



Digital Transformation

Betsi Cadwaladr University Health Board

June 2026



About us

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Audit snapshot

What we looked at

- 1 We looked at how Betsi Cadwaladr University Health Board's (the Health Board) approach to digital transformation is supporting service improvement. This included its approach to digital strategy, leadership, and skills development. We also considered how the organisation manages risks around digital infrastructure, cyber resilience, and Artificial Intelligence (AI).

Why this is important

- 2 Digital technology is a key enabler to many of the aims of A Healthier Wales. That plan says that new technologies and digital approaches will be an important part of the future whole system approach to health and care.
- 3 However, achieving digital transformation is challenging. It requires investment, the right infrastructure, and staff engagement and training. Systems need to communicate with one another, and organisations must manage ever-growing risks around cyber resilience.
- 4 Digital transformation isn't just about technology, it's about culture and leadership. The boards of NHS bodies have a key role in approving and owning the organisation's digital strategy. Boards also need assurance that digital transformation is being managed safely and effectively, and that investment is securing the intended benefits.

What we have found

- 5 The Health Board's digital strategy is not Board approved nor fully funded or aligned to corporate strategy and clinical plans. This, combined with recent senior digital leadership capacity challenges, has slowed progress. It has also resulted in a reactive rather than a transformational approach. Revenue investment in digital has risen significantly over the past five years, but current challenges suggest this spending may not be delivering sufficient value or impact.
- 6 There is good consideration to and assurance on key digital risks. However, digital infrastructure remains a major weakness. The Health Board has a large, ageing digital estate and low digital maturity. This in part is caused by limited capital, short-term funding and capacity constraints. Current digital investment is focused more on keeping services running, than using digital to transform them.
- 7 The Health Board does not have an organisation-wide view of the digital skills of its workforce. Whilst there is a digital training framework, there is no funded long-term model to build digital skills and capabilities. Staffing shortages in key digital roles and pressure on frontline staff time and other mandatory training competes with time for digital training.
- 8 The Health Board understands the need to tackle digital exclusion. There are some good examples of staff, patient and clinical engagement in digital developments. However, the Health Board does not routinely monitor whether digital inclusion is improving.
- 9 The Health Board works closely with national and regional partners and is generally supportive of a Once for Wales approach. The Health Board has successfully implemented a range of local and national digital projects over the last few years. However, its progress reporting to committees needs strengthening. The Health Board also has some good examples of capturing the lessons from its digital projects. However, it needs to do more to assess whether planned benefits are achieved.

What we recommended

10 We have made 8 recommendations to the Health Board which focus on:

- Adoption, alignment and financial planning for the digital roadmap.
- Strengthening Board and Committee oversight of digital.
- Developing clear succession planning for senior digital roles.
- Improving assurance over digital and cyber risks.
- Establishing clear approach for artificial intelligence.
- Building workforce readiness for digital transformation.
- Ensuring digital inclusion impacts are understood.
- Developing Board visibility on digital project evaluation.

Key facts and figures

The Health Board's digital revenue budget has significantly increased from £21.2 million in 2021–22 to £38.1 million in 2025–26.

The Health Board is currently at HIMSS EMRAM Level 1, and HIMSS INFRAM level 2 status. This indicates exceptionally low digital maturity. It means there is continued reliance on paper-based processes and fragmented systems.

Internal Audit gave substantial assurance in 2023 for the Health Board's cyber security arrangements. However, a more recent Cyber Resilience Unit assessment identified outstanding actions that it needs to close.

The Health Board operates over 400 digital systems across its estate, creating complexity and integration challenges.

425 members of staff completed the HEIW Digital Capability Framework self-assessment. This is the highest engagement in Wales but still a small proportion of the workforce.

