

# Digital transformation

Cwm Taf Morgannwg University Health Board

May 2026



# About us

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# Audit snapshot

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## What we looked at

- 1 We looked at how Cwm Taf Morgannwg University Health Board's (the Health Board) approach to digital transformation is supporting service improvement. This included the approach to strategy, leadership and skills development. And we considered how the organisation manages risks around digital infrastructure, cyber resilience and artificial intelligence.

## 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 clear digital ambitions and strong leadership, but its Digital and Data Plan does not include clear milestones, resources or an up-to-date view of digital maturity. Digital priorities are not yet fully linked to workforce, estates, finance, or its strategic clinical service planning. The partnership with Tektology is helping to strengthen digital foundations, but the Health Board still lacks the detail needed to show that its digital plans are realistic or achievable.
- 6 The Board receives regular updates on digital work, but these reports mainly describe activity rather than progress or results. The Health Board has improved its cyber security work, but several important gaps remain. While the Health Board is developing and testing AI, the governance around this needs to be stronger.
- 7 The Health Board's commitment to developing digital skills within its workforce needs to be accompanied by a stronger approach to digital skills assessment, staff training, and workforce planning. Staff and service users are involved in some major digital projects, but not consistently across all programmes. Digital exclusion is recognised as an issue, but there is no clear plan in place to address this.
- 8 The Health Board is delivering a range of digital projects locally, regionally, and nationally, but oversight is fragmented and updates do not always include timelines, milestones, or information on partnership working. Future investment needs are unclear, and the benefits framework is still being developed, meaning the Health Board cannot yet show whether its digital plans are affordable or will deliver value.

- 9 The Health Board is delivering a range of digital projects locally, regionally and nationally, but oversight is fragmented, and updates do not always include timelines, milestones or information on partnership working. This is made more difficult by ongoing delays to national digital programmes, which are largely outside the Health Board's direct control. These delays limit the Health Board's ability to plan confidently, manage digital risks, and progress wider digital transformation that depends on national delivery. Separately, future investment needs are unclear, and the benefits framework is still being developed, meaning the Health Board cannot yet show whether its digital plans are affordable or will deliver value.

## What we recommend

- 10 We have made nine recommendations to the Health Board which focus on:
- Strengthening the digital strategy with clearer milestones and alignment to wider plans.
  - Improving digital performance reporting with clearer measures and risks.
  - Developing a costed infrastructure plan with timelines and asset data.
  - Introducing formal AI governance for oversight of all AI use.
  - Building digital workforce capability through skills assessment and training.
  - Strengthening user engagement and digital inclusion.
  - Clarifying long-term digital investment needs and decision points.
  - Coordinating oversight of digital projects.
  - Embedding a benefits framework to show whether digital investments deliver value.

# Key facts and figures

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Of the Health Board's workforce of approximately 12,000 employees, only 245 have completed the Health Education and Improvement Wales (HEIW) interactive self-evaluation tool as part of the Digital Capability Framework.

Since March 2025, the Health Board has had two reportable cyber incidents per the Network and Information Systems Regulations 2018.

16 serious cyber incidents were reported in quarter 3 2025-26, although none were reportable under the Network and Information Systems Regulations 2018.

In 2022, the Health Board was assessed at Stage 0 of the Health Information and Management Systems Society (HIMSS) Electronic Medical Records Adoption Model (EMRAM) meaning only early digital capabilities were in place.

The Health Board now considers itself to be at Stage 1 of HIMMS EMRAM meaning core digital systems are in place.

From 2021-22 to 2024-25, the Health Board invested approximately £68 million in digital revenue and £25 million in capital.

# Our findings

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## Strategy, Planning and Leadership

**There is a clear strategic direction for digital transformation supported by strong leadership and partnering with external experts. However, a more consistent approach to the reporting and oversight of digital developments is needed.**

### Digital strategy and plans

11 The Health Board has not created a separate digital strategy. Instead, its Digital and Data Plan is set out within the Integrated Medium-Term Plan (IMTP) 2025-28. The Digital and Data Plan outlines the Health Board's aim to become a leading digital organisation in NHS Wales, by using new digital technologies to improve care, involve patients more, and support sustainable services. To deliver this vision, the Health Board has set out eight clear digital and data themes<sup>1</sup>, which link to its four overarching strategic goals<sup>2</sup> within its long-term strategy - CTM 2030: Building Healthier Communities Together. The plan aligns to national priorities, including the Welsh Government's digital agenda, A Healthier Wales, and the NHS Wales Digital and Data Strategy.

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<sup>1</sup> Its eight digital and data themes are: Digital Health Board, Insights-Driven Healthcare, Single Patient View, Intelligently Integrated Healthcare, Digital Workforce, Adoption and Exploitation, Managing Innovation, and Digital Enablers.

<sup>2</sup> Its four goals are: Creating Health, Improving Care, Sustaining Our Future, and Inspiring People, focus on prevention, equity, and sustainability.

