

# Digital transformation

Swansea Bay University Health Board

May 2026



# About us

---

We have prepared and published this under section 61(3) (b) of the Public Audit Wales Act 2004.

## © Auditor General for Wales 2026

You may re-use this publication (not including logos except as an integral part of the document) free of charge in any format or medium.

If you re-use it, your re-use must be accurate and must not be in a misleading context. The material must be acknowledged as Auditor General for Wales copyright, and you must give the title of this publication. Where we have identified any third-party copyright material you will need to obtain permission from the copyright holders concerned before re-use.

## If you need any help with this document

If you would like more information, or you need any of our publications in an alternative format or language, please:

- call us on 029 2032 0500
- email us at [info@audit.wales](mailto:info@audit.wales)

You can use English or Welsh when you get in touch with us – we will respond to you in the language you use.

Corresponding in Welsh will not lead to a delay.

Mae'r ddogfen hon hefyd ar gael yn Gymraeg.

Audit Wales follows the international performance audit standards issued by the International Organisation of Supreme Audit Institutions (INTOSAI).

# Contents

---

Audit snapshot	4
Key facts and figures	7
Our findings	8
Recommendations	24
Appendices	26
1 About our work	27
2 Management response	30

# Audit snapshot

---

## What we looked at

- 1 We looked at how Swansea Bay 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 and approved Digital Strategy. However, the Health Board's challenged financial position means that it has not been able to identify required financial investment to deliver the Strategy. Whilst there is evidence of local, regional and national digital developments being adopted to support service modernisation, the need to deliver short-term savings is affecting the Health Board's ability to deliver longer term digital transformation.
- 6 The Board has good overall oversight of digital work through its Digital, Data, Research, and Innovation Committee. However, the evaluation of digital solutions could be more consistent as could Service Group engagement on digital developments. The Board has strong oversight of digital and cyber risks but needs to better recognise and mitigate emerging artificial intelligence risks. Cyber resilience arrangements are well established, supported by a detailed cyber security strategic plan.
- 7 The Health Board recognises the importance of digital skills but lacks a structured approach to assess capability across the organisation. Existing training and support provide a useful foundation but take up is low. The Health Board's approach to digital inclusion is not strategic and there is no designated lead in place.
- 8 The Health Board is demonstrating strong engagement with digital partners including Digital Health and Care Wales (DHCW), Health Education and Improvement Wales (HEIW), Welsh Government, and the clinical networks within NHS Performance & Improvement. There is also strong joint working with Hywel Dda University Health Board on digital matters.

## What we recommend

- 9 We have made six recommendations to the Health Board which focus on:
  - ensuring the new digital strategic plan is deliverable from a financial perspective;

- ensuring service group attendance at the Digital Leadership Group;
- strengthening the approach to managing AI related risks;
- developing a consistent approach to assess digital skills, capacity, and capability across the organisation;
- developing a clear plan to reduce digital exclusion; and
- evaluating digital solutions consistently with an emphasis on post-implementation review.

# Key facts and figures

---

Of the Health Board's workforce of approximately 14,000 staff, only 205 have completed the 'HEIW interactive self-evaluation tool' as part of the Digital Capability Framework.

The Health Board is currently assessed at Stage 1 of the HIMSS EMRAM model meaning core digital systems are in place, but overall digital maturity is still at an early stage. Its Digital Strategy sets an ambition to reach stage 7 by 2036.

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

From 2022-23 to 2024-25, the Health Board invested approximately £47 million in digital revenue and £20.2 million in capital.

