

Digital Transformation

Aneurin Bevan University Health Board

March 2026



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Audit snapshot

What we looked at

- 1 We looked at how Aneurin Bevan University Health Board's 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 is not just about technology, it is 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- 5 The Digital Strategy is out of date, and the Health Board is currently updating this, with the aim of this work being completed by May 2026. Despite this, the Health Board is making steady progress in delivering aspects of its local digital programme, supported by committed leadership. The Health Board is also adopting national digital developments which help to support service modernisation. Increased investment is needed to effectively deliver digital transformation at the scale and pace required.
- 6 The Board needs to improve its oversight of its local digital transformation projects and widen this to gain assurance on the progress on regional working. Whilst the Board has good oversight of digital and artificial intelligence risks, there needs to be stronger oversight on how well the Health Board is managing cyber risks. Cyber resilience arrangements are well established but would benefit from a detailed cyber security plan.
- 7 The Health Board recognises the importance of digital skills but needs to better assess digital capability across the organisation. There is limited capacity to support digital training, and the Health Board would benefit through stronger collaboration between digital and workforce teams to address this issue. The Health Board does not have a strategic approach to digital inclusion, 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), and the Welsh Government. The Health Board also has a strong approach to benefits realisation. However, regional working with partners is in its infancy.

What we recommend

- 9 We have made seven recommendations to the Health Board which focus on:
 - updating its current digital assurance report to add oversight of financial delivery;

- clarifying the status of the proposed new digital directorate governance model;
- developing a stand-alone cyber risk;
- ensuring its digital strategy reflects an approach to cyber security;
- developing a coordinated approach to assess and build digital capability across the organisation;
- assigning a strategic lead for digital inclusion and developing a clear plan to reduce digital exclusion; and
- improving oversight of regional working.

Key facts and figures

Of the Health Board's workforce of approximately 15,994 staff, only 289 have completed the 'HEIW interactive self-evaluation tool' as part of the Digital Capability Framework.

The Health Board was assessed at Stage 1 of the HIMSS EMRAM model in 2022, meaning core digital systems are in place, but overall digital maturity is still at an early stage.

Since March 2025, the Health Board has had no reportable incidents to the cyber resilience unit.

From 2022-23 to 2024-25, the Health Board invested approximately £126.4 million in digital revenue and £22.7 million in capital.

Our findings

Strategy, Planning and Leadership

The Health Board's digital leadership and planning are improving, but outdated strategy, gaps in oversight may limit the impact of its digital ambition

Digital strategy and plans

- 10 The Board agreed its Digital Strategy in 2019 and as such is now out of date. This legacy strategy is shaped around four key themes: digital community, digital organisation, digital data, information and intelligence, and digital foundations. The Health Board developed it in a way that aligned appropriately with national and local priorities including 'A Healthier Wales' and the Health Board's Clinical Futures strategy. It explains:
 - how digital technologies will support a long-term shift in how it will deliver health and care services across Gwent;
 - the use of digital tools to help people manage their own health; and
 - supporting staff to deliver high-quality care and help to move care into communities.
- 11 In the absence of an up-to-date strategy, the Health Board's current Integrated Medium Term Plan (IMTP) sets out high level digital plans and priorities for the next three years. This includes 12 digital priorities covering Board development, regional working, directorate structure and governance improvement, and electronic health and care record. The Health Board has then broken down these commitments into a roadmap. These list the specific digital projects that the Health Board aims to deliver each year.

