	27/01/2022	Open ended	01/02/2023		27/01/2022 - Request for information in relation to local exhaust an extract ventilation systems. Details of maintenance and agreements in place between UHB and Cardiff University forwarded to HSE.	People and Culture	Head of Health & Safety	**PC**	Information provided to HSE. 05/01/2023 - Meeting held at the request of HSE with the intention of taking a voluntary statement from the Head of Estates and Facilities. Agreement on the day that CAVUHB would formally provide answers to HSE questions by the end of January 2023 and the Head of Estates and Facilities would then sign a voluntary statement to this. During the meeting on 05/01/2023, the Head of H&S signed a voluntary statemtent in relation to information previously sent to them in February 2022. Further meeting with HSE 01/02/2023 and Head of Estates and Facilities provided a voluntary statement relating to an information request from the HSE. No further update

Clinical Board	Directorate / Service Area	Inspection Date	Inspection Closure Due by	Next Inspection Date	No of Recs	Recommendation Narrative / Inspection Outcome	Executive Lead for Report	Operational Lead for Recommendation	Please confirm if completed (c), partially completed (pc), no action taken (na)	Management Response / Executive Update Please provide the following information for each recommendation: 1. A general update; 2. Has there been a change to the closure date, if so why? 3. Any specific challenges that you are encountering or have encountered; 4. The last date the recommendation was shared at its assurance committee.

Digital & Infrastructure Committee Meeting

Health & Safety Update

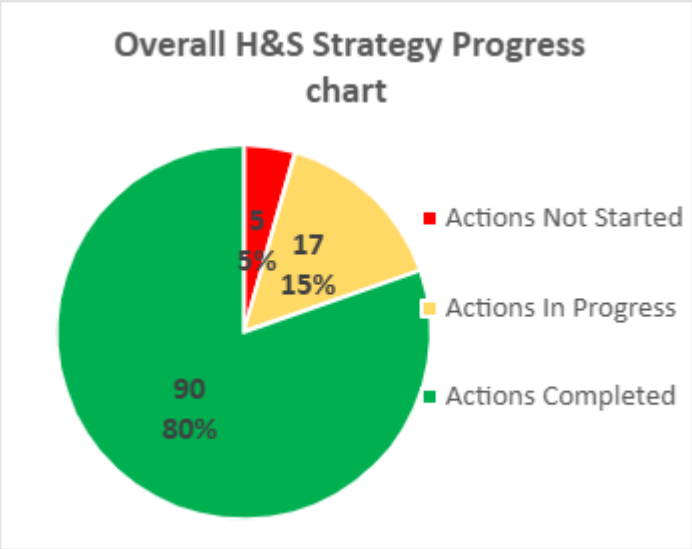
Date: 5th May 2026

Health & Safety Team

H&S Culture Plan Update

- Theme 1 – Training
- Theme 2 – Risk & Incident Management
- Theme 3 – Communication
- Theme 4 – Measuring Performance
- Theme 5 – Audit & Review
- Theme 6 – Fire

Title	Total Group	Theme 1	Theme 2	Theme 3	Theme 4	Theme 5	Theme 6
Actions Not Started	5	0	2	2	0	1	0
Actions In Progress	17	4	3	2	6	0	2
Actions Completed	90	26	16	8	7	6	27



Culture Plan Refresh

- Work has progressed in drafting a new H&S Culture plan
- To be incorporated in the wider People & Culture plan
- The shift will be from Building systems to Embedding habits to Demonstrating impact
- Moving the organisation from “Doing H&S because we have to” toward “Doing it because it’s how we work.”

With this being the basis for the next cycle it allows us to:

- Reduce volume of required actions
- Focus on quality, consistency and leadership behaviours
- Measure outcomes, not just completion

RIDDOR Performance FYTD

- Currently 5 RIDDOR's FYTD
- 100% of which are due to >7 day absence
- The annual KPI for 2026/2027 is 61

	Apr	Total	KPI
CEF	2	2	17
CD&T	1	1	2
Specialist	1	1	11
Surgical	1	1	6
Total	5	**5**	**61**

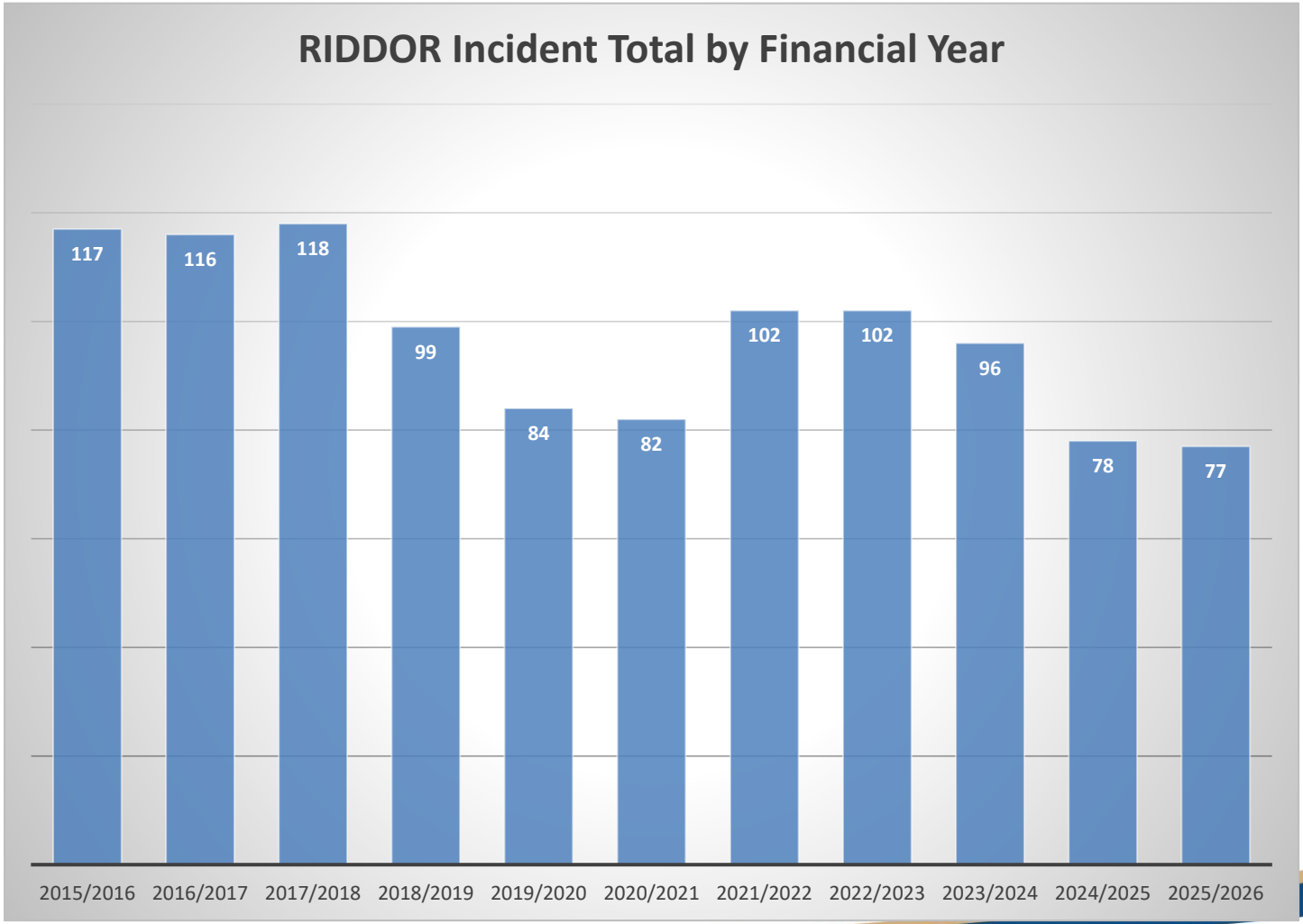
2025/2026 RIDDOR Performance

- 77 RIDDOR submissions
- Of the 73 staff related RIDDOR submissions 66 were as a result of >7 day absence this equates to 90%
- This figure at a national level for all industries is 70%

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	KPI
AWMGS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CEF	3	0	4	3	0	0	2	2	3	5	1	1	24	17
Mental Health	2	0	1	0	2	1	0	0	1	1	0	5	13	13
Specialist	1	2	1	0	2	2	0	0	0	2	3	0	13	13
CD&T	0	0	0	0	0	0	0	0	0	0	1	1	2	3
Medicine	1	3	2	4	0	3	0	0	0	0	2	1	16	10
Surgical	0	2	2	0	0	0	1	0	0	0	0	1	6	8
PCIC	0	1	0	0	0	0	0	0	0	0	0	0	1	0
Children and Women	0	0	0	0	0	2	0	0	0	0	0	0	2	5
Total	7	8	10	7	4	8	3	2	4	8	7	9	**77**	**69**

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Injury > 7 days	6	6	8	6	4	8	2	2	4	5	7	8	66
Injury to a member of the public, taken directly to the hospital or injured on hospital grounds	0	1	1	1	0	0	0	0	0	1	0	0	4
Specified Injury	1	1	1	0	0	0	1	0	0	2	0	1	7
Total	7	8	10	7	4	8	3	2	4	8	7	9	**77**

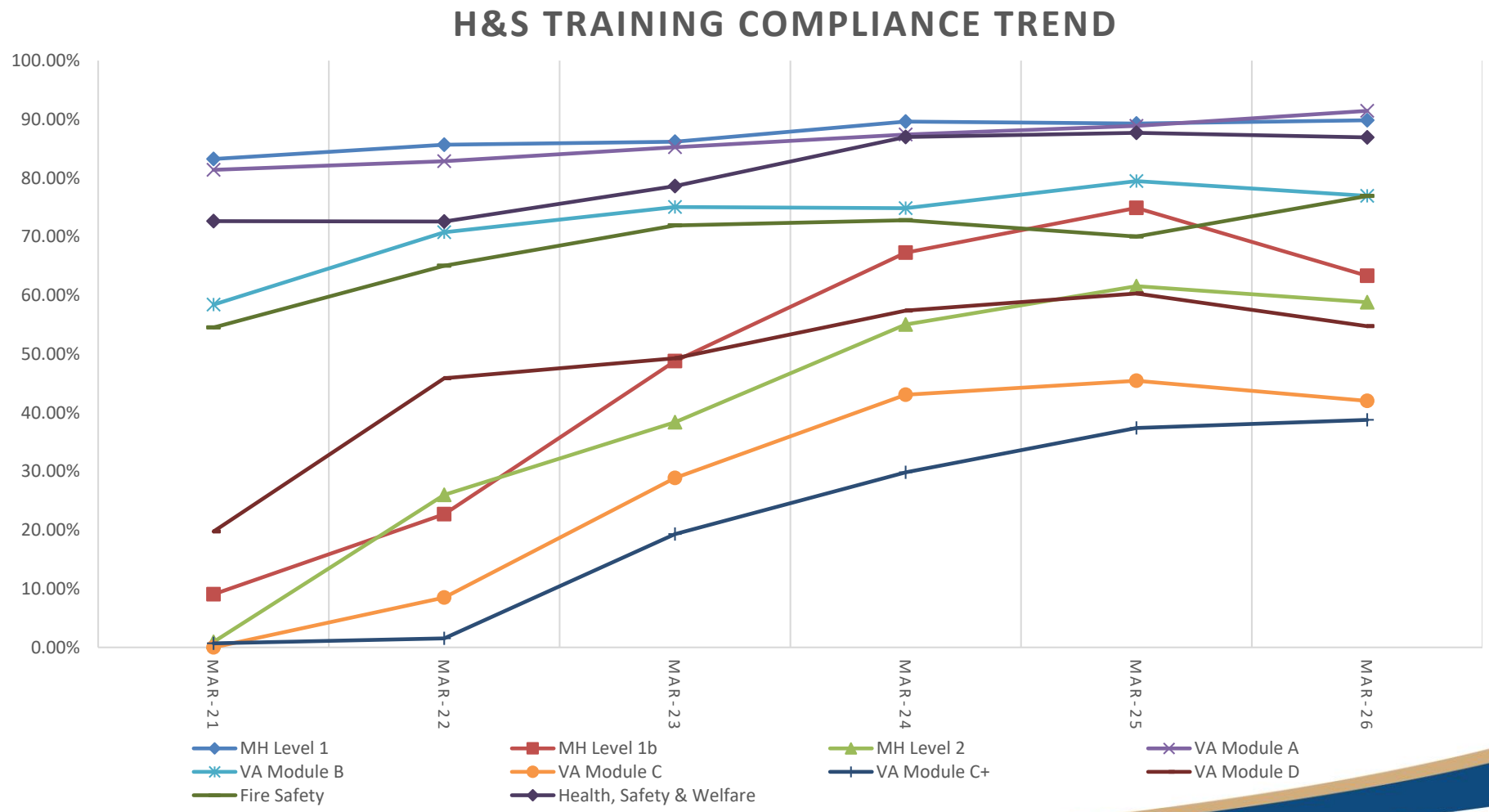
RIDDOR Performance



Training

- H&S are conducting a systematic review of Violence & Aggression and Manual Handling competencies assigned to staff.
- Completed review details passed to ECOD to enable the changes on ESR.
- Process aims to ensure that all staff are correctly allocated the appropriate training.
- 4 Clinical Boards completed thus far.

UHB Training Compliance



Violence Prevention

- The team worked with Communications to distribute targeted messaging in line with Stalking Prevention Week (22–25 April), with a focus on staff safety, the support available to staff, and clear routes for reporting concerns.
- A targeted text messaging campaign was delivered to all lone worker device users to increase awareness of responsibilities and improve compliance, reinforcing staff safety and Health & Safety requirements.

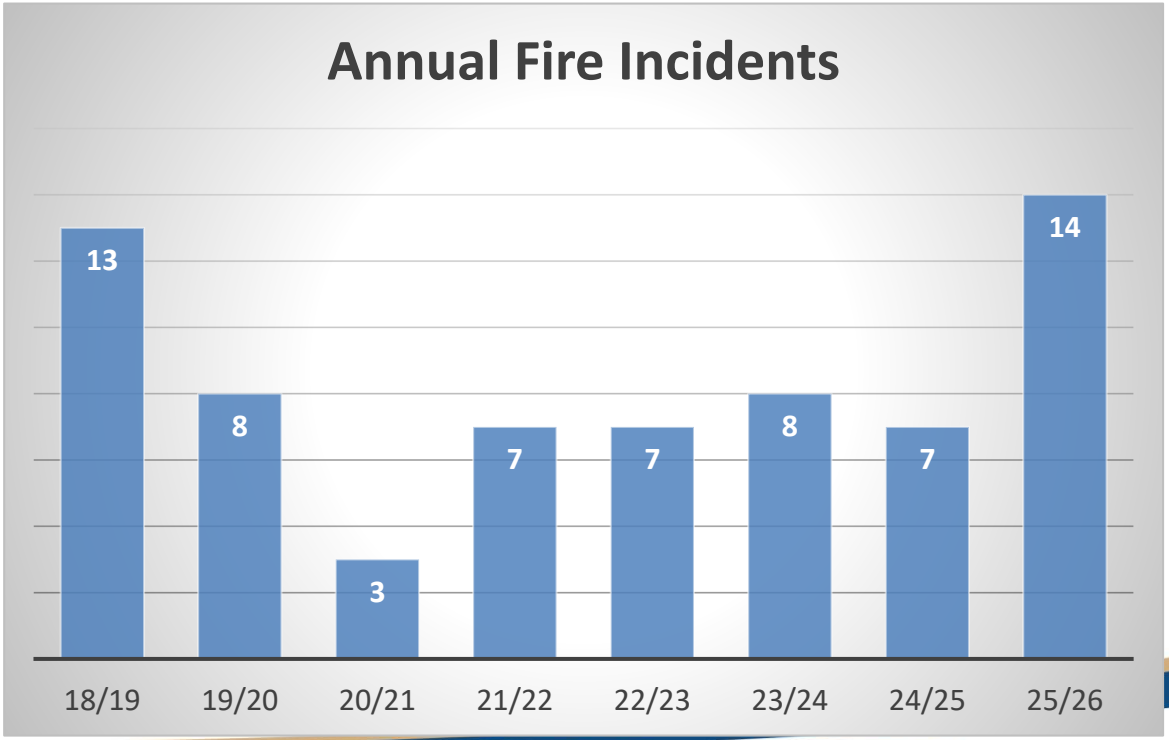
Fire Update

- No fire incidents financial year to date
- 14 overdue risk assessments at the time of writing – All low risk locations, no inpatient areas
- Unwanted Fire Signals (UwFS) and False Fire Alarm Activations (FFAA) – A 0.5% increase in 2025/2026 on the previous year.
  - An ongoing significant Capital investment in upgrading the fire alarm systems at UHW is expected to lead to a reduction in both UwFS (an activation that leads to SWFRS attendance) and FFAA (alarm activates but there is no fire) as obsolete equipment is progressively replaced.
- One regulatory visit undertaken during FY25/26 on 31st March. No feedback from SWFRS at the time of writing.

2025/2026 Fire Incidents

- 14 Fire incidents 2025/2026, including;
  - 5 Smoking related – Leading to bin fires
  - 4 Cooking related - Toaster, microwaves/ unattended cooking

5 – UHW
4 – UHL
4 – HYC
1 – Roath Clinic



Report Title:	Rsponse to Automatic Fire Alarm Activations Report.			Agenda Item no.	3.2
Meeting:	Digital & Infrastructure Committee	Public	X	Meeting Date:	05/05/2026
		Private			
Status *(please tick one only):*	Assurance		Approval		Information X
Lead Executive Title:	Executive Director of People and Culture				
Report Author (Title):	Assistant Director of Health, Safety and Fire				

Main Report
Background and current situation:

The revised South Wales Fire and Rescue Service (SWFRS) protocol for Automatic Fire Alarm (AFA) activations, introduced in April 2025, now requires Fire Safety Advisors to attend alarm activations during weekday core hours at UHW and UHL. This was not previously part of their role.

Sustained staffing pressures, sickness absence, and turnover have reduced resilience within the Fire Safety Team. This has limited the team's ability to deliver statutory duties, including fire risk assessments and mandatory training, and has contributed to a reduction in fire training compliance to 75%. Out-of-hours alarm response continues to be delivered by Site Practitioners, Security, and Estates.

CAVUHB is currently the only Health Board in South Wales where Fire Safety Advisors routinely attend alarm activations. Other Health Boards use site-based staff such as Site Managers, Nurse Practitioners, Porters, Security, and Estates teams.

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

The revised response requirements have placed additional pressure on the Fire Safety Team, making it increasingly difficult for Advisors to balance alarm attendance with statutory duties. While Advisors continue to provide essential expertise, routine involvement in alarm activations is limiting their capacity to deliver core functions.
Moving to a site-based response model, consistent with other Welsh Health Boards, would improve resilience and allow Fire Safety Advisors to focus on specialist responsibilities, while still providing support when escalation is required.

Recommendation:

The Committee is requested to:

a) This paper is to note, support and provide assurance.