Our findings

Strategy, planning and leadership

The Health Board digital strategic approach is not mature

Digital strategy and plans

- 11 The Health Board aims to use digital, data and technology to support service transformation. Its draft Digital and Data Roadmap sets out a long-term vision for digitally enabled care and aligns with national strategies. This includes the 'Once for Wales' approach. The Health Board developed the roadmap with input from clinicians, staff and patients. It also acknowledges low digital maturity and prioritises stabilising core infrastructure alongside longer-term transformation.
- 12 The Health Board's digital objectives are not completely joined up with its overarching long-term strategies. The Health Board has embedded short-term digital objectives in the IMTP 2025–28 and monitors them through routine performance management. However, the draft Roadmap does not fully align with the long-term Health Board strategy or clinical plans. This reduces Board assurance that priorities, dependencies and resources will deliver the longer-term digital ambition.
- 13 The Health Board has not yet turned its digital ambition into a fully costed, sequenced delivery plan. While the Digital and Data Roadmap describes themes and phases, it does not set out medium- to long-term capital, revenue and workforce requirements. This is a concern because the Health Board reports that resourcing constraints prevented delivery of parts of its previous Digital Strategy.

Board ownership of digital transformation

- 14 The Health Board has not formally approved the digital roadmap. Without that approval, there is a risk that initiatives are reactive and respond to short-term pressures rather than a shared strategic direction. The roadmap does not act as the definitive reference point for prioritising, decision-making and accountability.
- 15 The Board does not yet understand Members' digital capability, although it plans to review this in the next year. Until it completes that assessment, it cannot be confident it has the capability to challenge and oversee digital transformation effectively. Board development sessions are focussing on key challenges. This includes a cyber security session in 2024-25 and sessions to support strategy and IMTP development.
- 16 The Health Board continues to take part in the All Wales Directors of Digital and IM Digital Network. This participation enables organisations to share learning and good practice, and it keeps the Health Board engaged in national discussions that shape and support its digital transformation.

Roles, responsibilities, and accountability

- 17 Digital roles and responsibilities at an operation level are not yet fully effective. The Health Board has set up several groups to oversee digital work. This is led by a Senior Leadership Team supported by technical, clinical and delivery teams. These groups share responsibility for planning and managing digital activity. The Health Board reviewed the DDaT (Digital, Data and Technology) operating model in 2023-24, however, roles, structures and accountabilities are not yet fully embedded.
- 18 The Chief Digital and Information Officer (CDIO) leads digital. The post is supported by the Digital Senior Leadership Team and clinical digital leaders. However, resourcing pressures in the senior digital team have also slowed progress. Long-term sickness and other planned departures compound the pressures. The Health Board is taking steps to manage these risks. However, it needs to ensure these capacity issues do not constraint digital delivery.

19 Governance and oversight mainly focuses on digital risks and not the outcomes of digital programmes. Board reports do not clearly show how digital work is helping to deliver its wider goals. The Planning, Population Health and Partnerships (PPHP) Committee oversight has been limited recently. It is focussing on managing risk rather than guiding and challenging digital progress.

Identifying and managing risks

The Health Board recognises its digital risks, however, has not taken all the actions needed to manage these

Strategic digital risks

20 The Health Board understands its main strategic digital risks. The Corporate Risk Register and Board Assurance Framework capture digital transformation and cyber risks. Some are caused by complex legacy systems. This increases the chance that digital failures could affect patient safety, service continuity and service modernisation. The Board discuss the digital risks, although many remain because of the action to address them are reliant on extra investment (**paragraphs 37-41**).

Digital infrastructure risks

21 The Health Board has not put effective actions in place to manage its significant infrastructure risks. The Essential Service Programme prioritises investment in core infrastructure to address the most significant risks. However, this approach focuses on maintenance rather than transformation and it is underfunded (**paragraph 40**). The Health Board also identified additional infrastructure investments as part of its Electronic Health Records (EHR) business case. However, this was not progressed due to Welsh Government's ambition for a centralised EHR (**paragraph 40**). The Health Board monitors these risks, but unless it allocates sufficient resources to close the gaps, risks will stay high.

22 Independent reviews show that digital maturity is very low. External assessments rate the Health Board's digital infrastructure maturity as low under both HIMSS EMRMA and INFRAM¹. This means that the Health Board continues to rely on paper-based systems and its infrastructure does not support reliable, resilient and modern digital care delivery.

¹ These terms are explained in the 'key terms' appendix of this report.

