Draft Minutes of the Public Digital & Health Intelligence Committee Meeting Held On 05 May 2026 Via MS Teams

To view a recording of the meeting click here.

Chair:		
Rhian Thomas	RT	Committee Chair / Independent Member – Capital & Estates
Present:		
David Edwards	DE	Independent Member – ICT
In Attendance:		
David Thomas	DT	Director of Digital & Health Intelligence
James Webb	JW	Head of Information Governance & Cyber Security
Geoff Walsh	GW	Director of Capital, Estates & Facilities
Robert Warren	RW	Assistant Director of Health, Safety & Fire
Frankie Ogden	FO	Head of Corporate Governance
Rachel Gidman	RG	Executive Director of People & Culture
Angela Parratt	AP	Director of Digital Transformation
Mark Wardle	MW	Consultant Neuroscientist
David Fluck	DF	Executive Medical Director
Secretariat		
Nikki Regan	NR	Corporate Governance Officer
Apologies		
Suzanne Rankin	SR	Chief Executive
Kirsty Williams	KW	CAV UHB Chair
Susan Lloyd-Selby	SLS	Independent Member – Local Authority
Steve Riley	SR	Independent Member - University
Rachna Upadhya	RU	Independent Member – General
Catherine Phillips	CP	Executive Director of Finance
Richard Skone	RS	Deputy Medical Director
Lorna McCourt	LM	Independent Member – Trade Union

Item No	Agenda Item	Action
D&IC 05/05/1.1	**Welcomes Introductions & Apologies** The Committee Chair – Rhian Thomas (RT) welcomed everyone to the public meeting and confirmed the meeting was quorate.	
D&IC 05/05/1.2	**Declarations of Interest** **The Committee resolved that:** a) No Declaration of Interest were noted.	
D&IC 05/05/1.3	**Minutes of the Meeting Held 10.02.2026** The Committee accepted the minutes from 10th February 2026 as a true and accurate record.	

	The Committee Resolved that: a) The Minutes of the Meeting held on the 10th February 2026 were confirmed as a true and accurate record.	
D&IC 05/05/1.4	**Action Log – Following the Meeting held on 10.02.2026** One action on the action log was noted as complete. **The Committee Resolved that:** a) The Action Log was discussed and noted.	
D&IC 05/05/1.5	**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 05/05/2.1	**Estates Briefing – Condition Survey** The Director of Capital, Estates & Facilities – Geoff Walsh (GW) highlighted the following points on the Estates Briefing – Condition Survey: • A significant increase in the reported backlog position to £753m, up from £173m previously. • 85% of the estate was in condition C (not optimal), with 10% in condition D/DX, which represents imminent risk of failure. • The D/DX rating was based on a surveyor opinion and plant condition, and while C-rated items were high risk, D/DX items were considered at imminent risk. • The 10% D/DX equated to £45m for CAVUHB alone, and the team was analysing which areas were affected, focusing on critical services like ITU, wards, and operating theatres versus admin areas. • Specific risks, such as the high voltage generator (no backup, manual intervention sometimes required) and the boiler house distribution board (failure would result in loss of heating, hot water, and mains water to ward blocks, with no local backup). • The catastrophic impact was emphasised if these systems fail, especially for hospital operations, and noted that the boiler house generator need was included in this year's capital funding request. • Ongoing work was highlighted, including a sensitivity check in ITU to trace dependencies (medical gases, electricity, UPS, pipework, cabling) and identify components needing attention. • The team was in dialogue with Welsh Government (WG) and was developing both immediate and longer-term schemes for resilience, such as a new 11kV substation and generator. The Executive Director of People & Culture – Rachel Gidman (RG) asked GW if he links in with the fire officers and whether they are part of the discussion or would be involved in the future. She also questioned if there was enough funding highlighted for the fire element of the agenda.	