- 12 The IMTP also sets out how digital can, alongside workforce and estates changes, help to enable sustainable services. This includes how digital tools and real-time information can improve urgent care patient flow. The Digital, Data and Technology directorate then monitor progress, which we discuss later.
- 13 At the time of our work, the Health Board was developing a new Digital Transformation Strategy. This is because the digital landscape has changed significantly since 2019. The Health Board has conducted a comprehensive engagement process and Board development sessions to help shape the new strategy. The Board should approve the new strategy at its May 2026 meeting. It is intending that the new strategy will:
- align with the Health Board's 10-year plan, 'Gwent 2035 – Better Health, Better Care, Better Lives', approved in July 2025;
 - consider the rapid growth of artificial intelligence and what this means for healthcare;
 - enable faster delivery of digital solutions; and
 - meet rising expectations about how digital transformation can support better healthcare and stronger communities.
- 14 The Health Board could use the strengths and weaknesses of its 2019 strategy to shape its new strategic approach. It can make sure the new strategy fits well with national and local healthcare priorities. It can also set out a clear and current picture of its digital strengths, weaknesses, and overall maturity. By learning from the last strategy, the Health Board can explain what resources it needs, set out the main risks to delivery, and how it will track progress and measure impact.

Board ownership of digital transformation

- 15 The Board recognises the potential of digital technology and the benefits it can bring to the organisation. It also has strong digital leadership. It includes a Director of Digital and an expert Independent Member for Digital, and both take part in Board and various committee meetings relevant to their roles. This helps to ensure the organisation has the right expertise to guide its digital plans. The Health Board also continues to take part in the All-Wales Directors of Digital and Independent Member Digital Network meetings. This allows organisations to share learning, good practice, and join national digital discussions that support the Health Board's digital transformation.
- 16 The Health Board has not recently delivered training sessions for Board members, but it has commissioned an external provider to do so. The proposed training should help Board members discharge their functions, scrutinise digital plans, understand digital risks and oversee the impact from digital transformation. These sessions will be delivered over the next year with the aim of improving Board members' knowledge and strengthening oversight of digital work. This should help them to make informed decisions on the digital strategy and consider the consequent resource commitment it needs to support to effectively deliver its digital priorities.

Roles, responsibilities, and accountability

- 17 Although the Board has structures in place for oversight of digital work, current reporting does not give the Board sufficient visibility of the financial position or longer-term strategic progress of digital programmes. The Finance and Performance Committee is responsible for oversight of digital operational delivery, and the Partnerships, Population Health, and Planning Committee oversees the delivery of the digital strategy. The Director of Digital gives an assurance report at every Finance and Performance Committee meeting, updating the Committee on project delivery, key milestones, risks, and the actions in place to manage them. However, the reports do not set out financial details such as budgets, cost pressures, or any cost overruns. Without this information, the Board cannot fully understand the financial position of digital programmes. Independent Members provide strong scrutiny at the Finance and Performance Committee. But most of their time goes to national digital programmes. This means they spend less time on local digital projects. It also reduces wider discussion on longer-term digital change beyond project delivery.
- 18 Digital services are well managed at an operational level, with clear roles and responsibilities. The Digital, Data and Technology Directorate (DDaT) leads the Health Board's digital transformation and ICT programmes. The Digital Portfolio Progress Subgroup monitors day-to-day delivery. It meets each month and reports to the Finance and Performance Committee. We observed this sub-group and found it well attended and demonstrating a strong grip on programme delivery. The group reviewed the status of each programme, assessed risks, and considered the level of confidence in delivering projects.
- 19 There is currently insufficient oversight of the digital strategy delivery and the impact that it is having. This limits assurance to the Board that delivery is on track and that risks, issues, and benefits are managed effectively. The Health Board oversees delivery of its Digital Strategy through the Partnerships, Population Health, and Planning Committee. The Independent Member for Digital is a member of this committee. However, although the committee's workplan states it will receive an annual update on the Digital Strategy, we found no evidence that this has happened.

20 In summer 2025, DDaT proposed a new governance structure to strengthen operational oversight of digital programmes, risks, and escalation routes. The proposal included creating a Digital, Data and Technology Group to provide strategic direction and assurance across digital services. The group would be chaired by the Director of Digital and supported by the Chief Information Officer. Membership would include senior leaders from digital, clinical, operational, workforce, finance, and Information Governance. The progress of this proposal is still unclear. The Health Board now needs to ensure that any changes support the new digital strategy and help deliver its priorities.