Cyber resilience

- 23 The Health Board recognises its cyber risks, but controls are not fully effective. A recent review by the Cyber Resilience Unit rated the Health Board as “*not achieved*” against the Cyber Assessment Framework and highlighted areas for improvement. The Health Board is working to address these issues. Until it resolves ageing systems, complex infrastructure and reliance on suppliers, its exposure to cyber risk will remain high.
- 24 The Health Board has clear and formal arrangements to gain assurance on cyber security. Officers report cyber risks regularly to the Information Governance Group, the Performance, Finance and Information Governance Committee, and ultimately to the Board. However, workforce pressures increase vulnerability and dealing with these challenges place additional demands on the Cyber team.
- 25 The uptake of staff mandatory cyber training is not sufficient. The Health Board works with DHCW’s NHS Wales National Security Operation Centre and takes part in resilience exercises. It runs a Cyber Security Awareness Programme. This includes a mandatory e-learning and quarterly phishing exercises, supported by staff bulletins. However, only 83% of staff have completed the e-learning, which leaves almost 3,000 staff yet to complete it. The cyber team also runs increasingly sophisticated phishing tests. Recent results show scope to improve awareness. The Health Board is taking action to address this risk by targeting high-risk users with additional training.

Artificial intelligence

- 26 The Health Board has not yet set a strategic approach for Artificial Intelligence (AI). It recognises AI as an emerging enabler for diagnostics, decision-making and efficiency. The Health Board already uses some AI-enabled tools. For example, it is trialling the use of AI for cancer diagnosis. Overall, it remains at an early stage in defining its strategic vision for AI.

27 The Health Board does not yet effectively capture its AI risks. The Corporate Risk Register does not explicitly capture AI-specific risks. This limits Board assurance that the Health Board manages emerging AI risks systematically. Until it puts clear governance and risk management arrangements in place, the Health Board risks delaying safe innovation or adopting AI without sufficient oversight.

Digital skills

The Health Board recognises the importance of digital skills development; however, its approach is not well progressed

Assessing digital skills

28 The Health Board's progress on developing its staff digital skills has been slow. It has drafted a Digital Training Strategy, but it has not yet put effective delivery arrangements in place to deliver it. It has also developed a Digital Academy, but progress on delivering the objectives of the academy have been much slower than planned. As a result, the Health Board still lacks a funded, long-term digital skills delivery model. Instead, it relies on short-term initiatives and local training instead of a coordinated organisational approach.

29 The Health Board does not have a complete picture of staff digital skills. It recognises that it needs this insight and included a specific digital skills assessment as part of its draft digital training strategy. However, staff across the organisation have not used or adopted the assessment widely.

30 In addition, only a small number of staff have used the Digital Capability Framework (DCF). The DCF is an external tool and is different to the Health Boards own internal assessment. It is used to measure staff's basic IT capability rather than wider digital skills to support digital transformation. The Health Board has greater take-up than some other health boards, but only 425 of 21,600 staff completed the DCF. This leaves the Board with limited assurance on workforce readiness for current and future digital initiatives.

Developing digital skills and capacity

31 The Health Board continues to face challenges recruiting and retaining digital specialists. This includes cyber and AI skills. The competitive commercial market intensifies that pressure. While the Health Board understands these risks, it could impact digital delivery unless it addresses them.

Collaboration and involvement

The Health Board is committed to user led digital systems, but it doesn't know if its actions are having the necessary impact

Reducing digital exclusion

- 32 The Health Board recognises the importance of digital inclusion to prevent inequality of access to services. However, it has not yet put a clear, organisation-wide framework in place. There are some good examples where the Health Board has started to factor digital inclusion into service delivery. For example, the Child and Adolescent Mental Health Services project considered accessibility, different ways to access services, and user needs.
- 33 The Health Board does not routinely monitor whether digital inclusion is improving. As a result, it cannot be assured whether its digital systems help or hinder access for some groups of the public or staff, particularly people with protected characteristics.

Staff and service user involvement

- 34 The Health Board recognises the need to engage staff and partners in digital transformation. It effectively engaged clinical, operational and digital staff during the development of the Digital and Data Roadmap. This shows the Health Board understands that digital strategy must respond to broader needs and views than just those of specialist digital teams.
- 35 The Health Board has worked well with others to help set its digital priorities. Clinical and service teams have been involved in shaping key digital projects, particularly in relation to national systems and service-specific projects. Groups such as the Clinical Design Authority helps make sure digital work reflects clinical input and meets service needs.