# Our findings

---

## Strategy, planning and leadership

**Digital strategy, leadership and oversight are strong, but service groups must engage more in digital matters, and the Board should prioritise broader digital transformation**

### Digital strategy and plans

- 11 Following an effective engagement process with stakeholders, the Health Board developed its Digital Strategy and 10-year vision, which the Board approved in March 2025. It sets a clear long-term aim to improve people's health and well-being through digital technology and aligns with most of the organisation's supporting strategies, except for the Estates Strategy. The Health Board's strategy is strategically aligned to national and local priorities including the Welsh Government's digital agenda, Healthier Wales, and Welsh Government's Digital and Data Strategy.
- 12 The Health Board's Digital Strategy, with its focus on using digital transformation to improve people's health and well-being, explains how digital transformation is important to help improve services, make them more sustainable, and cope with rising demand. The strategy gives practical examples of how digital can change the way care is delivered and make the patient experience better. This includes giving staff real time access to patient information, using data to better understand population health, targeting support where it's needed, and helping patients take more control through tools like patient portals, digital appointments, and the NHS Wales app.

- 13 The Digital Strategy shows a good understanding of the Health Board's current strengths and weaknesses. The strategy also includes a benefits framework designed to ensure that every digital and service-transformation initiative is aligned to measurable and strategic outcomes. Although it mentions patients, it provides little detail on how digital services will be designed with them.
- 14 The Health Board is delivering its Digital Strategy through a clear three-year digital plan which the Digital, Data, Research, and Innovation (DDRI) Committee approved in July 2025. The plan provides a high-level roadmap for digital transformation from 2025 to 2028. A detailed 2025-26 workplan breaks this down into the specific digital projects the Health Board aims to deliver this year.
- 15 The Health Board does not have the money needed to deliver the Digital Strategy in its current form. The strategy requires investment to rise from £23 million in 2023-24 to £54 million by 2035-36. In March 2025, the Board supported the strategic direction set out in the Strategy but noted that further work was required during 2025/26 to develop a more detailed digital investment plan for 2026/27 onwards. However, the Health Board has not clearly set out what this means for delivering the strategy.
- 16 The Health Board is planning to use its Integrated Medium-Term Plan planning process to identify the resources required to deliver the ambitions in the Digital Strategy. In January 2026, the digital directorate were working in partnership with the planning and partnerships team, service delivery groups, and new thematic care boards to understand what digital support they need to deliver their priorities. This was still to be finalised at the time of our review. We discuss investment in digital transformation further in this report **(Paragraph 50)**.

17 In September 2025, the Health Board published a refreshed long-term strategy, 'A Healthier Swansea Bay'. It then decided to update and rename its Digital Strategy, even though it was only 10 months old. The updated Digital Strategic Plan, will keep the same principles and vision. However, the Health Board wants the plan to be more flexible so it can respond to changes in digital technology and business needs. The Health Board plans to align the updated Digital Strategic Plan with the new Clinical Services Plan, due in September 2026. In the interim the Health Board has focussed on the annual plan priorities aligned with the IMTP process.

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

18 The Board shows strong commitment to digital transformation but recognises that it needs to do more to ensure that digital is at the forefront of its thinking. It sees digital as a lever for improvement and is supporting projects, such as the Swansea Bay Patient Portal<sup>1</sup>. However, even though the strategy is strong, more progress is needed to shift the Health Board's focus from individual projects to delivery of the wider digital transformation it aims to achieve through the strategy.

19 The Board has strong digital leadership. It includes a Director of Digital and an Independent Member for Digital. Both take part in Board and various committee meetings relevant to their role, which means the organisation has the right expertise to guide its digital plans.

---

<sup>1</sup> The Swansea Bay Patient Portal - is a secure on-line resource. It is designed for patients over the age of 16, who have recently, currently or are about to receive outpatient care from healthcare professionals at the Health Board.

20 The Health Board has delivered a range of training sessions for Board members. These sessions covered topics such as strategy development to understanding Cyber Security risks. They have helped improve everyone's knowledge and understanding of digital issues and strengthened how the Board oversees digital work. Independent Members said these sessions were helpful. Members of the DDRI Committee have also received briefings on digital topics, including regional work and AI. However, as digital technology changes quickly, ongoing training will be important to keep the Board's knowledge up-to-date and to support strong oversight of digital work.

