Archwilio Cymru
Audit Wales

Digital transformation

Cardiff and Vale University Health Board

July 2026

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Mae’r ddogfen hon hefyd ar gael yn Gymraeg.

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Audit snapshot

What we looked at

1 We looked at how Cardiff and Vale 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 has a clear digital ambition and recognises digital as a key enabler of service quality, safety and sustainability. However, there are areas where greater clarity is needed for some Members of the Board on how this ambition will be delivered. Despite this, the Board shows strong ownership of digital transformation and has put governance arrangements in place to highlight key digital risks and priorities.

6 There is a significant risk that the Health Board will not fully deliver its digital ambitions. This includes an ageing and fragmented infrastructure, and gaps in workforce digital skills. Ongoing uncertainty over the affordability and funding of the five-year Digital Foundations Programme may further constrain delivery.

7 The Health Board broadly understands its main digital, cyber, infrastructure risks and is taking action to improve assurance on these. It is also developing a better understanding of its AI risks. However, current arrangements are not yet effective. As a result, these risks still represent areas of ongoing concern for the Board.

8 The Health Board is committed to using digital to improve patient outcomes and service quality. It understands the importance of digital inclusion and has arrangements in place for clinical engagement. However, approaches to engage staff and service users in the design and adoption of digital projects continue to develop.

9 The Health Board works closely with national and regional partners and is supportive of a Once for Wales approach where these are appropriate. The Health Board has successfully implemented a range of local digital projects over the last few years. However, delays or changes in national programmes and the limitations of its current infrastructure is impacting local delivery and are having a knock-on effect to delivering the Health Board's digital transformation.

What we recommend

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

- Strengthening strategic delivery and affordability;
- Develop the Board's understanding of digital;
- Improving assurance over digital and cyber risks;
- Establishing a clear approach for Artificial Intelligence;
- Building workforce readiness for digital transformation;
- Having a clear contingency plan for funding its digital transformation;
- Embedding how it works with staff and patients in its digital developments; and
- Reporting on its digital programme benefits.

Key facts and figures

Of the Health Board's workforce of approximately 17,000 staff, only 323 had completed the HEIW Digital Capability Framework self-assessment tool as of November 2025.

Since March 2025, the Health Board has had four reportable incidents to the Cyber resilience unit.

The Health Board is currently at HIMSS EMRAM Level 1, and HIMSS INFRAM level 2 status, indicating very low digital maturity and continued reliance on paper-based processes and fragmented systems.

The Health Board has signed up to Digital Communities Wales Digital Inclusion Charter.

Our findings

Strategy, planning and leadership

The Health Board has a reasonably clear strategic digital approach and oversight. However, the accountabilities of the clinical boards for digital are not fully effective.

Digital strategy and plans

11 The Health Board has a clear understanding of what is needed for its digital transformation. While its five-year Digital Strategy is outdated, the Digital Foundations Programme Roadmap clearly identifies the Health Board's focus for its digital agenda, setting out key digital priorities for the next five years. Through this it seeks to meet its statutory obligations, improve day to day efficiency, effectiveness, improve quality and is central to the delivery of its short- and long-term commitments.

12 The original digital strategy and current roadmap align with the national 'Once for Wales' approach. The roadmap has clear links to the Health Board's Annual Plan and long-term wellbeing strategy, which also brings together the Health Board's medium to longer term financial, estates and workforce aspirations. However, it still needs to align to clinical service priorities. The Health Board plans to update its Digital Strategy. This should further strengthen the link between digital planning and annual planning.

13 The Digital Foundations Programme sets out the Health Board's digital plan. The programme recognises the Health Board's current low levels of digital maturity. It describes a phased approach to renewing infrastructure, improving the way in which systems can work together, building digital skills and aiming to achieve HIMMS EMRAM level 3 maturity within five years. It also sets milestones and key dependencies.

14 Clinicians and senior leaders have effectively supported the development of this programme. A detailed business case supports it which sets out financial and non-financial benefits. These include improving patient safety and clinical effectiveness and reducing variation and inequality in care. The Health Board expects that its Digital Foundations Programme will start this year.

Board ownership of digital transformation

15 The Board shows strong ownership and commitment to digital transformation. It treats digital as a strategic enabler, not just a technical function. The Board understands the scale of the challenge and the key role of the Digital Foundations Programme in supporting safe and effective services. The Digital and Infrastructure Committee supports effective oversight. An Independent Member chairs the Committee, which provides structured challenge and assurance.