36 While the Health Board is engaging its staff, its arrangements do not yet lead to consistent use of digital systems across the organisation. The recent INFRAM review rated the Health Board at the lowest level for “adoption”. This means that staff are not yet using digital systems in a consistent or effective way.

Using digital developments to support service transformation

While implementing digital projects, risks to delivery and funding levels are limiting its digital transformation ambitions

Investment in digital transformation

37 The Health Board has increased investment in digital transformation, but it will need significantly more to meet its ambitions. **Exhibit 1 and 2** show digital revenue spend has risen sharply over five years, however, is not planned to increase significantly over the next three years. Some of this increase is due to one off funding allocated through the Health Board's internal financial prioritisation process.

38 The Health Board has used much of the spend to maintain current services and deliver national digital programmes, rather than to support wider digital transformation. Despite increases in funding, current challenges suggest this spending may not be delivering sufficient value or impact. Without a long-term investment plan, the Board cannot judge affordability, value for money, or risk to delivery.

Exhibit 1: Annual capital and revenue investment in digital (2021–22 to 2025–26)

Financial Year	Capital (£m)	Revenue (£m)
2021-22	3.1	21.2
2022-23	1.3	27
2023-24	2.3	33
2024-25	3.6*	36.5
2025-26	4.1	39.3

Source: Health Board supplied data

Note: *In the 2024-25 financial year, the Health Board also received an additional £4 million capital grant funding

Exhibit 2: Planned annual capital and revenue investment in digital 2026–27 to 2028-29

Financial Year	Capital (£m)	Revenue (£m)
2026-27	2.8	42
2027-28	2.6	42
2028-29	2.2	42

Source: Health Board supplied data

39 There are insufficient capital resources to deliver the Health Board’s digital transformation ambitions. Whilst the Health Board does not have a funded digital investment plan for its digital strategy, it has undertaken work to identify aspects of its digital capital funding requirements.

40 This includes its Essential Services Programme (ESP). This programme has an annual capital funding requirement of £10 million, leaving a gap in capital funding gap of £7.6 million. Its outline business case for an Electronic Health Record identified a further capital funding requirement of £92 million. The current annual capital funding for digital is £2.8 Million, leaving a significant shortfall (**Exhibit 2**).

41 Future capital spend is forecast to decrease over the next three years. Whilst the Health Board has used short-term Welsh Government grants to help, this is not sustainable. Without closing its capital funding gap, digital risks will remain high and progress on digital transformation will be limited.

Local and national digital projects

42 The Health Board has delivered a range of local and regional digital projects to support service improvement. These include new systems in clinical and operational areas, such as the Therapies Services System Replacement and new digital systems in Ward 6 at Ysbyty Glan Clwyd. These projects were often developed to respond to service pressures, local need and aging systems.

- 43 The Health Board is also delivering major national programmes. These include Radiology Informatics System Project, the Mental Health Electronic Health Record, Electronic Prescribing and Medicines Administration, and Laboratory Information Management System.
- 44 Recent reports to the PPHP Committee highlight serious delivery risks, such as testing problems and delays caused by changes to scope. However, recent reports to the Board do not clearly describe the size or nature of these issues. This means the Board may not understand the risks in time to take action to protect delivery and expected benefits.
- 45 The Health Board works closely with Digital Health and Care Wales, Health Education and Improvement Wales, Welsh Government, and the Clinical Networks within NHS Performance and Improvement. It supports national systems and the Once for Wales approach, and it works with partners to align plans, improve system links and avoid duplication. However, putting these systems into practice remains difficult. Old systems, limited staff readiness and gaps in infrastructure slows progress and reduce the benefits the Health Board can gain from national digital systems.

Evaluating digital solutions

- 46 The Health Board's approach to evaluating digital solutions is not yet mature. It recognises the need to agree benefits and capture learning, and it has a Benefits Management Framework. Many digital projects use PRINCE2, which requires benefits management and post-project review. The Health Board has completed some post-project evaluations of its digital projects. This includes the national radiology system project. However, delays mean most benefits have not yet materialised and reporting does not yet show benefits or impact. It is important for the Health Board to revisit expected benefits to confirm if projects have been successful.
- 47 Committee and Board reporting does not routinely set out benefits achieved or value for money. This makes it harder for the Board to judge whether digital investments were worthwhile or learn lessons to support future decisions.