Link to Strategic Objectives of Shaping our Future Wellbeing:

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

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

Five Ways of Working (Sustainable Development Principles) considered *Please place an "**X**" in the below boxes as relevant*									
Prevention	X	Long term	X	Integration		Collaboration		Involvement	

Quality Impact Assessment Completed?: *Please place an "**X**" in the below boxes as relevant. A blank QIA and guidance on how to complete a QIA can be found by clicking the link here:* ***Quality Impact Assessment Information***				
Yes – (***please provide completed QIA document***)		No – ***(Please provide reasoning, e.g. not required)***		*Comment here*

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

Risk: No

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

Safety: No

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

Financial: No

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

Workforce: No

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

Legal: No

Reputational: 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*

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

(If this has been addressed in the main body of the report, please confirm)

Equality and Health: Yes/No - *Useful guidance on the completion of an EHIA can be found at the following link: EHIA toolkit - Cardiff and Vale University Health Board (nhs.wales)*

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

(If this has been addressed in the main body of the report, please confirm)

Decarbonisation: Yes/No

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

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

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

Welsh Language: Yes/No

Approval/Scrutiny Route *(please note anywhere else this paper has been before):*	
Committee/Group/Exec	Date:
Digital & Infrastructure	05/05/2026

March 2026

Response to Automatic Fire Alarm (AFA) Actuations

S **Situation**	The revised SWFRS response protocol to Automatic Fire Alarm (AFA) activations, implemented on 7 April 2025, has altered operational expectations for the UHB Fire Safety Team. Prior to this the Fire Safety team were not part of the designated initial response to alarm activations. With the implemented change by SWFRS Advisors are currently required to attend alarm activations during weekday core hours across UHW and UHL. Sustained staffing pressures have reduced resilience, impacting alarm response cover and the team's ability to deliver statutory fire safety duties including risk assessments and staff training. Out-of-hours response is consistently managed by Site Practitioners, Security, and Estates Electricians (UHW only). WHTM 05-01 provides guidance to allow fire safety managers to nominate specific individuals as part of the UHB fire response team. Their duties will include: • Responding to suspected and confirmed fire events. • Take responsibility for the direction of the Fire Response Team. • Liaise with the local fire incident coordinator/area senior person. • Liaise with the Fire and Rescue Service. • Instigate the internal major incident plan (If required). Response Team Members should consist of a designated senior manager with the authority and organisational oversight to make rapid, site-wide decisions during fire-related emergencies. This includes initiating evacuations, authorising clinical service impacts, coordinating with Security and Estates, and liaising with external responders. This level of operational seniority is essential for effective incident command within the Fire response team. UHB Security Officers and Estates Electricians.
B **Background**	• The current daytime response model includes a Fire Safety Advisor, Estates Electrician, and Security. Fire panels must be reset by a competent person, and this is fulfilled by electricians. • The Fire Safety Team comprises four Band 6 Advisors (two per main site), supported by the Assistant Head of Fire Safety (Band 8a). • With the current arrangements, to deliver training and fulfil duties at wider UHB sites it is only achievable with two advisors at UHW/UHL. This is significantly inhibiting the team's ability to respond to offsite issues. • CAVUHB is the only Health Board in South Wales where Fire Safety Advisors are routinely part of the alarm response; elsewhere, this is undertaken by site-based staff. • Other UHB's utilise Nurse Practitioners/Site Managers/Porters/security and Electricians

	Over the past year, sickness absence and turnover have significantly reduced capacity. This has required: • Temporary reallocation of alarm response to site teams at UHL and routine reliance on the Assistant Head of Fire Safety for operational cover • Use of a Band 7 Health & Safety Advisor for alarm response
A **Assessment**	The current model is unsustainable and presents operational and organisational risks: **Key Risks** • Inconsistent alarm response coverage across two acute sites • Significant reduction in delivery of mandatory training and delays in fire risk assessments. In previous years fire safety training weeks have been conducted to capture up to 3,000 staff members however, we are not currently able to adopt this approach • Inconsistent and delayed response to community sites and wider UHB installations • Compliance and reputational risks if statutory duties are not met • This pressure has already reduced fire training compliance to 75%. The current approach is also inefficient: • Deploying fire safety advisors for this function represents a suboptimal use of this limited skilled resource • Recruiting additional Band 6 staff to sustain this model would increase costs without improving outcomes • Recruiting additional lower-banded staff solely to support this response would also increase costs without improving outcomes
R **Recommendation**	Remove Fire Safety Advisors from the initial response to fire alarm activations during core hours and reassign this function to Site Practitioners, Security, and Estates Electricians. **Proposed Model** • Day-to-day alarm response led by site-based teams (Site Practitioners, Security, Estates) • Fire Safety Advisors available for escalation and specialist input, not routine attendance • If off-site they will prioritise and return to assist **Benefits** • Aligns with established best practice across other Welsh Health Boards • Creates a sustainable and resilient response model • Releases a limited Fire Safety Advisor resource to focus on statutory responsibilities: risk assessments, training, governance, and project support • Improves training delivery and compliance • Ensures appropriate use of workforce skills and reduces unnecessary cost • This approach provides a safer, more efficient, and financially responsible model while maintaining effective fire safety management across the UHB.

Report Title:	Digital Roadmap and work programme update			Agenda Item no.		4.1
Meeting:	Digital & Infrastructure Committee	Public Meeting	X	Meeting Date:		May 2026
		Private Meeting				
Status:	Assurance	X	Approval		Information	
Lead Executive:	Director of Digital & Health Intelligence					
Report Author:	Director of Digital Transformation					

Background and current situation:

Shaping our Future Digital Services

1 Digital Foundations Programme Business Case

The Digital Foundations (DF) Programme Business Case (PBC) is discussed in Private Committee as it contains some sensitive financial information.

1.1 Funding the PBC

The Digital Foundations (DF) Programme Business Case (PBC), Business Justification cases (BJCs) and associated attachments presented to D&I Committee in November 2025 are the background and context for this report. **They are not repeated here.**

The PBC and BJCs presented to the Committee and to internal scrutiny fora in 2025 had a revenue requirement which was indicated as likely unachievable without a route to the cash benefits in the case being identified and agreed.

Following discussions with the Director of Finance and Director of Digital and Health Intelligence, presentation at Senior Leadership Team, subsequent meets with individual Clinical Boards and finance colleagues, the cost model has been re-worked with a view to mitigating the revenue tail arising from the programme. This has mainly been achieved and is discussed further in the Private meeting.

1.2 Timeline

The revised case will be reviewed by the Management Executive team to agree these items which have changed since the last presentation of the case:

- programme scope
- resource plan
- benefit realisation assumptions

Subject to agreement at that meeting and satisfaction on the financial treatment of costs with finance colleagues, the case is expected to progress through the following governance route. DF has been to CMG and VBRG previously as well as to this Committee.

CAVUHB Governance route	Meeting date
Capital management group	Monday 18/05/026
Value & Benefits Realisation Group	Wednesday 06/05/2026
Strategic Leadership Team	Thursday 07/05/2026
Public Finance & Performance Committee	Wednesday 20/05/2026
Digital and Infrastructure Committee	Tuesday 05/05/2026
Public Board	Thursday 28/05/2026

If approved by Board, CAVUHB will submit the Digital Foundations Programme Business Case and formally request capital funding from Welsh Government.

2 Key Benefits of investing

The key benefits of the programme's spending proposals are grouped below by category.

- **Reduction in clinical/administrative staff time:** Automation, digital workflows, and streamlined processes reduce the burden of repetitive administrative tasks. Clinicians and staff can spend more time on direct patient care, improving efficiency and job satisfaction.
- **Improved outpatient efficiency:** Streamlined referral pathways shorten waiting times, reduce Did Not Attend (DNA) rates, and improve overall clinic productivity.
- **Reduction in costs associated with paper use and storage:** Transitioning to digital records eliminates printing, scanning, and physical storage costs. It also reduces risks linked to lost or incomplete paper files.
- **Improved clinical coding:** Structured, interoperable digital documentation supports accurate and timely coding, ensuring compliance and optimising reimbursement and reporting.
- **Reduction in bank and agency spend:** Better workforce planning, supported by real-time data, reduces reliance on costly temporary staffing. Improved efficiency also decreases the demand for additional cover.
- **Reduction of duplicate and unnecessary tests:** Integrated systems and shared records provide clinicians with full visibility of patient history, preventing duplication of diagnostic tests and reducing unnecessary expenditure.
- **Reduction in costs associated with legal procedures:** Accurate, complete, and accessible digital records reduce medico-legal risks. Strong audit trails and improved documentation safeguard against litigation and compensation claims.
- **Reduction in Length of Stay (LOS):** Better care coordination, real-time flow data, and decision support tools e.g. spot the deteriorating patient sooner before more expensive escalation, enable faster diagnosis, treatment, and discharge planning, reducing unnecessary bed days.
- **Quality & Safety:** Digital tools such as clinical decision support, alerts, and standardised workflows improve patient safety, reduce errors, and support delivery of high-quality care.
- **Patient/Staff Experiences:** Improved access to information, self-service tools, and streamlined processes enhance patient empowerment and satisfaction. Staff benefit from reduced workload pressures and more intuitive digital systems.

- **IT/Infrastructure:** Begin the journey towards more modern, scalable, and resilient IT infrastructure underpinning service delivery, ensuring interoperability, cybersecurity, and long-term sustainability. Investment in infrastructure creates a foundation for innovation and continuous improvement.

2.1 Benefits CAV UHB will realise

The benefits of the PBC are extensive and meaningful in the context of what CAV is here to deliver. They include:

Improving Patient Safety and Clinical Effectiveness:
By facilitating electronic data capture and enabling interoperability, clinicians will have timely access to critical patient information. This is expected to reduce errors by up to 30%, shorten time-to-treatment in urgent pathways, and release significant clinical time—with estimates of 5–10% of clinician time saved through reduced duplication, fewer delays, and streamlined documentation. Faster, safer decisions directly translate to improved quality outcomes and enhanced patient safety.

Reducing Variation and Inequality in Care:
Modern digital tools will support standardised, equitable pathways and enable improved coordination across CAVUHB and NHS Wales. Evidence from comparable digital implementations shows reductions in unwarranted variation of 10–15%, improved adherence to best practice, and measurable gains in equity of access across deprived populations.

Enhancing Operational Efficiency to Support Frontline Care:
Digitising core processes and replacing outdated infrastructure is projected to release up to 5–10% of clinical time, equating to thousands of hours redirected to direct patient care annually. Streamlined digital workflows can reduce LoS by 0.5–1.0 days per admission, with knock-on reductions in overall bed days and avoidable delays.

Improving Value for Money and Long-Term Sustainability:
Investment in modern infrastructure is expected to reduce unplanned downtime and costly “fix on fail” responses by 20–25%, while improving energy efficiency and system resilience. This will create recurrent savings and free resources for reinvestment into frontline services.

Enabling Future-Ready, Data-Driven Care Models:
A digitally mature foundation will allow adoption of modular EHRs, predictive analytics, and AI-driven decision support. This unlocks the ability to forecast demand, optimise resource utilisation, and deliver proactive interventions—driving measurable improvements in safety, quality, and patient experience over the long term.

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

This work is paused pending further announcements post-election.

4 Digital roadmap progress

Changes to the roadmap as a consequence of revising the Digital Foundations case are that the following remain part of the roadmap, but will not be expected to come via the investment case.

Project	Rationale
Digitise patient letters	Expect this to come via the NHSApp
Replace PMS	Expect this as part of an all Wales EHR or regional working
AI optimisation	Already happening through AVT AI and Co-pilot. Most likely a revenue charge.

Transform clunky processes	Expect remediation through Years 1 to 5 projects. Additional technology such as RPA would likely be a revenue charge.
Integrated Health & Care MDT/Multi-Agency Information Sharing	Expect this as part of the National Connecting Care programme

5 Update on IMTP priorities with status (attached)

Appendix 1 contains the local update on the National Digital Programmes.
Appendix 2 contains the Tactical Service Delivery Activity Update.

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

Progressing the digital maturity of the organisation is fundamental to delivering our strategy (delivering in the right places) and is a key enabler to all our future plans and ambitions.

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

- Appendix 1 – Local update on National Programme implementations
- Appendix 2 – Tactical Service Delivery Activity Update

Recommendation:

The Board / Committee is requested to:

a) Note the progress and updates contained within this report.

Link to Strategic Objectives of Shaping our Future Wellbeing:
https://shapingourfuturewellbeing.com/

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

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 (delete as appropriate)

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

Safety: Yes/No

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

Financial: Yes/No

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

Workforce: Yes/No

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

Legal: Yes/No

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

Reputational: Yes/No

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

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

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

Equality and Health: Yes/No

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

Decarbonisation: Yes/No

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

These include:

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

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

Welsh Language: Yes/No

Consideration should be given to potential impact on the Welsh language, including the following key aspects:
• More than just words: Does the report align with the More than just words strategy, ensuring Welsh-speaking patients can access services in their preferred language, and supporting active offer and bilingual care?
• Accessibility and compliance: Ensure key information is bilingual and that the report meets the Welsh Language Standards for communication, signage, and patient materials.
• Patient understanding and safety: Could English-only content impact Welsh speakers' comprehension in critical areas like consent and medication instructions, potentially affecting safety?
• Staffing and resources: Does the report address the need for Welsh-speaking staff or bilingual resources to deliver equitable care?
Does the subject matter of your paper risk any of the above not being achieved?

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

APPENDIX 1 Local update on National Programme implementations

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

Project/programme	**Description**	**Update**	**May 2025**	**Aug 2025**	**Oct 2025**	**Feb 2026**	**May 2026**
Regional shared care record (for the purposes of direct care)	A regional partnership board programme 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	• Childrens Safeguarding made Live on 31st March'26. • Communications campaign to be pushed in April/May to celebrate the co-production across organisations • Future Care planning (making use of BlackPear common care-planning facilities used extensively in England) on track for May'26 launch. • Core Team funding in place and contracts extended through 26/27. • Risk exists with the ongoing lack of clarity on the National ICR programme. The CaV region may have progressed a significant suite of sharing solutions, to have to decommission them in 2027/28					
Connecting Care (previously WCCIS2)	A national programme managed by DHCW To replace the Welsh Community Care Information System (WCCIS). In relation to community and mental health services. This national	• CAV remains fully supportive of the intention for all HB's to procure new systems with the support of WG. • CaV decision due on 16th March (MHCS Board) on procuring for 'MH as phase 1' or 'MH & Community together' • Series of uHB business case boards to then be navigated to gain uHB team funding.					

	DHCW led programme has submitted a revised business case for Welsh Government. CAV with all other UHB has contributed to this work	• 2025/26 CC funding has delivered a data migration strategy and 'process mapping' across PCIC and MH clinical baords. • National funding support is pending decision from W.G in 2026/27. • uHB will not be able to fund a PARIS replacement without WG funding, leading to a risk of dropping back to paper in 2028 when the PARIS contract terminates. • 400 'community devices' (4G laptops for clinical staff) are now issued, with c400 to rollout in April-June'26.National funding support is pending decision from DHCW/WG. UHB unlikely to be able to fund Paris replacement without WG funding which remains unidentified within WG					
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	Phase 2 (outbound) – work continues in partnership with DHCW. Completion expected Q4 following re-prioritisation					
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	Reconfiguring governance to better engage with operational and clinical leads and some delays due to resource constraints Temporary pause as this is established including consideration of this as part of our quality improvement programme					
PROMS (patient reported outcome measures)	PROMs are part of the CAV and National Value in Health Programmes.	• Onboarded 29 services to date - c89 services awaiting onboarding 2026/2027 + • 48,018 patients onboarded					

	PROMs support improved quality, safety and experience of care for patients and promote health equality to patients by reducing unwarranted variation in care.	• 213,332 PROMs completed • 4,211 PREMs completed • 48% PROMS completeness rate T&O Hip Arthroplasty and Knee Arthroplasty live on Promptly platform for new patients. Amplitude patient portal closing on the 13th April (for historic patients), data export from Amplitude to CAV on 14th April. Data migration of Amplitude data to Promptly to follow for scheduled completion end of April.					
Electronic prescribing and medicine administration	This programme is in collaboration with NerveCentre (supplier) and DHCW for use in all patient settings across the UHB and will improve patient safety. Business case agreed by Welsh Government in Q1 2024	Currently live across more than 80% of inpatient settings including mental health Some services, including outpatients will need to be undertaken within 2026/27, through uHB funded business as usual activity.					
NHS Wales app (DSPP)	A national programme, all development goes through the National Digital Services to patients and public (DSPP) programme managed by DHCW. CAV is live with the NHS App in all GP practices with feature sets varying by practice.	After the successful roll out of the initial Priority Patient Pathways features (new waiting list entries and new first appointments) work has been undertaken by DHCW to implement further continuous improvements to these whilst engaging Health Boards and other key stakeholders to scope out future state of solution					
Welsh Intensive Care Information System (WICIS)	A national programme managed by DHCW, to be implemented locally Introduces electronic observations at the bedside in intensive care	WG have agreed to implement the WICIS solution with preparatory work to be done in Qtr 4 2025/26					
National laboratory systems replacement (LIMS)	A national programme managed by DHCW, implemented locally	Cellular Pathology discipline live with new TCLe solution. Planned Deployment for Microbiology on					

		May 18th, Blood Sciences on 13th July with Mortuary Services to follow (date TBC)					
National radiology system replacement **(RISP)**	A national programme managed by DHCW, implemented locally Go Live for CAV is planned 2026	Original date for deployment date of 30th March 2026 moved to July 1st 2026. This new date is significantly at-risk due to the reliance on the additional link to UHL.					
Digital Cellular Pathology	A national programme to fully digitise and improve laboratory workflow, creating digital slides	Tender specification has been received by the Health Board, and returned to the national programme. For Digital, the project has passed through project brief stage and is awaiting detailed requirements gathering pending approval to proceed from service. A national business case is in the process of being considered by individual health boards.					
Eyecare Digitisation	A programme to deploy OpenEyes EPR has been led by CAVUHB on an all-Wales basis.	The mandate from Welsh Government to deploy OpenEyes in the 2025/26 Financial year has largely been met. Specific status reports are provided by all Health Boards to WG to confirm local progress. CAVUHB hosts this platform and has successfully deployed the system across all subspecialties and WGOS04 pathways.					

Appendix 2 – Tactical Service Delivery Activity Update

Business Intelligence (BI) Information

- The BI Teams have been focused on essential upgrades to the data and reporting infrastructure. The Data Warehouse has been upgraded to Oracle 19c Enterprise and IBM Cognos is now running the latest version (V12.0.4). The Warehouse and BI teams have also worked together to successfully implement and test a data feed from the new Theatre system Aqua. The Length of Stay analysis dashboard has been released in Power BI.

Digital Eye Care

- CAV UHB hosts the OpenEyes EPR system for the all-Wales deployment of the central solution. The CAV UHB Digital Eye Care Team provides local support for all ophthalmology and WGOS05 services in the CAV UHB footprint.

- CAV UHB Digital Team also provides a central support function for all Health Boards in Wales and delivers Supplier Management Services on behalf of all Health Boards where engagement is needed from the system supplier, “Toukan-Labs”.

- Aneurin Bevan UHB, Betsi Cadwaladr UHB, CAV UHB, Cwm Taf Morgannwg UHB and Swansea Bay UHB have all deployed the OpenEyes system, with Hywel Dda UHB and Powys THB deploying into 2026-27, which is a position that has been reported to Welsh Government.

- DHCW’s interim referral system, Opera-i, has been rescheduled. CAV UHB await the revised project plan and anticipate its deployment during May 2026

AWS Secure Landing Zone – Update

- The initial AWS Secure Landing Zone cloud environment is now available for application deployment to begin. The All Wales Medical Genomics Service (AWMGS) is actively building Genomic Sequencing workloads in non-production environments, with other applications in planning stages for deployment over coming months.

- A new Target Operating Model is being developed to support the governance and new ways of working to be implemented as we adopt a Cloud First approach to our longer term digital ambitions. This is consistent with the all Wales position. We will explore further opportunities for cloud deployment with the wider community of digital stakeholders across CAV over coming months.

IT Service Desk

Windows 11 Project:

Category	Count
Active Windows 10 Devices	1897
Active Non-Compatible Devices	1009
Active Compatible Devices	611

Exclusion List Devices	236

End-of-June projection: If the team sustains 60 replacements/week, the remaining estate by end of June should largely be Synapse devices, exclusion-list devices, and ~100 “other” devices that can’t be found or have issues.

There’s a concern that LABS incompatible PCs may need more active involvement to complete on time.

Non-compatible breakdown (1,009 total):

- Synapse Radiology devices (91): Not planned for replacement by the Win11 team; PACS team expects these to be done by June.

- A number of devices comprising of laptops and pcs, are being replaced.

Telecommunications Team

- Over the last few months, the Telecom teams has completed a major upgrade/replacement to the CAV switchboard operator InAttend platform, this included a new server, updated applications for the switchboard operators and a move to individual logons from the previously used generic account.