- 12 The Digital and Data Plan explains that digital transformation is important for providing joined-up care focused on the patient. It also highlights how better information can help the Health Board understand the value and impact of different interventions on the health and wellbeing of people in Cwm Taf Morgannwg. It focuses on seamless working across hospital and community boundaries, with joined up services between health, social care, and other professionals. By setting out these aims, the plan shows a clear ambition to use digital tools and better data to improve communication, reduce duplication, and strengthen decision-making. It also highlights a desire to use data more effectively to support prevention and early intervention.
- 13 The Health Board has created a workplan and roadmap to deliver its Digital and Data Plan, covering both national and local priorities. While the workplan includes both important improvements and forward-looking initiatives, it would be more effective if it had clearer milestones, more details about resources, and specific ways to measure progress. This would help make sure the plan is managed well and can be properly monitored.
- 14 The Health Board has a good process for developing its IMTP, which involves feedback from staff, patients, and stakeholders. However, it is not clear how this feedback influenced the Digital and Data Plan. This makes it harder to be confident that the digital priorities match what people actually need. Furthermore, while the Digital and Data Plan suggests digital maturity is an important goal through the areas it focuses on, it does not set out the Health Board's actual level of digital maturity. A HIMSS EMRAM assessment completed in 2022 shows the Health Board was at Stage 0 at that time, meaning only early digital capabilities were in place. The Health Board now considers itself to be at Stage 1, meaning core digital systems are in place. However, this has not yet been confirmed through a further formal reassessment. Without a clear view of the Health Board's current digital maturity, it is hard to understand the size of the digital gaps, why certain priorities were chosen, or how progress will be measured.

- 15 The Digital and Data Plan in the IMTP connects to some clinical services, for example maternity, mental health, and diagnostics, but its alignment with the Health Board's emerging Strategic Clinical Services Plan is only at a high level. This reflects the fact that the Strategic Clinical Services Plan is still being developed. As both plans progress, further work will be needed to show clearly how digital priorities will support and integrate with future clinical service developments across the organisation. Additionally, links to workforce, estates, and finance remain under-developed, meaning digital requirements are not yet fully embedded across all planning areas.
- 16 The Health Board is working with a strategic partner – Tektology - to develop a digital and data strategic roadmap and help deliver its long-term digital and data goals. This partnership supports the organisation by strengthening its digital foundations, improving the way data is managed and shared, and helping staff use new systems more effectively. It also brings extra skills and capacity at a time when the Health Board is delivering several major digital programmes.

### **Board ownership of digital transformation**

- 17 The Board has a reasonable understanding of the Digital and Data Plan and supports its aims. Senior leaders recognise that digital transformation is important for delivering the Health Board's long-term strategy. There is evidence of digital matters being discussed at committees (see paragraph **29**) and during a recent Board development session with the Health Board's strategic digital partner, Tektology. However, while Board members recognise and discuss digital risks, they would benefit from more focused digital training and awareness so they can provide stronger challenge, scrutiny and strategic leadership as the Health Board continues its digital transformation journey.

## Roles, responsibilities and accountability

- 18 The Health Board has strong digital leadership. It includes a Director of Digital who has overall responsibility for the digital strategy. Day-to-day delivery is led by four assistant directors, covering Digital Intelligence, Data Science and Compliance, Digital Systems, Digital Delivery and Digital Transformation. The Health Board has recently appointed a new Independent Member for Digital after the previous independent member's term ended. Both take part in Board and various internal and external committees and groups relevant to their respective roles. The Health Board also continues to take part in the All-Wales Directors of Digital and IM Digital Network meetings, which allows organisations to share learning, good practice, and take part in national digital discussions that support the Health Board's digital transformation.
- 19 The Board has a reasonable understanding of how digital work is progressing. In January 2025, the Health Board introduced a new committee structure that reduced the number of committees and closed the Digital and Data Committee. Digital updates are now provided every quarter through highlight reports to the Operational Delivery Committee and the Strategic Development Committee, which respectively oversee both operational and strategic digital work.
- 20 The reports are reasonably clear and provide regular updates, but they mostly describe activities rather than explaining what has been achieved. Key information, such as progress against milestones, changes in risk, and whether programmes are on track is not always included. Some areas are covered in detail while others are brief, making it hard to get a complete picture of progress. Using clearer measures, consistent reporting, and simple visuals would help the Health Board monitor delivery more effectively.

## Identifying and managing risks

**The Health Board is managing a number of significant digital risks but it needs to report progress more clearly and urgently strengthen its governance around the use of AI.**

### Strategic digital risks

21 The Health Board's Board Assurance Framework includes one digital-related risk: delivering the digital and information infrastructure needed for transformation. This risk is rated high at 16 and is regularly reviewed by the Board and its key committees. Overall, the Board has reasonable visibility of the digital risk, but it would benefit from clearer reporting on how well controls and actions are working, and what impact they are having on managing the risk.

### Digital infrastructure risks

22 While the Digital and Data Plan recognises the need to keep technology up to date, it does not set out clear timelines, milestones, or costed plans for doing so. This potentially limits the plan's usefulness as a tool for prioritising actions in response to digital risks.