Recommendations

48 The following table details the recommendations arising from our work.

Recommendations

- R1 The Health Board should formally refresh and approve its Digital and Data Roadmap, to ensure that it:
- aligns to the Health Boards Ten Year Strategy and evolving clinical services planning; and (**paragraph 12**)
 - is supported by a clear, funded and approved digital plan, that sets out digital priorities, benefits, key projects, and risks. (**paragraphs 39 and 47**)

- R2 The Health Board should ensure that it has a clear succession plan for its DDaT Senior Leadership Team and that this team has sufficiently capacity to deliver its digital ambitions. (**paragraph 18**)

- R3 The Health Board should strengthen Board and committee oversight of digital transformation by:
- R3.1 agreeing a consistent set of clear milestones, progress measures, and programme risk updates; and
- R3.2 ensuring these measures are regularly reported to Board and committee (**paragraph 19**)

R4 The Health Board should strengthen its cyber security assurance by addressing weaknesses identified in the CAF recommendations by September 2026. **(paragraph 23)**

R5 The Health Board should develop a clear AI strategy and ensure this is underpinned by clear governance and risk management arrangements. **(paragraphs 26 and 27)**

R6 The Health Board should strengthen its approach to digital skills by:

- R6.1 developing a clear understanding of key gaps in the digital skills of its workforce; and
- R6.2 developing a funded, structured and organisation wide approach to address digital skills gaps. **(paragraphs 28 and 29)**

R7 The Health Board should strengthen assurances on digital inclusion and adoption. In doing so, it should routinely evaluate and report impacts and adoption levels of digital systems as well as the factors that are barriers to take-up. **(paragraphs 32 and 33)**

R8 The Health Board should:

- R8.1 embed its approach for evaluating digital investments, programmes and projects; and
- R8.2 routinely report to Board and committee whether digital investments are delivering improvements, value for money and better use of resources. **(paragraphs 46 and 47).**

Appendices

1 About our work

Scope of the audit

The goal of this audit is to find out if the Health Board is using digital technology to support service modernisation and efficiency. This included the approach to strategy, leadership, and skills development for digital transformation, and how risks around digital infrastructure, cyber resilience and artificial intelligence are being managed.

Audit questions and criteria

Questions

Our audit addressed the following questions:

- Does the Health Board have a well-led and appropriately resourced approach to digital transformation?
- Is the Health Board developing the digital skills, capacity, and capability of its workforce?
- Does the Health Board have a clear plan for managing its cyber resilience arrangements and digital infrastructure and how they will need to change to support its digital transformation ambitions?
- Does the Health Board engage effectively with staff, partners, patients / service users to deliver its digital transformation ambitions and minimise digital exclusion risks?
- Is the Health Board actively utilising new digital technology and data solutions to enhance the accessibility, quality, efficiency, and productivity of its services?

Criteria

Our audit questions were shaped by:

- External reference input from the Welsh Government, all-Wales NHS Directors of Digital, and Digital Health & Care Wales.
- Relevant Welsh Government strategies and plans.
- Relevant NHS Digital Transformation review reports completed by the National Audit Office and House of Commons Health and Social Care Committee.
- NHS England Department of Health & Social Care: A plan for digital health and social care policy paper.
- NHS England Transformation Directorate: What good looks like framework.

Methods

We asked the Health Board to:

- Complete a self-assessment to help us understand how the organisation is undertaking digital transformation.
- Give us facts and figures about its spending on digital technology, staff digital skills, cyber resilience, and how it involves people in digital transformation.

We reviewed a range of documents, including:

- Planning, Population Health and Partnerships committee papers and minutes.
- Key strategies and plans, including the Digital Road Map and Annual Plan.
- Key risk management documents, including the Board Assurance Framework.
- Relevant policies and procedures.
- Reports prepared by other relevant external bodies.

We interviewed the following key stakeholders:

- Chief Executive
- Director of Finance
- Interim Director - Digital, Data and Technology
- Assistant Director – Data, Intelligence & Insight
- Chair of Planning, Population Health and Partnerships (Committee)
- Chief Technology Officer

We observed Board meetings.