Identifying and managing risks

The Health Board manages digital risks and recognises emerging AI risks, but it still needs stronger assurance on the effectiveness of cyber security

Strategic digital risks

21 The Health Board's strategic risk register includes one overarching digital risk, that the Health Board has inadequate digital infrastructure and systems to maintain high quality safe service delivery. It has broken down the risk into three distinct high-rated threats:

- the full or partial failure of existing digital infrastructure and systems;
- the adverse impact on service delivery in the implementation of the new digital systems; and
- the failure to develop digital solutions that are sustainable and fit for the future.

- 22 These risks receive routine scrutiny from both the Board and the Audit and Risk Committee. However, while there is reasonable assurance on the risk controls in place, risk ratings remain consistently high, particularly in relation to national system delays and the scale of infrastructure modernisation required.
- 23 The Health Board is not yet giving cyber risk the strategic focus it needs. It has begun to identify and assess cyber security risks, but it still does not treat cyber security as a full organisational risk. Cyber threats can cause major harm, including system outages, data loss, and delays to patient care. Because of this, the Board needs a clear, standalone cyber security risk that is assessed in depth. This would help ensure that threats are properly understood, resources are directed to the right controls, and the organisation can protect services and sensitive information with confidence.

Digital infrastructure risks

- 24 The Health Board is aware of gaps in its physical IT infrastructure, including ageing and unsupported hardware, and monitors these through its ICT asset register, which it uses to prioritise capital investment. At the time of our work, this register included only physical ICT assets, but the Health Board was developing an applications list to identify which systems should be prioritised for replacement.
- 25 The Health Board has also invested in software to identify shadow IT on its network, which addresses the risk of unapproved tools being used which may introduce security vulnerabilities. There has been good progress in rolling out Windows 11. However, plans remain constrained by limited funding. Of most concern is the need to replace the Clinical Workstation. This is a portal that enables staff to access a variety of clinical and administrative information in once place. This system is more than 30 years old and becoming obsolete. During our work, the Health Board was developing a business case for the Clinical Workstation replacement to address current risks and priority.

26 The new digital strategy and supporting plans must show how the Health Board will replace and modernise its legacy infrastructure, building on work already underway. However, the Health Board's programmes to replace outdated equipment are already improving resilience and creating a stronger foundation for future digital transformation. These include work to address outdated services and end-of-life systems, such as the critical service refresh programme that is replacing servers. The Health Board is also updating legacy communication tools, including pagers, and progressing upgrades for systems that require improvement.

Cyber resilience

27 The Health Board does not have a stand-alone Cyber Security Strategy, which limits its ability to set clear direction and priorities for cyber resilience. The new digital strategy must fully address cyber security risks, defining the current and future risks, threats, and opportunities, as well as mitigations.

28 The Health Board has a dedicated cyber security team in place which oversees cyber security. This consists of a Cyber Security Manager and a team of senior specialists. There are clear governance arrangements in place, through the Information Governance Group which reports to the executive team. Cyber security is a standing item at the divisional governance assurance meetings. This helps to raise awareness and strengthen the cyber security team's oversight across the organisation.

29 In December 2025, Internal Audit reviewed the Health Board's cyber security arrangements. The report gave reasonable assurance, but said the Health Board needs to improve how it communicates cyber risks, monitors training compliance, and tests its cyber plans. It also noted that rising demand and growing complexity may create capacity pressures for the cyber team.

- 30 The Health Board works closely with national NHS cyber specialists and takes part in resilience exercises. However, information governance and cyber training completion stood at 77% in September 2025, below the 85% target. The cyber team also runs phishing tests to boost staff awareness, but recent results show there is still room to improve. The Health Board actively monitors cyber incidents. As of July 2025, it had no reportable cyber-related incidents in the previous year.
- 31 The cyber security team produces monthly performance reports that give assurance on key safeguards. These reports confirm that ant-virus software is active and any issues are dealt with quickly. The Cyber Security team assesses risks for new projects and systems. The Health Board has strengthened its procurement process which has led to it building in cyber security requirements in new contracts. The Health Board is making reasonable progress in delivering the cyber security action plan in response to the findings from the cyber resilience unit's audit of its cyber assessment framework self- assessment.