16 The Board has held development sessions on digital in the past. However, our Board self-assessment found gaps in some Board Member's knowledge on some specific areas of digital, such as, AI, staff and patient digital engagement and cyber. The Health Board told us it will address these gaps through twice-yearly deep dives on topics such as cyber security and AI at future Board development sessions.

17 The Health Board also continues to take part in the All-Wales Directors of Digital and IM Digital Network meetings. This allows organisations to share learning, good practice, and take part in national digital discussions that support the Health Board's digital transformation.

Roles, responsibilities, and accountability

18 The Health Board has a clear governance framework for digital transformation. At committee level, the Digital and Infrastructure Committee supports a framework for effective accountability. An Independent Member chairs the Committee and provides focused scrutiny of digital strategy, delivery progress, risks, and assurance.

19 Officers provide the Board with sufficient technical and digital advice. The Director of Digital and Health Intelligence is a Board member. The Health Board also has a specific Director role focused on delivering digital transformation. Together, these Directors provide expert advice and leadership on digital.

20 The Board is aware of the Health Board's digital ambitions and constraints. Board papers, committee observations, and interviews indicate that the Board and its committees appropriately discuss digital issues and risks. Reporting on digital sufficiently covers the key risks and initiatives. However, broadening the scope of its digital reporting on progress against its roadmap will strengthen the Board's and committee's oversight of its digital ambitions.

21 Operational roles and responsibilities for digital are still evolving. The Health Board has set up supporting governance groups. This includes forums for technical design, digital and clinical design, cyber security, information governance, and data and intelligence. Once these groups are fully embedded, they should provide the right professional input to decisions and help ensure that leaders consider clinical, technical, and wider risks.

22 The Director of Digital has overall responsibility for the digital strategy. However, responsibility for key aspects of digital is devolved to the clinical boards. There are blurred lines of accountability between the central digital team and devolved responsibilities. The Health Board has acknowledged risks and issues relating to "shadow IT" and locally developed digital solutions in different services. These reflect decentralised decision-making for digital. An Internal Audit review in August 2025 also raised concerns about the roles and responsibilities of Clinical Boards for some digital risks, such as cyber. The Health Board told us it is taking action to address these issues. Until it resolves them fully, this remains a significant ongoing risk.

Identifying and managing risks

While Health Board broadly understands its digital risks, it does not have fully effective controls to address these.

Strategic digital risks

23 The Health Board appropriately recognises digital transformation as a strategic risk featuring prominently on the Board Assurance Framework. The Health Board understands that failing to modernise digital infrastructure would undermine service resilience, clinical safety, and productivity. The digital risk descriptions are clear and are reviewed regularly. However, the mitigating actions depend heavily on the Health Boards future decisions on how its prioritises its investment in digital and access to additional external funding (Paragraphs 40-44). This, in part, limits the Health Board's ability to reduce risk in the short to medium term. As a result, the strategic digital risk remains high despite active oversight.

Digital infrastructure risks

24 The Health Board is aware of its key digital infrastructure risks but has not yet sufficiently resourced the actions needed to fully address these. I Although it does not yet have a comprehensive view of its IT infrastructure and therefore unknown and unquantified risks may exist. Electronic Medical Records Assessment Model (EMRAM) and Infrastructure maturity and adoption Model (INFRAM)[1] assessments confirm very low digital maturity and show that historic infrastructure gaps remain significant. The Digital Foundations Roadmap sets the direction for infrastructure change. However, core systems are ageing, interoperability is limited, and legacy technology remains widespread.

25 The Health Board has developed a plan and prioritisation processes for parts of its infrastructure replacement and upgrade. The Health Board is continuing to implement digital infrastructure projects, such as server replacements and its migration to Windows 11. However, the delivery of its wider ambition for its digital infrastructure is constrained by limited capital and other competing pressures. As a result, infrastructure risks remain, including system outages, performance issues, and inefficiency. Until the Health Board is able to invest in its infrastructure, its ability to reduce infrastructure risk significantly, remains limited.

Cyber resilience

26 The Board views cyber security as a key organisational risk but needs to do more. The Health Board has dedicated cyber leadership, takes part in national cyber arrangements, and has strengthened controls in response to internal audit findings. It also understands its cyber risk exposure and there are regular reports on Cyber to the Infrastructure & Digital Committee. However, legacy systems and workforce pressures increase vulnerability and place additional demands on specialist teams.