2 Key terms in this report

Term	Description
Corporate Risk Register	A Corporate Risk Register sets out the organisation's significant risks (either those with high scores or organisation-wide impact) and the actions in place to manage them.
Electronic Prescribing and medicines administration (ePMA)	A system in its hospitals, designed to improve patient safety through better documentation, streamlined workflows, and more efficient access to medication records as part of NHS Wales Digital Medicines Programme.
EMRMA	Electronic Management Records Maturity Assessment – provides an assessment of where Health Bodies stand on full use of your patient health records.
Essential Services Programme	The Essential Services Programme is the Health Board's core programme for maintaining the safety, stability and operability of its existing digital and IT estate.
HEIW's Digital Capability Framework	A national model outlining the digital skills, behaviours and confidence health and care staff need, organised into six capability domains with a self-assessment tool for development.
HIMMS	Healthcare Information and Management Systems Society – a global, non-profit organisation dedicated to improving health quality, safety, and cost-effectiveness through the best use of information technology and management systems.

Term	Description
INFRAM	Infrastructure maturity and adoption model, designed to assess requirements for safe and effective care deliver.
Integrated Medium-Term Plan	An Integrated Medium-Term Plan is a three-year plan that sets out how the organisation will deliver its services, manage its workforce, and meet its financial duties to break even. The organisation submits its plan to the Welsh Government for approval.
Once For Wales	National approach in NHS Wales where a digital system, process or standard is designed, procured and implemented once at a national level, rather than each Health Board creating its own version.
PRINCE2	PRINCE2 is a globally recognised, structured project management methodology that divides projects into manageable stages focusing on control, clarity, and alignment with strategic objectives.
Strategic Risk Register	The Strategic Risk Register sets out the risks linked to the organisation's strategic objectives, and the controls and assurances in place to manage those risks.

3 Management response form

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
R1	<p>The Health Board should formally refresh and approve its Digital and Data Roadmap, to ensure that it:</p> <ul style="list-style-type: none"> aligns to the Health Boards Ten Year Strategy and evolving clinical services planning; and (paragraph 12) is supported by a clear, funded and approved digital plan, that sets out digital priorities, benefits, key projects, and risks. (paragraphs 39 and 47) 	<p>A refreshed Digital and Data Roadmap will be developed and aligned to the Health Board's Ten-Year Strategy and clinical services plans. A supporting funded delivery plan will be produced setting out priorities, benefits, key programmes, dependencies and risks for Board approval.</p>	December 2026	Assistant Director Patient Records and Digital Integration Department/ Assistant Director of Compliance and Business Manager
R2	<p>The Health Board should ensure that it has a clear succession plan for its DDaT Senior Leadership Team and that this team has sufficiently capacity</p>	<p>A succession and workforce capacity review of the DDaT senior leadership structure will be completed to identify resilience gaps and future</p>	September 2026	Assistant Director Patient Records and Digital Integration Department/ Assistant Director of

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
	to deliver its digital ambitions. (paragraph 18)	resource requirements aligned to delivery priorities.		Compliance and Business Manager
R3.1	<p>The Health Board should strengthen Board and committee oversight of digital transformation by:</p> <ul style="list-style-type: none"> agreeing a consistent set of clear milestones, progress measures, and programme risk updates. (paragraph 19) 	<p>Digital transformation Project and programme updates will be regularly reported through to DDaT Senior Leadership Team (SLT), Exec Committee on a quarterly basis and onward presentation to Planning Population Health and Partnership Committee (PPHP) twice a year and will include progress against milestones, deliverables and associated risks.</p>	September 2026	Assistant Director of Digital Delivery
R3.2	<p>The Health Board should strengthen Board and committee oversight of digital transformation by:</p> <ul style="list-style-type: none"> ensuring these measures are regularly reported to Board and committee. (paragraph 19) 	<p>Digital transformation Project and programme updates will be regularly reported through to DDaT Senior Leadership Team (SLT), Exec Committee on a quarterly basis and onward presentation to Planning</p>	September 2026	Assistant Director of Digital Delivery