- The team are also in the closing stages of the “PSTN switch off” project, all main CAV sites are now making and receiving calls via the new national SIP platform for both our BT and Virgin Media services. As well as cost savings, the new architecture gives the Health Board a far more flexible and robust network with diverse routing and automatic failover between sites.

- In addition to these we have also increased our contact centres up to 13 with a further 2 hopefully coming online within the next few months.

- The vast majority of the CAV public facing auto attendants are now fully compliant with the Welsh language standards with bilingual welcome messages and options to full Welsh/English versions and language selections at the front end.

Over the coming months the team have a number of large projects including:-

1. SmartCall call recorder, this will allow us to record calls to the Switchboard, each of the contact centres and a selection of key extensions, this new system is fully scalable so we will be able to offer it as a service to all IP extensions going forward.
2. The full replacement of all UPS and DC power supplies to the entire CAV telephone network.
3. Moving all telecoms application servers into the CAV Server data centres from the aging physical servers located in the Telecoms rooms.
4. Full upgrade of the Mitel MX-One telephone systems at both Llandough and UHW to the latest version.

Digital Service Management Team Update

- Following the go-live of the NHS Wales App in CaV, the GP referrals for acute appointments are now flowing with over 22,000 to date. A governance wrap for the App within CaV is in place to support the future functionality of the App roadmap, and to fully utilise and exploit the functionality within CaV.

- Connecting Care (i.e. PARIS our existing Community and Mental Health EPR system) – Business analysis and a data migration strategy is on track to be completed by end of March 26.

- WICIS (Intensive Care) – we have agreed to progress this programme and have procured enabling digital equipment via ring-fenced WG funding.
- National Target Architecture – Review of major CaV projects and programmes provided back to DHCW.

- Capital funding from both the Connecting Care programme and WG end of year capital is being used to refresh and replace the mobile devices for community-based staff.

Report Title:	Board Assurance Framework - Digital			Agenda Item n	4.2
Meeting:	Digital & Infrastructure Committee	Public	X	Meeting Date:	5th May 2026
		Private			
Status *(please tick one only):*	Assurance		Approval		Information
Lead Executive Title	Director of Digital & Health Intelligence				
Report Author (Title)	Director of Digital & Health Intelligence				

Main Report
Background and current situation:

Digital risks remain material to the organisation's ability to deliver safe, effective and sustainable healthcare serv These risks are captured within the Corporate Digital / IMT Risk Register and include cyber security, d infrastructure sustainability, data quality and availability, information governance compliance, and workforce cap to deliver the Digital Strategy. Cyber security continues to represent the highest-scoring digital risk and rece focused executive oversight.

The Digital & Infrastructure Committee receives regular updates on the Corporate Digital Risk Register as part assurance role, with risks aligned to the Board Assurance Framework. Cyber security updates are reported t private meeting of the committee.

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

The Director of Digital & Health Intelligence retains ownership of the Corporate Digital Risk Register and prov assurance that digital risks are actively managed, reviewed and escalated appropriately.

Key issues for Committee attention are:

- Continued cyber security risk exposure despite active controls and mitigations
- Structural and investment-related constraints impacting the pace of risk reduction
- The need to embed digital and cyber risk ownership consistently across Clinical Boards
- Ongoing dependencies on sustained investment in core digital foundations

1. Governance and Oversight

- Maintain ownership of the Corporate Digital Risk Register, ensuring routine review and escalation throug Digital & Infrastructure Committee and alignment with the Board Assurance Framework.
- Digital risks are managed corporately rather than in isolation, providing a coherent view of controls, gaps assurance.

2. **Cyber Security Risk Management**

- Delivery of the cyber security action plan, with high-scoring risks recorded, tracked and mitigated thr corporate risk management arrangements.
- Sponsored engagement with Clinical Boards to improve visibility, understanding and ownership of cyber at operational level.
- Learning from audits, incidents and exercises is translated into updated controls, policies and training.

3. Risk Reduction and Transparency

- Assessment as to whether digital risks can be reduced, tolerated, transferred or must be accepted, provide clear recommendations where risks cannot yet be reduced.

- Where risk scores remain unchanged, this reflects known structural constraints rather than lack of action is transparently reported alongside mitigation plans.

4. **Investment-Related Risks**

- Articulation of the digital risks arising from under-investment in infrastructure, platforms and workf capacity.
- Major investment cases (including Digital Foundations) explicitly describe the risks of non-investment their impact on service resilience and delivery.
- Constraints that limit the ability to provide assurance are escalated appropriately.

5. Data and Information Governance Risks

- Ensuring data quality, accessibility and information governance risks are managed through an integrated risk register.
- Regular reports on data breaches, IG compliance and audit findings are reviewed, with actions tracke completion.

6. Organisational Resilience

- Sponsorship of organisational readiness and resilience activities, including cyber response exerc ensuring learning is embedded into plans and controls.
- Assurance focuses on organisational preparedness as well as compliance.

The actions outlined provide assurance that:

- Digital risks are clearly owned at executive level
- Controls and mitigations are actively managed and monitored
- Risks are visible across corporate and clinical governance structures
- Known constraints and dependencies are transparently communicated

Recommendation:

The Committee is requested to:

a) **NOTE** and **SUPPORT** the Director-led actions in place to manage and mitigate digital risks

Link to Strategic Objectives of Shaping our Future Wellbeing:

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

Prevention		Long ter		Integration		Collaboration		Involvement	

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*

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

Shaping Our Future Wellbeing

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

Board Assurance Framework

Updated 28 May 26

Introduction

The Board Assurance Framework (BAF) is the tool and document that seeks to articulate what strategic risks an organisation has identified that will, if not addressed, prevent it from delivering its strategy.

There is no definitive format, and it is intended that the below pages present in as clear a manner as possible the alignment between CAVUHB's 4 strategic objectives, the strategic portfolios that are led by the Executives in order to turn the strategy into delivery over the course of the strategy, the strategic risks that have been defined to best articulate the major themes that could prevent the delivery of the strategy, and the Board's Committees that are charged with seeking assurance on and scrutinising the delivery of each strategic objective.

While each strategic risk aligns to a Committee, the risks themselves are applicable to all 4 strategic objectives and have a whole organisation perspective and impact. Each has a risk appetite as determined by the Board.

Each risk seeks to identify the potential cause and effect of a manifestation of the risk becoming an issue. This 'uncontrolled' assessment makes use of a simple 5 x 5 scoring guide for likelihood against impact:

Likelihood / Impact	Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Severe (5)
Almost Certain (5)	5	10	15	20	25
Likely (4)	4	8	12	16	20
Moderate (3)	3	6	9	12	15
Unlikely (2)	2	4	6	8	10
Rare (1)	1	2	3	4	5

Each risk is then assessed for the different controls and assurance measures or mechanisms that are in place, as well as identifying where there may be gaps in these facets. Once these have been applied a new assessment, using the above scoring system again, is then made.

However, the BAF is not a definitive mechanism or science. It is a vehicle for the organisation to articulate and expose some of the strategic level impacts on delivering the strategy, and for the Board and Committees to pull through and scrutinise those elements that are appropriate.

Finally, the BAF seeks to articulate the activity taking place relevant to each risk for assurance.

This document looks to capture and present this information so that the Board and members of the public can see all of the above information, the trends in scoring, the actions being undertaken and every change made to the document between one Board meeting and the next through the use of track changes.

Shaping Our Future Wellbeing

Strategic Objectives

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

Strategic Framework						
Strategy	**Putting People First**	**Providing Outstanding Quality**			**Delivering in the Right Places**	**Acting for the Future**
Strategic Portfolio	Shaping Our Future People & Culture	Shaping Our Future Population Health & Place Based Partnerships	Shaping Our Future Quality, Value & Sustainability	Shaping Our Future Clinical Services	Shaping Our Future Infrastructure	Shaping Our Future Generations
Strategic Risk Theme	People	Quality			Digital	Sustainability
		Health Equity			Infrastructure	
Committees	People and Culture Committee	Quality Committee			Digital and Infrastructure Committee	Finance and Performance Committee
		Mental Health Committee				
	Audit & Assurance					

Shaping Our Future Wellbeing

Strategic Objectives

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

Strategic Objectives			
Putting People First	**Providing Outstanding Quality**	**Delivering in the Right Places**	**Acting for the Future**
We will be a great place to train, work and live, where we listen to and empower people to live healthy lives. By 2035, colleagues would recommend us a great place to work, our workforce will reflect the diversity of our communities and more people will be living healthier lives.	We will provide outstanding services which are equitable, timely and safe, where people are treated with kindness and are supported to achieve the outcomes that matter to them. We will have reduced inequities in prevention, improved access to clinical services and clinical outcomes.	By 2035 we will be using real time integrated data to inform joint decision making and multi-disciplinary team working, giving people access to and ownership of their data to enable them to manage their health and wellbeing. We will be well on our journey to provide care in the right place, in facilities that are fit for purpose, flexible and promote recovery.	We will work to ensure that what we do today does not compromise the wellbeing of our future generations. We will protect the environment and develop and use new technologies, treatments and techniques to provide the best possible health outcomes and sustainable health care into the future. By 2030 we will have reduced the Health Board's carbon footprint by 34% and will have increased our research and clinical innovation activities.
People will feel valued, developed, supported and engaged. We will have an inclusive culture where the diversity of the Health Board's people will be representative of the Health Board's local populations. Through our integrated population health improvement programme, we will enable and empower people to live healthy lives and reduce their risk of ill health.	Focus on minimising inequity in healthy behaviours, preventative services, access to clinical services, and health outcomes, to reduce current unfair, unjust differences experienced by people in the community Deliver outstanding quality of care every time - from the most complex care for the most critically ill to routine care that prevents and protects against ill health and disease – addressing physical and mental health needs. Achieve the best outcomes for patients in line with what matters most to them, their families and carers. Develop the Health Board's approach to continuous quality to improvement and make the best use of the Health Board's resources.	To achieve digital maturity enabling the Health Board to connect and communicate, supporting shared decision making in the planning and delivery of health care services. Refresh and deliver the Health Board's programme for creating integrated health and care facilities in our local communities where people can access the information and support they need under one roof. With Cardiff University and NHS partners, develop the Health Board's plans for ensuring hospitals providing acute care are fit for the future. Develop more shared infrastructure with public and private sector partners to get best value for the Health Board's investment.	Develop and expand the Health Board's research, teaching and innovation portfolios in collaboration with Cardiff University and other partners. Contribute to the development of and adopt cutting-edge and novel treatment, techniques and technologies where they deliver improved patient outcomes and improved value. Maximise the Health Board's contribution to the foundational economy Deliver the Health Board's carbon emissions targets and fully support active and sustainable travel for staff and visitors to patients. Promote, reward and embed successful waste reduction as part of our quality programme of continuous improvement.

Strategic Risks – Digital

Strategic Risk	Strategic Portfolio	Exec Lead	Committee	Date Added
Digital	Shaping our Future Digital Services	Director Digital and Health Intelligence (D&HI)	Digital and Infrastructure	4 October 2022

Risk

CAVUHB has legacy and deficit in human resources, skills and capability, infrastructure, applications and informatics. The digital estate has grown but the supporting resource has not. Without resourcing our Digital and Data transformation plans and Roadmap we risk the achievement of our SOFW objectives

Cause	Impact
CAVUHB IT and digital services are known to be historically underfunded resulting in a legacy and deficit in infrastructure, applications and informatics capability that has built up over at least a decade (e.g. our core applications for UEC, inpatients and outpatients were developed in-house-c20 years ago). There are plans to rectify these issues however they are unachievable with the current resource (people, finance) allocation We have some capability in human resources but insufficient capacity or funding to execute the digital and data transformation plans and road map. Existing resources are fully consumed with tactical short-term on the day-to-day urgency of UHB operational needs Recruitment of suitably skilled D&HI staff is a national challenge as well as affecting CAV. This often requires the use of interim agency support in key areas, especially whilst we continue with legacy solutions as we are tied to old technologies. This of itself diminishes further our existing capacity as resources need to be familiarised with the technical environment and then supervised. Historically CAV has looked to provide much of its core IT and digital services inhouse. This is not always necessarily the optimum route however 'legacy lock' and the resource to support forward plans keeps us where we are. Meanwhile with new initiatives the technical estate grows and the gap between what we have and what we can support/refresh widens.	Colleagues need mobile, scalable, agile solutions that enable data collection and sharing. This is unachievable whilst we are locked into legacy. Legacy Lock makes improving our cyber posture more challenging (e.g. securing our data) The impact of not managing this risk is that the improvements in safety, quality, outcomes, productivity and financial efficiency that staff and patients expect from D&HI cannot be fully realised, therefore putting at risk the deliverability of the SOFW Strategy.

Strategic Risks – Digital

Uncontrolled Risk			
Impact: 5	Likelihood: 5	Gross Risk: 25	Target Risk: 20

Controls	Assurances
• Digital strategy approved by Board in 20/21 with roadmap for 21/22/23 - these will be refreshed by April 2025 • Roadmap to support the strategy shared with DHIC covering 2024/27 - these will be refreshed by April 2025 as part of the Digital Foundations PBC work • Digital components described in IMTP – focussed on in year national and clinical board priorities • £466K is being invested by CAVUHB in the development of a 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. This work will complete in 12 months. • The work will deliver a clear trajectory, costs and plans on how CAV will achieve its target of HIMSS[1] Level 3 in pursuit of its intention towards a modular EPR, consistent with national and regional initiatives. The capabilities the PBC and business justification cases will describe are harmonious with and would segue into any nationally agreed and funded EHR solutions through interoperability and concordance with the "All Wales" Infrastructure review. ○ Work is expected to begin Oct/Nov 2024. ○ This follows positive discussions with WG IIB and NHS CDIO,	• All Controls are shared and discussed with the DHI Committee which meets quarterly. • The Digital Foundations case was scrutinised and approved by the Investment Group and Strategic Leadership Board. • The Director D&HI shared the intentions of the Digital Foundations investment case and updated WG's chief digital officer, whilst the DoF has discussed with IIB Lead. Both are supportive of approach and our intentions • Recruitment and procurement is underway for the resource to produce the PBC and BJCs • Risk register articulates the risks of not being able to deliver digital solutions to support delivery of healthcare (1) • Internal audit report highlights the risk in delivering digital strategy citing the investment challenges that will prevent full implementation.
Gaps in Controls	**Gaps in Assurances**
Current annual discretionary funding is insufficient to cover the maintenance upkeep of the core infrastructure and there is no headroom for innovation	Unable to currently provide assurance that the finance will be provided

Risk Post-Controls and Mitigation			
Impact: 5	Likelihood: 4	Net Risk: 20	

Strategic Risks – Digital

Actions			
What	**Lead**	**By**	**Update**
Internal investment case to support the Digital Foundations case approved	Director of DHI	Mar 26	Programme Business Case completed and shared with WG setting out detailed roadmap plans and the associated costs, funded accessed by annual Business Justification Cases to WG's Major capital budget. Statement of works produced against which a suitable external partner will be sought Digital Foundations Programme Business Case and supporting Business Justification Cases for Year 1 (of the 5 year case) complete. PBC being taken through the internal governance process comprising Capital Management Group, Value & Benefits Realisation Group, Senior Leadership Team, F&P and D&I committees before presenting to the November Board meeting and thereafter submission to Welsh Government for their consideration/approval. The existing Digital Foundations PBC seeks funding from the all Wales makor capital budget but has a revenue tail which is currently unfunded. additional work is taking place, including detailed discussion with each Clinical Board, to idenitfy the funding source to enable the PBC to progress through intneral CAV UHB governance process – this will likley not happen until the new financial year.
Development of the Digital Programme Business case to support the digital foundations ambitions is underway.	Director of DHI	May 26	External partner identified and service procured which has enabled the works to commence on the Programme Business Case. Co-production approach with all Clinical Boards and corporate services involved via workshops taking place during May and June 2025. July 25: Draft plans and outputs from workshops shared with Clinical Boards for comment prior to feeding into the Programme Business Case in Sept/October 25. Digital Foundations work to support the development of the Programme Business Case and supporting Year 1 Business Justification Cases complete. Workshops held with input from all Clinical Boards and services to ensure full co-production and alignment with the organisation's strategic objectives. Nov 25: Further scoping and detailed workshop being held with each Clinical Board during November and December to capture the detail of where savings can be made arising from automation and digital changes which will be used to off-set the revenue shortfall. The DF PBC has been shared with digital team at WG following the Digital presentation made at the November IQPD meeting. The intention is to submit the final case to Board for approval prior to formally submitting to WG for consideration via the Infrastructure Investment Board Jan 26 – additional work to identify the funding source for the asociated revenue costs – especially in year 1 of the PBC means that the process will slip into 26/27. Decisions on allocating WG major capital are not expected until well into Qtr 1 26/27.

Report Title:	Corporate Digital Risk Register			Agenda Item no.	4.3	
Meeting:	Digital & Infrastructure Committee Meeting	Public	X	Meeting Date:	5th May 2025	
		Private				
Status:	Assurance	X	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 6 joint IMT/IG risks identified on the report:

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

- Cyber Security

1 x Risk remain in Amber status

- Insufficient Resource – Capital & Revenue

1 x Risk changed from yellow status to amber (increased from 8 to 12)

- Non-Compliance with data protection legislation

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

- WCCIS replacement procurement programme
- Data Quality *
- Clinical Records

2 x Risks have been amalgamated with Data Quality as agreed at the D & I Committee meeting on 10th February 2026.