23 As discussed in paragraph **16**, the Health Board has begun developing a digital and data delivery roadmap with support from its strategic partner. This work remains in the early stages, and as a result, formal delivery plans have not yet been produced. The Health Board recognises that several core elements need to be in place first, including a reliable network, secure data storage, strong security measures, stable power and environmental controls, and improved integration between systems. Completing this initial work will help the Health Board set out a clearer plan for strengthening its digital foundations and supporting future digital transformation.

- 24 The Health Board is making some progress in modernising parts of its digital infrastructure. There have been updates to Citrix software, the Wi-Fi network, Windows 10, and the move to a single Welsh Patient Administration System (WPAS). However, several weaknesses remain. There is still no clear, combined view of the main infrastructure gaps and no plan showing how these will be fixed. Asset management is also not yet developed enough to give the Board a single, reliable list of equipment or a clear plan for replacing and updating it.
- 25 The Operational Risk Register shows that the Health Board understands the main risks linked to its digital infrastructure and the pressures these create. It has several controls in place, such as established governance boards, an improvement programme for service and asset management, and regular oversight from the Risk, Audit, Governance and Cyber Security Board. Recent updates also show progress in identifying capital needs and securing Welsh Government funding for important end-of-life systems. However, ageing equipment, limited capital, workforce shortages, weak disaster recovery plans, and a reliance on short-term fixes are all risks which will need continued management and mitigation.

## Cyber resilience

- 26 The Health Board has appropriate arrangements in place to manage its cyber security risks. In October 2024, the Health Board was audited by the Welsh Government's Cyber Resilience Unit (CRU), using the Cyber Assessment Framework (CAF) which found several principles had either partially or not met the required maturity level. Following the assessment, the Health Board agreed an improvement plan with the CRU. It also meets monthly with the CRU to discuss progress and address issues raised in the audit. Updates on the Health Board's cyber security improvement plan are provided regularly to the Operational Delivery Committee in private.

- 27 In October 2025, the CRU re-audited the Health Board. The review highlighted that it has made considerable progress in resolving and closing past audit issues. However, it also found key gaps in threat monitoring, responsiveness, and back-up arrangements. The Health Board recognises these weaknesses and is taking a range of mitigating actions to address them.
- 28 The Digital and Data Highlight Reports to the Operational Delivery Committee also cover day-to-day cyber issues. In January 2026, the committee was told that there had been 16 serious cyber incidents in the last quarter, and that all of them were being dealt with properly. None of these incidents were notifiable to the CRU under the Network and Information Systems (NIS) Regulations.
- 29 While these reports appropriately set out day-to-day cyber incidents, the technical language used means many Board members may struggle to understand the risks or challenge the actions being taken. Terms such as “ransomware artefacts”, “software deployment controls”, and “endpoint management” may require a level of technical expertise to interpret. Without clearer, plain-English explanations, non-experts may find it hard to grasp the key risks or why certain actions matter, which in turn can limit effective scrutiny. Our observations of the meetings show that although cyber resilience is discussed, there was little questioning of the detail in the reports, suggesting that the complexity of the subject may be a barrier.

## Artificial intelligence

- 30 The Health Board knows that Artificial Intelligence (AI) could offer important benefits, such as supporting clinical decisions, helping with early diagnosis and screening, and making administrative tasks more efficient. But in its current Digital and Data Plan, AI is only mentioned in one area, digital pathology, where it could help improve how test results are analysed. There is no wider plan yet for how AI could be used across other Health Board’s services. However, the Health Board’s emerging digital and data strategic roadmap (see paragraph **16**) recognises that AI will need to be considered more fully in the future, suggesting that wider plans may develop as the organisation strengthens its core digital foundations.

- 31 Despite this, the Health Board is already developing and testing a range of AI tools. However, none of this AI activity is reflected in the Board Assurance Framework or the Organisational Risk Register. As a result, the Health Board is using AI within operational practice without formally recording or assessing the associated risks. This limits the organisation's ability to demonstrate that AI use is safe, that it protects patient confidentiality, and that it meets required standards. The lack of documented oversight also reduces the Board's ability to identify potential issues at an early stage or provide effective scrutiny and challenge regarding the deployment of AI technologies.

## Digital skills

**Further action on skills assessment, training, and workforce planning is needed to ensure Health Board staff are adequately prepared for digital transformation.**

### Assessing digital skills

- 32 Although the Health Board recognises the importance of digital skills, it does not yet make consistent or comprehensive use of available tools, such as the HEIW Digital Capability Framework, to assess the digital skills, capacity, and capability of its workforce. At the time of our review, only 245 staff had completed the HEIW Digital Capability Framework, which is a very small number for an organisation of approximately 12,000 staff. However, the tool measures basic IT confidence and does not assess the wider digital skills needed to support digital transformation. There is no evidence that the Health Board has carried out its own assessment of these broader skills. Without a good understanding of its digital capability, the Health Board risks slowing down its digital transformation because it cannot accurately target training, allocate resources, or plan organisational change.