### **Roles, responsibilities, and accountability**

21 The Board has good oversight of how its digital work is progressing. In November 2024, it improved this by establishing the DDRI Committee as a new board committee. This committee helps the Board see more clearly what is happening with digital transformation, data, research, and innovation. It also shows the Board wants stronger assurance that the digital strategy and national digital programmes are being delivered.

22 The DDRI Committee is working well, and we observed good scrutiny and challenge. It has oversight of Digital Strategy delivery, as well as the three-year roadmap, and the in-year workplan. It does this through a quarterly update report, which summaries progress and provides updates on the achievement of delivery milestones. The update also focuses on risks and mitigations. The report includes a RAG<sup>2</sup> rated project delivery dashboard, which tracks progress of the 37 projects for 2025-26. According to the January 2026 update, 23 were reported as 'green', 12 were 'amber', two were reported as 'red'.

---

<sup>2</sup>Green - on track, action progressing as planned and to agreed timelines; Amber - off track, action not progressing to original timelines but manageable with mitigating actions in place; Red - off track with significant issues, action not progressing to timelines and requires escalation.

- 23 The DDRI Committee has strong oversight of the Health Board's digital financial position. It receives a specific report on digital finances, which sets out the capital and revenue position for the Digital directorate. The report also updates the committee on progress with delivery of directorate savings and the actions being taken to manage financial risks.
- 24 Digital services are well managed, with clear roles and responsibilities. The Health Board's Digital Leadership Group oversees the digital delivery and makes sure it matches IMTP priorities. There is an information governance and cyber security assurance group that oversees both areas. The Digital Intelligence Group oversees digital intelligence projects and dashboards.
- 25 However, even though the Digital directorate has tried to improve engagement, some service groups do not attend the Digital Leadership Group regularly. This reduces how effective the group can be. When service groups do not attend, they may miss the chance to shape future digital plans and share responsibility for the work.

## Identifying and managing risks

### **Despite strong oversight of digital infrastructure and cyber risks, the Health Board has not yet developed robust arrangements to manage emerging AI risks**

#### **Strategic digital risks**

- 26 The Health Board's Strategic Risk Register has two digital related risks - the sustainability of Digital Services and failure to deliver digital transformation. Both risks have a high score of 20. They receive routine scrutiny from the Board and Audit Committee. However, the Health Board has not clearly set out the impact from the lack of investment in digital.

## Digital infrastructure risks

- 27 The Health Board is aware of the gaps in its IT infrastructure and monitors these through its ICT Asset Risk Register. It has identified specific digital projects alongside a 10-year replacement plan to help target funding when it becomes available. However, plans and budgets for upgrades and replacements continue to change and remain constrained by limited funding, which slows progress in updating ageing technology. This increases the risk of systems failing, devices running slowly, staff losing time, and greater cyber security vulnerabilities.
- 28 While the Digital Strategy does not set out detailed infrastructure risks, it highlights key priorities such as secure backup systems, the removal of Windows 10, and the upgrade of core networks at Morriston and Singleton Hospitals. Recently, the Health Board received an additional £2 million from Welsh Government, which is being used to upgrade the network at Morriston Hospital and replace a substantial number of older devices.

## Cyber resilience

- 29 The Health Board has a clear and detailed Cyber Security Strategic Plan, approved in May 2025, which applies to all staff. A dedicated Cyber Security Team is in place to deliver the plan, and the Board receives regular updates. The Health Board has well defined cyber risks in its Corporate Risk Register with controls and mitigating actions, but the risk score remains high at 20 due to evolving threats.
- 30 The Health Board works closely with national NHS cyber expertise, including taking part in resilience exercises. Staff training on information governance and cyber security training is 84% complete, and the Digital directorate runs phishing tests to improve awareness, although recent results show there is still room to do better.

31 The Health Board regularly monitors cyber incidents. In 2025, it recorded four formal incidents, and its systems deal with 200–300 alerts daily, with about 100 requiring manual intervention. The dedicated cyber team assess risks for new projects through a multi-disciplinary review process, and in March 2025, the Health Board received Welsh Government funding to upgrade backup systems, to improve protection against cyber-attacks. Internal Audit will be undertaking an in-depth review of the Health Board’s cyber security arrangements in 2026-27.