	GW stated that he talked frequently with the Health, Safety & Fire team. He acknowledged fire was an issue and recognised as such, mentioning discussions about additional funding for compartmentation from the capital programme. He emphasised that the hospital had one of the most extensive fire alarm systems, which was constantly being upgraded, providing significant early warning capability. The independent Member – ICT – David Edwards (DE) noted that the report was a snapshot in time and observed that the backlog had increased significantly as a result of the survey, which exposed issues that may not have been previously known or fully understood. He asked how CAVUHB can keep this information current without having to conduct a full survey every year, expressing concern about maintaining up-to-date data as infrastructure ages and risks change. He was interested in the reaction received from WG when presented with the information about the £753m backlog, especially given that 10% of it was critical and could impact staff and patients. GW explained that he liaised with his counterpart in the civil service and confirmed that CAVUHB receives a fair share of funding from WG. He stated that even if WG provided the necessary funds immediately, services must continue running, and it would not be possible to spend all the money in a single year to address the issues. The current approach was to focus on the 10% of the estate at imminent risk and assess how these impact critical services such as theatres, ITU, and other essential areas. He noted that this work was taking longer than anticipated due to the depth and complexity of the information. He identified that the ward blocks were the areas most affected within the 10% D and DX risk category. WG asked for a plan, and GW confirmed that they were working on this plan as part of their ongoing work. DE noted that the civil servants GW is talking to in WG have a good understanding of how serious the situation is as a result of the survey and the extent of the challenge facing any incoming government. GW explained that they were undertaking some actions because they receive targeted Estates funding from WG, and they use their Estates risk register to identify and submit funding requests for those risks. He highlighted the need to strike a balance, as increasing targeted Estates funding reduces the discretionary capital available for other priorities like digital and clinical services. GW acknowledged that they have not yet ensured the risk register fully reflects the new condition survey, but the Estates team reviews the risk register every two months to monitor and update it. The CC asked GW if there was an expected timeline for when the team would have absorbed all the information from the surveys and updated the risk register accordingly. GW stated that asbestos will be an element in all the work, so costs have been estimated to include this factor. He mentioned that as the construction market changes, they will adjust their cost index accordingly as they move forward. GW noted that WG officials were not overly surprised by the figures from the survey, though the amount may have shocked some. He added that he would expect more senior people in WG to acknowledge the findings but focus on what actions will be taken in response.	

	The CC asked when the risk registers would be fully populated. GW confirmed the teams were learning how to use the registers, training was required for staff, and they need to work with the supplier to extract information efficiently. He stated it would be several months before the registers were fully populated. **The Committee Resolved that:** a) **T**he content of the report was noted. b) 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 was supported. c) 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 was supported.	
D&IC 05/05/2.2	**Capital & Estates Risk Register** GW highlighted the following points on the capital & estates risk register: • The paper is a monthly update on risk status, now almost fully transferred to the AMAT system. • There are still significant numbers of risks rated over 20 and many over 16, which are reviewed bi-monthly. • The risk register is used as the basis for investment requests, both for targeted Estates funding and discretionary capital, and for preparing schemes for slippage funding from WG. • Progress was made on replacing electrical infrastructure, specifically non-essential raising busbars, with final connections happening soon and essential busbars installation to follow. • Operation Poet at UHL was completed successfully, with lessons learned but no major issues. • The need for a new 11kV substation and generator at UHW and boiler house upgrades had already been discussed. • The targeted Estates funding was in its second year, with schemes moving forward, and there was hope for continued support from WG. • WG civil servants reviewed the appetite for targeted Estates Fund, and consensus is to continue it. • Recent schemes include roof replacement for a ward block, mental health projects, and the Wellbeing Hub Park in Ely, which WAs approved and starting soon. • A vision document team was appointed for phased redevelopment of the UHW site, funded by WG, to align with clinical service plans. • A business case for ITU refurbishment was being developed as a medium-term plan, with more discretionary capital available this year. • The draft plan is attached but not yet signed off. RG asked GW how he would get clinical engagement around the infrastructure build, emphasising the importance of clinicians helping to scope the project and questioning whether they had been involved yet or would be involved further down the line.	