## Developing digital skills

- 33 The Health Board is committed to developing a digitally skilled workforce but lacks a comprehensive digital skills training programme to achieve this. While the Digital and Data Plan and the People Plan 2025-2030 recognise that many staff still need to improve their digital and data skills, there are only limited arrangements in place to achieve this. For example, the Health Board is working with universities to offer some cyber security e-learning courses and AI focused training modules to staff.
- 34 At the time of our work, the Health Board reported 188.37 whole time equivalent staff in digital roles, with additional short-term posts in place for specific projects and workstreams. We were also told that the digital structure had been strengthened in recent years through appointments to key roles, such as the Assistant Director of Digital Transformation and Head of Digital Business Change and Benefits. However, without a baseline or a strategic workforce plan, it is unclear whether staffing levels are sufficient to meet the Health Board's digital needs.

## Collaboration and involvement

**While the Health Board engages users in some digital programmes, involvement is inconsistent and there is no clear, organisation-wide approach to digital inclusion.**

## **Staff and service user involvement**

35 The Health Board engages with staff and services users in the design of some major programmes and services, for example, the patient centred contact programme and electronic prescribing and medicines administrations system (ePMA). It also shares regular updates on digital and data topics at the Cwm Taf Morgannwg (CTM) Leadership Forum and staff Q&A sessions and has engaged external groups like Llais and the Welsh Centre for Deaf People. However, these were the only examples provided, and this level of involvement does not appear to happen across all digital projects. The Board recognises that it needs to understand more about what service users think of digital transformation and plans to develop its approach further with support from its strategic partner.

## **Reducing digital exclusion**

36 The Health Board's Digital and Data Plan sets an aim to prevent digital exclusion and ensure that its online services are accessible to all users. The plan also highlights a project that supports pregnant women and families who may struggle to access digital technology. This work forms part of the Health Board's wider goal to strengthen its digital systems, including introducing a new digital maternity record and expanding virtual care. Together, these developments are intended to make digital services easier to use, fair, and responsive to the needs of all service users.

- 37 Whilst this represents a clear commitment to improving digital inclusion and some initial targeted activity, there is limited evidence that digital exclusion is being reduced in practice. While digital inclusion is part of the Assistant Director for Digital Transformation's role, the Health Board has not yet developed a dedicated digital inclusion plan to set out its objectives, actions, and measures of success in this area. The Board Assurance Framework mentions digital inclusion and accessibility, but provides very little detail, so it is hard to understand what activity is actually taking place. The Digital and Data Highlight Reports make only brief reference to digital exclusion as a risk, and do not describe any actions or progress. The Board has said that digital exclusion is discussed regularly, especially when developing new services like the patient centred contact programme, but there is little evidence that these discussions lead to clear actions. As a result, it is unclear if digital exclusion is being addressed in a consistent and meaningful way across the Health Board.

## Using digital developments to support service transformation

**The Health Board is progressing digital developments, but unclear funding, national programme delays and limited benefits evaluation create uncertainty over whether digital plans are affordable and deliver value.**

### Investment in digital transformation

- 38 The Digital and Data Plan includes some funded programmes, such as the digital maternity system, ePMA, and the single clinical record for mental health services. However, most of the wider digital ambitions in the plan do not yet have confirmed funding. The plan highlights that further investment will be needed for the Health Board to deliver its full digital vision, but it does not set out the expected costs or when key investment decisions will be made. This makes it difficult to judge whether the plan is achievable within the Health Board's financial position.

39 **Exhibits 1 and 2** show that the Health Board’s digital spending has increased over recent years. Capital expenditure varies between financial years, rising and falling between £2.5 million and £9.4 million; largely reflecting changes in discretionary capital allocations, and annual increases and decreases in other Welsh Government capital funding streams. The Health Board's 2026-27 IMTP includes a planned IT discretionary capital spend of £2.068m, out of a total of £13.274m. Revenue investment has grown each year and is expected to continue to remain high in future years. The Health Board's Discretionary Capital allocation is issued annually by Welsh Government. Therefore, capital allocations for 2027/28 and beyond have not yet been notified. The Health Board has an established capital planning formula which allocates available discretionary capital across priority headings, including digital. However, the lack of confirmed future discretionary allocations and uncertainty in respect of other Welsh Government capital funding streams, makes it difficult to assess whether future digital plans are affordable, or whether the Health Board will have enough funding to replace ageing systems and invest in the improvements it expects to deliver.

**Exhibit 1: Annual capital and revenue investment in digital (2021–22 to 2024–25)**

<b>Financial Year</b>	<b>Capital (£m)</b>	<b>Revenue (£m)</b>
2021-22	6.6m	14.8m
2022-23	2.5m	16.7m
2023-24	6.5m	17.8m
2024-25	9.4m	19.0m

Source: Health Board supplied data

**Exhibit 2: Planned levels of capital and revenue investment in digital (2025-26 to 2027–28).**

Financial Year	Capital (£m)	Revenue (£m)
2025-26	3.5m	24.3m
2026-27	TBC	23.2m
2027-28	TBC	23.0m
2028-29	TBC	23.1m

Source: Health Board supplied data

### Local digital projects

- 40 The Health Board is working on several local digital projects to make services easier to use, more efficient, and productive. These projects include the patient centred contact programme, medical record digitisation, emergency department huddle application, creating a digital consent form for school vaccination, and as discussed in **paragraph 31** developing and using AI tools.
- 41 However, despite the positive momentum, the Health Board does not have a coordinated approach to oversee and monitor delivery of local digital projects. Updates to the Operational Delivery Committee show what has been done and what is planned, but they don't always give clear delivery schedules and dates. This makes it hard to see when these digital projects will be finished or to track their progress against set milestones.