## Artificial intelligence

32 The Health Board understands that AI could bring important benefits, such as supporting clinical decisions, helping with early diagnosis and screening, and making administrative tasks more efficient. The Digital Strategy mentions AI, but at the time of our work, it did not set out the financial, technical, and human resources needed to develop and use AI safely, including infrastructure and workforce requirements.

33 Furthermore, the Health Board has not properly considered the risks linked to AI and there are no AI-related risks were included in the Corporate or Digital Services Risk Registers. This means the organisation does not have a clear understanding of how AI might affect patient safety and cannot give the Board assurance that AI use is safe, appropriate, or meets expected standards.

34 The Board recognises it needs stronger assurance about how the organisation identifies, manages, and reduces the risks linked to using AI. The Health Board, therefore, recognises that as part of delivering its revised Digital Strategy, it will need to put proper arrangements in place to manage AI related risks effectively.

35 Working with Hywel Dda University Health Board, the Health Board has formally committed to developing an AI strategy and governance framework by early 2026. This will include ethical oversight and clinical validation in line with the expectations of the AI Commission for Health and Social Care<sup>3</sup>.

---

<sup>3</sup> The AI Commission for Health and Social Care is a Welsh Government-led body that provides national-level guidance, strategic direction, and standards for the safe and responsible adoption of AI across health and social care services in Wales.

36 In November 2024, the DDRI Committee agreed a policy for the use of AI in Clinical Practice. However, we found no evidence that staff had submitted any applications under this policy, suggesting that awareness is low. This also raises concerns that some teams may be using AI without the proper approval.

## Digital skills

### **The Health Board lacks a structured approach to assess and develop digital skills, and limited capacity, low training uptake, and financial constraints are hindering digital readiness**

#### **Assessing digital skills**

37 Although the Health Board recognises that digital skills are important, it does not yet have a structured way to assess the skills, capacity, or capability of its workforce.

38 The total number of staff who have completed HEIW's Digital Capability Framework is low at 205 (September 2025), and without a targeted development strategy the Health Board cannot clearly identify where skills are lacking or what needs to be done to improve them.

39 The Health Board is developing a Digital Workforce Strategy, but financial constraints are slowing progress. Significant investment will be needed to achieve its goals. To help move forward, the Health Board is exploring opportunities to work with workforce teams, HEIW, and DHCW, and wider regional and national programmes to build digital readiness.

#### **Developing digital skills and capacity**

40 Although the Health Board lacks a structured way to assess digital skills, capacity, or capability across the organisation, it does have some arrangements in place to help staff develop their digital skills. These include:

- mandatory digital induction for all staff;
- modular digital training programmes available to everyone;
- 24/7 digital support;
- digital champions and business partners, embedded within service groups to promote digital adoption; and
- a data literacy course available to staff.

41 However, the number of staff who access support is low compared to the size of the workforce and the Health Board does not collect wider training and access figures.

42 At the time of our work, capacity within the Digital directorate was reduced due to high levels of vacancies. In September 2025, the Digital directorate had 47.87 WTE vacancies. These vacancies covered a wide remit of roles including digital technical staff such as developers and software engineers. At the time of our work, there was a vacancy freeze in place. In January 2026, the Digital directorate reported an underspend on pay of £3.5 million, and this was contributing to the achievement of financial savings within the directorate. Without skilled staff in post, this may pose increased cyber security risks, limit team effectiveness, or delay projects. These challenges are made even harder by the wider difficulties in recruiting specialist digital professionals, as the Health Board must compete with private-sector employers who offer higher salaries and more flexible career opportunities.