- UHB Standard Data Processing *
- Data availability (Accessibility of Data) *

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. **Click the objective above to view more detail.**		 Providing Outstanding Quality 2. **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	

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

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:

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.	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.		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. Oct '25: Cyber risks transferred to AMAT, work is in train to capture Clinical Boards cyber risks through direct engagement with CB management teams. Jan'26: Clinical Boards tasked with identifying leeds and provide information on Information Assets and owners to ensure full capture of all UHB Cyber risks **April '26: Identified and contacted repeat phishing-simulation offenders (and their line managers) to improve security awareness and posture in affected teams. Vulnerability scanning: Cyber Security has begun scanning non-critical servers for vulnerabilities and will continue until it becomes BAU, enabling patching. previous phishing simulations were identified and contacted, including their line managers, to address the lack of security awareness within those most affected teams and improve their security posture.** **Cyber Security have started vulnerability scanning for identified non-critical servers, and will be progressing with this until it becomes BAU and those vulnerabilities can start being patched.**	Head of IG & Cyber Security	August 2022 Ongoing	5	3	15	01/07/2022	Digital Health Intelligence Committee
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			0	The UHB continues to address priority areas in relation to its infrastructure management and strategic programme.		3	4	12			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. Oct '25: DF PBC shared with Digital Leads at WG. Local revenue implications being worked through with Clinical Boards before progressing to local governance route. Jan'26: The PBC required Board approval prior to submission to WG but associated revenue costs are unfunded leading to further internal work. The risks are therefore increased. **April'26: Digital Foundations PBC reworked and updated to reflect increased capitalisation of resources, reducing revenue investment requirements. The updated case will be reviewed with approval sought to submit to May Board for onward submission to WG**	Director of D&HI				0		
	8	28/09/2015	Risk:- **Non compliance with Data Protectio**n & **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			0	Clinical Board assurance and co-ordinated mitigation of risk being developed via quality and safety meetings. Ownership and community of practice anticipated to develop across IAOs/IAAs from this. GDPR awareness being used to ensure Leaders and asset owners are reminded of existing requirements and mandatory nature of the asset register. Options for enabling messaging in compliance with legislation has been considered by clinical and executives on a number of occasions, and UHB close to agreement.		4	3	12			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 '25: IG mandatory training compliance tracked at Clinical Board review meetings to improve rates. Share at D & I Committee. **Jan'26: IG Mandatory training continues to be raised at CB Reviews and routinely reported at D & I Committee.** **April '26: as a result of running with a vacancy for the last Q, a number of regulatory functions have slipped and there is significant pressure on the team to support full IG requirements and support function.**	Head of IG & Cyber Security				0		
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	3	12	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 1 year. Oct'25: CaV have received 25/26 funding to progress 'pre-procurement' and 'data migration' activities. These are currently being planned and procurements progressed to bring in data migration expertise. Jan'26: Channel 3 consults supporting a massive 'service mapping' and 'data migration planning' exercise in Dec'25 to March'26. CaV continue to await news on 2026/27 funding of Connecting Care from WG. **April '26: Business case to replace the current PARIS system developed for submission in to WG for consideration under the 'Connecting Care' programme.**	Head of Digital Services Management				0		

	8	19/02/2018	**Data Quality, Accessibility and Data Processing** Risks: No Standard Operating Procedures (SOPs) to administer patient activity. No ISO 27001 certification. No formal obligations and accountabilities for hw data is handled. Accessing data to meet the organisations data strategy obligations. Consequences: Poorer patient outcomes and experience. Flawed ananlysis and benchmarking leading to pooir decision making. Could cause difficulty applying remedies against a 3rd party if data is not handled appropriately. Enable and accelerate the adotpion of evidence-based practice, standardising as appropriate. Enabling people to maintain or recover their health in or as close to home as possible.	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			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. Oct '25: Data strategy being shared at SLT meeting in December '25 for review and approval. Jan'26: Clinical Board reps invited to develop and implement a strategy via Steering Group established to oversee this work following SLT presentation 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. Oct '25: CAV signed a Joint Data Controller Agreement document with DHCW. 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. Oct '25: Data strategy with support standardisation and reduce variation (quality and completeness of data also) **April'26 - Development of the Data Strategy overseen by the Data Strategy Steering Group, which will be informed by external consultancy recommendations.**	Head of Architecture and Analytics					0		
	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			0	UHB architectural design to be reviewed to consider local data repository for bringing together in a usable way clinical information held in numerous clinical systems. UHB working through a programme to implement once for Wales requirements for data and technical interoperability standards.		3	3	9			Jan 2024: The data quality working group have conducted several interviews with various parts of the organisation to determine how they use data and in what systems. The group will meet on 12-feb-2024 to review these findings and set the next objectives. The Digital Care Region demonstrated at the 1st regional board meeting, a proof of concept website combining health and social care data into a single record, which was well received, next steps are to introduce more data, this time for looked after children. May '24: work continues with Digital Care Region with go live imminent once a decision his made where to service will be hosted. DHCW update two weeks ago, the WRRS API has been pushed 9 months to Jan 2025 since what they developed did not perform well when tested.. Jul '24: The newly established Data Insights Programme Board will review this risk at the next board meeting on 24-Jul-2024 2pm Oct '24: Data Insights Programme Board recommended the risk be reviewed and updated to reflect the digital roadmap plans Jan '25: Local Data Repository plans are being developed to support the data insights requirements of the organisation, for sign off at Data Insight 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. Oct '25: LDR Programme Board established, chaired by CCIO to oversee Action plan to fully implement this. **Jan'26: LDR Programme Board oversees the LDR Audit Action Plan.**	Head of Architecture and Analytics					0		

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			0	update 02/08/19: Microsoft will offer extended support on Windows 7 as part of the all Wales MS 065 contract recently negotiated and in place for all NHS organisations in Wales. This will provide support for Windows 7 PCs, beyond 2020.		4	0	0			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) have been replaced, upgraded or removed as part of the Windows 10 Programme. **Sept 2022: As per May 2022 update, this request/risk can be closed due to all workstations being upgraded, replaced or new with Windows 10 OS.** **PROPOSED TO REDUCE THE SCORE AND REMOVE FROM THE RISK REGISTER**	Head of Digital Operations				0	
A3/0104	8	13/12/2013	**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.	DT			0	There is an impact to Business and Clinical Systems because of the age of the hardware and clinical/business application software - replacement relates to the availability of resources and departmental agreement /priorities.		3	0	0			May 2022: The CAV UHB workstation estate (11,000+ devices) have been replaced, upgraded or removed as part of the Windows 10 Programme. **Sept 2022: This item can be marked as completed/closed. The CAV workstation estate has been replaced and therefore will not need to be refreshed for several years. A future rolling replacement program is being planned as part of the longer term strategy.** **PROPOSED TO REDUCE THE SCORE AND REMOVE FROM THE RISK REGISTER**	Head of Digital Operations				0	

		8		02/02/2018	**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	DT			0	UHB is engaged with WG and NHS peers to take forward the recommendations of the WAO review of NWIS with a view to addressing		3	1	3			CAV involvement in National programme activities and Governance review**.** Opportunity to influence the new SHA replacing NWIS via the consultation exercise which has commenced (Sept 20). Jan 2021: Feedback submitted to WG in response to the new SHA consultation document launched in Nov 2020. May 2021: DHCW committed to quarterly stakeholder Exec to Exec meetings to share plans and strategic ambitions (initial meeting held in May 21) Jan 2022: Regular DHCW execs to exec meetings scheduled for 2022. May 2022: Exec to Exec meeting held in May 2022, agreed regular director level engagement and collaboration meetings in diaries. September 2022: Regular DHCW/CAV meetings diarised at Director level. Jan '23 - Annual plan of digital programme agreed with DHCW, to be reviewed at Exec to Exec meeting in February 2023. May '23 -- Work programme agreed and reviewed via quarterly Exec to Exec review meetingds between DHCW and CAV. Propose to close and remove from Risk Register. Rationale for proposal: stronger collaborative joint working arrangment now in place between CAV UHB and DHCW (exec level) **July '23: No Update**	Director of D & HI				0			
					Risk of CAVUHB Video Consultation Programme The attend Anywhere (AA) contract ends on 30th September 2024, with no safe video consultation option available for Clincial Services by the cut-off date. 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	DT	4	2	8	T. A clinical/corporate risk assessment has been drafted with input from all services that utilise VC and would be negatively affected by 01 eventuality, with the intention to elevate		0	0	0		COMPLETED	May '24: 1. Collaboration with Clinical Services to further assess impact of no VC after 30th September 2024. 2. Finalise with sign off on exit strategy document for all possible eventualities, including process maps for VC team and CB actions. 3. Obtain confirmation from TEC Cymru and WG in terms of strategy on how to proceed, whether at a national level or local level and on programme budget allocation.. 4. Liaise with Procurement to obtain clarity on procurement options for a potential local solution. 5. To elevate programme status and current risk to Director of Finance local meeting. 6. For Clinical Boards to elevate to Executive team as part of QS&PE due process. Jul '24: 1. Management Exec responsible for 'outpatient improvement' group to work with the Digital team on embedding this into culture and practice of the uHB. No contact has been made to date (prompts issued to Paul Bostock). 2. MS Teams continues to look too clunky for cutting over from Attend Anywhere from Dec'24 onwards. 3. Other market entrants are being assessed as they are identified. None yet fulfil the AA remit at a cheaper price. 4. September Man Exec will receive an updated paper from Digital (Head of DSM Mark Cahalane). This is *likely* to note that CaV should maintain Attend Anywhere with CBs buying from a procurement framework via IVANTI, and recharged on a monthly basis per user. Oct'24: Investment group agreed to financially supporting the transition of AA to T-Pro. A Project Manager is being recruited. Procurement of the new solution is in progress, aiming to implement in Qtr 4 24/25. **Jan'25 - RIsk to be closed down - CaV have procured T-Pro solution and recruited a permenant project manager for this tool. Implementations commence from February'25.**	Head of Digital Services Management							
		8		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	DT			0	Establishment of a formalised corporate prioritisation mechanism based on benefits and corporate drivers for change:		4	1	4			Jan 2024: After a successful pilot and test within the Server Team, other Digital Operations teams are using the new Change Management Process with a view to deploy to the wider Digital teams Q2/3 2024. May 2024: A more formalised Digital Change Management process has been agreed. The first CAB meeting is planned for late This will agree the ToR and SOPs going forward. Planned to be fully implemented by Q3 2024 July 2024: DSM in place, alongside TDA and CDA governance components. 'Benefits management' (July-Aug'24) and 'Resource Management' (Sept-Dec'24) are due to be embedded into MSPa tooling within 2024/25 Oct '24: No update Jan 25: Formal Change Control has not been fully implemented within CAV Digital due to long term sickness of the designated Change Manager. An alternative resource is currently being sought and is expected to be in role by Q1 FY 25/26. **Mar 25: The risk has been addressed by the creation of Digital Service Management and the PMO function within Digital. Change Management is not specifically related to this risk. It is designed to complement it.** This is being split	Head of Digital Operations				0			
A3/0110		8		13/12/201	**Server Infrastructure** The IM&T Department is actively implementing a vFarm infrastructure that significantly reduces costs whilst dramatically increasing resilience of Server Systems. However, the cost savings are to the Health Board as a whole and Service Departments in particular and come at an increased cost to IM&T specifically. This infrastructure requires core investment to	DT			0	The UHB continues to address priority areas in relation to its infrastructure management and strategic programme.		4	2	8			. Jan 2024: Electrical work has been completed and A/C units installed. Servers and Services will be moved in a phased approach to UHL and Woodland House Q2/3 2024/25. April 2024: Still on plan as per Jan 2024 update. July 2024: Still on plan as per Jan 2024 update. Oct '24: Work required to take place at UHL to bring it up to spec before we can start moving servers and services to it. The RISP project will be improving the A/C and potentially the network connectivity to the site but further work is required on physical security and environmental monitoring. Jan 2025: Electrical work has been completed by CEF in Woodland House. A small virtual environment has been installed in WH running secondary production backups and some archiving. RISP funding has been approved, although not yet been approved by the project team for A/C work in UHL. Until this work is complete, we are unable to move servers or services to UHL. Mar 25: This risk has been addressed. The majority of the CAVUHB server estate has been virtualised over the past 3-5 years. Physical servers are only used, as and when neccessary. Further enhancements include decentralising secondary servers and placing redundant servers to UHL and Woodland House. May 25: As per March 2025 update, the local recommendation is to close this risk, as it has been adressed.	Head of Digital Operations				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	DT				Establishment of a formalised corporate prioritisation mechanism based on benefits and		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							

	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	DT			0	Update: Controlled document framework requirements delayed due to resource constraints		3	2	6		CLOSE	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. Oct '25: Policy being taken to D & I Committee in November 2025 Jan'26: Policy was approved at D & I Committee in November 2025. This action can be closed.	Head of IG & Cyber Security				0		
	8	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	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		Merge with Data Quality risk	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 Oct '25: CAV signed a Joint Data Controller Agreement document with DHCW. **Jan'26: The data accessibility risk will be addressed via the emerging plan coming out of the Data Strategy work. It is therefore proposed to make this a component of the Data Quality risk and to close this risk.**	Head of Architecture and Analytics				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			0	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		4	2	8		Merge with Data Quality risk	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'26: This risk will be addressed through the Data Strategy development work, with the Clinical Boards' input. It is proposed to amalgamate with the other data risk**	Director of D&HI				0		

Risk title	Risk event	Risk cause	Risk effect	Initial rating score	Current rationale	Target rating score	Target rationale	Response (Status)	Key controls
Legacy server OS	End-of-Life (EOL) servers are no longer supported, so will not receive critical patches or be updated.	Out of date Operating System.	Vulnerable Operating Systems could be compromised, leading to loss of service.	12	There are a large number of servers that are End-of-Life (EOL).	8	We need to reduce the number of servers that have a dependency of legacy / End-of-Life (EOL) Operating Systems.	Treat	
Supply chain attack	A supply chain incident could impact the delivery of patient care and compromise health board data.	Lack of supplier assurance.	Patient care, and their data, could be impacted.	16	CAV has already been impacted by supply chain attack so is aware of the impact that can be caused.	12	Even with mitigation, given the number of suppliers providing systems and services, the likelihood of the risk is still pretty high, regardless of the mitigation we put in place.	Treat	
Cyber awareness	Health board staff could click on suspicious links, download malicious files, or undertake other risky behaviour.	Lack of staff awareness.	Data / network being compromised.	12	Large workforce and difficult to get awareness to all staff. Just one individual could compromise NHS Wales	8	Cyber material exists on Cyber SP site but need to ensure it is continually promoted.	Treat	Cyber are now focusing on repeat offenders with a more direct and supportive approach. Has document: No James Webb 22/04/2026 09:58
Not all data encrypted at rest/in transit	Data vulnerable if not encrypted.	TBC.	Vulnerable data.	12	Need to understand how widescale this issue is	8	Encrypted data reduces the risk of theft	Treat	
Incomplete Business Impact Assessment (BIA)	Limited security assurance on our critical systems, and in the event of an incident the UHB will struggle to establish system restoration / recovery prioritisation.	Poor Business Impact Assessment governance.	Delayed recovery response.	12	Large number of critical systems unassessed	6	As BIA would help shape our DR plan	Treat	
Not all assets catalouged	Limited knowledge and visibility of systems that hold UHB data. In the event of an incident, risk and harm will be difficult to determine.	Poor governance arrangements, and Information Asset Registers (IARs) aren't being owned.	Ability to effectively respond to an incident.	12	1000s of assets across the UHB which aren't centrally/locally logged	6	If all assets were logged we would have better visibility on what data is held where.	Treat	
No cyber security on call provisions	There is a risk that in the event of a cyber incident occurring out of hours, our response will be delayed until the next working day.	This is caused by a lack of on call provisions for cyber security	Which could lead to an impact on our ability to respond to an incident which may lead to a patient safety issue.	12	The impact of a cyber incident typically depends on how quickly it is responded to.	8	In the event of an incident, which are rare, having out of hours support could limit the impact.	Tolerate	Digital Ops have on call provisions and know to escalate a major cyber incident to DHCW, who have specific cyber on call arrangements. Has document: No James Webb 29/01/2026 10:47
Poor patching governance	Vulnerabilities may not be addressed.	Poor processes, governing the patch management of vulnerabilities.	Compromised end points/servers Compromised end points / servers.	12	Patching should be against a SOP	8	SOP would reduce risk	Treat	
Lack of Software and Hardware Maintenance on critical equipment	In the absence of maintenance support, there could be widespread disruption to network services	Lack of maintenance and support contracts	Network and system availability	12	Impact can be widespread	6	Maintenance and support contracts required on key equipment	Treat	
Unmanaged devices connecting to network	Unmanaged devices may be compromised, risking data and infrastructure.	No visibility on unmanaged devices, so there are no assurances on the security controls they use.	Data and infrastructure may become compromised or otherwise negatively affected.	12	Known issue that compromised unmanaged device can pose risk to UHB.	12	Even with existing controls, unmanaged devices pose high residual risk to UHB	Tolerate	
Vishing attacks	Staff could be tricked into visiting malicious sites and installing malicious software, over the phone.	Lack of awareness on Vishing (Voice-Phishing).	Compromised accounts and wider network.	12	Rare but impact could be major.	8	Awareness/training could reduce risk	Treat	
Poor security practices at home	Staff could be working insecurely, out of the office, leading to compromised data / devices. Insecure Public WIFI may be used, and leaving devices unlocked / unattended could mean the unauthorised transfer / exfiltration of PII.	No formal guidance has been issued to staff, advising of risks and best practices.	Loss of data / compromised devices.	12	Large numbers of staff now WFH with little/to know guidance on security best practice. Additionally, staff working via m365 access are using their own broadband providers and therefore not subject to our web based controls.	8	Guidance/advice would help staff become more cyber aware and ensuring their traffic passes through our web proxy.	Treat	
Password reset request process	An imposter / attacker could request a new user password, for an account.	There are limited security checks by local health board Service Desk, with no security questions discussed.	We could have a compromised account, which could be used to harm our infrastructure.	12	Self service resets exists but resets can still be performed over the phone.	8	A bank of security questions would ensure checks could be in place	Treat	

Proactive monitoring	The health board are unable to quickly respond to threats.	Not all logs are being fed into our SIEM solution.	The health board would become compromised, without relevant teams being alerted.	12	SIEM monitoring exists but more logs required to provide better coverage. Apr 2026 update: Proactive vulnerability scanning by cyber team to identify and addressing known vulnerabilities.	8	More logs would reduce the risk	Treat	
Back ups/restores untested	In the event of an incident, the health board may be unable to restore critical systems.	This process is untested.	Delayed recovery for restoring critical systems.	12	Whilst adhocs restores are performed, no proper testing of the process exists	8	Testing our restores would provide confidence that we can respond to a disaster.	Treat	
Out of date Disaster Recovery Plan	In response to a disaster, the health board will be unable to rely upon plans to recover systems.	Our Disaster Recovery Plans are out of date.	Delays response in the recovery of critical systems and applications, across the health board.	12	Staff need to have clear plans on how to respond to a disaster.	8	DR needs updating.	Treat	
Unprepared to deal with cyber incident	The health board are unprepared to respond to a serious cyber incident.	The health board have not conducted a Business Continuity table-top exercise for Cyber Security, and Business Continuity and Disaster Recovery Plans remain untested.	Delayed response when handling a potentially critical Cyber Security Incident.	12	Delayed response will enable the spread of ransomware and critical services will take longer to restore	8	Operation 'Creeper' planned for the 5th March 2026. Following this exercise, we will be able to re-evaluate the current risk.	Treat	
Legacy end point OS	End points could be compromised	Dependency on end of life OS and slow progress on Windows 11 deployment	End points could be compromised lead to an attack across the estate	12	Without sufficient controls, End-of-Life (EOL) Operating Systems could be compromised.	8	We need to reduce, and control, the number of legacy / End-of-Life (EOL) endpoints we have. Extended support has been purchased for 5k Win 10 machines following the end of support on the 14th October 2025. Despite this, it is expected that a limited number of legacy endpoints will need to be maintained to support out of date third party software.	Treat	Support ended on the 14th October 2025 for Windows 10. We still have 10k Win 10s in circulation. Extended support has been purchased for 5k machines and we anticipate this is the number that will require support from early November. Has document: Yes James Webb 20/10/2025 08:40
Risks are not communicated from cyber to service owner	There is a risk that the services responsible for clinical applications are unaware of the associated cyber risks.	This is caused by a lack of feedback from cyber to the services	Which could lead to an impact on patient care, if the risks are unknown to the owners.	9	Services should be aware of their risks and currently there isn't a process to do this.	6	At very least, cyber risks of systems/applications should be known/recorded by the owners.	Treat	All risks are recorded and retained. They just need to communicated to relevant service which we will ensure happens following completion of the assessment. Has document: No James Webb 29/01/2026 10:40
Lack of cyber resource	There is a risk that the ability to support the UHB is limited to the funding made available to cyber security personnel.	This is caused by lack of available funding	Which could lead to an impact/effect on the ability to proactively monitor and provide the necessary response to a incident/threat.	9	Current structure currently provides core functionality, but limited beyond that.	4	Appropriate funding would reduce the likelihood of an incident and the impact.	Treat	No current controls in place Has document: No James Webb 29/01/2026 11:04
Lack of geographical resilience in server estate	Lack of resilience in the event that the data centre were to fail.	Single data centre with no cold/warm/hot dr site	Availability of critical systems/data	9	No cold/warm/hot DR site	6	Alternative DR site will reduce risk	Tolerate	
No centralised supplier list/register	There is a risk that the UHB is unable to effectively respond to a incident as there isn't a comprehensive supplier register kept or maintained.	This is caused by no central supplier registry.	Which could lead to an impact our incident response.	9	The UHB should maintain a list of suppliers via IAR	3	A list would assist with incident response	Tolerate	No current control Has document: No James Webb 27/01/2026 11:38
Inconsistent risk management approach	Certain risks may go unnoticed.	Poor risk management processes.	Risk management.	9	Current existing poor risk management	3	Transfer of risks to AMaT will reduce this risk.	Treat	
Bypassing CAV proxy	Lack of controls mean that health board staff members are able to bypass the web-proxy service, by selecting their home broadband or BT WIFI, instead of the Cardiff and Vale UHB WIFI.	Lack of controls, and no implementation of agent based web-proxy controllers.	Unrestricted access to malicious/inappropriate websites.	9	Lack of oversight of what staff access.	3	Additional controls could mean web access is aligned to existing proxy controls	Treat	
Firmware not being updated	Hardware is outdated and vulnerabilities are not addressed.	Firmware not updated.	Compromised hardware.	9	Cyber doesn't have view of current status of firmware updates	6	Firmware SOP would help reduce risk. New patch management SOP includes firmware update requirements	Treat	