### Adopting national digital systems

- 42 The Health Board is actively adopting national digital solutions as part of the 'Once for Wales' approach. It works closely with key partners including Digital Health and Care Wales (DHCW), Welsh Government, and neighbouring Health Boards. The Health Board is involved in major digital projects such as Digital Maternity Cymru, diagnostics systems such as the radiology informatics system (RISP), and the Welsh patient referral system.

- 43 At a regional level, the Health Board is working with neighbouring Health Boards on shared national projects. This includes using the 'open eyes' digital ophthalmology system to improve eye care across South-East Wales and introducing the laboratory information management system (LIMS) for Cellular Pathology.
- 44 Despite this, the Health Board has raised concerns that roles and responsibilities are not always clear between itself, DHCW and Welsh Government, especially when it comes to how national digital programmes are delivered and supported. The Digital and Data Highlight Reports to the Operational Delivery Committee show that delays to national digital programmes are ongoing and significant. These delays make it harder for the Health Board to manage digital risks and move forward with wider digital transformation.
- 45 The reports show delays in key national programmes, including LIMS, and ePMA. The reports also show pressure on other all-Wales programmes, such as Digital Maternity Cymru, where competing national priorities are affecting delivery times. Many of these delays are outside the Health Board's direct control and depend on national partners and system-wide capacity. As a result, the Health Board's progress in modernising digital services and delivering wider digital transformation depends heavily on how quickly and effectively national programmes are delivered.
- 46 While the highlight reports give a reasonable overview of progress and risks for national digital programmes, they do not always include clear timelines or detailed plans for dealing with challenges. This makes it hard to understand when projects will be finished or how risks will be addressed if they arise. The reports reference partnership working on individual programmes but provide only limited insight into how effectively these arrangements operate overall. Because of this, it is difficult for the Board to see if partnership issues might slow down progress, or to be sure that joint working is strong enough to support major digital programmes.

## Evaluating digital solutions

47 At the time of our review, the Health Board did not have a benefits framework and an Internal Audit review in May 2025 gave only limited assurance in this area. By January 2026, a draft benefits framework and toolkit had been developed, with new benefits registers for major digital projects. It is important for the Health Board to finish this work at pace so it can clearly show if digital investments are making a difference and delivering value for money. This will also help the Board use resources better, make informed decisions based on reliable evidence, and show the impact of its digital investments to stakeholders.

# Recommendations

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

- R1** The Health Board should strengthen the Digital and Data Plan by setting clear milestones and resource requirements, defining and tracking digital maturity, and fully integrating digital priorities across workforce, estates, finance, and clinical service planning. **(Paragraphs 12-14)**
  
- R2** The Health Board should strengthen its digital performance reporting by including clear milestones, progress measures, risk updates and consistent information across programmes, supported by simple visuals to improve Board oversight. **(Paragraph 20)**
  
- R3** The Health Board should develop a comprehensive, costed infrastructure replacement plan that includes clear timelines, milestones, asset information and long-term investment needs, supported by clearer reporting on the effectiveness of controls and actions. **(Paragraph 24)**
  
- R4** The Health Board should develop a clear AI governance framework, ensuring all AI activity is formally recorded, risk-assessed and reported through the Board Assurance Framework and Organisational Risk Register. **(Paragraph 31)**

- R5 The Health Board should develop a structured approach to understanding and building its digital workforce capability by:
- R5.1 maximising the use of HEIW's Digital Capability Framework to understand the basic IT confidence of staff and developing a local assessment tool to understand the wider digital transformation skills needed to deliver its digital ambitions. **(Paragraph 32)**
  - R5.2 developing a digital skills training programme, ensuring staff have access to targeted, role-specific learning beyond basic e-learning, including data skills, digital change capability, and transformation skills. **(Paragraph 33)**
  - R5.3 creating a strategic digital workforce plan that sets out required staffing levels, roles, competencies, and future capacity needs, informed by a clear baseline of current digital workforce capability. **(Paragraph 34)**
- R6 The Health Board should develop an organisation-wide approach to user engagement and digital inclusion by:
- R6.1 introducing an engagement framework to ensure staff and service users are routinely involved in the design and development of all digital programmes. **(Paragraph 35)**
  - R6.2 creating a digital inclusion plan setting out priorities, actions, measures and how digital exclusion risks will be addressed across all service areas. **(Paragraph 37)**
  - R6.3 ensuring that digital inclusion and user engagement activity is clearly reported, with regular updates on actions, progress, and impact to support better oversight and accountability. **(Paragraph 37)**

- R7 The Health Board should set out clear, costed investment requirements, including capital needs beyond 2026-27, timelines for key decisions, and the affordability of major digital priorities. This will allow the Board to judge whether its digital ambitions are realistic within its financial position. **(Paragraphs 38-39)**
- R8 The Health Board should introduce a coordinated approach to overseeing all digital projects to clearly assess progress and dependencies across local, regional and national work. **(Paragraphs 41 and 46)**
- R9 The Health Board should complete and embed its benefits framework, ensuring that benefits registers are routinely maintained and reported to demonstrate whether digital investments are delivering improvements, value for money and better use of resources. **(Paragraph 47)**