Artificial intelligence

- 32 The Health Board recognises that Artificial Intelligence (AI) could bring important benefits, and some teams already use AI tools in areas such as imaging. However, its approach is fragmented, because no one is coordinating the approach across the organisation. The Health Board has confirmed that the new Digital Strategy will include a clearer approach to AI.
- 33 In January 2026, the Board received an update on the Health Board's current use of AI and the work underway to strengthen governance. The Health Board recognises that its AI policy for clinical practice needs updating and that staff need clearer guidance on the safe use of AI. To support this, the Health Board is establishing a new AI subgroup in early 2026 within the DDaT directorate. This group will oversee proposed AI applications and ensure they align with NHS Wales AI principles. It will include representatives from clinical, digital, governance, and quality and safety teams.

- 34 The Health Board has considered the risks linked to AI, and it added an AI related risk on its corporate risk register. This risk notes that inaccurate or unsafe clinical decisions could happen if AI tools are used in the wrong way, without proper checks, or without good oversight in clinical or operational settings.

Digital skills

The Health Board lacks a coordinated approach to build digital skills capability

Assessing digital skills

- 35 Although the Health Board recognises the importance of digital skills, it does not yet have a structured way to assess the skills, capacity, or capability of its workforce. Only 289 staff have completed HEIW's Digital Capability Framework out of a workforce of around 15,994 in July 2025. Without a targeted development plan, the Health Board cannot see where digital skills are lacking or what action is needed. The tool measures only basic IT confidence and does not assess the wider skills needed for digital transformation. There is also no evidence that the Health Board has carried out its own assessment of these broader skills.
- 36 The Health Board is developing a Digital Workforce Plan that will support the new Digital Transformation Strategy. But without a clear picture of its digital capability, the Health Board risks slowing down its digital transformation because it cannot accurately target training needs, allocate resources, or plan service change.

Developing digital skills

- 37 Health Board staff currently have limited opportunities to develop their digital skills. Teams receive good training and support when the digital directorate roll out new software. However, this does not extend to routine digital skills support for day-to-day system use. Opportunities for training are limited by:
- competing statutory and mandatory training demands;
 - limited collaboration with wider workforce planning at both operational and national levels; and
 - funding constraints in the digital directorate to support wider digital training.
- 38 The Health Board recognises the need to address this gap. The Health Board views the refreshed Digital Transformation Strategy as an opportunity to improve digital skills. In January 2026, the Health Board appointed a Clinical Chief Information Officer to support digital skills development. The Health Board also needs to clarify who is responsible for this work and ensure it is fully linked with Workforce and Organisational Development plans.

Collaboration and involvement

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

Staff and service user involvement

- 39 The Health Board works closely with staff, patients and service users on key digital transformation projects, such as the My Medical Record system within urology and the roll out of the hospital e-prescribing system. The My Medical Record system rollout had a patient group which was involved in development and roll out. The Health Board has also established monthly meetings with stakeholders from corporate and operational divisions to develop medium to long-term digital plans. The aim is to support transformational programmes including planned care and the unscheduled care six goals work.
- 40 Clinical engagement in digital is strong. Clinicians are engaged in key digital projects with sufficient time to ensure:
- effective clinical input into system developments; and
 - time to support wider clinical colleagues on digital developments.
- 41 The Health Board also has a clinical safety officer and a business continuity manager. They support the safe development and operation of clinical and other software applications.

Reducing digital exclusion

42 The Health Board's arrangements to address digital exclusion are currently underdeveloped. Through its IMTP 2025-28, the Health Board acknowledges that digital exclusion is a challenge and commits to understanding the digital needs of the workforce and patients. The IMTP also pledges the Health Board to seek accreditation towards the digital inclusion charter. But its progress is slow. It has not set measurable targets for addressing 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.