## Collaboration and involvement

### **While the Health Board engages well with staff and service users, it lacks a clear strategy for addressing digital exclusion**

#### **Reducing digital exclusion**

43 The Health Board's Digital Strategy recognises the need to prevent digital exclusion. The strategy identifies groups which may be digitally excluded and outlines the potential impact on patients. It also sets out the actions the Health Board is taking to increase digital uptake and reduce exclusion. These include keeping both digital and non-digital access routes and offering alternatives for people who cannot use digital tools. The Health Board has also committed to making patient-facing digital tools easy to use. However, it has not set measurable targets for reducing digital exclusion. It also has no plan to identify or engage with patients who may be excluded, and there is no designated lead for digital inclusion.

44 Despite the lack of a lead, the Health Board has a range of initiatives to reduce digital exclusion amongst staff. These include a dedicated digital adoption manager, who leads initiatives, maintains the digital champion network, and promotes access to digital courses. The Health Board also supplied evidence of a range of activities that it has undertaken, including;

- 68 staff from Allied Health Professions and Health Sciences were given access to the Agored Cymru Essential Digital Literacy Skills course, helping them to improve their confidence and ability to use digital technologies;
- data literacy workshops were delivered, including sessions in Primary Care Therapy Services that reached over 90 staff across more than 16 services and helped build confidence in tools like Power BI<sup>4</sup>; and

---

<sup>4</sup> Power BI is Microsoft's data-visualisation and business intelligence tool.

- staff were given access to Digital Inclusion Training from Digital Communities Wales<sup>5</sup> covering accessibility, digital health and wellbeing, and the role of Digital Champions in supporting colleagues.

45 These are all good initiatives, however as mentioned previously the numbers of staff accessing these is low compared to the size of the workforce. The Health Board would benefit from a clear assessment and an associated plan to reduce digital exclusion. There also needs to be a clearer focus on reducing risks of patient digital exclusion.

### **Staff and service user involvement**

46 The Health Board works closely with staff, patients, and service users on key digital transformation projects, such as the Swansea Bay Digital Patient Portal. It has also set up specialist user groups for more than ten digital services, including Audit Management, e-Prescribing, Nursing Care Records, and Digital Maternity. This helps ensure that people who use these services directly shape how digital solutions are delivered.

47 Support and clinical involvement are strong. The digital helpdesk is the main place for staff to get support, handling around 7,000 requests each month and offering chatbot and live chat options. The Health Board has also invested in dedicated clinical roles, including a Chief Clinical Information Officer, Chief Nurse Information Officer, and Digital Allied Professional Lead. They work within the Digital Directorate to provide clinical insight and shape the development of digital tools.

48 The Health Board also supports operational teams through Digital Business partners who work within service groups and act as a link between the digital directorate, and clinical and operational services. This enables clinical and operational teams to raise digital issues more easily.

---

It helps users turn data into interactive charts, dashboards, and reports so that teams can explore information, spot patterns, and make better decisions

<sup>5</sup> Digital Communities Wales (DCW) is a Welsh Government programme designed to reduce digital exclusion and improve digital skills across Wales.

## Using digital developments to support service transformation

**The Health Board is implementing local and national digital solutions, but the need for short term savings is preventing it from fully pursuing strategic digital transformation**

### Investment in digital transformation

49 The Health Board's financial pressures have led to significant cuts in the digital services budget. **Exhibit 1** sets out the initial revenue budget for digital services over three years, and the actual spend. This shows that for the past three financial years, the digital directorate has underspent against its initial revenue allocation. In March 2025, £1.3 million was removed from the budget, and in November 2025 digital services were asked to find a further £3.64 million in savings. By January 2026, the service was on track to deliver total savings of £4.46 million, which is about 15% of its original budget for 2025-26. While budget cuts help address short-term financial pressures, they make it harder for the digital directorate to move beyond day to day projects to delivering the broader digital transformation set out in the strategy.

#### Exhibit 1: Annual revenue investment in digital (2022–23 to 2024–25)

Financial Year	Revenue Budget £m	Revenue Actual £m
2022-23	18.1	15.6
2023-24	16.4	14.5
2024-25	19.7	16.9

Source: Health Board supplied data

50 **Exhibit 2** shows the capital funding already invested in digital. The Health Board uses capital funding for technology refresh programmes, upgrading core network, and supporting the delivery of national programmes, including Digital Maternity Cymru<sup>6</sup>. Future revenue investment plans are undecided and will be set during the IMTP planning process. Digital service delivery is evolving as cloud-based solutions become more common. This transition will impact revenue spending as these costs are ongoing rather than on-off capital investments.