	GW responded that clinical engagement would be further down the line, clarifying that the infrastructure build must be led by the Clinical Services plan, not by Estates alone. He stated that certain services (e.g., EU, Critical Care, operating theatres) are known to remain on the UHW site, and the current focus was on developing a vision document to guide redevelopment. He emphasised that detailed planning would require the help and advice of clinical leads as the process progresses. RG noted the refresh of the People and Culture Plan, highlighting the need to link it with the clinical service plan and to motivate and involve people. She mentioned that the People and Culture Plan would include the people safety aspect in one document, rather than having H&S separate, and suggested joining this up with GW's work. The CC asked GW about his approach for selling the need to WG, specifically whether it involves stressing the urgency and acuity of the projects, and requested an update on the Haematology project and insight into the narrative used to obtain more funding beyond the discretionary allocation. GW explained that for the Haematology scheme, they had gone back to the drawing board, recognising the need for ongoing dialogue and relationship with WG regarding the UHW redevelopment. He emphasised that they cannot stand still for the next 10–15 years, so for ITU, they were pursuing refurbishment as an interim solution, which is a significant investment (around £30m). WG was supportive and awaiting the business case. For Haematology, they plan to submit a strategic outline case with a high-level budget cost by the July deadline, aiming to demonstrate to WG that they have a clear direction of travel and secure their support for the funding required. **The Committee Resolved that:** a) The content of the report was noted and the level of investment required to address the assets identified as imminent risk of failure b) The appendices was noted and detailed data and findings which support the information included in the report c) The proposed schemes were noted and exercises to be undertaken to mitigate the risks	
	Items for Review & Assurance – Health & Safety	
D&IC 05/05/3.1	**Health & Safety Update and Health & Safety Tracker** The Assistant Director of Health, Safety & Fire – Robert Warren (RW) highlighted the following points: • No outstanding enforcement or improvement notices; recent South Wales Fire and Rescue Service (SWFRS) inspection of Lakeside building was positive, with no expected formal issues. • Health & Safety Culture Plan was 80% complete, now focused on embedding systems and habits across clinical boards, with a shift towards measuring outcomes rather than just action completion. • RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrence Regulations) submissions: 77 last year (lowest recorded), but 90% were due to staff absence over 7 days, which is higher than the national average (70%). Working to reduce this through engagement with Clinical Board leaders and People & Culture.	

	• Training compliance trends: ongoing review of VBA and manual handling training assignments, with some improvements and corrections; fire training compliance dropped but was being addressed with more online and Teams-based courses. • Lone worker system messaging campaign launched to improve awareness and usage, treating the device as essential PPE. • No fire incidents year-to-date at time of writing, except for a recent electrical fault at CRI under investigation. • 14 overdue risk assessments, all in low-risk areas; no inpatient areas overdue. • Significant capital investment in fire alarm systems at UHW, with ongoing upgrades expected to reduce unwanted fire signals. • Last year saw 14 fire incidents (double previous year), mainly due to smoking-related bin fires and unattended cooking; working with clinical boards to address behavioural causes. The CC noted that this was the first time Health and Safety (H&S) was incorporated into the committee and invited the team to suggest any deep dives they would like to present over the next year, emphasising the importance of making H&S a proper component of the committee. RG highlighted RIDDOR's educational importance for staff and the impact of long sickness absences. She stated that statutory fire training compliance should be at 85%, but CAVUHB was just over 70%. She was explicit and directive at executive reviews about the need to improve compliance, emphasising that people must complete their training and that more courses were being offered to address this. DE thanked RW for the report and noted that visitors and patients also fall under RIDDOR if incidents were work-related. He asked about the proportion of such cases out of the 77 reported and suggested that future reports should include trends and breakdowns (serious injuries, near misses, occupational diseases) to help the committee better understand the numbers and be more educated on the details. RW stated the 90% figure for over-seven-day absence reporting had been constant for years, and the 70% figure was directly from the HSE. He noted that dangerous occurrences and specified injuries (like fractures) were rare, which was positive. He was working with trade unions to support and empower staff to return to work after injury, including offering light duties if needed. He clarified that returning on light duties does not prevent incidents from being reported to RIDDOR, as full duties must be fulfilled for reporting to stop. The CC asked RW about the current status of the relationship between the organisation and partners such as the HSE and SWFRS, seeking his impression of those relationships. RW noted the relationship with HSE was good, mentioning they do not have a specific inspector assigned. He described the relationship with SWFRS as excellent, led by Ryan Paxford, and mentioned that Brecknock House was provided for their fire drills and practice.	