# Appendices

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# 1 Management response

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
R1	<p>The Health Board should strengthen the Digital and Data Plan by setting clear milestones and resource requirements, defining and tracking digital maturity, and fully integrating digital priorities across workforce, estates, finance, and clinical service planning. <b>(Paragraphs 12-14)</b></p>	<p>The Health Board has procured a Strategic Partner to support the development of a comprehensive Digital &amp; Data Plan aligned to the Health Board's Strategy.</p> <p>A Strategy Deployment Framework has been approved that identifies the cross-cutting enablers and appropriate governance route.</p> <p>A 12-week programme of work to complete the plan has commenced led by the Chief Clinical Information Officer.</p> <p>This plan will identify clear milestone deliveries for 2026/2027 that will be monitored via Executive Management Board and Board oversight via Operational Delivery Committee.</p>	<p>Approval by EMB in August 2026</p> <p>Approval by Board in September 2026</p>	<p>Director of Digital &amp; Data</p>

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
		<p>The plan will take into account workforce and financial requirements.</p> <p>The Digital and Data Enabling Plan demonstrates the plan for the Digital and Data Delivery Plan.</p> <p>Assessments of Digital Maturity will be performed as part of programmes of work by the Business Change team.</p> <p>The plan will be agreed at the September 2026 Board.</p>		
<b>R2</b>	<p>The Health Board should strengthen its digital performance reporting by including clear milestones, progress measures, risk updates and consistent information across programmes, supported by simple visuals to improve Board oversight. <b>(Paragraph 20)</b></p>	<p>Aligned to the Strategic Deployment Framework, Digital &amp; Data Delivery Plan progress will be reported as part of routine reporting arrangements and will include clear milestones, progress measures, risk updates and consistent information across all programmes.</p> <p>The Digital and Data Enabling Plan provides a high-level visual of the ambition. Over the 12-week period further visuals will be developed to improve Board oversight.</p>	September 2026	Director of Digital & Data
<b>R3</b>	<p>The Health Board should develop a comprehensive, costed infrastructure replacement plan that includes clear</p>	<p>A 1-year costed replacement programme is approved in alignment with the allocated discretionary capital for Digital &amp; Data. This approval is gained from the Executive Capital</p>	December 2026	Director of Digital & Data

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
	<p>timelines, milestones, asset information and long-term investment needs, supported by clearer reporting on the effectiveness of controls and actions. <b>(Paragraph 24)</b></p>	<p>Management Group and onwards to EMB. The Capital Plan is also reported to the Operational Delivery Committee.</p> <p>Pipeline Infrastructure Replacement is planned and prioritised as in year capital opportunities arise. Allocations are tailored to schemes based on risk, deliverability and available funds.</p> <p>An infrastructure replacement programme will be developed for subsequent years, aligned to the Digital &amp; Data Strategic Delivery Plan, noting that anticipated increases in infrastructure costs will be estimates prior to procurement.</p>		
R4	<p>The Health Board should develop a clear AI governance framework, ensuring all AI activity is formally recorded, risk-assessed and reported through the Board Assurance Framework and Organisational Risk Register. <b>(Paragraph 31)</b></p>	<p>A draft AI Strategy &amp; Policy has been produced and is in its final review prior to circulation for approval.</p> <p>All technologies (including AI technologies) are subjected to our Data Protection Impact Assessments and Cyber Security Impact Assessment Processes.</p> <p>An inventory of all AI activity is captured through our cyber assessment process for new programmes of work.</p> <p>The Board Assurance Framework and Organisational Risk Register will be updated to ensure risks regarding AI will be captured. The BAF will be updated for the July 2026 Board.</p>	September 2026	Director of Digital & Data

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
		Formal approval of Policies and Procedures will be completed by Autumn 2026		
<b>R5</b>	The Health Board should develop a structured approach to understanding and building its digital workforce capability by:			
<b>R5.1</b>	maximising the use of HEIW's Digital Capability Framework to understand the basic IT confidence of staff and developing a local assessment tool to understand the wider digital transformation skills needed to deliver its digital ambitions. <b>(Paragraph 32)</b>	<p>The Health Board already has an established Digital &amp; Data Clinical Network, that is multi-disciplinary by design. This group assesses capabilities on a programme-by-programme basis.</p> <p>The Digital Transformation function performs an assessment of capabilities as new programmes of work are moved into implementation. These assessments form the backbone of training plans for new programmes of work.</p> <p>These processes are embedded into how digital and data change is delivered.</p> <p>Our process for the Business Analysts ensures information gathering and baselining of workflows is standardised.</p>	March 2027	Director of Digital & Data