### **Exhibit 2: Annual capital investment in digital (2022–23 to 2024–25)**

<b>Financial Year</b>	<b>Capital £m</b>
2022-23	5.2
2023-24	6.2
2024-25	8.8

Source: Health Board supplied data

### **Local and regional digital projects**

51 The Health Board is progressing a range of locally led digital programmes. These include the continued development and roll out of the Swansea Bay Patient Portal, which is improving digital access for patients to see their test results and clinical appointments. The digital directorate is also supporting the implementation of a hospital-initiated referral system for neurology and continuing to enhance its Signal system<sup>7</sup>.

---

<sup>6</sup> The Digital Maternity Cymru programme will implement an all-Wales solution which will include digital patient access to their maternity notes through the NHS Wales App and website.

<sup>7</sup> The Digital Services Team developed a patient flow management system to track and support a patient's journey from admission through to discharge.

- 52 The Health Board is working on regional digital solutions with Hywel Dda University Health Board. A regional Joint Committee has been in place since January 2025, and has five shared regional objectives, including improving digital collaboration and efficiency. Both organisations have committed to working together on digital initiatives and have established joint working groups covering data and intelligence, infrastructure, digital inclusion, and clinical systems, alongside a regional digital forum. The two Health Boards also plan to develop a shared digital roadmap by March 2026.
- 53 The Health Board is providing the DDRI Committee with sufficient assurance on regional digital progress. During a committee development session in October 2025, members received updates on activity underway, including progress made, risks identified, and challenges encountered. Both Health Boards continue to engage with DHCW as the wider approach to regional digital working evolves.

### **Adopting national digital systems**

- 54 The Health Board works closely with key digital partners including DHCW, HEIW, Welsh Government, and the Clinical Networks within NHS Performance and Improvement . Board members report positive relationships with these organisations and receive assurance through the regular reports presented to the DDRI Committee and Board. These reports highlight the many initiatives and projects delivered in collaboration with partner organisations.

55 The Health Board is actively adopting and rolling out national digital solutions to improve the accessibility, quality, and efficiency and productivity of services. It supports the Once for Wales approach and works constructively with DHCW and Welsh Government. Reports to the DDRI Committee and Board focus on the roll out of national solutions. The Health Board reports that national programme delays are significant, with slippages in the procurement of the Laboratory Information Management system and Radiology Informatics System, creating major risks to service continuity and project delivery. These delays limit its ability to manage digital risks effectively and deliver wider service transformation. Although the Health Board has improved its local governance and oversight arrangements, these actions alone cannot offset delays caused by factors outside its direct control. Independent Members believe more work is needed to improve how the Health Board and DHCW work together and to clearly define the roles and responsibilities of key digital partners, including Welsh Government.

### **Evaluating digital solutions**

56 The Health Board has good examples of where it has evaluated its digital solutions. For example, the implementation of the Welsh Nursing Care Record<sup>8</sup> and associated savings in terms of nursing time to complete standard information and risk assessments. However, it recognises that it needs to do this more consistently, as systems once introduced quickly become business as usual and the Health Board does not capture their impact.

---

<sup>8</sup> The Welsh Nursing Care Record (WNCR) is a national digital nursing documentation system used across adult inpatient wards in Wales. It replaces paper nursing records with a standardised, secure digital platform.

57 Positively, the Health Board has a strong approach to benefits realisation, and the Internal Audit report in September 2025 gave substantial assurance in this area. The review found the Health Board had a clear benefit management approach with proposed benefits identified at the start, a structure for reviewing these and tracking the delivery of the benefits. However, reflecting our comment in previous paragraph about capturing impact, the report recommended more emphasis on post-implementation review and on corrective action where the Health Board did not realise the planned benefits.