	The Committee Resolved that: a) The findings of the report was noted.	
D&IC 05/05/3.2	**Fire Alarm Response** RW highlighted that the paper was for noting. He confirmed the site teams will take over the fire alarm response from next Monday, following a review that found this approach better than the previous arrangement. RG highlighted that fire officers were previously taken away from training and risk assessment duties due to unwarranted fire alarms and noted the positive action of site teams supporting this, allowing fire officers to focus on their skill set. RW noted that SWFRS made the change in April last year, and he and Ryan Paxford thought it might be problematic and could hinder other things, but they tried it to give it a go. The CC tweaked the recommendation slightly to note and support the content of the paper. **The Committee Resolved that:** a) The contents of the paper was noted and supported.	
	Items for Review & Assurance – Digital	
D&IC 05/05/4.1	**Digital Roadmap and Work Programme Update** The Director of Digital – David Thomas (DT) highlighted the following points on the Digital Roadmap and Work Programme Update: • The Digital Foundations programme business case had undergone changes and would be discussed in detail in the private session due to commercial considerations. • The paper was progressing through internal governance and would go to May Board if cleared, emphasising the challenge of realising benefits and cashable savings. • Changes were being made to the digital roadmap, with rationale provided, and stressed reliance on external funding due to a zero-investment position. • National programme schemes were highlighted, including the business case for replacing the Mental Health and community system Paris, which has an end-of-life date in three years, requiring a decision during 26-27. • The Welsh Intensive Care Information System implementation, showing red status pending WG communication, and clarified the go-live date was scheduled for the 1st of June. • Tactical service delivery updates were noted, such as better access to data via Power BI, guardrails, and ongoing work on data cataloguing and platform support. The CC thanked DT for the overview and mentioned that, after reviewing the papers with green, amber, and red blocks, it might be worthwhile for the committee to have more insight or a deep dive into national programmes with additional context, possibly later in the year.	

	DE stated that the topic would be discussed in greater detail in the private session, but in public session, it would be worthwhile to spend time on the challenge of achieving cashable savings. He acknowledged it was a challenge, noting that while certain things would deliver savings and benefits, achieving cashable savings requires a disciplined and systematic approach that links across many areas. He asked if something could be said about the work being done to achieve these savings. DT agreed that the transformation needed was essentially a large change management programme. He acknowledged the work that the Director of Digital Transformation - Angela Parratt (AP) was doing by engaging with individual clinical boards, explaining the digital perspective and encouraging them to consider how their workforce will change. AP highlighted the following points on the Digital Roadmap and Work Programme Update: • Main challenge was that all clinical boards agree efficiency will be found and realised, but until the system was implemented, it's unclear where the savings or efficiencies would appear. • There was no "as is" mapping currently; both "as is" and "to be" mapping were needed to understand how workflows will change, which leads to service redesign. • The release of efficiency, productivity, and cash needs to be owned and driven by the clinical boards, as they manage, design, and deliver the services. • Digital Foundations was discussed as digital capabilities coming in as an enterprise process that spans all clinical boards, not just one niche area. Efficiency may manifest in different places, not necessarily within a single clinical board. • A very detailed benefits statement was shared with all clinical boards and this committee back in November. • All clinical boards and their finance business partners agree there will be efficiency and productivity gain, but it's difficult to know exactly what the route to cash will be. DE asked how, as part of the business case, CAVUHB can ensure there is a mechanism to effectively take money out of the UHB, turning efficiency savings into actual financial savings. He noted that extracting money out is more than just saving time; it required turning those savings into the money side of things, especially since CAVUHB is currently spending money that wasn't allocated. He stated the need for assurance about how this will be dealt with, acknowledging it wasn't something that can be answered immediately in committee. He expressed that he would want to see a mechanism where, for example, if a system achieves a £500k saving in a clinical board, that money is taken out of the clinical board's budget, with the board possibly making a case for spending it elsewhere. He added the need for grip and control, noting this is a whole-organisation digital transformation, not just a clinical board transformation. DT stated that implementing digital solutions will standardise and reduce variation, having a huge impact, especially in terms of time	