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
		<p>The objective is to ensure a consistent approach so that everyone is measuring the same things in the same way. The high-level process actions and dependencies include:</p> <p>Set the scope &amp; stakeholders</p> <ul style="list-style-type: none"> <li>• Agree the scope and relevant care groups and identify and agree stakeholders for engagement.</li> </ul> <p>Establish the workforce baseline</p> <ul style="list-style-type: none"> <li>• Confirm the workforce profile and WTE in post with the care groups (including part-time working, sickness absence, annual leave, etc.)</li> </ul> <p>Map the current workforce process</p> <ul style="list-style-type: none"> <li>• Understand what staff do, when they do it, and how they do it (paper vs digital). Estimate time spent per activity using observation studies and data reports, and agree appropriate metrics (e.g. percentage of role time, hours per week, or WTE consumption by task)</li> </ul> <p>Identify inefficiencies</p> <ul style="list-style-type: none"> <li>• Highlight high-effort, low-value activities</li> </ul> <p>Map demand against capacity</p> <ul style="list-style-type: none"> <li>• Align activities with demand volumes such as calls, appointments, letters, referrals, and backlogs</li> </ul> <p>Identify pressures &amp; constraints</p>		

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
		<ul style="list-style-type: none"> <li>Understand peaks and pressure points, backlogs and queues, and areas that are persistently in deficit</li> </ul> <p>Validation with Services</p> <ul style="list-style-type: none"> <li>Agree the baseline and measures with services, with clear ownership by the service lead</li> </ul> <p>Future development of this work will ensure a Health Board wide adoption of the HEIW Digital Capabilities Framework. The Health Board will develop a local assessment tool and digital skills training programme to assess and build digital transformation skills and capability across its wider workforce.</p>		
R5.2	developing a digital skills training programme, ensuring staff have access to targeted, role-specific learning beyond basic e-learning, including data skills, digital change capability, and transformation skills. <b>(Paragraph 33)</b>	As per response to R5.1.	March 2027	Director of Digital & Data

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
R5.3	creating a strategic digital workforce plan that sets out required staffing levels, roles, competencies, and future capacity needs, informed by a clear baseline of current digital workforce capability. <b>(Paragraph 34)</b>	In alignment with R1, a comprehensive Digital & Data Strategic Delivery Plan will incorporate workforce requirements	September 2026	Director of Digital & Data
R6	The Health Board should develop an organisation-wide approach to user engagement and digital inclusion by:			
R6.1	introducing an engagement framework to ensure staff and service users are routinely involved in the design and development of all digital programmes. <b>(Paragraph 35)</b>	<p>The Digital Clinical Network is a core stakeholder group that will test the design and development of the Digital &amp; Data Plan.</p> <p>Engagement on the development of the plan will be reported to the Improving Care Board, Strategic Development Committee and Public Board.</p> <p>Through our Deployment Framework, engagement with Service Users forms a core part of the digital &amp; data plan.</p> <p>The Digital and Data Enabling Plan outlines how service users will be engaged for the development of the plan.</p>	September 2026	Director of Digital & Data

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
		<p>A Digital Inclusion Plan will be developed to complement the wider Digital &amp; Data Plan.</p>		
R6.2	<p>creating a digital inclusion plan setting out priorities, actions, measures and how digital exclusion risks will be addressed across all service areas. <b>(Paragraph 37)</b></p>	<p>The Digital Transformation function within the Digital &amp; Data Directorate holds the responsibility for digital exclusion, user experience and engagement. New processes are embedded within programme plans and reported alongside the delivery plan.</p> <p>As above in R6.1 a Digital Inclusion Plan will be developed.</p>	March 2027	Director of Digital & Data
R6.3	<p>ensuring that digital exclusion and user engagement activity is clearly reported, with regular updates on actions, progress, and impact to support better oversight and accountability. <b>(Paragraph 37)</b></p>	<p>As above in R6.2</p> <p>These processes are embedded into business-as-usual activities and reported alongside the delivery plan.</p> <p>Routine reporting on all elements of the digital &amp; data plan will be reported to Executive Management Board and the Sub Committee of the Board.</p>	March 2027	Director of Digital & Data

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
R7	<p>The Health Board should set out clear, costed investment requirements, including capital needs beyond 2026-27, timelines for key decisions, and the affordability of major digital priorities. This will allow the Board to judge whether its digital ambitions are realistic within its financial position. <b>(Paragraphs 38-39)</b></p>	<p>Costed investment requirements will only ever be estimates and subject to procurement processes. These investments requirements will be considered within the Digital &amp; Data Delivery Plan.</p> <p>The Digital and Data Delivery Plan will identify the longer term digital and data requirements / possible investments.</p>	September 2026	Director of Digital & Data
R8	<p>The Health Board should introduce a coordinated approach to overseeing all digital projects to clearly assess progress and dependencies across local, regional and national work. <b>(Paragraphs 41 and 46)</b></p>	<p>As the Digital and Data Strategic Delivery Plan moves from development to implementation, progress will be routinely reported. This plan will be a comprehensive portfolio of work that incorporates, local, regional and national programmes.</p> <p>Local, Regional &amp; National Programmes will continue to have oversight from the Executive Management Board and Board Sub Committees.</p> <p>A new Regional Digital &amp; Data Workstream will provide further oversight and reporting to the South East Wales Regional Joint Committee.</p>	December 2026	Director of Digital & Data