27 An Internal Audit review from August 2025 gave limited assurance on aspects of cyber security. It highlighted gaps in authority, capacity, and assurance. The Health Board's rating against the Cyber Resilience Unit's Cyber Assessment Framework is "not achieved". The Health Board's cyber improvement plan is targeted on mitigating its cyber risks and working to address both internal audit and Cyber Resilience Unit actions. However, these findings, alongside infrastructure risks, mean that cyber risk remains high.

28 The Health Board works closely with national NHS cyber expertise, including taking part in resilience exercises. In August 2025, the Health Board achieved a 72% completion rate for staff cyber security e-training. This means that almost a third of staff have not completed the training. The Health Board's cyber team continues to run increasingly sophisticated internal phishing exercises. Recent results show there is still scope to improve.

Artificial intelligence

29 The Health Board's strategy for its approach to AI is still to be developed. The Health Board recognises the potential value of AI, including supporting clinical decision-making, improving efficiency, and reducing administrative burden. However, at the time of our review, the Board had not approved an AI strategy.

30 The Health Board's has emerging governance arrangements for AI, however these are not yet fully effective. AI-related risks are not explicitly recorded on corporate or digital risk registers and clear AI policies and controls need to be developed. The Health Board is aware of examples of where AI is being used in operational practice such as within Robotics and genomics. However, the Health Board's is aware of gaps in its knowledge around AI use and assurance over existing and emerging uses of AI. The Health Board has acknowledged these gaps and has started to address them. However, the arrangements are not yet fully embedded or effective.

Digital skills

The Health Board's approach for understanding and building digital skills leaves it poorly prepared for digital transformation.

Assessing digital skills

31 The Health Board does not know what digital skills staff have. It says these skills are essential to deliver its digital plans. Its strategy documents also note that staff skills are needed for transformation. A recent Internal Audit review reported that 'the Health Board lacks a consistent, coordinated, and role-specific approach to assessing digital literacy and capability across its workforce'.

32 Few staff use HEIW's Digital Capability Framework (DCF). The current DCF measures staff's basic IT capability. By November 2025, only 323 staff out of around 17,000 had completed the DCF self-assessment. This is similar to other health bodies. The Health Board reported that the framework is off-putting to many staff due to its length and the number of questions, creating a high barrier to entry for busy clinical staff. However, the response is too small to give a useful starting point and the focus of the DCF does not assess the digital skills gaps for wider digital transformation. The Board therefore has a limited view of how ready staff are for current and future digital initiatives.

Developing digital skills and capacity

33 The Health Board's current digital training does not sufficiently support its digital plans. It offers some training, such as national learning resources, induction, and role-specific training linked to system rollouts. However, it does not have a single, funded programme for staff digital skills. There is also a recognition that there is a tension between prioritising other mandatory and professional training and undertaking digital training which is currently not mandated.

34 The Digital Foundations Programme states that staff capacity and skills are critical to its success. It highlights a need for a more structured approach to developing digital skills. However, we saw limited evidence that this is happening in practice. This creates a risk that staff readiness could fall behind digital programme delivery. If this happens, new systems may go live but deliver fewer benefits.

35 The Health Board has many vacancies in digital and technical roles. This includes specialist posts that support delivery, resilience, and cyber security. Vacancies reduce capacity and increase reliance on a small number of key staff, affecting service resilience. Senior leaders said it is becoming harder to recruit and keep digital specialists because commercial sectors offer strong financial incentives.

Collaboration and involvement

The Health Board understands the importance of digital exclusion and staff engagement to support digital developments. However, it needs assurance that its approach is effective.

Reducing digital exclusion

36 The Health Board understands the risks of digital exclusion. It has made digital inclusion a key priority in both its Digital Strategy and the Digital Foundations Programme. This will support its wider plans for digital change and service modernisation. The Health Board has also signed the Digital Communities Wales Digital Inclusion Charter. This supports its stated ambition on digital inclusion.

37 The Board discusses digital exclusion and considers it in impact assessments for digital projects. However, the Health Board is not consistently assessing or reporting on the impact of its digital inclusion work. This means that it cannot be fully assured that it is not disadvantaging some groups of patients and service users.