No schedule exercising or testing	There is a risk that the absence of routine exercises means that incident response capabilities remain unvalidated. This increases the risk of operational disruption and extended recovery times	This is caused by lack of regular/scheduled testing	Which could lead to gaps in processes, roles, and technical controls remain undiscovered, reducing overall resilience.	9	We should implement a formal programme of scheduled cyber resilience exercises, including tabletop scenarios and technical simulations. Ensure that findings from these exercises are documented, analysed, and used to update incident response plans and security controls	6	A regular exercise will ensure our response is well tuned and roles and processes are well defined.	Treat	'Operation Creeper' planned for March 2026 Has document: No James Webb 29/01/2026 10:34
Physical security controls	Given the large number of visitors to our physical health board sites, there could be unauthorised access to our network via unlocked devices.	Not all security controls are adhered to and, ID checks not performed.	Compromised data/network	9	Large estate with numerus access points to NHS infrastructure	6	Awareness could help reduce the risk	Treat	
Joiners, Movers, Leavers process (JML)	The health board isn't properly logging Joiners/Movers/Leavers, with account privileges not being properly emended when staff move to new roles, and accounts are not being disabled when staff leave.	Poor and unstructured Joiners/Movers/Leavers process.	If an administrator account was compromised, significant impact across the estate could be seen. There are also ongoing, and unnecessary, licensing issues for leavers.	9	Clunky process currently in place	6	A slicker process will ensure JMLs are addressed in a timely fashion.	Treat	
Critical systems with unknown vulrenabilities	Critical systems may have unknown vulnerabilities, which could lead to systems being compromised and requiring remediation.	Lack of visibility and penetration testing, for critical systems.	The system becomes compromised, with associated downtime of that critical system / application and data	9	Large number of critical systems untested. Apr 2026 update: Proactive vulnerability scanning by cyber team to identify and addressing known vulnerabilities.	6	Routine pen tests will decrease risk	Tolerate	
Huawei and other High Risk Vendors (HRVs)	Huawei hardware attracts privacy and security concerns given the links to Chinese government and also Huawei devices have been subject to global cyber attacks	Dependency on Chinese provide technology	Compromised data/network	8	Still some uncertainty over the specific security and privacy concerns.	8	A reduction on HRVs (including Huawei) would somewhat reduce the likelihood, however, for the risk to be fully mitigated, we would need to decommission all HRVs.	Tolerate	
WaveBrowser redirecting user traffic	WaveBrowser, which is a Potentially Unwanted Program (PUP) can be used to redirect and capture user browser traffic.	The health board cannot identify downloads that contain WaveBrwoser, as it's bundled with legitimate software.	Users could be taken to a harmful website that could compromise our network, either by phishing or other means.	8	Currently unable to identify downloads which contain WaveBrowser.	4	If we could identify downloads, we could block.	Treat	
Local admin accounts	A compromised account could enable a threat actor to gain administrator access to the health board's network.	Poor Joiners/Movers/Leavers process.	Compromised accounts, and network.	8	Poor existing governance	4	Needs constant review to ensure movers/leavers accounts are disabled.	Treat	
Medical Devices	Medical Devices could be compromised.	Our health board does not have visibility of all medical devices.	The service provided by the medical device could be impacted, leading to a patient safety incident.	8	This risk could lead to a significant patient safety event / incident.	4	Better visibility of medical devices would ensure we can mitigate vulnerabilities.	Tolerate	
New systems aren't onboarded to SIEM	There is a risk that CAV cyber doesn't have visibility of logs of new systems	This is caused by no process to onboard logs into SIEM	Which could lead to an impact on ability to quickly identify an issue with the system.	6	Without onboarding to SIEM, we aren't able to actively monitor application logs.	3	Proactive monitoring would help us respond to an incident	Tolerate	No controls currently in place Has document: No James Webb 29/01/2026 10:46
The full estate hasn't been mapped out	There is a risk that without a comprehensive asset map, the organisation cannot accurately correlate alerts to specific systems or network components. This creates delays in incident triage and resolution, increases the risk of misdirected remediation efforts, and	This is caused as the map does not exist	Which could lead to an impact on patient care as it leaves critical assets potentially unmanaged during a cyber event	6	Digital doesn't have full visibility of the UHB IT estate.	3	Better visibility would allow us to quickly identify affected assets and respond effectively.	Tolerate	No controls currently in place Has document: No James Webb 29/01/2026 10:48

Threat intelligence sources not regularly reviewed for relevance or effectiveness.	There is a risk that without routine evaluation of threat intelligence feeds, the organisation risks relying on outdated or low-value information, which can lead to missed emerging threats or unnecessary alert noise.	This is caused by a lack of a IoC SOP	Which could lead to an impact our detection and response processes and may result in wasted resources.	6	IoCs are checked but there isn't currently a supporting SOP	3	A SOP would reduce the likelihood of us missing a relevant IoC.	Treat	The team are aware where IoC are available but we don't have a SOP specific to regularly reviewing IoC. Has document: No James Webb 29/01/2026 10:50
Incident response isn't integrated with organisational business continuity plan	There is a risk that in the event of a major cyber incident, recovery efforts may be fragmented, leading to prolonged service disruption and inconsistent communication.	This is caused by the plan being created without involving EPRR team.	Which could lead to critical clinical and operational services could be delayed.	4	Our cyber response plan outlines a number of 'playbooks' for Digital to deploy, depending on the type of attack vector. It isn't a BC or DR plan, which are separate. The plan does reference BC policy	2	EPRR are aware of cyber incident response plan.	Tolerate	The cyber response plan is robust and references BC plans so impact of not being integrated wider, is likely limited. Has document: No James Webb 29/01/2026 11:02

Report Title:	Information Governance Data Compliance			Agenda Item no.	4.4	
Meeting:	Digital & Infrastructure Committee	Public	×	Meeting Date:	5th May 2026	
		Private				
Status:	Assurance	×	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 (NIIAS)

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**

The Information Governance Department continues to run with a vacancy following a departure in the middle of January 2026. The ongoing vacancy continues to place pressure on delivery capacity, particularly in FOI and SAR processing. Mitigations remain in place through prioritisation, cross-cover and revised workflows, however this position is not sustainable long-term if demand continues to rise.

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 4 WTE.

2. Data Protection Act – Serious Incident Report

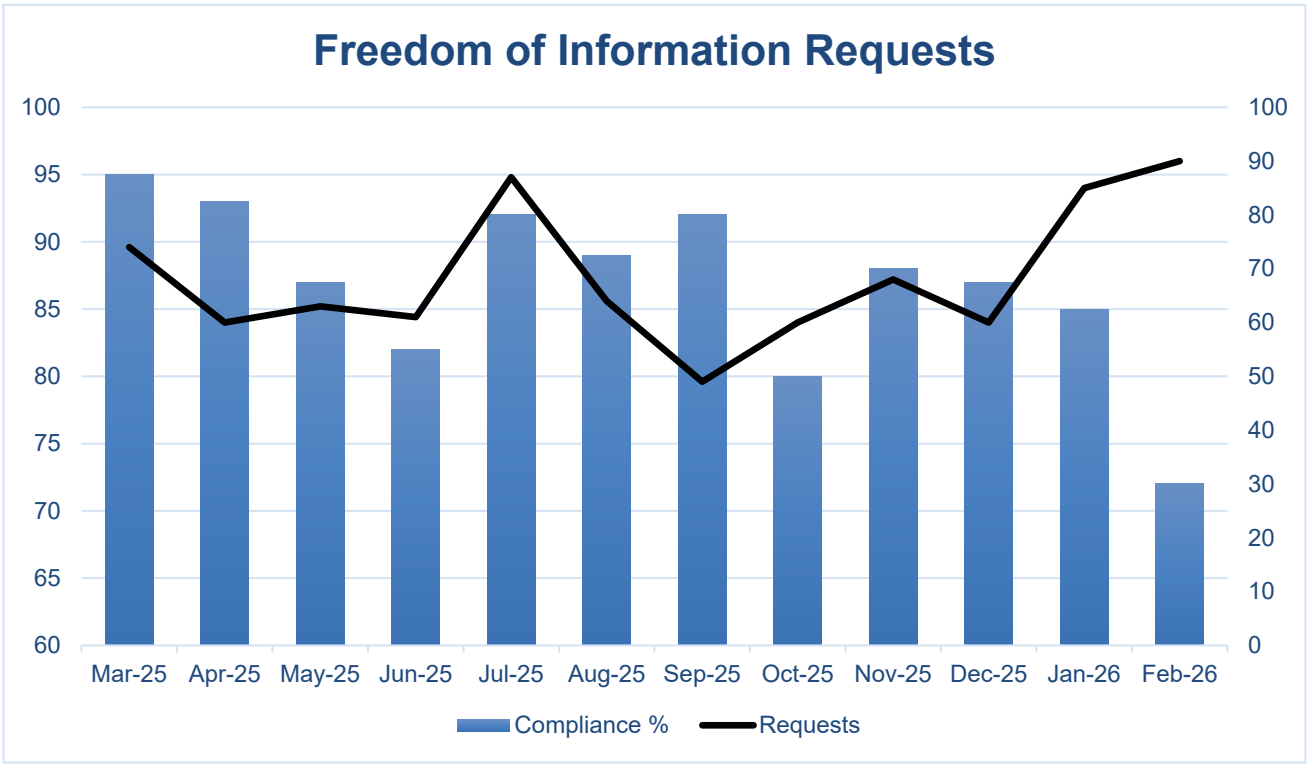
Date reported: January 2026 to March 2026

Between January 2026 to March 2026, the Information Governance Department have reviewed a total of 164 (55 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 49 incidents per month, which is a further increase compared to the previous report.

Of these breaches reviewed during this recent period, two breaches met the threshold to be reported to the Information Commissioner's Office (ICO). The two incidents reported to the ICO were assessed as required under UK GDPR and were notified within statutory timescales. No regulatory concerns or enforcement action have been received. Learning outcomes have been identified and shared to reduce the likelihood of recurrence.

3. Freedom of Information Act

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



The average number of FOIs received during the last 12 months has increased to 68 requests per month, up from 63, and average compliance has further dropped to 86% from

89%. The reduction in FOI compliance is largely driven by increased request complexity and volume combined with a lack of capacity within the team.

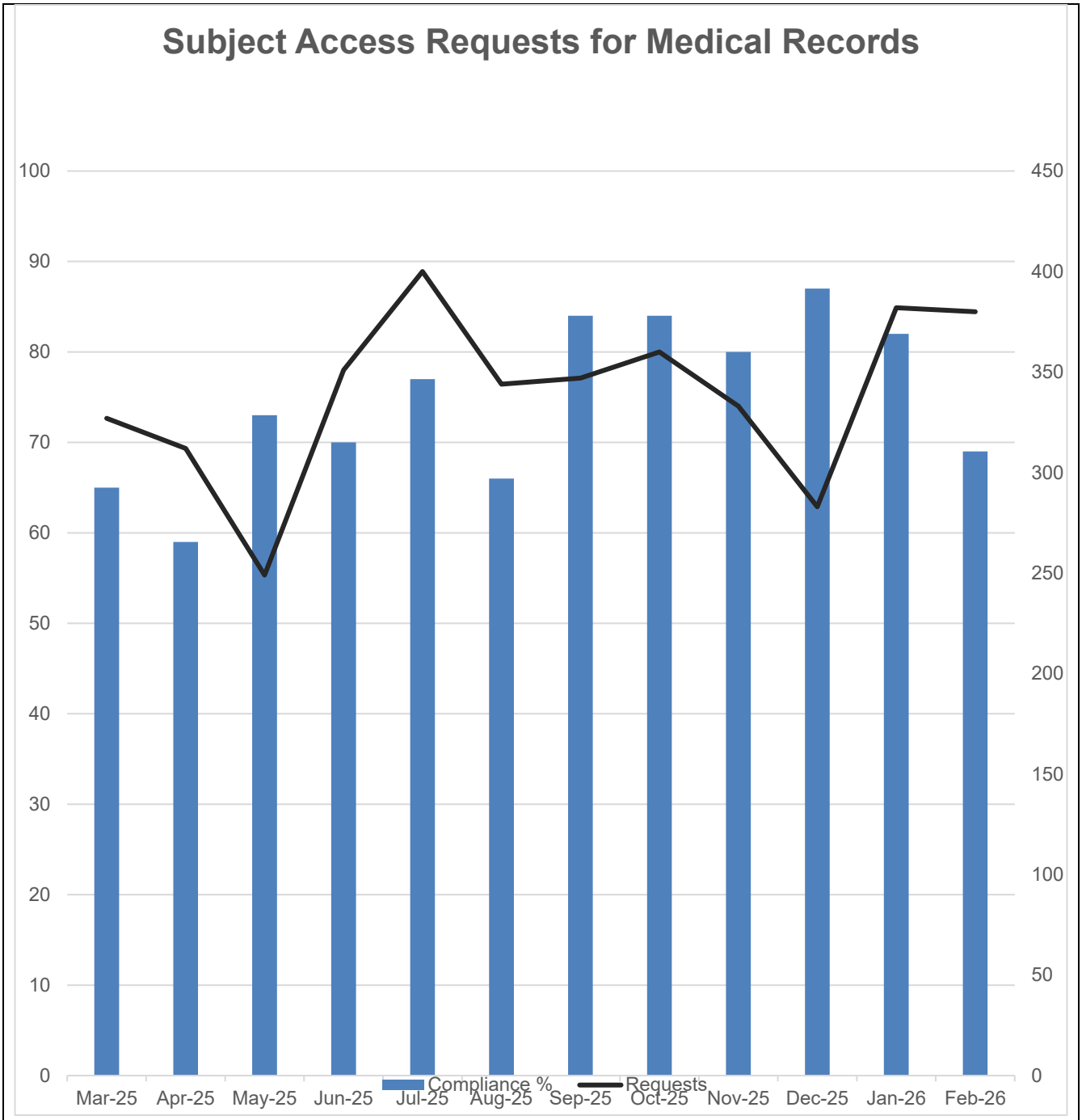
A link to the UHBs FOI disclosure log can be found below. This provides a link to every FOI the UHB publishes online. In the event that requests are made for the same information, the UHB is able to signpost requestors to this log.

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:



The ongoing improvements seen over the last 12 months, continue to be made with average compliance now averaging 75% per month (an increase from 64% since the last committee). During this time, an average of 339 requests have been submitted each month, up from 333.

Additionally, the average request continues to be responded to within 20 days, against a deadline of 28 days. Only 24 requests remain open for December 2025 to February 2026.

4 .2 Non-Health Records requests

A total of 41 subject access requests submitted for non-health records were received between December 2025 & February 2026. 32 requests (78%) have been complied with within the legislated timeframe, which is a drop from 87% as last reported.

5. Compliance Monitoring/NIIAS

Since January 2022, the UHB has sent out a total of 1348 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.

The NIIAS process operates under an approved governance framework, with a proportionate and educational focus.

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 74% and is broken down by Clinical Boards as follows.

Clinical Board	Assignment Count	Achieved	Compliance
All Wales Genomics Service	377	341	90%
Capital, Estates & Facilities	1411	1239	88%
Children & Women Clinical Board	2280	1763	77%
Clinical Diagnostics & Therapeutics Clinical Board	2773	2232	80%
Corporate Executives	1052	852	81%
Medicine Clinical Board	2035	1440	71%
Mental Health Clinical Board	1570	1110	71%
Primary, Community Intermediate Care Clinical Board	1178	902	77%
Specialist Services Clinical Board	2228	1631	77%
Surgical Services Clinical Board	2477	1668	67%
UHB	**17381**	**13178**	**76%**

The figure represents an increase from 74% to 76% since figures were provided to the last Committee.

Cav Independent Members have recently been enabled to complete mandatory training via ESR so future papers can include this report.

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

- Information Governance resource is still 4 WTE.
- 164 information governance related incidents reviewed between January 2026 & March 2026.
- 2 data breaches since the last committee have been reported to the Information Commissioner's Office.

- Freedom of Information compliance has dropped to 86% for last 12 rolling months.
- Access to Health Records compliance continues to increases to 75%. The number of requests over the last 12 months has increased to 339 per month.
- Letters to staff regarding inappropriate access to clinical systems remain in place.
- Information Governance mandatory training across the UHB has increased to 76%.

Overall, the organisation remains broadly compliant with Information Governance requirements, however capacity pressures and declining FOI and SAR performance require continued Executive oversight.

Recommendation:

The Board/Committee 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/

Putting People First 1. **Click the objective above to view more detail.**		Providing Outstanding Quality 2. **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		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 (delete as appropriate)

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

Safety: Yes/No

Are there any Staff or Patient safety implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been

put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)
Financial: Yes/No
Are there any financial implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)
Workforce: Yes/No
Are there any Workforce implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)
Legal: Yes/No
Are there any legal implications that arise from the content and proposals contained within this report? If so, has advice been sought and what was the outcome? (If this has been addressed in the main body of the report, please confirm)
Reputational: Yes/No
Are there any reputational risks associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)
Socio Economic: Yes/No - ***Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: The Socio-economic Duty: guidance | GOV.WALES***
The Socio-Economic Duty is to designed to encourage better decision making, ensuring more equal outcomes. Do the proposals within this report contain strategic decisions, such as setting objectives and the development of services. If so has consideration been given to how the proposals can improve inequality of outcome for people who suffer socio-economic disadvantage? Please include detail. (If this has been addressed in the main body of the report, please confirm)
Equality and Health: Yes/No
Equality Health Impact Assessments (EHIA) are typically undertaking when developing or reviewing Health Board strategies, policies, plans, procedures or services. Do the proposals contained within the report necessitate the requirement for an EHIA to be undertaken? If so, please include the detail of any EHIA undertaken or the plans are in place to do so. (If this has been addressed in the main body of the report, please confirm)
Decarbonisation: Yes/No
There are a number of ways by which carbon emissions can be avoided through the operations of CVUHB. *These include:* • *A focus upon preventing ill health in our population* • *Saving energy or increasing throughput.* • *Value based healthcare. Being prudent by not over-treating/intervening. Avoid delivering low-value interventions* • *Patients empowered to manage their conditions, utilising See on Symptoms and Patient Initiated follow ups to reduce unnecessary outpatient appointments.* • *Service delivery in the most appropriate setting, e.g. in a community setting rather than an acute setting.*

- *Reducing waste – for example use non-sterile gloves only when needed, manage use-by dates to avoid throwing out good products, recycle and reuse.*

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

Welsh Language: Yes/No

Consideration should be given to potential impact on the Welsh language, including the following key aspects:
• More than just words: Does the report align with the More than just words strategy, ensuring Welsh-speaking patients can access services in their preferred language, and supporting active offer and bilingual care?
• Accessibility and compliance: Ensure key information is bilingual and that the report meets the Welsh Language Standards for communication, signage, and patient materials.
• Patient understanding and safety: Could English-only content impact Welsh speakers' comprehension in critical areas like consent and medication instructions, potentially affecting safety?
• Staffing and resources: Does the report address the need for Welsh-speaking staff or bilingual resources to deliver equitable care?
Does the subject matter of your paper risk any of the above not being achieved?

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

Report Title:	Draft Digital & Infrastructure Committee Annual Report 2025/26				Agenda Item No:	5.1	
Meeting:	Digital & Infrastructure Committee	Public	x		Meeting Date:	05.05.2026	
		Private					
Status:	Assurance		Approval	x	Information/Noting		
Lead Executive Title:	Director of Corporate Governance						
Report Author Title:	Corporate Governance Officer						

Main Report

Background and Current Situation:

An Annual Report from the Committee is produced to demonstrate that it has undertaken the duties set out in its Terms of Reference and to provide assurance to the Board that this is the case.

The purpose of the Annual Report is to provide Members of the Digital & Infrastructure Committee with the opportunity to discuss the attached draft annual report before being submitted to the Board for approval on 28 May 2026.

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

The Committee achieved an overall attendance rate of 64% from the period 1 April 2025 to 31 March 2026 and met on five occasions during the year.