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
R9	The Health Board should complete and embed its benefits framework, ensuring that benefits registers are routinely maintained and reported to demonstrate whether digital investments are delivering improvements, value for money and better use of resources. <b>(Paragraph 47)</b>	<p>In the Autumn of 2025, the Digital &amp; Data team recruited a new role, Head of Business Change. This role has been tasked with creating a suite of processes and procedures to ensure benefits are robustly managed for all Digital &amp; Data related programmes.</p> <p>Benefits registers are created for digital transformation programmes of work and will be reported to Executive Management Board and Sub Committees of the Board.</p>	December 2026	Director of Digital & Data

## 2 About our work

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### 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 Cwm Taf Morgannwg University Health Board (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 committee papers and minutes.
- Key governance documents, including Digital and Data Highlight Reports, and the Cyber Improvement Plan
- Key strategies and plans, including the Digital and Data Plan, and IMTP
- Key risk management documents, including the Board Assurance Framework and Organisational Risk Register.
- Relevant policies and procedures.
- Reports prepared by other relevant external bodies, including the HIMSS EMRAM Assessment (2022), and Cyber Security Assurance Report (October 2025)

We interviewed the following key stakeholders:

- Director of Digital
- Chief Executive

- Assistant Director, Data and Digital Transformation
- Senior Finance Manager

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

- Operational Delivery Committee
- Strategic Development Committee

### 3 Key terms in this report

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<b>Term</b>	<b>Description</b>
<b>Integrated Medium Term Plan</b>	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.
<b>Health Information and Management Systems Society (HIMSS)</b>	The Healthcare Information and Management Systems Society (HIMSS) is a global non-profit organisation dedicated to improving health through the best use of information technology and management systems
<b>Electronic Medical Records Adoption Model (EMRAM) Assessment</b>	The Electronic Medical Record Adoption Model (EMRAM) is a strategic, eight-stage (0–7) framework developed by HIMSS to measure, benchmark, and improve a hospital's digital maturity. It guides organizations from paper-based systems to a fully electronic, paperless environment, aiming to enhance patient safety, clinical outcomes, and efficiency.
<b>Tektology</b>	Tektology is an international consulting organisation that specialises in digital health, innovation, strategy, and operational improvement.
<b>Board Assurance Framework</b>	A Board Assurance Framework (BAF) in the NHS is a structured, strategic tool used by boards to monitor risks that threaten the achievement of corporate objectives
<b>Organisational Risk Register</b>	A Organisational 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.

<b>Term</b>	<b>Description</b>
<b>Citrix Software</b>	Citrix allows staff to work from home or different sites without storing sensitive data on laptops. Everything stays inside the organisation's secure network.
<b>Welsh Patient Administration System (WPAS)</b>	WPAS is the national hospital administration system used across Wales to manage patient pathways and core administrative processes in secondary care.
<b>Cyber Resilience Unit (CRU)</b>	The NHS Wales Cyber Resilience Unit (CRU), established in 2021 and hosted by Digital Health and Care Wales (DHCW), is an independent team responsible for implementing and monitoring NIS regulations to boost cybersecurity across the Welsh health sector
<b>Cyber Assessment Framework (CAF)</b>	The Cyber Assessment Framework (CAF) is a National Cyber Security Centre (NCSC) tool designed to help organisations, particularly those in critical infrastructure like energy, health, and transport, assess their cyber resilience.
<b>National and Information (NIS) Regulations 2018</b>	The National and Information (NIS) Regulations 2018 aim to improve the cybersecurity and resilience of systems that provide essential services.
<b>Artificial Intelligence</b>	Artificial intelligence (AI) is the ability of machines, computer systems, or robots to mimic human intelligence, learning, and decision-making to perform specific tasks.
<b>HEIW's Digital Capability Framework</b>	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

<b>Term</b>	<b>Description</b>
<b>Patient Centred Contact Programme</b>	The Patient Centred Contact Programme is a digital initiative aimed at making patient communication more efficient and personalised, using digital tools and data-driven redesign to improve both patient and staff experience as part of the Health Board's wider digital transformation strategy.
<b>Electronic Prescribing and medicines administration (ePMA)</b>	The Electronic Prescribing and Medicines Administration System is 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.
<b>Llais</b>	Llais is the national citizens voice body for health and social care in Wales.
<b>Open Eyes</b>	Electronic patient record (EPR) system designed specifically for ophthalmology services.
<b>Laboratory Information Management System (LIMS)</b>	The Laboratory Information Management System (LIMS) in NHS Wales is a unified digital system designed to manage pathology data and sample workflows across all health boards and hospitals.
<b>Once For Wales</b>	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.
<b>Digital Maternity Cymru</b>	Digital Maternity Cymru is a national digital programme to replace paper maternity notes with a single electronic maternity record used across all Health Boards in Wales.
<b>Radiology Informatics System Procurement (RISP)</b>	Radiology Informatics System Procurement (RISP) is a national digital programme designed to replace and modernise all core radiology informatics systems across every Health Board.

<b>Term</b>	<b>Description</b>
<b>Welsh Patient Referral System</b>	The Welsh Patient Referral System is a national digital system that supports the electronic management of patient referrals in NHS Wales

# About us

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