Staff and service user involvement

38 The Health Board values staff and service user input in digital transformation. It has involved staff and service users in several digital initiatives. Where this has happened, it has improved usability, clinical relevance, and acceptance of digital tools. It also has a Health Board-wide initiative which is not focused only on digital, but it lets staff share ideas and raise digital and other issues with senior management.

39 The Health Board has a governance framework to involve clinicians in digital work. The Clinical Design Authority Group provides a structured way to do this. The Health Board is working to embed a more formalised approach to how it works with service users to design digital systems. However, until this approach if used consistently across all digital developments there is a risk that digital tools may not deliver the expected benefits because people do not adopt it fully or find it hard to use.

Using digital developments to support service transformation

The Health Board is implementing local and national digital solutions. However, uncertainty over digital funding and reliance on delivering benefits may undermine its digital transformation ambitions.

Investment in digital transformation

40 Funding for the Health Board's main digital programme is not yet confirmed. The Digital Foundations Programme is its main investment plan for digital transformation over the medium term. Delivery depends on accessing additional Welsh Government capital funding or funding the programme from existing resources. At the time of our review, Welsh Government had not approved the funding and there were concerns over the Health Board's ability to self-fund the programme. Exhibit one shows that the Health Board has marginally increased its revenue spend on digital over the last three years. During this same period its capital spend on digital has almost doubled. However, uncertainly over significant future digital investment creates major challenges about the scope, pace, and sequence of delivery.

41 The success of the Health Board's Digital Foundations programme is based on fully delivering the agreed benefits. Current estimates suggest Welsh Government will be asked to fund £25 million of capital, plus around £9 million of capital depreciation charges. The Health Board would then fund the associated revenue of around £26.67 million over five years. However, these estimates may change as the Health Board is continuing to move towards cloud based and Software as a Service models which are traditionally funded out of revenue.

42 It is positive that the Health Board is estimating the benefits of its plans. The five-year programme currently forecasts £23.8 million of benefits. Of this, £8.01 million is cash releasing and £15.76 million is non-cash releasing.

43 The Health Board says its benefits forecasts are realistic. However, if it cannot deliver the agreed benefits, later phases of the programme may become unaffordable. This risk is higher where financial benefits are reliant on workforce reduction through digital efficiencies.

44 Programme success is inherently reliance on sufficient funding. The Health Board is considering contingency options if it does not secure full funding for its Digital Foundations Programme. These options include re-phasing delivery, reducing scope, and working with clinical Boards to identifying additional benefits from those in the original benefits plan. Contingency planning is important. However, delays in starting the programme could also extend reliance on legacy systems and increase operational fragility and cyber risk.

45 The Health Board has a clear and logical process to approve digital investment. Proposals are scored and ranked, then reviewed in turn by key groups and committees before final Board approval. This process provides strategic oversight of digital investment.

46 We intended to set out planned digital investments. However, we were unable to assess the future digital revenue and capital spend in more detail as the Health Board did not provide the information requested. Therefore, we could not fully evaluate future digital funding risks.

Exhibit 1: Annual capital and revenue investment in digital (2023–24 to 2025–26)

Financial Year	Capital (£m)	Revenue (£m)
2023-24	4.6	19.4
2024-25	5.8	23
2025-26	8.5	24.3

Source: Health Board

Local and regional digital projects

47 The Health Board is progressing several local and regional digital projects to address service needs and operational challenges. For example, Electronic Prescribing and Medicines Administration is now live in 70% of hospital wards. The Health Board is also developing a regional shared care record (for direct care) with Cardiff Council and the Vale of Glamorgan Council. It is also supporting work to improve cardiac services in South Wales, with a dedicated digital workstream. These projects show innovation and a focus on local priorities. In some cases, they have delivered clear local and regional improvements such as the more efficient sharing of information between partners.

48 The Health Board gives the Digital and Infrastructure Committee regular updates on regional digital progress. These updates include a RAG summary of national and regional projects in the Digital Roadmap and Work Programme. They also summarise progress against plan and set out key steps taken to date. The Health Board has committed to ongoing engagement with Digital Health and Care Wales as regional ways of working develop.

Adopting national digital systems

49 The Health Board works closely with key digital partners. This includes Digital Health and Care Wales, Health Education and Improvement Wales, Welsh Government, and the Clinical Networks within NHS Performance and Improvement. It supports the adoption of national digital systems and the *Once for Wales* approach. The Health Board has engaged with national partners to align its plans. This supports interoperability and reduces the risk of duplication. Senior management also said closer working with English health bodies could help identify and adopt good digital practice.