The attached Annual Report 2025/26 of the Digital & Infrastructure Committee demonstrates that the Committee has undertaken the duties as set out in its Terms of Reference.

Appendices (please list any appendices that will accompany this report. Do **not** embed)

a) Digital & Infrastructure Committee Annual Report

Recommendations:

a) **NOTE** the contents of the report
b) **ENDORSE** the report to the Board for approval

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please place an "x" in the below boxes where relevant – *Click each item for further information.*

1. Putting People First		2. Providing Outstanding Quality	x
3. Delivering in the Right Places	x	4. Acting for the Future	x

Five Waves of Working (Sustainable Development Principles) considered:

Please place an "x" in the below boxes where relevant

Prevention		Long Term	x	Integration	x	Collaboration	x	Involvement	x

Quality Impact Assessment Completed?

Please place an “x” in the below boxes where relevant				
Yes	x	No	x	N/A

Impact Assessment Please place an “x” in the below boxes where relevant
Risk: No
Safety: No
Financial: No
Workforce: No
Legal: Yes
As per 10.2.2 of the Health Board Standing Orders: *“Each Committee and, where appropriate, Advisory Group must also submit an annual report to the Board setting out its activities during the year and including the review of its performance and that of any sub-Committees it has established”.*
Reputational: No
Socio Economic: No
Equality & Health: No
Decarbonisation: No
Welsh Language: No

Approval/Scrutiny Route *(please list all other Committees/Groups this report has been to)*	
Name of Committee/Group/Exec	Date:

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

Cardiff and Vale University Health Board

Annual Report of Digital & Infrastructure Committee 2025/2026

1.0 Introduction

In accordance with best practice and good governance, the Digital & Infrastructure Committee produces an Annual Report to the Board setting out how the Committee has met its Terms of Reference during the financial year.

2.0 Membership

The Committee membership is a minimum of two Independent Members. In addition to the Membership, the meetings are also attended by the Director of Digital and Health Intelligence, Executive Director of Finance, Assistant Medical Director, Director of Corporate Governance and Data Protection Officer. Other Executive Directors will attend as required by the Committee Chair. The Chair of the Board is not a Member of the Committee but attends at least once annually after agreement with the Committee Chair.

3.0 Meetings & Attendance

The Committee met three times during the period 1 April 2025 to 31 March 2026. This is in line with its Terms of Reference.

At least two members of the Committee must be present in addition to the Director of Digital and Health Intelligence and/or an Executive Director to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.

The Digital & Infrastructure Committee achieved an attendance rate of 64% during the period 1st April 2025 to 31st March 2026 as set out below:

Attendance	28/05/2025	Role	12/08/2025	Role	11/11/2025	Role	10/02/2026	Role	Graph	Percentage	
David Edwards	☑	Chair	☑	Chair	☑	Chair	☑	Chair	1.0	100.00%	
Steve Riley	☑	IM	☐	IM	☐	IM	☐	IM		25.00%	
Susan Lloyd-Selby	☑	IM	☑	IM	☐	IM	☐	IM		50.00%	
Rachna Upadhya	☑	IM	☐	IM	☐	IM	☑	IM		50.00%	
David Thomas	☑	Exec	☑	Exec	☑	Exec	☑	Exec	1.0	100.00%	
Matt Phillips	☑	Exec	☐	Exec	☐	Exec	☑	Exec		50.00%	
Catherine Phillips	☐	Exec	☑	Exec	☑	Exec	☑	Exec		75.00%	
Suzanne Rankin	☑		☑		☐		☐			50.00%	
Charles Janczewski	☐		☐		☐		☐			0.00%	*Left the UHB on 01st October 2025*
Kirsty Williams	☐		☐		☑		☐			25.00%	*Joined the UHB on 01st October 2025*
To note: attendees in red are not standing members. Info for annual report											

4.0 Terms of Reference

The Terms of Reference were reviewed and approved by the Board in March 2025.

5.0 Work Undertaken

As set out in the Committee Terms of Reference the purpose of the Committee is to:

Provide **assurance** to the Board that;

- Appropriate processes and systems are in place for data, information management and governance to allow the Health Board ("the UHB") to meet its stated objectives, legislative responsibilities and any relevant requirements and standards determined for the NHS in Wales.
- There is continuous improvement in relation to information governance within the UHB and that risks arising from this are being managed appropriately.
- Effective communication, engagement and training is in place across the UHB for Information Governance.
- To seek assurance on the development and delivery of a Digital Strategy for the UHB ensuring that:
    - It supports Shaping our Future Wellbeing and detail articulated within the IMTP

- Good partnership working is in place
- Attention is paid to the articulation of benefits and an implementation programme of delivery
- Benefits are derived from the Strategy

During the financial year 2025/26, the Digital & Infrastructure Committee reviewed the following key items at its meetings:

- Capital Programme Plan 2025/26
- Estates Risk Register
- Pentyrch Transport Task & Finish Group – Final Report
- Digital Roadmap & Work Programme Update
- Corporate Digital Risk Register
- Information Governance Data Compliance
- Strategic Priorities 2025/26
- Board Assurance Framework – Digital & Infrastructure
- Minutes: Digital Directors Peer Group

During the financial year 2025/26, several policies were approved at the Digital & Infrastructure Committee:

- UHB 142 - Records Management Policy & Procedure / Procedure for External Emails
- UHB 546 - Car Parking Policy
- UHB 054 - Counter Fraud Procedure
- UHB 038 - Waste Management Procedure

Papers for the above items, are all readily available on the Cardiff & Vale University Health Board's website here.

6.0 Reporting Responsibilities

The Committee has reported to the Board after each of the Digital & Infrastructure Committee meetings by presenting a summary report of the key discussion items at the Digital & Infrastructure Committee. The report is presented by the Chair of the Digital & Infrastructure Committee.

7.0 Opinion

The Committee is of the opinion that the draft Digital & Infrastructure Committee Report 2025/26 is consistent with its role as set out within the Terms of Reference and that there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

David Edwards

Committee Chair

Report Title:	**Digital Directors' Peer Group**			Agenda Item no.	5.1	
Meeting:	Digital & Infrastructure Committee Meeting	Public	X	Meeting Date:	5th May 2026	
		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 compromising board-level leads for digital from across all NHS Wales organisations, including Welsh Government's Chief Digital Officer and members of DHCW's executive team.

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

The attached minutes of the last two meetings held in February and March 2026 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:

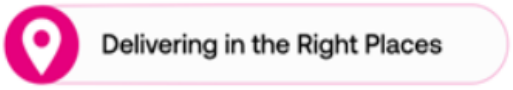
The Committee are requested to NOTE the minutes of the last meetings as follows:

a) Minutes of Meeting – 3rd ~February 2026 (Appendix 1)
b) Minutes of Meeting – 3rd March 2026 (Appendix 2)

Link to Strategic Objectives of Shaping our Future Wellbeing:

https://shapingourfuturewellbeing.com/

Putting People First		Providing Outstanding Quality	
1.		2.	
Click the objective above to view more detail.		**Click the objective above to view more detail.**	

 3. **Click the objective above to view more detail.**		 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

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

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:

DIRECTORS OF DIGITAL PEER GROUP MEETING

MEETING NOTES

Date: Tuesday 3rd February 2026

Time: 9:30am – 2pm

Location: Microsoft Teams / Nant Fawr 2, Ground Floor, Woodland House, Maes-y-Coed Road, Llanishen, Cardiff, CF14 4HH

Attendance

Digital Directors Present	
Initials	**Name**
AT	Anthony Tracey (HDUHB) **- Chair**
SR	Sian Richards (HEIW) **- Vice Chair**
BR	Bryn Harries (NWSSP)
CM	Chris Moreton (DHCW) - deputising for COL
CT	Carl Taylor (VNHST)
DT	David Thomas (CVUHB)
IE	Ifan Evans (DHCW)
IR	Ian Rawlings (NHSPI) - deputising for SS
IB	Iain Bell (PHW)
JP	Justine Parry (BCUHB) – deputising for DR
MJ	Matt John (SBUHB)
PS	Paul Solloway (ABUHB)
IB	Iain Bell (PHW)
SL	Sam Lloyd (DHCW)
VC	Vicki Cooper (PTHB)
RB	Rob Bleasdale – deputising for SM

Apologies	
Initials	**Name**
CM	Claire Madsen (PTHB)
COL	Claire Osmundsen-Little (DHCW)
DR	Dylan Roberts (BCUHB)
JS	Jonny Summat (WAST)

SM	Stuart Morris (CTMUHB)
SS	Said Shadi (NHSPI)

Guest Speakers	
Initials	**Name**
AM	Alison Maguire (DHCW)
AP	Alan Prosser (Welsh Blood Service)
AD	Alisha Davies (PHW)
LJ	Laurence James (DHCW)
TB	Tim Banner (CVUHB)
COB	Cath O'Brien (DHCW)

Agenda Item	Discussion	Action
1.	Welcome and Apologies • Previous Meeting Notes Approval – approved • Action Log – see updated log • Request for AOB items	
2. Position statement on AI	The group agreed on the urgent need for a Wales-wide AI position statement to provide clarity, governance, and consistency in AI use across health boards, driven by the rapid and varied adoption of AI tools. PS shared that ABUHB Board have endorsed the creation of an AI subgroup closely linked to clinical safety governance and adoption of Welsh Government AI principles. ABUHB looking to tighten up the governance arrangements. Concerns were raised by peer group members highlighting the dangers of unregulated AI use by clinicians, risking data security and compliance. A balance must be found between control and enabling clinicians to use AI safely and efficiently. Reference was made for further focus on the use of Ambient Scribe tools. Consensus that hampering progress by being too controlling and the need for balance. The group discussed the need to distinguish different AI types, especially focusing on clinical decision support rather than broad AI terms, to make communication clearer and help clinicians understand AI's role and limitations. This highlights the need for education, clear messaging, and consistent processes.	

	There was a commitment to drafting a joint position statement, pooling existing policies and guidance, and evolving a national framework to govern AI adoption, safety, and usage. **Actions** AT speak to Microsoft to arrange visit in September IB to request an update from the AI Working Group MJ to be lead on AI subgroup	**001 – AT** **002 – IB** **003 - MJ**
3. Infected Blood Inquiry Recommendations	Paper 3.2026_01_27 Workshop Infected Bl The Welsh Blood Service is progressing a national initiative to digitally track blood products from supply to patient bedside in response to the Infected Blood Inquiry's recommendations. AP presented that Wales currently lacks end-to-end digital tracking for transfusions, with data stopping at the hospital blood bank despite risks occurring afterward. They aim to produce an outline business case for Welsh Government by Q1 2026, targeting a 2-3 year implementation timeline. There is a mixed system landscape across health boards, with modules available but often not activated or fully licensed. The initiative requires agreement on data standards to enable digital connectivity and benchmarking across health boards. There is debate whether to consolidate systems nationally or focus on data interoperability at the standard level. Workforce issues are also a challenge, with blood banks facing skills shortages and high reliance on locums, necessitating parallel workforce and education plans linked to digital transformation. Paper records backlog and scanning strategy were raised as serious risks due to storage costs and retention requirements. BCUHB have a strategic outline case for scanning. AP to take points raised back to Welsh Government for discussion and consideration for future scoping exercise. Welsh Government is highly committed to the inquiry recommendations, and the Deputy Chief Medical Officer is pushing for momentum. Regular updates and engagement with chief executives and quality leads will continue, with digital directors providing ongoing support.	

	SR proposed that shaping in the context of workforce transformation business case approach rather than digital business case. As an example of improvement on ways of working. AP agreed that this would be a workforce plan developed in parallel to the digital elements. AP will share draft business case prior to sharing with Welsh Government for organisations to endorse and show support. **Summary**: Add to forward planner for future meetings. Strategy on scanning strategy in BCUHB. Will share draft copy of strategy with peer group members for information.	**005 - JP**
4. UEC App	The UEC app programme is progressing but faces challenges in functionality and alignment with health board needs, raising questions about its long-term viability and fit within the national architecture. ABUHB are upgrading existing ED systems (e.g., Symphony v3) independently, with Welsh Government funding support. Concerns were raised about the UEC app's limited functionality compared to mature ED systems and its ability to meet the full range of clinical requirements. There is no current government mandate to adopt the app, and some boards are preparing options appraisals for alternative solutions. Integration with national data standards like Welsh Clinical Data Set (WCDS) is underway, but data collection burden on clinicians remains a concern. The group agreed on the need for a clear, shared plan with defined milestones, go-live dates, and adoption commitments from health boards. User Acceptance Testing (UAT) capacity and timely completion were flagged as critical risks to the schedule. The group committed to further discussions to align on national strategy and implementation approach. **WECDS**	

	• Agreed ABUHB will pilot a new access framework alongside WECDS for the next 2-3 months. Looking at how emergency care fits with Welsh Government reporting and the future.
	• DHCW have confidence in the approach. WECDS provides a consistent data standard which is the foundation of good understanding. Have been engaging with clinicians all the way through.
	• Challenges identified:
	  ○ The application does not help the data entry as not built into the workflow. So, there is still the need to look at collecting the data set in other mechanisms.
	  ○ Assessment unit works as one with ED. When looking to move symphony into AU there were issues
	Actions:
	SL to circulate Plan to peer group members outlining agreed actions, time plan and transition timeline.
	Add to forward planner for future discussion
		006 – SL
		
		007 - HB

5. WHO Collaborating Centre on Digital Health Equality	Paper 5. PHW WHO CC DD.pptx Public Health Wales has been designated as a WHO Collaborating Centre for Digital Health Equity, providing Wales with a global platform to influence and learn from digital health equity initiatives. The programme aligns with Wales' aim to move beyond "digital IT" towards more person-centred, inclusive digital health transformation. Planned activities for 2026 include creating self-assessment tools for equity in digital health systems, curriculum development for workforce training, and peer review input on AI and digital strategies. IB and AD advised for stakeholder group to meet 2-4 times a year to shape and drive changes reflecting any new governmental priorities. **Summary**: The group expressed strong support for integrating equity considerations into national digital health strategies and governance. Add to forward planner to attend in the future.	**008 - HB**
6. RISP and LIMS update	Paper 6. Diagnostics DOD Feb 2026 UPDA **LIMS** Great feedback for support on all sides for go lives. AM thanked peer group members for support shown for go lives.	

	Request has been made to Micro/Cervical screening to go live a week earlier as this clashes with ABUHB RISP go live. AM is speaking with DoFs for Q2 costs clarity. Update is expected tomorrow at Chief Execs meeting. IE added that the achieved timescales have been a huge undertaking and thanks to all teams involved in this being successful. The programme's scale is among the largest diagnostic implementations in Europe, demanding tight governance and cross-organisational commitment. Requested for continued attendance at meetings to ensure all deadlines are met. Alison Maguire is coordinating testing resource planning and escalation management with health boards to minimise further slippage. **RISP** RISP is facing significant delivery risks with delays from Philips impacting go-live dates across health boards. Contractual management of Philips is increasing in priority, with a meeting planned for 9 February 2026 to improve oversight and hold Philips accountable. Data migration timelines are slipping well beyond contractual allowances, increasing dual-running costs and operational risks. The lack of contingency time in the schedule means further delays could cascade into mid-2026 and beyond. The programme requires sustained escalation and focused management to recover and meet critical clinical and financial objectives.	
7. AOB **A. EA update** **B. EMRAM** **C. Environmentally Friendly Search Engine roll out** **D. DDaT Delivery Board – LIMS, RISP, NHS App**	A. SL provided the following update: • Final cost reduced to £35.8 million with 3,000 Copilot licences, down from 13,000 proposed. Going to Project Board for deal approval this week. • Information will be shared with organisations to share with Boards to approve in March, DHCW Board in May for approval to be signed off by June. • There will also be a 20% discount on future copilot licences. • Working group to continue working post EA negotiations with Microsoft to develop 'copilot chat' function. **Summary:** good progress seen and keen for sign off.	

	7B. NTA and Digital Maturity Options for 2 B. • Ask for peer group members outlined on slide 10 • Awareness was raised of the Wales Audit Report and check if another review is needed in this time. • It was suggested an EMRAN Assessment was undertaken in 27-28. **Summary:** All Wales IMFRAM Report to be discussed in April. Add to forward planner PapeR 7C. 4.2 Transition to Ecosia D C. Item not discussed. Please see Paper attached. D. IE provided the following update from DDaT Delivery Board: • NHS App – explore which function has been turned on in each organisation. Plan needed to expand, governance, expansion to the public and timescales to be undertaken. • Follow up email to follow to all peer group members with ask detailed	**009 – HB**
8. Digital Medicines Strategy	Paper 8. Digital Medicines Blueprint fc There was discussion for the pharmacy workforce plan channelling education and collaboration. LJ raised EPS opportunity within secondary care, outpatients prescriptions in the community. This would be trackable and have huge benefits. **Summary**: any comments welcomed and COB and TB will share final draft for input from DODs. Engagement plan includes presenting to Medical Directors, EDoNS and Directors of Therapies for their input.	
End of meeting		
Details of next meeting:		
The next **DODs Peer Group meeting** will be taking place on **Tuesday 3rd March 2026 9:30am – 4pm** at **Ty Nant, Glangwili General Hospital, Dolgwili Road, Carmarthen, SA31 2AF**		

DIRECTORS OF DIGITAL PEER GROUP MEETING

MEETING NOTES

Date: Tuesday 3rd March 2026

Time: 9:30am – 2pm

Location: Microsoft Teams / Ty Egin, Yr Egin, College Road, Carmarthen SA31 3EQ

Attendance

Digital Directors Present	
Initials	**Name**
AT	Anthony Tracey (HDUHB) **- Chair**
SR	Sian Richards (HEIW) **- Vice Chair**
BR	Bryn Harries (NWSSP)
CM	Chris Moreton (DHCW) - deputising for COL
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COL	Claire Osmundsen-Little (DHCW)
DR	Dylan Roberts (BCUHB)
JS	Jonny Summat (WAST)
SS	Said Shadi (NHSPI)

Guest Speakers	
Initials	**Name**
AA	Anthony Ashcroft (Microsoft)
CK	Craig Kerr (Microsoft)
CL	Claire Lloyd (Microsoft)
CLJ	Carwyn Lloyd-Jones
HT	Helen R Thomas (DHCW)
JB	James Braun (DHCW)
JM	Jason Myatt (Microsoft)
JN	James Nobbs (Microsoft)
KF	Katharine Fletcher (NWSPP)
LR	Lyn Rees (DHCW)
TL	Thomas Lyne (DHCW)
VS	Victoria Southam (Microsoft)

Agenda Item	Discussion	Action
1. Welcome and Apologies Previous Meeting Notes Approval Action Log Request for AOB items	• Previous Meeting Notes Approval – not approved by peer group as not approved by Chair • Action Log – not updated as not approved by Chair • Request for AOB items	
2. Microsoft EA A. M365 Copilot Proposal B. PowerBI Migration from 365 to Fabric	**M365 Copilot Proposal**  Paper 2Ai. NHSS - Persona and use case  Paper 2Aii. Transforming NHS W The focus is on a national proposal to expand Microsoft 365 Copilot licenses in NHS Wales, paired with a structured adoption and change management program to ensure effective use and realize productivity gains. The plan is to purchase 13,000 licenses, an increase on the existing 3,000 in the current Enterprise Agreement (EA). This will cover 10% of NHS Wales workforce. The approach aims to free up clinical and admin staff from documentation and repetitive tasks to improve patient care and workforce wellbeing.	