# Recommendations

---

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

## Recommendations

R1 The Health Board should ensure that the new Digital Strategic Plan is underpinned by a clear, costed delivery plan developed through the IMTP process (**paragraph 15**).

R2 The Health Board should ensure that all service groups attend the Digital Leadership Group (DLG) consistently, as required, by putting in place clearer expectations, monitoring arrangements, and escalation routes. (**paragraph 25**).

R3 The Health Board should strengthen its arrangements for managing risks related to Artificial Intelligence (AI) by:

- 3.1** assessing potential AI risks to the Health Board and ensuring these are captured in relevant risk registers with appropriate mitigation and controls (**paragraph 33**); and
- 3.2** establishing and embedding an AI governance and assurance framework within 12 months (**paragraph 35**).

R4 The Health Board should strengthen its approach to assessing and improving digital skills across its workforce (**paragraph 38**).

R5 The Health Board should develop a clear plan to reduce digital exclusion, with measurable targets and milestones (**paragraph 43**).

R6 The Health Board should evaluate digital solutions consistently with an emphasis on post-implementation review and on corrective action where it did not realise the planned benefits (**paragraph 56**).

# 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 Swansea Bay 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, Data, Research, and Innovation Committee Terms of reference.
- Key strategies and plans, including the Digital Strategy 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:

- Director of Digital
- Independent Member for Digital
- Director of Finance
- Chief Clinical Information Officer
- Chief Nurse Information Officer

- Digital Allied Professional Lead
- Chief Operating Officer

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

- Digital, Data, Research and Innovation Committee including observing briefing sessions.

## 2 Management response

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
R1	<p>The Health Board should ensure that the new Digital Strategic Plan is underpinned by a clear, costed delivery plan developed through the IMTP process (<b>paragraph 15</b>).</p>	<p>Since approval of the Health Board's Digital Strategic Plan (March 2025), significant delivery has been achieved in 2025/26 across clinical systems, infrastructure, data/analytics and workforce enablement, supported by Welsh Government investment. In the current financial environment it remains difficult to set out a fully funded plan for the full 10-year strategy; therefore delivery is planned and costed through the annual planning cycle.</p> <p>The IMTP for 2026/27 includes delivery of key programmes within the 2025–2028 roadmap (including continued progress towards an integrated health and care record, major infrastructure refresh and nationally mandated specialist systems), with associated business cases taken forward locally and with Welsh Government as required. Longer term,</p>	<p>For 2026/27 In line with Annual Plan 31 March 2026</p> <p>For longer term, in line with IMPT process 26/27 Date: 31 March 2027</p>	<p>Director of Digital</p>

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
		<p>the Health Board recognises the need, and is committed, to increasing investment in the digital strategic plan and its key enablers, to improve efficiency, effectiveness and quality of care for the population it serves.</p>		
R2	<p>The Health Board should ensure that all service groups attend the Digital Leadership Group (DLG) consistently, as required, by putting in place clearer expectations, monitoring arrangements, and escalation routes. <b>(paragraph 25).</b></p>	<p>Digital colleagues meet regularly with individual Service Groups to discuss and agree key requirements, priorities and delivery plans. Service Groups also regularly attend the Digital Service Management Group where system performance and business-as-usual issues are reviewed. We recognise the need to strengthen the Digital Leadership Group (DLG) and will review the purpose of the group and expected attendance, including monitoring and escalation routes, to ensure it operates at a more strategic level.</p>	30 September 2026	Director of Digital