50 The Health Board is concerned that national systems create dependencies outside its direct control. Delays or changes to national programmes can affect local delivery. This is a particular issue because the Health Board has low digital maturity and still relies on legacy systems. Whilst progress on national programmes is reported to the Infrastructure & Digital Committee, there is limited additional commentary and assurance provided over the effectiveness of these.

Evaluating digital solutions

51 The Health Board's approach to evaluating digital solutions is still developing. It recognises that evaluation is important. In some cases, it has set expected benefits and tracked progress during implementation.

52 The Digital Foundations Programme includes a clear framework for benefits and evaluation. It covers cash-releasing and non-cash-releasing benefits. It also covers qualitative benefits, including patient safety, staff experience, information governance, and service resilience. It is important for the Health Board to start and then report progress on this work so it can provide assurance that its digital investments are making a difference and delivering value for money.

Recommendations

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

Recommendations

R1 The Health Board should ensure when it refreshes its digital strategy there is a clear relationship between this and the clinical services and workforce strategies that are also in development. (**Paragraph 12**)

R2 The Health Board should:

R2.1 Build a clear understanding of where there are gaps in Board Members knowledge of the Health Board's digital arrangements.

R2.2 Design specific Board development workshops and training to fill these gaps. (**Paragraph 16**)

R3 The Health Board should strengthen its cyber security assurance, addressing the specific weaknesses identified through recent external assessments. (**Paragraph 27**)

R4 The Health Board should quickly develop a clear AI strategy and ensure this is underpinned by clear governance and risk management arrangements. (**Paragraph 30**)

R5 The Health Board should strengthen its approach to digital skills by:

R5.1 Developing a clear understanding of any gaps in the digital skills of its workforce; and (**Paragraph 32**)

R5.2 Developing a funded, structured and organisation-wide approach to addressing the digital skills gaps. (**Paragraph 33**)

R6 The Health Board should develop a clear financial contingency plan for funding its digital transformation ambitions if additional Welsh Government funding is unavailable. (**Paragraph 40**)

R7 The Health Board should ensure that:

R7.1 It provides clearer assurance to Board on if its digital developments are positively impacting digital exclusion. (**Paragraph 37**)

R7.2 Its co-production approach to digital developments is consistently used. (**Paragraph 39**)

R8 The Health Board should ensure that at least twice a year it reports progress on delivering the agreed benefits of its digital programme to the Infrastructure and Digital Committee. (**Paragraph 52**)

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:

- Board and Digital and Infrastructure committee papers and minutes.
- Key strategies and plans, including the Digital Strategy, Digital Foundations Programme Papers 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 Digital and Information
- Director of Digital Transformation
- Independent Member – Chair of Digital and Infrastructure Committee
- Cyber Security Manager

We observed Board meetings as well as meetings of the following committee:

- Digital and Infrastructure Committee.

2. Key terms in this report

Term	Description
Cloud	IT services (such as software, storage, or computing power) that are delivered over the internet from remote data centres instead of on-site infrastructure.
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.
Digital Inclusion Charter	The Digital Inclusion Charter for Wales is a national set of commitments that organisations sign up to in order to actively support and promote digital inclusion across Wales.
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.
EMRAM	Electronic Management Records Maturity Assessment – provides an assessment of where Health Bodies stand on full use of your patient health records.
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.
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.
My Medical Record	System allows patients access to results quickly, as well as access to records and clinic appointments.
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.
OpenEyes	Electronic patient record (EPR) system designed specifically for ophthalmology services.
Planned Care Programme	The NHS Wales programme focused on reducing long waits, improving outpatient and theatre efficiency, and ensuring timely treatment—especially for cancer and the longest-waiting patients—through pathway optimisation, day-case expansion, and improved scheduling.
Shadow IT	Shadow IT refers to any software, hardware, or technology service used within an organisation without the knowledge, approval, or oversight of the IT department.
Six Goals Programme	A national NHS Wales transformation framework for urgent and emergency care, structured around six goals covering admission avoidance (Goal 1), front-door

	assessment and flow (Goals 2–4), and effective discharge and recovery (Goals 5–6).
Software as a Service	Software that is accessed over the internet rather than installed locally, with the supplier responsible for hosting, maintenance, updates, and security.
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.
Cloud	IT services (such as software, storage, or computing power) that are delivered over the internet from remote data centres instead of on-site infrastructure.
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.