Using digital developments to support service transformation

The Health Board is seeking to gain value from its digital projects, but funding constraints may present an increasing challenge

Investment in digital transformation

43 The investment in digital services is 1% of the Health Board's total annual budget, and it estimates it needs to be closer to 3%. **Exhibit 1** sets out the capital and revenue investment in digital over three years. Its recent revenue spending on digital is fairly stable. This may affect the Health Board's ability to sustain digital services or support new digital transformation work. The Health Board's capital funding is also not insignificant, but it is difficult to tell whether this sufficiently reflects investment needed both to maintain its infrastructure and implement new technology.

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

Financial Year	Capital Investment £m	Revenue Investment £m
2021-22	7.9	35.5
2022-23	4.5	30.0
2023-24	3.4	29.6
2024-25	6.9	31.3

Source: Health Board supplied data

- 45 **Exhibit 2** identifies the planned level of investment between 2025 and 2028. Capital funding will rise from £4.8 million in 2025-26 to £7.5 million in 2027-28. This steady increase supports a more sustained programme of investment. However, the Health Board will need to assure itself that its use aligns with the new digital strategy’s priorities and is sufficient to deliver them. The Health Board also forecasts its digital revenue spending to increase from £32.3 million to £33.4 million over the same timeframe. This is likely to be a below inflationary increase and suggests little room for major new digital commitments.
- 46 The Health Board will also need to plan for how its digital priorities affect the balance between revenue and capital funding. If its strategy moves further toward hosted, cloud, or service-based systems, the need for local capital investment may fall, but revenue costs are likely to rise to support this new approach.

Exhibit 2: Forecast levels of digital capital and revenue funding

Financial Year	Capital £m	Revenue £m
2025-26	4.8	32.4
2026-27	6.0	32.3
2027-28	7.5	33.4

Source: Health Board supplied data

Local and regional digital projects

- 47 The Health Board has a coordinated approach to oversee and monitor delivery of a wide range of local and national projects. At the time of our review, 45 projects were live, across seven programmes. These programmes and underpinning projects include acute, ICT, digital community, digital patient, clinical support services, digital ward, and electronic prescribing. Current work includes upgrading digital dictation systems, improving endoscopy imaging, digitising eye care, improving appointment-booking tools, and introducing digital letters. The DDaT directorate has also completed the replacement maternity system and introduced an AI tool to support chest X-ray reporting.
- 48 The Health Board is also starting to work more closely with other health boards on regional digital plans. A joint regional meeting has taken place, and a formal regional digital group has been created. Aneurin Bevan, Cardiff and Vale, and Cwm Taf Morgannwg University Health Boards are at an early stage of exploring what a shared regional digital strategy could look like. They are also considering areas where working together could bring savings, such as through Microsoft 365. The Health Board already has a regional digital plan in place for rolling out the OpenEyes system.

49 The Board will need to strengthen its oversight of regional digital work. At the time of our work, there had been no formal oversight of the activity underway or the wider regional opportunities available.

Adopting national digital systems

50 The Health Board works closely with key partners on national systems. Their partners include DHCW, HEIW, the Welsh Government, and the Clinical Networks within NHS Performance and Improvement. Board members receive regular updates on delivery of major national programmes through the Digital, Data and Technology report to Finance and Performance committee. These reports highlight the many initiatives and projects delivered in collaboration with partner organisations. They outline current progress, timelines and identify where issues are slowing down progress, and action the Health Board and partners are taking in response.

51 The Health Board is rolling out national solutions to improve service access, quality and efficiency and productivity. This includes the radiology informatics system procurement and the Laboratory Information Management system.

52 The Health Board reports that national programme delays are significant. These delays limit its ability to manage digital risks and deliver wider transformation. The strategic risk register highlights slippage in Laboratory Information Management system and Radiology Informatics System Procurement, which creates major risks to service continuity and project delivery. These delays have led the Health Board to strengthen escalation, including zero-tolerance thresholds and direct reporting to senior leadership and the Welsh Government. The Health Board has improved its local governance and oversight, but these actions cannot offset delays outside its control. As a result, its ability to modernise digital services and achieve wider transformation remains constrained.