	Initial rollout begins July 1st, followed by phased deployment of remaining licenses over seven months. NHS Wales resources required include leads in communications, change management, and training; Microsoft provides architects, consultants, and project managers. The total cost for 13,000 licenses is approximately £2.25 million in year one, with a fixed annual cost of about £2.7 million for years two to five. Health boards seek clarity on cash-releasing savings and want evidence of value from current license usage alongside building a business case before committing to the full national rollout. Microsoft emphasizes the need for a nationally coordinated adoption program to avoid fragmented growth of Copilot usage across health boards. JB provided an update on the Copilot Chat (free version) roll out which is underway across Wales in all organisations. Aim for foundation for licenced version by September. Run in partnership with Microsoft and training starting in April. Paper 2Aiii. Project Brief NHS Wales Copi CL provided the following Top 10 cashable savings for M365 Copilot 1. **Reduction in agency staff spend** Backfilling avoided in admin, finance, HR, PMO, reporting and analytics roles. 2. **Overtime cost reduction** Fewer paid overtime hours for month-end, reporting cycles, audit prep and policy deadlines. 3. **Consultancy displacement** Less spend on external support for report writing, analysis, briefing packs and business cases. 4. **Contractor headcount avoidance** Internal teams absorb workload without extending or renewing fixed-term contractors. 5. **Contact centre cost savings** Lower call volumes and handling time through faster access to guidance and case information. 6. **Attrition cost avoidance** Reduced recruitment, onboarding and temporary cover costs (often partially cashable).	

	7. **Sickness absence reduction (admin-heavy roles)** Lower short-term absence costs driven by reduced workload pressure. 8. **Third-party software rationalisation** Retirement of point solutions for summarisation, note-taking, drafting and knowledge search. 9. **Faster project delivery reducing programme run-costs** Shorter project timelines → fewer paid project months and support costs. 10. **Finance and HR processing efficiency** Reduced transaction handling costs (HR cases, finance queries, reconciliations, approvals). **PowerBI Migration from 365 to Fabric** VS has asked for best contacts to be shared from health boards. Paper 2B. P to F - DoD's Meeting 03.03..	
3. Devices Optimisation Discovery Project (DHCW) and NWSSP 'Digital Tail End Spend' Procurement	The group is exploring a collaborative national discovery to improve device management and user mobility across NHS Wales, with a focus on defining clear problem statements and achievable outcomes. The discovery aims to identify: • user experience issues • device mobility challenges • opportunities for common device specifications across health boards The discovery will clarify what problems to solve, prioritise them, and inform a business case for collective action. Discovery outcomes will help prioritise which areas (procurement, mobility, user experience) require further detailed work. The scope includes: • device procurement • configuration • mobility solutions • identity/access management. A planned start for discovery is targeted for Q1 of the next financial year (2026/27). Efforts will focus on building on existing work and aligning with regional and national initiatives beyond just health board level. Existing work on pilot deployments and best practices can be leveraged to avoid reinventing solutions.	

	Engagement with all health boards is essential to balance local needs with national standardisation efforts along with any work currently being undertaken in this area. There is consensus that resource commitments for discovery are unlikely this financial year due to pressures. Collaboration with procurement, digital teams, and health board representatives is necessary for success. The Centre of Excellence (CoE) is involved in governance and service management related to device optimisation. **Summary:** The project is an opportunity to show DoF that DoDs are keen and see the priority to save money. SL will look at reframing the proposal and share the updated proposal.	
4. Microsoft 365 EA negotiation update	CLJ confirmed letters have gone out to Chief Execs for signing. DHCW aiming to bring forward approval to the Board meeting in March.	
5. WECDS – UEC App	Following up on an ask for a deeper conversation following prior DOD peer group discussion. The UEC app has been developed to comply with Welsh Emergency Care Data Set (WECDS) requirements but faces challenges in clinical adoption and alignment with existing systems. The app is designed to replace the existing Welsh PAS ED module, incorporating role-based permissions, full audit trails, and national standard compliance. It supports full patient workflow from registration, triage (including Manchester Triage System), to discharge with digital communication to GPs. The system is cloud-based, API-first, and integrates with national services such as WAST and EPCR. User feedback and clinical engagement have shaped the app, which is nearing User Acceptance Testing (UAT). Health boards have varying digital solutions and plans for emergency care systems, reflecting differing strategies and financial constraints. Health boards retain sovereignty over system adoption decisions, leading to a fragmented digital landscape. The app's deployment is seen as tactical, with long-term strategic decisions on EHR and urgent care solutions still pending. The app was commissioned and funded by Welsh Government via the Six Goals Program but lacks a unified national EHR strategy.	

	There is a call for an open, transparent discussion on an NHS Wales-wide approach to emergency care digital systems. The program is committed to continued development and iteration but recognises the need for alignment with clinical and organisational priorities. Regional collaboration and resource sharing (e.g. with Welsh Blood Service) are being explored to support implementation and testing. The need for clear governance, clinical buy-in, and alignment with national digital transformation goals is emphasized. **Summary:** • Further discussion with the Six Goals Programme, NHSP&I & clinical voice to align the work progression. • An update from Welsh Government on an EHR system would be useful as this app leans into the use of an EHR system.	
6. Cyber Workshop	There is a critical need for a unified national cybersecurity approach across NHS Wales, focusing on threat awareness, risk management, and coordinated incident response. NHS Wales faces ongoing cyber threats from nation-state actors including Russia, China, and Iran, with increased phishing and credential theft incidents. Recent phishing attacks targeting GP practices were successfully mitigated by rapid response teams. There is heightened awareness of ransomware and supply chain compromises as major risks. The NHS Wales Security Operations Centre (SoC) monitors threats and issues monthly reports to Welsh Government and NHS leadership. A National Cyber Security Board is proposed to provide strategic leadership, oversight of national risk registers, and coordination of incident response. The board will focus on developing a national cybersecurity strategy, reviewing policies, and ensuring compliance with forthcoming legislation such as the Cybersecurity Resilience Bill. Monthly reporting includes KPIs on weak passwords, dormant accounts, cyber training, and phishing simulation results aggregated at a national level. The board will enable consistent messaging and accountability across NHS Wales organisations. Persistent risks include: • weak passwords	

	• dormant accounts • legacy systems • uncontrolled use of unmanaged AI tools risking data loss There is concern about the potential for data compromise through legitimate but ungoverned AI usage by staff. Incident response exercises have revealed gaps in business continuity plans, particularly around recovery times for critical systems like Active Directory. National Incident Response – recommendation made that consultation with emergency planning network and their definitions/terminology and actions align with nhs and wg procedures. **Summary:** • Organisation of a Task & Finish Group - Cyber Leads attending to prioritise weak passwords and dormant accounts. DODs to inform Cyber Leads and enforce with Medical Directors for promotion within their clinical colleagues • Enforcement of existing password policies with a focus on accountability and clinical engagement is needed • ME requested for any National Security Dashboard feedback from organisations	
7. LIMS & RISP update	Paper 7. Diagnostics DODS March 2026 UI **LIMS** Busy patch release schedule is underway to fix defects and introduce new functionality, with some delays due to vendor responsiveness. Health boards are actively testing updates, but resource constraints and defect interdependencies complicate progress. Suggestion of resources and colleagues from welsh blood service to support the testing looking at a team to come together to look at support for implementation. **RISP** Any slippage risks impacting service continuity and further complicates the tightly scheduled rollout.	
8. AOB	Not discussed	
End of meeting		
Details of next meeting:		

The next **DODs Peer Group meeting** will be taking place on **Tuesday 14th April 2026 9:30am – 4pm** at **Millennium Room, 2nd Floor, Swansea Bay Health Board Headquarters, One Talbot Gateway, Baglan Energy Park, Port Talbot SA12 7BR**

Report Title:	Authorising Engineer Annual Report CVUHB 2025 - Low Voltage Systems				Agenda Item No:	6.2
Meeting:	Digital & Infrastructure Committee		Public	√	Meeting Date:	05 May 2026
			Private			
Status **(please only tick one)**	Assurance	√	Approval		Information/Noting	
Lead Executive Title:	Director of Finance					
Report Author Title:	Director of Capital, Estates and Facilities					

Main Report

Background and Current Situation:

The purpose of the report is to provide the Committee with assurance that the low voltage systems at Cardiff & Vale UHB are maintained and inspected in accordance with the guidance document Welsh Health Technical Memorandum (WHTM) 06-02 parts A and B to ensure that the systems remain safe.

In accordance with the HTM guidance, Cardiff and Vale UHB have appointed an independent Authorising Engineer (AE) to provide advice and guidance to the UHB. The AE assesses the Approved Persons and undertakes the system audits. The AE service is currently provided by National Wales Shared Services Partnership, Specialist Estate Services (SES).

The 2025 annual audit report, issued by the AE in February 2026, indicates the overall compliance rating as 'limited assurance'. There has been no change in assurance since the previous report. Capital, Estates & Facilities have reviewed the findings of the report and produced an action plan (appendix 1), which identifies the management response and current status of the recommendations.

The 2025 LV triennial audit was undertaken at UHL in August 2025. Following on from the last audit undertaken in June 2022, the AE recognised that the Health Board has made some progress in a number of areas throughout the site, however there are still areas that require further improvements. The outcome of the recent individual site triennial report at UHL identifies some non-conformities, mainly due to the limited resources available for the management and recording of documentation.

Action 6.1h of the annual report highlights the requirement to address the outstanding recommendations from the previous triennial report. Appendix 2 provides a detailed overview of the actions raised from the previous audit and their current status. To date, 7 actions out of 23 remain outstanding, all of which require minimal funding, such as, aligning the same Operation Procedure Manual across all sites, updating the site schematics following the discrepancy in the findings through the preparatory works for Operation 'POET' and updating of labelling of circuits. The estates electrical team are working to address these items in conjunction with the daily tasks and are targeting completion within the 2026 calendar year.

Other documentation, such as the updating and ratification of the LV Management Policy is in progress. Subject to the amount of changes made to the document, this can be managed via the AMaT system, as opposed to requiring Board approval. Live working forms are being introduced to evidence that the LV AP's adhere to the procedures and changes in line with the WHTM 06-02. An asset list is being compiled for UHW, UHL & the community sites for a servicing contract to be arranged.

As part of the process to ensure that the Electrical infrastructure across the sites operates effectively in the event of a mains failure, the Operation' POET' exercise has been successfully completed across both acute sites in the previous two financial years, 2024/25 & 2025/26, with the 2026/27 exercises planned to be undertaken in September 2026 (UHL) and October 2026 (UHW).

The Service Board are striving to achieve a 'suitable number' of trained Authorised Persons (APs) for Low Voltage Systems at each acute site. The HTM AP establishment is 4 APs at UHW and 3 APs at UHL.
At present there are 5 APs in total, albeit, there is a requirement for these members to be permanently site based. A training programme has been established to improve the position which will provide further assurance that the required standards are being met, as shown in Table 1 below;

Role	Site	Name	Trained	Appointed	Risk Rating C	L	T	Controls	Assurances
LV Electrical (HTM 06-02)	UHW & Community	Paul George	YES	YES	4	3	12	UHW: Currently there are 4 LV APs appointed for UHW and Community sites, based at UHW. We have another Team leader booked onto a LVAP training course in December 2026. This will increase the LVAP total further once assessment completed and appointed. UHL: Currently there are 3 LV APs appointed with 1 based at UHL site. When the current vacant post has been filled will have another LVAP for the site and provide suitable LV AP cover across the health board.	Currently LVAP cover for UHL is supported from other appointed LVAPs from the UHW site until the Team Leader completes the appointment process. All LVAPs for the C&VUHB are all in date with their ongoing training and assessments.
UHW: 4 (Compliant)		Gareth Morgan	YES	YES					
		Chris Watts	YES	YES					
		Peter Cox	YES	YES					
		Liam Hurn	No	No					
UHL: 3	UHL & Community	Mike Burns	YES	YES					
		Team Leader (E)	No	No					

Executive Director Opinion & Key Issues to bring to the attention of the Board/Committee/SLT (delete as appropriate)

- The overall compliance rating of the annual report issued in February 2026 remains as 'limited assurance'
- The continuation of the annual Operation 'POET' exercises, at both UHW & UHL, will provide further assurance for the resilience at the acute sites and improvement of relevant documentation
- A training programme has been implemented to achieve the HTM Approved Persons establishment

Appendices (please list any appendices that will accompany this report. Do **not** embed)

Low Voltage Annual Report Action plan
AE LV Annual Report 2025
UHL LV Triennial Report Action Plan 2022

Recommendations:

The committee are requested to:

a) **NOTE** the content of the report and the progress made in addressing the recommendations of the annual audit and recent triennial audit
b) **NOTE** the risk associated with the age and obsolescence of the existing electrical infrastructure

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please place an "x" in the below boxes where relevant – *Click each item for further information.*

1. Putting People First		2. Providing Outstanding Quality	√
3. Delivering in the Right Places	√	4. Acting for the Future	√

Five Waves of Working (Sustainable Development Principles) considered:

Please place an "x" in the below boxes where relevant

Prevention	√	Long Term	√	Integration		Collaboration		Involvement	√

Quality Impact Assessment Completed?

Please place an "x" in the below boxes where relevant

Yes *(please include the complete QIA document)*	x	No *(please provide reasoning e.g. not required*		

Impact Assessment Please place an “x” in the below boxes where relevant
Risk: Yes
Associated with the age of equipment which is both non-compliant and becoming obsolete
Safety: Yes
Please include the detail of any Risk Assessments undertaken when preparing and considering the content of this report and, where appropriate, the nature of any risks identified. (If this has been addressed in the main body of the report, please confirm)
Financial: Yes
Parts periodically have to be manufactured specifically for the system and are more costly. To replace the system or parts thereof will be significant and disruptive to the service
Workforce: Yes
Recruitment of competent staff.
Legal: No
Reputational: No
Socio Economic: No
Equality & Health: No
Decarbonisation: No
Welsh Language: No

Approval/Scrutiny Route *(please list all other Committees/Groups this report has been to)*	
Name of Committee/Group/Exec	Date:

GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Gwasanaethau Ystadau Arbenigol
Shared Services Partnership
Specialist Estates Services

Authorising Engineer
(Low Voltage) Annual Report
For
Cardiff & Vale
University Health Board

Authorising Engineer
(Low Voltage) Annual Report
For
Cardiff & Vale
University Health Board

NWSSP-SES Job No: CV/AR-LV/2025-01

Report Date: February 2026

Authorising Engineer: Nigel Bolan BSc. (Hons) CEng, MIET

Signed: 

Authorised by: **Mark Gapper BEng (Hons) CEng, MCIBSE**
Head of Engineering

Signed: 

CONTENTS

1.0 EXECUTIVE SUMMARY

1.1 Generally, the condition and management of the Low voltage (LV) systems are poor with non-conformities regarding the site condition listed in the individual site triennial reports previously issued under separate cover.

1.2 Following on from previous year's triennial audits an action plan has been produced and partially implemented, resulting in some improvements across both acute sites. A LV triennial site audit has been completed at University Hospital Landough during this period and given limited assurance.

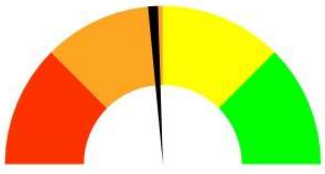
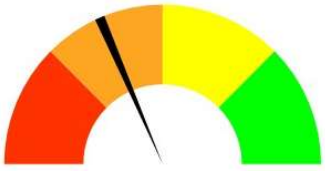
1.3 The low voltage systems are not being fully managed in accordance with WHTM06-02 with significant non-compliances including:

- LV management policy is out of date.
- Insufficient Authorised Persons (LV) appointed at both acute sites.
- Safety documentation not in full compliance with WHTM 06-02.
- No Electrical Safety Group has been re-established.
- Access arrangements to substations & switchrooms not fully controlled at UHW site.
- Some aging and obsolete switchgear present at both acute sites with single points of failure present.
- Many substations at both acute sites do not have N+1 compliant infrastructure.

A number of recommendations highlighted in the previously issued triennial audits remain outstanding. It is acknowledged that some have been actioned. Please refer to the installation audits section within this report.

Overall, the Authorising Engineer (AE (LV)) has deemed the overall compliance rating of Limited Assurance as shown below in figure 1.

Figure 1: Overall Compliance Rating

February 2025	February 2026
	
LV Management Policy has expired. Limited APs' appointed at UHL. Switchroom access not fully controlled at UHW. Electrical Safety Group needs to be re-established. Outstanding recommendations from previously issued triennial audits to be completed and addressed.	**LV Management Policy has expired. Limited APs' appointed at UHL. Safety documentation not in full compliance with WHTM 06-02. Electrical Safety Group needs to be re-established. AE (LV) triennial audit action items to be actioned and progress reported at ESG meetings.**
Limited Assurance	**Limited Assurance**

2.0 BACKGROUND

2.1 The following report is a compliance review undertaken by the Authorising Engineer for low voltage (AE (LV)) appointed by Cardiff & Vale University Health Board (CVUHB).

2.2 This report is in accordance with the guidance set out in Welsh Health Technical Memorandum 00 - which stipulates the requirement for the Authorising Engineer to produce an annual audit (WHTM 00 Best practice guidance for healthcare engineering paragraph 3.15).

2.3 Healthcare organisations have a duty of care to patients, their workforce and the general public. This is to ensure that a safe and appropriate environment for healthcare is provided, which is a requirement identified in a wide range of legislation.

2.4 The role of the AE (LV) is detailed within WHTM 06-02 and identifies the principal duties undertaken by the AE (LV) in relation to the healthcare organisation's statutory duties with regard for their low voltage installations.

2.5 The AE (LV) appointed by Cardiff & Vale University Health Board is Mr Nigel Bolan of NWSSP-SES, and his role as AE (LV) includes the following:

- Acting as an independent professional adviser to the healthcare organisation on low voltage issues.
- Act as an assessor and make recommendations for the appointment of Authorised Persons (low voltage) (AP (LV)).
- Monitor the performance of the service and provide an annual audit of the low voltage systems to the healthcare Designated Persons.
- At intervals not exceeding three years, the AE (LV) is to undertake comprehensive audits of the safe systems to work and safety procedures recommended by WHTM 06-02. A written report of the audit should be complied, listing satisfactory items seen, deficiencies found, and recommendations made.

3.0 AUDITS OF SYSTEMS, INSTALLATIONS AND THE ELCTRICAL SAFETY GROUP (ESG)

Operational management arrangements

3.1 The Health Board's Authorised Person (low voltage) AP (LV)) has the key operational responsibility for this specialist service. Table 1 details the current APs (LV) nominated by the AE (LV) and appointed by the Health Board.

Table 1 – Details of Authorised Persons (Low Voltage)

Hospital	Authorised Person (Low Voltage)	Date Appointed	Appointment Expires
University Hospital of Wales (UHW)	Paul George Chris Watts Peter Cox *Gareth Morgan	06th December 2022 17th December 2024 19th July 2024 20th June 2024	Reassessment in progress 17th December 2027 19th July 2027 20th June 2027
UHW Community Sites	Paul George Chris Watts Peter Cox	06th December 2022 17th December 2024 19th July 2024	Reassessment in progress 17th December 2027 19th July 2027
University Hospital Llandough (UHL)	Micheal Burns *Chris Watts *Peter Cox	08th August 2025 17th December 2024 19th July 2024	08th August 2028 17th December 2027 19th July 2027
UHL Community Sites	Michael Burns Chris Watts Peter Cox	08th August 2025 17th December 2024 19th July 2024	08th August 2028 17th December 2027 19th July 2027

***Authorised Person (LV) not permanently based at this site.**

3.2 A suitable number of APs should be formally appointed for each site to manage the LV system, carry out switch room inspections, countersigning of safety documentation and associated liaison when any LV works are taking place.

3.3 Consideration should be given to review the number of appointments to cover peak times and unforeseen unplanned events such as annual leave and sickness. For UHW site we would recommend a minimum of four permanently site based Authorised Persons (LV) be appointed and for UHL we would recommend a minimum of three permanently site based Authorised Persons (LV) be appointed.

3.4 NWSSP-SES Authorising Engineer (LV) has recommended one officer for appointment during this period. There is another Authorised Person (LV) whose current certificate has already expired and this officer is currently going through the assessment process.

3.5 It is evident that the number of individual APs appointed to cover multiple services is generally increasing throughout NHS Wales. WHTM 00 does not specifically limit the number of AP duties staff can undertake as this is dependent upon many variables such as site complexity, condition of infrastructure, number of sites covered and existing duties of the individual. However, management should ensure adequate resource is provided to enable the APs to fulfil their duties for each service appointed in accordance with HTM/WHTM guidance.