3 Mangement response form

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
R1	The Health Board should ensure when it refreshes its digital strategy there is a clear relationship between this and the clinical services and workforce strategies that are also in development. (**Paragraph 12**)	Agreed. The Digital Strategy will be shortly refreshed. The new clinical services plan launches 22 June 2026. Digital Foundations describes how delivering the CSP will be supported. DF was developed and prioritised with lead clinicians (Deputy MD, CCIO, CNIO). Prioritisation was further validated through workshops (over 40) and via a Resident Doctor survey. Digital plans will flex as the needs of the organisation change. The workforce strategy is being redeveloped in light of organisational restructure discussions; a refreshed document is expected in Q4 2026-27. Digital plans will flex as the needs of the	Feb 2027 Sept 2026 Feb 2027	Director of Digital Transformation

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
		organisation change and become known. Digital literacy is core to a revised digital, clinical and workforce strategy. Following a recent audit, a Digital Skills Academy led by ECOD in HR is being established and is supported by the Director of Digital Transformation.	Feb 2027	
R2.1	The Health Board should build a clear understanding of where there are gaps in Board Members knowledge of the Health Board's digital arrangements. (**Paragraph 16**)	The survey responses collected by Audit Wales in compiling this audit will be used to inform a forward agenda of topic areas for Board Member education on digital. Board Members have requested a deep dive on Digital plans and there is a plan to bring a Cyber discussion to a Board Development session in Quarter 3, 26-27. Cyber phishing exercises continue to run on a programmed basis providing online bite size training to any individual that inadvertently clicks on phish exercise links. These results are tracked by the IG/cyber group chaired by the Director Digital & health Intelligence who is also	October 2026 Complete / Ongoing programme	Director of Digital & Health Intelligence Director of Digital & Health Intelligence

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
		SIRO. Persistent offenders receive targeted communications and are offered further training.		
R2.2	The Health Board should design specific Board development workshops and training to fill these gaps. (**Paragraph 16**)	Digital deep dives are undertaken as Board agendas can support. In addition to the Digital session, AI Deep Dive is scheduled later in 2026 led by the Director of Digital & Health Intelligence with input from the IM&T IM and WG's Head of AI.	November 2026	Director of Digital & Health Intelligence

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
R3	The Health Board should strengthen its cyber security assurance, addressing the specific weaknesses identified through recent external assessments. (**Paragraph 27**)	Targeted engagement via the Strategic Leadership Team will ensure Clinical Boards receive consistent updates on cyber risks, incidents, and mitigation actions, improving local awareness and accountability. A standardised approach to cyber risk management is being implemented, requiring Clinical Boards to identify, assess, and record cybe risks locally, with central oversight through AMaT to support organisational assurance. Governance arrangements are being enhanced through improved communication channels, clearer roles and responsibilities, and increased Clinical Board engagement in relevant committees. In addition, Information Asset Registers are being completed and centrally consolidated to improve visibility of systems, risks, and ownership, reducing reliance on informal knowledge. These actions will strengthen organisational oversight, ensure consistent risk management, and improve resilience to cyber threats The cyber team needs staff additionality to support the required activities, however CAVUHB remains severely financially	Revised to 30 March 2027	Director of Digital & Health Intelligence

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
		constrained with other high criticality competing pressures. Additionality is therefore unlikely unless the D&HI service undergoes some reshaping to better align resource and skill sets, hence the delivery date has been changed.		
R4	The Health Board should quickly develop a clear AI strategy and ensure this is underpinned by clear governance and risk management arrangements. (**Paragraph 30**)	A governance process with the Medical Director as SRO was communicated to Clinical Boards for AVT AI in clinical use cases. This included guard rails for usage. Co-pilot guard rails have been produced and will be validated and circulated in Q3 There are established processes to manage the IG aspects of AI tools but not all AI usage. This is work in progress as part of Digital Strategy Governance arrangements established corporately including the Clinical Design Authority chaired by the Nurse Informatics Lead.	Completed 24 March 2026 December 2026 30 March 2027	Assistant Director of Programmes D&HI Director of Digital Transformation