Evaluating digital solutions

- 53 The Health Board has good examples of evaluating its digital solutions. For example, it reviewed the electronic prescriptions system and the Welsh Intensive Care Information System. These evaluations looked at savings in nursing time and improvements in the quality of care.
- 54 The Health Board has a good approach for assessing benefits after it introduces new digital systems. A dedicated Business Change and Benefits Team within the DDaT Directorate oversees this work and supports all projects. The team uses a comprehensive Benefits Management Framework that sets out when benefits should be delivered and how it will measure them. Business cases also describe the benefits expected, which helps the Health Board check that these have been achieved.
- 55 The DDaT directorate tracks benefits across each programme and category through the Digital Portfolio Progress subgroup. It also runs benefits workshops for individual projects. For 2025-26, the directorate has identified 211 benefits across efficiency, patient experience, safety, and cash releasing areas.
- 56 The Board has received presentations on the benefits of digital programmes. In January 2025, it received an update on the My Medical Record system in Urology and patients shared the benefits they had experienced. The Finance and Performance committee also receives regular reports on whether digital business case benefits are being delivered. It recently reviewed the benefits of the Digital Maternity programme and noted improvements for services, staff and patients. The Value and Sustainability update also tracks financial opportunities linked to digital transformation.

Recommendations

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

R1 The Health Board should update its Digital assurance report to Finance and Performance committee to include detail on financial reporting, including project level budgets, current and forecast expenditure and any variances (**Paragraph 17**).

R2 The Health Board should clarify whether the Digital Data and Technology directorate governance structure proposal will proceed (**Paragraph 20**).

R3 The Health Board should develop a clear standalone cyber security risk, including defined controls and assurance arrangements, to ensure that threats are properly understood and resources are directed to the right mitigations (**Paragraph 23**).

R4 The Health Board should ensure its digital strategy fully addresses cyber security risks and the arrangements to address them. (**Paragraph 30**).

R5 The Health Board should implement a coordinated programme to assess and build workforce digital capability, which should:

5.1 assess/review digital capability across staff groups (**Paragraph 36**);

5.2 identify and implement actions to improve digital capability. In doing so, ensure that the approach aligns with Workforce and Organisational Development training plans (**Paragraphs 36 and 39**).

R6 The Health Board should strengthen its approach to digital inclusion by;

6.1 assigning a strategic lead for digital inclusion (**Paragraph 43**);

6.2 producing a measurable digital inclusion plan with clear targets (**Paragraph 43**); and

6.3 assessing digital inclusion risks on new patient/public facing systems. Systems/care pathways should then be designed to enable accessibility and alternative access contact routes (**Paragraph 43**).

R7 The Health Board should ensure formal oversight of regional working is in place, which includes regular reporting on regional digital initiatives, assessment of risks and benefits and alignment of regional strategies with the Health Board's own digital plans (**Paragraph 49**).

Appendices

1 Management Response

Audited body Aneurin Bevan University Health Board
Audit name Digital Transformation
Issue date 24 March 2026

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
R1	The Health Board should update its Digital assurance report to Finance and Performance committee to include detail on financial reporting, including project level budgets, current and forecast expenditure and any variances (Paragraph 17).	From the June 2026 meeting onwards, the Digital assurance report to the Finance and Performance Committee will include project-level financial reporting for both local and national digital programmes, including agreed budgets, current and forecast expenditure, and any material variances.	10 June 2026	Director of Digital
R2	The Health Board should clarify whether the Digital Data and Technology directorate governance	The Health Board has agreed to proceed with the proposed Digital, Data and Technology governance structure.	31 May 2026	Director of Digital