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
		<p>Population Health and Partnership Committee (PPHP) twice a year and will include progress against milestones, deliverables and associated risks.</p>		
R4	<p>The Health Board should strengthen its cyber security assurance by addressing weaknesses identified in the CAF recommendations by September 2026. (paragraph 23)</p>	<p>An action plan will be implemented to address identified Cyber Assessment Framework (CAF) recommendations, supported by ongoing cyber programme activity including delivery of a cyber roadmap, CAF gap analysis, risk assessment of critical systems, and enhanced monitoring capabilities. Progress will be reported through established cyber governance and assurance arrangements.</p>	September 2026	Chief Technology Officer

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
R5	<p>The Health Board should develop a clear AI strategy and ensure this is underpinned by clear governance and risk management arrangements. (paragraphs 26 and 27)</p>	<p>An organisational AI strategy and governance framework will be developed to support safe, ethical and effective adoption of AI technologies, including risk management and assurance arrangements.</p>	March 2027	Assistant Director of Compliance and Business Manager/ CCIO
R6.1	<p>The Health Board should strengthen its approach to digital skills by:</p> <ul style="list-style-type: none"> • developing a clear understanding of key gaps in the digital skills of its workforce; and (paragraphs 28 and 29) 	<p>A Digital Skills Assessment will be implemented to establish a clear baseline of current and future workforce capability gaps across services. This will be delivered through the Digital Academy programme and aligned to organisational priorities future workforce capability gaps across services and staff groups</p>	December 2026	Chief Technology Officer
R6.2	<p>The Health Board should strengthen its approach to digital skills by:</p>	<p>A structured Digital Academy programme will be developed and delivered, including consolidation of training</p>	March 2027	Chief Technology Officer

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
	<ul style="list-style-type: none"> developing a funded, structured and organisation wide approach to address digital skills gaps. (paragraphs 28 and 29) 	resources into a single Learning Management System (LMS) and targeted training aligned to priority programmes. This will provide a sustainable and scalable approach to addressing digital skills gaps.		
R7	The Health Board should strengthen assurances on digital inclusion and adoption. In doing so, it should routinely evaluate and report impacts and adoption levels of digital systems as well as the factors that are barriers to take-up. (paragraphs 32 and 33)	Arrangements will be strengthened to evaluate digital system adoption and user experience. This will include monitoring uptake identifying barriers to adoption and embedding mitigating actions within plans.	December 2026	Chief Technology Officer
R8.1	<p>The Health Board should:</p> <ul style="list-style-type: none"> embed its approach for evaluating digital investments, programmes and projects; and (paragraphs 46 and 47). 	The Health Board recognises that it needs to strengthen its approach to recognising benefits (including apprising the value and impact) from digital programmes and projects.	March 2027	Assistant Director of Digital Delivery

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
		<p>It has invested in a Digital Benefits lead and has developed a Benefits Management Framework V3 18/11/2025 which includes value and appraisal approach as many digital system implementations take several years, and a period of bedding in is required before benefits materialise.</p> <p>Regular reports are sent through to DDaT Senior Leadership Team (SLT), Executive Committee on a quarterly basis and onward presentation to Planning Population Health and Partnership Committee (PPHP) twice a year and will commence reporting output from the benefits framework as part of the regular reports.</p>		
R8.2	<p>The Health Board should:</p> <ul style="list-style-type: none"> • routinely report to Board and committee whether digital 	The Health Board recognises that it needs to strengthen its approach to recognising benefits	March 2027	Chief Technology Officer /Assistant

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
	<p>investments are delivering improvements, value for money and better use of resources. (paragraphs 46 and 47).</p>	<p>(including apprising the value and impact) from digital programmes and projects.</p> <p>It has invested in a Digital Benefits lead and has developed a Benefits Management Framework V3 18/11/2025 which includes value and appraisal approach as many digital system implementations take several years, and a period of bedding in is required before benefits materialise.</p> <p>Regular reports are sent through to DDaT Senior Leadership Team (SLT), Executive Committee on a quarterly basis and onward presentation to Planning Population Health and Partnership Committee (PPHP) twice a year and will commence reporting output from the benefits framework as part of the regular reports.</p>		<p>Director of Digital Delivery</p>

About us

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