	saved or time released to care. He mentioned that efficiency gains can be pushed further into back-office functions, and automating or changing processes will create efficiency. He highlighted the importance of describing and tracking these changes to show benefits being realised, initially through back-office, and eventually through the Clinical Services plan and changing pathways, all supported by digital and data. He noted that future plans were predicated on digital and data as core enablers but emphasised the need to capture and measure the "so what" of these changes. He suggested learning from others who have gone through similar implementations and confirmed ongoing liaison with other organisations in NHS Wales and beyond to understand steps taken to improve efficiency and reduce resource needs. He concluded that it is a journey, but it is right to challenge how CAVUHB will capture these benefits. RG noted the importance of not seeing culture change initiatives in isolation, emphasising that the clinical services plan and digital foundation plan should be integrated as one. She stated that AI needs to be considered as part of the workforce plan, and that CAVUHB must look after AI agents as well as employees, reflecting a new concept for workforce planning. She highlighted the need to link staff capability with digital literacy and system changes, showing hope for the future and stressing that capability development should be included as part of the overall strategy. **The Committee Resolved that:** a) The progress and updates contained in the report were noted.	
D&IC 05/05/4.2	**Board Assurance Framework – Digital** DT highlighted the following: • The key aspects of the digital BAF were summarised, noting it was a first draft and appended the latest version for committee review. • The BAF would be updated for the May Board and asked committee members to consider whether they were getting sufficient oversight and detail. • The need to embed digital and cyber risk ownership consistently across clinical boards was addressed, explaining that digital deep dives are now part of Clinical Board Executive reviews and that James is engaging with clinical boards on cyber risk. • Referenced an audit report highlighting the need for consistent management of cyber risks and confirmed steps are being taken to address this, with progress to be reflected in the risk register. The CC noted that some controls in the digital BAF were outdated and sought assurance from DT that it would be updated before the next board meeting. She challenged the need to embed digital and cyber risk ownership consistently across clinical boards, asking how this was being tackled.	

	DT confirmed there is a digital deep dive slot at Clinical Board Executive reviews every three months. He stated the need for an overview of all information assets, noting not all are known to corporate services and clinical boards are being asked to engage. He explained that consistent application is being pursued, referencing an audit report and ongoing engagement with clinical boards to ensure cyber risk management is embedded. **The committee resolved that:** a) The director-led actions in place to manage and mitigate digital risk were noted and supported.	
D&IC 05/05/4.3	**Corporate Digital Risk Register** DT highlighted the following points on the Corporate Digital Risk Register: • All risks were now on AMaT and future reports will be more succinct, explaining the current format is due to temporary data loss in AMAT. • Cyber security remains the top risk, insufficient resources is a risk, and the risk rating for non-compliance with data protection legislation has increased due to resource backlogs. • Two data quality risks were amalgamated, and future presentations will include AMAT summaries with red/green/amber tracking. The Head of Corporate Governance – Frankie Ogden (FO) reported positive feedback, noting that all risks are now joined up centrally, whereas previously clinical boards worked in isolation with their own local risk registers. She explained that clinical boards can now engage with capital and estates, see linked risks, and work collaboratively, which was not possible before. She stated that as they start moderating risks within clinical boards, ownership of digital and cyber risks will be driven, working collaboratively with subject matter experts. **The Committee resolved that:** a) The progress and updated to the Risk Register report was noted.	
D&IC 05/05/4.4	**Information Governance (IG) Data Compliance** JW highlighted the following points on the data compliance: • Confirmed CAVUHB remains broadly compliant with IG requirements and no regulatory action has been taken to date. • Noted ongoing capacity pressures are impacting Freedom of Information and subject access performance, requiring senior management attention. RG mentioned that fire training, along with consent and information governance, was strongly pushed at executive board level, emphasising their importance. She stated she is supporting this agenda through the executive reviews. **The Committee resolved that:**	

	a) The series of updates relating to significant IG issues were received and noted.	
	Items for Approval / Ratification	
D&IC 05/05/5.1	**Annual Committee Report** DE expressed gratitude for the support provided by the corporate governance team throughout his tenure as committee member and chair, specifically in producing the annual committee report. **The Committee resolved that:** a) The annual committee report was noted.	
	Items for Noting and Information	
D&IC 05/05/6.1	**Minutes: Digital Directors Peer Group** Item for noting. . **The Committee Resolved that:** a) The minutes of the Digital Directors Peer Group were noted.	
D&IC 05/05/6.2	AE (LV) Annual Report CVUHB 2025 & Authorised Engineers Report Item for noting. **The Committee Resolved that:** a) The report was noted.	
	Any Other Business	
D&IC 05/05/7.1	The CC thanked everyone for an engaging meeting during her first time as chair of the committee and stated she is open to any changes or suggestions from committee members, inviting them to email or message her with feedback or ideas for evolving the committee.	
	Items to bring to the attention of the Committee	
D&IC 05/05/8.1	**Date & Time of next Meeting:** *Tuesday 04th August 2026 at 9am via MS Teams*	