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
	structure proposal will proceed (Paragraph 20).	<p>The final component of the structure is the Digital, Data and Technology Group, which will be chaired by Medical Director to ensure strong clinical leadership.</p> <p>The revised terms of reference will be presented to the Executive Committee for approval in April 2026, with meetings scheduled for the next 12 months following approval.</p>		
R3	The Health Board should develop a clear standalone cyber security risk, including defined controls and assurance arrangements, to ensure that threats are properly understood and resources are directed to the right mitigations (Paragraph 23).	<p>The Health Board will develop a standalone cyber security risk, setting out key threats, controls and assurance arrangements.</p> <p>This will be added to the Corporate Risk Register, and will be reported through established risk management processes to ensure appropriate oversight and prioritisation of mitigations.</p>	31 May 2026	<p>Director of Digital</p> <p>Supported by:</p> <p>Head of Corporate Risk and Assurance</p>
R4	The Health Board should ensure its digital strategy fully addresses cyber	One of our goals within our strategic mission is to strengthen our cyber security resilience which will be delivered via a clear	30 June 2026	Director of Digital

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
	security risks and the arrangements to address them (Paragraph 30) .	Infrastructure plan and a roadmap for infrastructure replacements and upgrades.		
R5	The Health Board should implement a coordinated programme to assess and build workforce digital capability, which should:	<p>A core mission of our refreshed digital plan is 'Building the Organisational Capability for Digital Transformation'.</p> <p>Delivery of this mission will be coordinated with Workforce and Organisational Development colleagues to ensure a structured and consistent approach to assessing and developing digital capability.</p>	31 March 2028	Director of Digital
	5.1: Assess/review digital capability across staff groups (Paragraph 36) ;	<p>Our Chief X Information Officer will lead the assessment of digital capability across staff groups, using the HEIW Digital Capability Framework.</p> <p>Initial assessments have been completed within Pharmacy, with a phased programme of assessments across the wider workforce to be completed by March 2028.</p>	31 March 2028	Director of Digital

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
	5.2: Identify and implement actions to improve digital capability. In doing so, ensure that the approach aligns with Workforce and Organisational Development training plans (Paragraphs 36 and 39) .	Based on the outcomes of digital capability assessments, the Health Board will identify and implement targeted actions to address gaps. This will include the development of digital communities of practice and tailored training plans, aligned to Workforce and Organisational Development provision and the Health Board's People Plan.	31 March 2028	Director of Digital
R6	The Health Board should strengthen its approach to digital inclusion by:	The Health Board's Digital Transformation Plan includes a principle that digital inclusion is non-negotiable. This principle will be embedded through leadership, planning and assurance arrangements set out in the actions below.	N/A	Director of Digital
	6.1: Assigning a strategic lead for digital inclusion (Paragraph 43) ;	Following approval of the Digital Transformation Plan, a strategic lead for digital inclusion will be formally assigned to provide organisational oversight and accountability.	31 July 2026	Director of Digital

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
	6.2: Producing a measurable digital inclusion plan with clear targets (Paragraph 43) .	Following the appointment of a digital inclusion lead, a measurable digital inclusion plan with defined targets will be developed.	31 March 2027	Director of Digital
	6.3: Assessing digital inclusion risks on new patient/public facing systems. Systems/care pathways should then be designed to enable accessibility and alternative access contact routes (Paragraph 43) .	Digital inclusion principles will be applied to all new patient and public-facing digital developments. Digital governance arrangements will include explicit assessment of digital inclusion risks alongside existing assurance processes for cyber security, information governance and patient safety.	31 July 2026	Director of Digital
R7	The Health Board should ensure formal oversight of regional working is in place, which includes regular reporting on regional digital initiatives, assessment of risks and benefits and alignment of regional strategies with the Health Boards own digital plans (Paragraph 49) .	<p>Formal governance arrangements for regional digital initiatives are being developed with Directors of Digital across Southeast Wales and the Regional Collaborative.</p> <p>These arrangements will be presented to the Regional Executive Management Group in May 2026. Once agreed, regular reporting on regional digital initiatives, including risks, benefits and alignment with the Health</p>	30 June 2026	Director of Digital

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
		Board's digital plans, will be provided through existing programme reporting to the Finance and Performance Committee and the Board.		