Installation Audits

3.6 Table 2 provides details of hospitals within the Health Board in which compliance audits have been carried out since the last AE report.

Table 2 – Details of Triennial Audits

Hospital	Date of compliance audit	Name of auditee
University Hospital Llandough	20th August 2025	Michael Burns Paul George

3.7 The low voltage electrical systems are generally not being managed to a satisfactory level in accordance with WHTM 06-02. There was evidence of safety documentation being issued, although at Llandough Hospital, not all safety documents were completed strictly following the procedures detailed within Tables 2-4 of WHTM 06-02.

3.8 The Health Board LV Management Policy needs to be reviewed and once ratified by the board distributed to the Estates Department for implementation.

3.9 Insufficient Authorised Persons (LV) appointed at both acute sites. For UHW site we would recommend a minimum of four permanently site based Authorised Persons (LV) be appointed and for UHL we would recommend a minimum of three permanently site based Authorised Persons (LV) be appointed.

3.10 Access arrangements to substations & switchrooms not fully controlled at UHW site.

3.11 The only ACBs' that have been serviced and maintained are the incoming devices that get serviced as part of the HV maintenance, an

SLA should be set up with a specialist to extend the servicing to cover all remaining ACBs' belonging to the LV system.

3.12 Some aging and obsolete switchgear present at both acute sites with single points of failure present.

3.13 Many substations at both acute sites do not have N+1 compliant infrastructure.

3.14 Not all LV substations have a temporary mobile generator connection facility installed. This facility would be advantageous to assist when undertaking maintenance to the main sets whilst adding resilience to the site should an emergency mains failure arise.

3.15 WHTM 06 01 recommends the establishment of an Electrical Safety Group. This group should be re-established as a matter of urgency and include senior staff from within the hospital.

3.16 The management of the LV systems are poor. Non-conformities in regard to particular site issues are listed in the individual site triennial reports previously issued under separate cover.

3.17 Action the items detailed in the recommendations section of the AE (LV) triennial audit reports, to improve the Health Boards compliance rating. Review audit action plans and present progress summaries at future ESG meetings (agenda item).

Electrical Safety Group (ESG)

3.18 This is a multidisciplinary group responsible for ensuring that all electrical safety issues are monitored, recorded and acted on in line with the relevant legislation and guidance.

The WHTM recommends that the Group report to the responsible person at Board level and be led and chaired by a person who has appropriate management responsibility, knowledge, competence and experience.

3.19 No Electrical Safety Group meetings have taken place in the last period which is a concern. This group needs to be re-established as a priority, and regular quarterly meetings arranged. Both Authorising Engineers for (LV) and (HV) should be members of this group.

4.0 INDEPENDENT PROFESSIONAL ADVICE

- NWSSP-SES have been involved with various projects throughout the period covered by this report in terms of design, reviews and witnessing.
- Support has been provided at UHW - C1 Cardiology, undertaking medical earthing testing.
- Support has been provided at UHW - Tertiary Tower new infrastructure project.

- The AE (LV) has provided general technical advice as required throughout the year.

5.0 INVESTIGATIONS OF ADVERSE INCIDENTS

5.1 No adverse incidents on the LV systems were reported to the AE (LV) by the Health Board during this period.

6.0 RECOMMENDATIONS

6.1 Whilst the Designated Person should note the full content of this report, it is recommended particular attention is given to addressing the following:

- The LV Management Policy is out of date and needs to be reviewed.
- Nominate for appointment a suitable number of APs' (LV) for each acute site.
- Ensure all future safety documentation follows procedures detailed within Tables 2-4 of WHTM 06-02.
- Control LV substations & switchrooms access at UHW site.
- SLA should be set up with a specialist to extend the servicing to cover all remaining ACBs' belonging to the LV system.
- Consider installing a temporary mobile generator connection facility to all LV substations that do not currently have this facility installed.
- Re-establish the Electrical Safety Group and arrange quarterly meetings as a matter of urgency.
- Action outstanding recommendations highlighted in the previously issued triennial audits and report progress at the ESG.

If the Designated Person or their representatives would like to discuss this report further, please contact the AE (LV) using the details below:

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Senior Performance Standards Engineer
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Crown Way
Cardiff
CF14 3UB

Email: nigel.bolan@wales.nhs.uk

☎: 07866 007936

ID	Site	Status	Fault	Action	Comments	Date Raised	Action Owner	Target Completion Date	Actual Completion Date
2022	ACTION PLAN UHL LV TRIENNIAL AUDIT REPORT								
4.1	UHL		University Hospital Llandough currently has only two appointed APs' (LV). For a hospital of this size and complexity, we would recommend a minimum of three APs' be appointed. This would provide sufficient cover for annual leave and general absence. All APs' should meet the requirements laid down in HTM 06-02 before being nominated for appointment.	2 LVAP in date Chris Watts & Peter Cox. 2 Further Aps to be developed	Upon completion of OCP and full appointments of personnel will be able to achieve the correct amount of LVAP's. Further LVAP require minimum qualification to become authorised and in progress. 28/04/2026: One further AP, Mike Burns has been appointed, new Team Leader James White, is currently being trained through the requirements and will be assessed towards the end of 2026 as an LV AP.	28/03/2022	G Simpson	31/12/2026	Ongoing
4.2	UHL		A number of Competent Persons (low voltage) (CP (LV)) appointments have expired, refresher training courses may be required before candidates can be reassessed.	Arrange training for CP and update their appointment letter. Include any new employees.	Due to stffing changes then requires further development to increase LVAPs at UHL. A further refesher training will be set up to includethe revised WHTM. 28/04/2026: All electrical staff including operatives have been CP1 Trained and Appointed.	28/03/2022	P George	31/08/2024	31/01/2023
4.3	UHL		The existing electrical distribution system does not fully comply with the design requirement laid down in WHTM 06-01 which deals with design and operational requirements. This shortcoming highlights the need for suitably qualified staff that are able to manage emergency situations.	Will require further design and investment	AP & capital 28/04/2026: All staff appointed as AP's are suitably qualified and competent to undertake switching tasks were required safely. Building Condition Survey has identified non-compliance elements for replacement.	28/03/2022	G Evans	30/06/2023	28/04/2026
4.4	UHL		There is an Operation Procedure Manual in place, this needs to be developed in accordance with HTM 06-02 requirements (details of what information should be contained within this manual can be found in Appendix 10).	To develop the OPM and ensure same system across UHB	Plan to align same across sites. 28/04/2026: Newly appointed AP's are currently reviewing the requirements to align with the other site Operation and Maintenance Manuals.	28/03/2022	M Burns	31/05/2026	Ongoing
4.5	UHL		Operating records are an important aspect of electrical safety management to enable APs' to safely manage their sites. HTM06-02 chapter 10 details the specific requirements for what documentation should be maintained on site.	To source all OEM manuals for switchgear and develop from maintenance plan specified within the manuals	Older equipment prove maybe be more difficult to access. 28/04/2026: OEM records unavailable for the majority of equipment due to obselescence. Operatoin POET has enabled staff to identify and confirm operation of equipment. Each item to be reviewed if further detail is required when compiling switching programmes. No switching is to be undertaken by non-AP's.	28/03/2022	P George	31/12/2023	28/04/2026
4.6	UHL		Checks should be undertaken to confirm whether the tripping batteries located within Sub LV-1 is being serviced and maintained.	This will be actioned by maintenance contractor as part of quarterly checks	Conduct and confirm system in place for checking. Provide a maintenance report to confirm. 28/04/2026: It has been confirmed that tripping batteries form part of the monthly inspection via a service contract. These batteries are currently being replaced.	28/03/2022	C Watts	31/12/2022	28/04/2026
4.7	UHL		Up to date site schematics are essential for the safe operation of the electrical infrastructure. These should be produced in an electronic format so drawings can be constantly kept up to date.	Ensure all drawings are up to date and replace as required with new drawings	The need to review current drawings are all up to date and circuit labelling/descriptions, once confirmed replace all with new updated. 28/04/2026: These descrepancies have been noted following the extensive investigation work undertaken in support of Operation POET, schematics and labeling being procured to support updates.	28/03/2022	M Burns	31/12/2026	Ongoing
4.8	UHL		The display of permanent posters and safety signs is an important aspect to warn of the hazards that may be present to unauthorised personal and are detailed in chapter 11 of HTM06-02. Notices for both Electricity at Work Regulations 1989 and Treatment for Electric Shock need to be ordered and displayed within all main LV Switchrooms accordingly.	Replace all posters to correct standard	Confirm once replaced. Current program with updating all LV signage to correct standard	28/03/2022	P Cox	31/01/2023	31/01/2023

4.9	UHL		Up-to-date schematics should be produced and fixed on the wall in all switchrooms	Hang new up to date drawings in LV rooms	Replace all for new and good condition	28/03/2022	P Cox	30/05/2023	30/05/2023
4.1	UHL		Some LV switchgear is out of production due to is age, and spares and technical information may no longer be available. This would put the hospital at risk if failure of components were to occur. Consideration should be given for its replacement in the near future.	Ensure details entered onto risk register and backlog maintenance system	Identify these the at risk switchgear, add to risk register and use backlog maintenance and /or DC capital investment 28/04/2026: Building Condition Survey has identified non-compliance elements for replacement. These have been added to the risk register where identified.	28/03/2022	P Cox	28/02/2023	24/04/2026
4.11	UHL		Signage on doors should be brought in line with HTMs.	Replace all signage to meet HTM standard	All LV switch room signs currently being upgraded to correct standard. 28/04/2026: All have been upgraded to the current standard where found.	28/03/2022	P Cox	28/02/2023	24/04/2026
4.12	UHL		Consideration should be given to install notices on the doors of switchrooms / switch cupboards. These notices could include the contact names and telephone numbers of the Authorised Persons (LV) for the site and of the switchboard. It may be prudent to include the text: “In the event of fire please raise the alarm”.	Compile phone list and install	Review all switchrooms and affix contact lists. 28/04/2026: Contact lists reviewed and new signage installed.	28/03/2022	P Cox	31/03/2023	24/04/2026
4.13	UHL		Suitable permanent labels identifying the circuit need to be installed for some circuits to replace handwritten or dyno tape labels. Circuits may need to be checked for accuracy.	Plan replacement signs/labels and check circuit is correct and in date	Review each switchboard and manufacture new traffolite labels as required. Due to the extent of this requirement then need to purchase a sign maker/engraver. 28/04/2026: Following the successful completion of Operation POET twice, requirements have been identified and labels are now being produced to be used to correct and incorrect labelling.	28/03/2022	M Burns	31/12/2026	Ongoing
4.14	UHL		The security of the electrical infrastructure is very important. All access doors to each switchroom should be kept securely locked when unattended. Switchgear located in shared plant rooms should be caged off or have working locks fitted to devices to prevent unauthorised access/accidental activation of the devices. These keys will then need to be kept in a locked working cabinet.	Review current practice and key security	Review all areas to idenify these specific plant rooms to ensure unauthorised persons safe form equipment. Ideally move towards the CLIQ ket system to provide restricted access. 28/04/2026: Ongoing review and list of requirements is being undertaken, this will then require procurement of cages and additional locking mechanisms.	28/03/2022	M Burns	31/12/2026	Ongoing
4.15	UHL		Standard and emergency lighting should be sufficient and maintained to safely illuminate all electrical distribution equipment. Consideration should be given to upgrade the lighting and emergency lighting within Sub LV1.	Replace with LED as standard for LV rooms	Standardize across UHB with LED all emergency fittings. Progress to upgrade all LV rooms. 28/04/2026: Lighting upgraded and is now suitable and sufficient.	28/03/2022	P Cox	31/03/2023	24/04/2026
3.3.10	UHL		A service contract needs to be put in place to carry out the maintenance and servicing of ACBs’ there was little evidence of service sheets & labels on site and for those ACBs’ that was afforded a service label it was dated 2017.	Arrange maintenance and service of equipment	All incoming ACB's are maintained during HV maintenance. Other ACB's would need service plan. With new HV contractor in place will arrange LV ACB's to be maintained. Develop a full list of ACBs on site for a tender to be set up. 28/04/2026: All LV ACB's found have been serviced in line with the requirements of Operation POET to ensure correct operation.	28/03/2022	G Evans	31/06/2023	24/04/2026
3.3.11	UHL		The power factor correction unit installed within LV Sub 1 has been taken out of service. Further investigation may be required to see how viable it would be to bring the unit back into service.	Repair and Reinstate system	Survey was conducted on PFC units UHB wide. Contract set up with Johnson & Phillips.	28/03/2022	G Evans	31/12/2022	31/03/2022

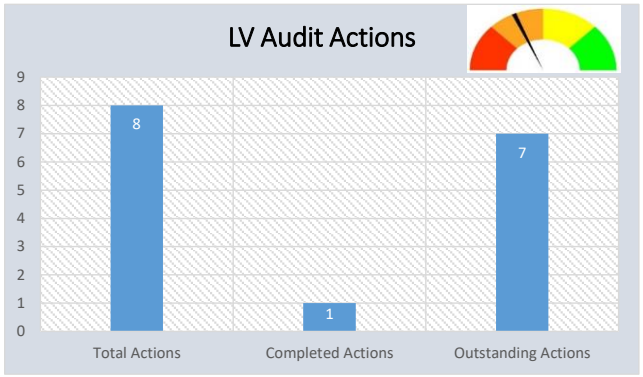
4.16	UHL		There is a contract in place for fixed wiring testing. Certificate audited was UNSATISFACTORY. A strategy needs to be agreed going forward, we would recommend consideration be given to testing areas 100% in their entirety and undertaking remedials at the same time as the test to limit the number of UNSATISFACTORY certificates being returned. (It may be prudent to include a schedule of rates for the top twenty common repairs as part of the tender process).	To be discussed with Gavin Evans	To discuss and forward current plan for testing 28/04/2026: Further update required to support the service contract currenlty in place.	28/03/2022	G Evans	31/12/2026	Ongoing
4.17	UHL		We believe resilience could be increased if switchgear was modified to accommodate the connection of a temporary generator and consideration given to making some areas of the distribution system N+1 particularly in group 2 medial locations.	Future options	Major infrastructure requirment or at least install external generator connections for LV panels. 28/04/2026: All main panel boards supported by a generator and tested in line with HTM requirements and Operation POET.	28/03/2022	G Evans	30/06/2023	24/04/2026
4.18	UHL		Emergency call out procedures should be clarified for both the in house and LV contractor during an outage. These should include the procedures for calling out the relevant staff (e.g. contact numbers etc.), retained within the operation and procedure manual for quick access and associated expected call out times clarified.	To be confirmed	Compile a full emergency plan book for shift/all to use as an emergency contact reference. 28/04/2026: These are created and distributed each week to the relevant parties as part of the On-Call Rota.	28/03/2022	P George	31/03/2023	24/04/2026
4.19	UHL		Contingency plans should also be drafted detailing the process/actions to be taken during various power supply failure scenarios e.g. long-term loss of mains from the DNO, catastrophic LV equipment failure, etc. These would assist and give confidence to the APs' and health board to ensure adequate arrangements are in place during these events.	Compile such plans	Compile a full emergency plan book for shift/all to use as an emergency contact reference. 24/04/2026: This work is currenlty being undertaken in line with our Business Continuity Documents.	28/03/2022	G Simpson	31/12/2026	Ongoing
4.2	UHL		Numerous UPS units require replacing due to age, please refer to recent service report undertaken by Powercontrol on 19.04.2022	Investigate, risk register and back log maintenance	List of these to be compiled and plan for change out. Maintenance plan in place and plan to upgrade change as required.	28/03/2022	G Evans	30/06/2023	31/07/2023
4.21	UHL		We would recommend the current APs' and CPs' have sufficient training to carry out interrogation of the systems and controlled switching of the IPS/UPS including any by pass facilities to gain familiarisation with the systems installed.	Discuss gaps in training and schedule correct training requirements	28/04/2026: All AP's and CP's have been trained locally to deal with such events. Escalation procedures given if required in the event of an emergency or failure to switch correctly.	28/03/2022	K Sartin	31/03/2023	24/04/2026

Action Plan: UHB (LV) Annual Report 2026

ID	Site	Status	Fault	Action	Comments	Date Raised	Action Owner	Target Completion Date	Actual Completion Date
6.1a	UHB		The LV Management Policy is out of date and needs to be reviewed prior to being ratified by the Board for publishing.	To update and amendments inline with WHTM and discussions with Authorising Engineer.	Finalising draft version and once checked will be distributed for electrical AP's and Project team for review and comment. The governance approval process is subject to the level of amendments made to the policy. i.e minor changes - implemented via the AMaT system, extensive changes to the policy will require review at Board level	02/03/2026	P George	31/06/2026	
6.1b	UHB		Nominate for appointment a suitable number of AP's (LV) for each site.	To have adequate LVAP's to cover the UHW, UHL and Community sites.	Currently have 4 LV APs appointed for UHW site. Currently have 2 LV APs appointed for UHL and Community sites, with 1 further undergoing LVAP assessment process with the LVAE.	02/03/2026	P George	30/04/2026	
6.1c	UHB		Ensure all future safety documentation follows procedures detailed within Tables 2-4 of WHTM 06-02.	Review current HTM Tables and procedures are followed.	LV APs always work and adhere to changes and HTM standards with safety documnetation. These are the introduction of LW1 & LW2 forms for live working.	02/03/2026	All LVAPs	31/03/2026	31/03/2026
6.1d	UHB		Switchroom access not fully controlled at UHW site.	LV switchrooms to have Garrisson type key fitted with key register ofr LVCPs and LVAPs	LV switchrooms are secure but are upgrading to improved key type and create a key register to control access and manage key distribution.	02/03/2026	P Cox	30/06/2026	
6.1e	UHB		SLA should be set up with a specialist to extend the servicing to cover all remaining ACBs' belonging to the LV system.	Asset list compiled and requires ratification on all ACB assests and battery chargers are cvered under service contract.	Asset list compiled and final check before issuing to compliance team to set up a contract. This asset list will be for UHW, UHL and Community sites.	02/03/2026	P George	31/05/2026	
6.1f	UHB		Consider installing a temporary mobile generator connection facility to all LV substations that do not currently have this facility installed.	Currently obtaining quotes for installing these temporary connections where feasible and practicable. Newly installed Switchbards have then installed.	Review each generator panels for age and will be installed where practicable.	02/03/2026	P Cox	31/12/2026	
6.1g	UHB		Re-establish the Electrical Safety Group and arrange quarterly meetings as a matter of urgency.	ESG Chairman to re establish the quarterly meetings and set future dates.	Set up meeting dates for 2nd, 3rd and 4th quarter of 2026.	02/03/2026	G Simpson	30/04/2026	
6.1h	UHB		Action outstanding recommendations highlighted in the previously issued triennial audits and report progress at the ESG.	Develop action plan and work through action tracker	Continue to work through actions from audit. P George to co ordinate the tracker and actions with electrical LV APs. Some actions may require significant funding and infrastructure improvemnts.	02/03/2026	P George	31/12/2026	

LV Audit UHB

Total Actions	8
Completed Actions	1
Outstanding Actions	7



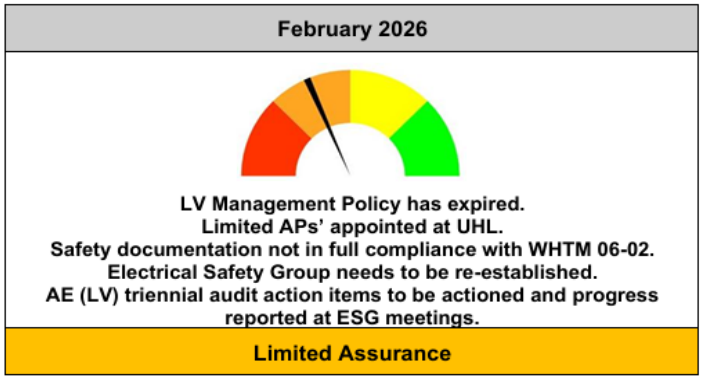


Figure 1 Overall Compliance Rating