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
		There is no additional resource to target at this work and so it is being managed within and by existing resources. This means delivery is slower than we would like. Full embedment is targeted for Q4. An AI strategy will form part of the re-issue of the Digital Strategy and is covered under item R1.	February 2027	
R5.1	The Health Board should strengthen its approach to digital skills by developing a clear understanding of any gaps in the digital skills of its workforce; and **(Paragraph 32)**	As part of the Digital Skills Academy, CAVUHB has engaged with Cwmpas (funded by WG) to understand what support can be available. First meeting 10 July 2026 with ECOD. The Digital Skills Academy is also developing a briefer survey than the HEIW one to help establish a baseline. Meantime, we understand HEIW are also looking to revise the survey referenced in **paragraph 32**.	30 December 2026	Director of Digital Transformation as part of Digital Skills Academy

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
R5.2	The Health Board should strengthen its approach todigital skills by developing a funded, structured and organisation-wide approach to addressing thedigital skills gaps. (**Paragraph 33**)	CAVUHB remains severely financially constrained. Additionality is therefore unlikely. Following engagement with ECOD and Cwmpas, a plan will be developed that can be delivered within existing resources that explains how CAV will strengthen its approach to digital skills. Digital Foundations <u>if funded</u> will provide some support to resolving this issue as it comprises a number of new digital modules which staff will need to be trained upon and then use daily. The Digital Skills Academy plans to develop a Sharepoint site to direct staff towards for relevant training.	30 December 2026	Director of Digital Transformation as part of Digital Skills Academy

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
R6	The Health Board should develop a clear financial contingency plan for funding its digital transformation ambitions if additional Welsh Government funding is unavailable. (**Paragraph 40**)	If Digital Foundations is not funded CAVUHB will have to rely upon incremental improvements that can be delivered by its existing workforce. This will require use of the recurrent discretionary capital allocation earmarked for Digital and to utilize any potential in-year capital slippage that CAVUHB can bid for. Procurement preparatory work will be done up to the point of financial commitment to ensure best use of any additional funding. Discretionary capital funding has in 2026 been increased to £1m from £500k pa which gives D&HI the ability to plan for some improvement, however there is significant legacy to resolve in order to deliver real change. In tandem, procurement plans are being progressed in the event that additional capital slippage funding is made available again this year.	December 2026	Director of Digital Transformation Director of Digital Transformation

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
		Regional working opportunities are starting to be investigated by Directors of Digital which may also contribute to improvement and release some expenditure for reinvestment if efficiencies in regional working can be found.		
R7.1	The Health Board should ensure that it provides clearer assurance to Board on if its digital developments are positively impacting digital exclusion. (**Paragraph 37**)	CAVUHB remains severely financially constrained. Additionality is therefore unlikely and so this will need to be delivered within existing resources. The D&HI PMO will be tasked to consider how best to do these assessments as part of its programme management governance arrangements. Project process will include use of the Welsh Government Digital Inclusion Toolkit from July 2026/27 onwards. This will strengthen consideration of Digital inclusion to CaV Digital Implementations: Digital inclusion evaluation toolkit	Starting July 2026 This will be ongoing work	Assistant Director of Programmes D&HI

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
		CAVUHB Director of Digital & Health Intelligence is a member of the WG Digital Inclusion Wales Alliance Oversight Group, having been invited to join this in June 26 to represent the health service.		
R7.2	The Health Board should ensure that its co-production approach to digital developments is consistently used. (**Paragraph 39**)	CAVUHB will continue to develop its' clinical design authority and workforce engagement with this (as appropriate). Co-production is achievable for local initiatives. There are several recent examples such as improving the EU workstation. Projects raised with D&HI trigger a 'brief stage' within the D&HI project methodology. This stage identified the SRO and operational leads behind the request, also capturing the 'benefits' of a digital change from the customer/operational perspective. Whilst the exact level of co-production varies with the nuance of the workload, this 'SRO' and 'service' remain intimately involved in the	Ongoing	Director of Digital Transformation Assistant Director of Programmes D&HI

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
		design and prioritisation process of D&HI works. This includes the sign-off of initiative scoring and the regular collective prioritisation of Digital works by a DAB (Digital Advisory Board), which has a senior Clinical Board member present from every Clinical Board.		
R8	The Health Board should ensure that at least twice a year it reports progress on delivering the agreed benefits of its digital programme to the Digital & Infrastructure Committee. (**Paragraph 52**)	Agreed A delivered projects benefits register can be made available to the Infrastructure and Digital assurance committee on a bi-annual basis to identify the operational benefits (as identified by the operational SRO) of D&HI delivered projects and programmes.	Starting August 2026	Director of Digital & Health Intelligence

About us

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Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.