2 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 and 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 and Social Care: A plan for digital health and social care policy paper; and
- NHS England Transformation Directorate: What good looks like framework.

Methods

We asked Aneurin Bevan 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 and Technology directorate organisation change and terms of reference for key governance groups;
- key strategies and plans, including Digital Strategy and Integrated Medium Term plan;

- key risk management documents, including the Strategic Risk Register;
- relevant policies and procedures;
- reports prepared by other relevant external bodies.

We interviewed the following key stakeholders:

- Director of Digital;
- Assistant Director of Digital Programmes;
- Interim Assistant Director of Strategy, Planning and Design;
- Independent Member for Digital.

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

- Finance and Performance Committee;
- Digital Portfolio Progress Group.

3 Key terms in this report

Term	Description
Strategic Risk Register	The Strategic Risk Register sets out the risks linked to the organisation's strategic objectives, and the controls and assurances in place to manage those risks.
Corporate Risk Register	A Corporate Risk Register sets out the organisation's significant risks (either those with high scores or organisation-wide impact) and the actions in place to manage them.
Integrated Medium Term Plan	An Integrated Medium Term Plan is a three-year plan that sets out how the organisation will deliver its services, manage its workforce, and meet its financial duties to break even. The organisation submits its plan to the Welsh Government for approval.
A Healthier Wales	The Welsh Government's long-term plan for health and social care, focused on prevention, wellbeing, and more care delivered closer to home.
Clinical Futures	Aneurin Bevan University Health Board's previous long-term plan for creating a sustainable, modern health and care system across Gwent.
Gwent 2035 – Better Health, Better Care, Better Lives	Gwent 2035 is the Health Board's new long-term strategy, shaped through extensive engagement and the Joint Strategic Assessment.

Term	Description
HIMSS EMRAM	Eight-stage (0–7) international maturity model developed by HIMSS to measure how effectively a hospital has adopted and is using digital and electronic medical record systems. It assesses progress from basic digital recordkeeping to fully paperless, data-driven, interoperable care, supporting safer, more efficient clinical practice.
Laboratory Information Management System (LIMS)	National digital platform used to manage all pathology test requests, processing, tracking, and reporting across Wales.
Radiology Informatics System Procurement (RISP)	National NHS Wales programme to replace and modernise all radiology IT systems across Wales. It was procured by Digital Health and Care Wales (DHCW) on behalf of all Health Boards and Trusts, with a contract award published in November 2023.
Shadow IT	Shadow IT refers to any software, hardware, or technology service used within an organisation without the knowledge, approval, or oversight of the IT department.
Once For Wales	National approach in NHS Wales where a digital system, process or standard is designed, procured and implemented once at a national level, rather than each Health Board creating its own version.
HEIW's Digital Capability Framework	A national model outlining the digital skills, behaviours and confidence health and care staff need, organised into six capability domains with a self-assessment tool for development.

Term	Description
Digital Inclusion Charter	The Digital Inclusion Charter for Wales is a national set of commitments that organisations sign up to in order to actively support and promote digital inclusion across Wales.
Electronic Prescribing and Medicines Administration (ePMA)	A system in its hospitals, designed to improve patient safety through better documentation, streamlined workflows, and more efficient access to medication records as part of NHS Wales' Digital Medicines Programme.
OpenEyes	Electronic patient record (EPR) system designed specifically for ophthalmology services.
My Medical Record	System allows patients access to results quickly, as well as access to records and clinic appointments.
Six Goals Programme	A national NHS Wales transformation framework for urgent and emergency care, structured around six goals covering admission avoidance (Goal 1), front-door assessment and flow (Goals 2–4), and effective discharge and recovery (Goals 5–6).
Planned Care Programme	The NHS Wales programme focused on reducing long waits, improving outpatient and theatre efficiency, and ensuring timely treatment—especially for cancer and the longest-waiting patients – through pathway optimisation, day-case expansion, and improved scheduling.

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.



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