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
R3	<p>The Health Board should strengthen its arrangements for managing risks related to Artificial Intelligence (AI) by:</p> <ul style="list-style-type: none"> <li>– 3.1 assessing potential AI risks to the Health Board and ensuring these are captured in relevant risk registers with appropriate mitigation and controls (<b>paragraph 33</b>); and</li> <li>– 3.2 establishing and embedding an AI governance and assurance framework within 12 months (<b>paragraph 35</b>).</li> </ul>	<p>The Health Board will propose a AI Governance Plan (DDRI, May 2026) to align with NHS Wales principles and emerging Welsh Government guidance. This includes establishing an Executive AI Governance Group with defined decision rights and escalation routes, implementing a single AI lifecycle (intake, risk-tiered triage, assurance, approval, monitoring and decommissioning), and maintaining a single AI inventory/register (including embedded supplier AI and approved generative AI). AI risks will be assessed and captured through relevant corporate/digital/quality risk registers with agreed controls (e.g. clinical safety case, DPIA/IG, cyber and supplier assurance) and Algorithmic Transparency Recording Standard (ATRS)-style transparency records for material AI systems.</p> <p>The Governance plan for endorsement at May DDRI, is described in 3 phases. The first phase weeks 0-8 will establish the necessary arrangements to de-risk the current situation.</p>	31 July 2026	Director of Digital

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
R4	The Health Board should strengthen its approach to assessing and improving digital skills across its workforce ( <b>paragraph 38</b> ).	We have established digital readiness initiatives including a Digital Adoption Manager, an MS365 Champions Network, core system training/product specialists, clinical digital leadership (CMIO/CNIO/CAHPPIO) and a Data Literacy Programme. Building on this, we will strengthen the assessment of digital skills by using available survey/self-assessment approaches (including HEIW digital readiness work) to establish a baseline and target support, embedding digital literacy as a “golden thread” through staff group faculties in partnership with Workforce & OD. Delivery will be progressed through reprioritisation of existing resources and, where possible, tactical non-recurrent investment.	Baseline assessment of skills and setting of quarterly improvement targets - 30 June 2026	Director of Workforce/ Director of Digital

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
R5	The Health Board should develop a clear plan to reduce digital exclusion, with measurable targets and milestones <b>(paragraph 43)</b> .	For staff, we will continue to address digital inclusion through our existing digital readiness offer, including the Digital Adoption Manager, the MS365 Champions Network, role-based training/support (including modular pathways via digital-supported staff group faculties) and clinical digital champions (SBUHB have 1000+), to ensure equitable access to skills development and adoption support. For the public, we recognise more is required and that a dedicated digital inclusion lead is needed to develop and deliver a clear plan; this is subject to funding. Identification of the necessary funding will be sought through the organisations Organised for Success restructuring programme. Once in place, we will work with HDD to leverage the benefits of regional working and shared approaches to digital inclusion.	30 September 2026	Director of Digital / Director of Workforce & OD

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
R6	The Health Board should evaluate digital solutions consistently with an emphasis on post-implementation review and on corrective action where it did not realise the planned benefits ( <b>paragraph 56</b> ).	Digital already has a robust benefits framework in place, including benefits definition, tracking and post-implementation review. This has been used to inform the establishment of a Health Board-wide benefits framework that will be applied consistently across all projects and investments (not just digital). Going forward, monitoring of benefits realisation and achievement will be aligned to this framework and assured through wider Health Board governance arrangements, including PFAG.	30 September 2026	Director of Digital

# About us

---

The Auditor General for Wales is independent of the Welsh Government and the Senedd. The Auditor General's role is to examine and report on the accounts of the Welsh Government, the NHS in Wales and other related public bodies, together with those of councils and other local government bodies. The Auditor General also reports on these organisations' use of resources and suggests ways they can improve.

The Auditor General carries out his work with the help of staff and other resources from the Wales Audit Office, which is a body set up to support, advise and monitor the Auditor General's work.

Audit Wales is the umbrella term used for both the Auditor General for Wales and the Wales Audit Office. These are separate legal entities with the distinct roles outlined above. Audit Wales itself is not a legal entity.



Audit Wales

Tel: 029 2032 0500

Fax: 029 2032 0600

Textphone: 029 2032 0660

E-mail: [info@audit.wales](mailto:info@audit.wales)

Website: [www.audit.wales](http://www.audit.wales)

We welcome correspondence and telephone calls in Welsh and English.

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